



**Board Meeting
November 15, 2019
Held at the College of Pharmacists of British Columbia
200-1765 West 8th Avenue, Vancouver, BC**

MINUTES

Members Present:

Arden Barry, Outgoing Chair, District 7
Christine Antler, Outgoing Vice-Chair, District 2
Alex Dar Santos, District 1
Andrea Silver, District 3
Steven Hopp, District 4
Michael Ortynsky, District 5
Anca Cvaci, District 6
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
Anu Sharma, Acting Director of Policy and Legislation
Gillian Vrooman, Director of Communications and Engagement
Jon Chen, Communications Project Officer
Stephanie Kwok, Executive Assistant

Staff Regrets:

Mary O'Callaghan, Chief Operating Officer
Doreen Leong, Director of Registration and Licensure

Guests:

Michael Coughtrie, Dean, UBC Faculty of Pharmaceutical Sciences
Elisa Colasurdo, UBC Pharmacy Undergraduate Society President

1. WELCOME & CALL TO ORDER

Chair Barry called the meeting to order at 11:18am on November 15, 2019.

Chair Barry acknowledged the Coast Salish People on whose unceded traditional territories we are gathered on, the Coast Salish, Squamish and Tsleil-Waututh First Nations.

2. ELECTION OF CHAIR

In accordance with HPA bylaw 12(2) Board members at the November Board meeting must elect a Chair.

Registrar Nakagawa called for nominations.

- Christine Antler was nominated.

Since no further nominations were made, Christine Antler was acclaimed as the new Board Chair for a one-year term to conclude at the start of the November 2020 Board meeting.

Christine Antler assumed the Board Chair position.

3. ELECTION OF VICE-CHAIR

Chair Antler called for nominations, the following two Board members were nominated:

- Bal Dhillon
- Anca Cvaci

After 12 votes were electronically cast and tallied, Anca Cvaci was elected as the new Board Vice-Chair for a one-year term to conclude at the start of the November 2020 Board meeting.

Anca Cvaci assumed the Vice-Chair position.

4. CONSENT AGENDA

a) Items for further discussion

No items were brought forward from the Consent agenda and placed onto the regular agenda for further discussion.

b) Approval of Consent Items (Appendix 1)

It was moved and seconded that the Board:
Approve the Consent Agenda as circulated.

CARRIED

5. CONFIRMATION OF AGENDA (Appendix 2)

It was moved and seconded that the Board:
Approve the November 15, 2019 Draft Board Meeting Agenda as circulated.

CARRIED

6. GOVERNANCE COMMITTEE: APPOINTMENT OF BOARD MEMBERS TO COMMITTEES (Appendix 3)

It was moved and seconded that the Board:

Approve College committee member appointments for terms beginning on November 15, 2019, and the removal of committee members whose terms as Board members have expired, as circulated.

CARRIED

7. COMMITTEE UPDATES

a) Audit and Finance Committee

Frank Lucarelli, Former Chair of the Audit and Finance Committee, reported that the committee has not met since the last Board meeting.

b) Quality Assurance Committee (Appendix 4)

Frank Lucarelli, Member and Former Chair of the Quality Assurance Committee, presented to the Board with the Quality Assurance Committee's initial Continuing Education (CE) audit findings.

c) Legislation Review Committee

Bal Dhillon, Member and Former Vice-Chair of the Legislation Review Committee, provided an update under item 12a of the regular agenda.

d) Ethics Advisory Committee

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

e) Drug Administration Committee

Registrar Nakagawa, on behalf of the Drug Administration Committee, provided an update under item 13 of the regular agenda.

f) Pharmacy Advisory Committee

Anca Cvaci, Chair of the Pharmacy Advisory Committee, reported that the committee last met in June 2019 and have not met since then.

g) Governance Committee

Anne Peterson, Chair of the Governance Committee, reported that the committee met on October 24th via teleconference to discuss Board member committee appointments, the amended Board composition of the College of Dental Surgeons and BC in response to the Cayton Report, member composition of the Legislation Review Committee, and to review the results from the September Board meeting evaluation survey. It was reported that the outgoing Board Chair scored very well and the committee received great advice and suggestions from the Board. A second trial run of the survey will be sent to the Board for completion after the November Board meeting.

h) Practice Review Committee

Tracey Hagkull, Chair of the Practice Review Committee, reported that the committee met in-person on October 7th, 2019. It was the first in-person meeting with new committee members appointed in April 2019. The committee reviewed the 2018 practice review data report and discussed next steps. The next meeting is scheduled for early December.

i) Application Committee

Christine Antler, Member and Former Chair of the Application Committee, reported that the committee met four times since the last Board meeting on September 9th, October 8th, October 23rd, and November 6th, 2019. A total of twenty-one pharmacy files were reviewed by the committee. Seventeen pharmacy files reviewed had incomplete or misleading information and four pharmacy files reviewed were eligibility-related cases.

j) Discipline Committee

Chair Antler, on behalf of the Discipline Committee, reported one file in progress, six pending files and no hearings were heard for the period of August 2019 to September 2019.

k) Inquiry Committee

Chair Antler, on behalf of the Inquiry Committee, reported that the committee met once in person and 7 times via teleconference for the period of August 2019 to September 2019. Twenty-six files were reviewed or disposed of, of which thirteen were new files, seven were reconsideration files, and six were PODSA s. 18 report files. 121 calls/tips received during this reporting period. 11 formal complaints were received. The numbers reported during this period are comparable to previous years.

l) Registration Committee

Chair Antler, on behalf of the Registration Committee, reported that the committee met once on October 25, 2019 to review a pharmacist file related to reinstatement. The Jurisprudence Examination Subcommittee has not met since the last Board meeting.

m) Registrar Evaluation & Succession Planning Committee

Chair Antler, Chair of the Registrar Evaluation & Succession Planning Committee reported that the committee met once on October 29, 2019 to confirm the Registrar/CEO's goals for 2020 to be forwarded to the Board for consideration.

8. CPBC'S JOURNEY TO EXCELLENCE (Appendix 5)

Catherine Neville, Vice-President and Lead Client Strategist for Excellence Canada presented to the Board the College's journey toward achieving a silver certification under the Excellence Canada's Excellence, Innovation and Wellness Standard.

9. PHARMACEUTICAL DELIVERY BY DRONE (Appendix 6)

Chris Chiew, General Manager of Pharmacy for London Drugs presented to the Board the results of a test program launched by London Drugs, in partnership with Canada Post and InDro Robotics, which successfully flew pharmaceuticals by drone from Vancouver Island to multiple locations on Salt Spring Island.

10. INVISIBLE BARRIERS: 2SLGBTQ+ PEOPLE AND HEALTH CARE (Appendix 7)

Bex Peterson, nonbinary writer, student and advocate for 2SLGBTQ+ presented to the Board, guidance and best practices for addressing healthcare challenges, especially with mental health, faced by the members of the 2SLGBTQ+ community.

11. PHARMACIST PRESCRIBING AUTHORITY UPDATE (Appendix 8)

Chair Antler provided an update to the Board on the Framework for Pharmacist Prescribing in BC. Chair Antler's update included background on the work around the drafting of the framework and timeline since the submission of the proposal to the Minister of Health in November 2017.

12. LEGISLATION REVIEW COMMITTEE (Appendix 9)

Bal Dhillon, Member and Former Vice-Chair of the Legislation Review Committee presented on items 12a to 12c.

a) Committee Update

Bal Dhillon, Member and Former Vice-Chair of the Legislation Review Committee provided a committee update through her presentation.

b) PODSA Modernization Phase II Bylaw Amendments

It was moved and seconded that the Board:

Approve the following resolution to amend the Pharmacy Operations and Drug Scheduling Act ("PODSA") Bylaws, which relate to Phase II of the PODSA Modernization Project:

RESOLVED THAT, in accordance with the authority established in section 21(1) of the Pharmacy Operations and Drug Scheduling Act, and subject to filing with the Minister as required by section 21(4) of the Pharmacy Operations and Drug Scheduling 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

c) PODSA Modernization Phase II Professional Practice Policies

Motion 1:

It was moved and seconded that the Board:

Repeal the following Professional Practice Policy ("PPP"), as circulated, to be effective at the same time as the Pharmacy Operations and Drug Scheduling Act ("PODSA") Modernization Phase Two Bylaw amendments come into force:

- *PPP-25 Pharmacy Disaster Preparedness*

CARRIED

Motion 2:

It was moved and seconded that the Board:

Approve amendments to the following PPPs, as circulated, to be effective at the same time as the PODSA Modernization Phase Two Bylaw amendments come into force:

- *PPP-31 Emergency Prescription Refills;*
- *PPP-46 Temporary Pharmacy Closures;*
- *PPP-54 Identifying Patients for PharmaNet Purposes;*
- *PPP-59 Pharmacy Equipment;*
- *PPP-65 Narcotic Counts and Reconciliations; and*
- *PPP-73 Validate Identification and College Registration Status for New Pharmacy Hires.*

CARRIED

Motion 3:

It was moved and seconded that the Board:

Approve consequential amendments to the following PPPs, as circulated, to be effective at the same time as the PODSA Modernization Phase Two Bylaw amendments come into force:

- *PPP-3 Pharmacy References;*
- *PPP-74 Community Pharmacy and Telepharmacy Security; and*
- *PPP-76 Criminal Record History Vendor.*

CARRIED

**13. DRUG ADMINISTRATION COMMITTEE: PHARMACISTS' INJECTION AUTHORITY UPDATE
(Appendix 10)**

Registrar Nakagawa provided the Board with an update on the items discussed at the first meeting of the Safe Drug Administration by Pharmacists Working Group, which occurred on October 28th, 2019. The working group will reconvene in early 2020 and report back to the College's Drug Administration Committee and Ministry of Health with its findings on the impacts of removing the restrictions on pharmacists' authority to administer medications by injection and the intranasal route.

14. OUR COMMITMENT TO IMPROVE CULTURAL SAFETY AND HUMILITY FOR FIRST NATIONS AND ABORIGINAL PEOPLES (Appendix 11)

Gillian Vrooman, Director of Communications & Engagement provided an update to the Board on the ongoing work surrounding the College's commitment to improve cultural safety and humility for the First Nations and Aboriginal peoples.

15. ITEMS BROUGHT FORWARD FROM CONSENT AGENDA

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

ADJOURNMENT

Chair Antler adjourned the meeting at 4:07pm on November 15, 2019.



College of Pharmacists
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BOARD MEETING November 15, 2019

4. Consent Agenda b) Approval of Consent Items

DECISION REQUIRED

Recommended Board Motion:

Approve the Consent Agenda as circulated, or amended.

- i. Chair's Report
- ii. Registrar's Update
 - a. Compliance Certificate
 - b. Risk Register (November 2019)
 - c. Current Strategic Plan Update
 - d. Action Items & Business Arising
- iii. Approval of September 13, 2019 Draft Board Meeting Minutes **[DECISION]**
- iv. Committee Updates
- v. Audit and Finance Committee: Finance Report: September Financials
- vi. Approval of September 12, 2019 Draft Committee of the Whole Meeting Minutes **[DECISION]**
- vii. Approval of 2020 Board Meeting Schedule **[DECISION]**
- viii. Practice Review Committee: Phase 1 and 2 Update
- ix. Opioid Agonist Treatment Training Update



College of Pharmacists
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BOARD MEETING November 15, 2019

4b.i. Chair's Report

INFORMATION ONLY

Chair's Report of Activities – November 2019 Board Meeting

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

General:

- Liaised with the Registrar to plan the November 2019 Committee of the Whole meeting and Board meeting
- Liaised with Registrar to plan the Annual General Meeting
- Liaised with Board members regarding topics/guest speakers for future Board meetings
- Liaised with incoming Board members to discuss orientation and committee appointments
- Reviewed draft September Committee of the Whole and Board meeting minutes
- Met with Registrar and Vice-Chair to discuss Registrar evaluation for 2018-19, as well as planning for 2019-20
- Attended weekly meetings with Registrar/Deputy Registrar/Vice-Chair on general Board-related item
- Answered general questions/queries registrants and fellow Board members

Events:

- Attended the UBC Faculty of Pharmaceutical Sciences White Coat Ceremony on behalf of the College on October 17, 2019 in Vancouver, BC. The College's Deputy Registrar, David Pavan, participated in the ceremony.

Committees:

- Governance Committee
- Registrar Evaluation and Succession Planning Committee



32
ACTION ITEMS

94%
ACTION ITEM
COMPLETION

**COLLEGE OF BC PHARMACISTS PLAN
LEGISLATIVE STANDARDS & MODERNIZATION**

Action Item	Owner	Current Completion	2017	2018	2019	2...
Implement PODSA ownership changes (Phase 1)	Director of Registration & Licensure	100%				
→ Implement revised bylaw	Director of Policy & Legislation	100%				
→ Streamline business processes	Director of Registration & Licensure	100%				
→ Complete communications and engagement activities	Director of Communications & Engagement	100%				
Implement PODSA Modernization (Phase 2)	Director of Registration & Licensure	95% 13% ahead				
→ Update and re-scope entire PODSA Phase 2 project	Director of Registration & Licensure	100%				
→ Implement revised bylaw (POSDA Phase2)	Director of Policy & Legislation	95% 8% ahead				
→ Streamline business processes	Chief Operating Officer	45% 12% behind				
→ Complete communications and engagement activities (POSDA 2)	Director of Communications & Engagement	83% 5% ahead				

PROFESSIONAL EXCELLENCE

Action Item	Owner	Current Completion	...	2017	2018
Implement Hospital PRP	Director of Practice Reviews & Quality Assurance	100%			
→ Develop Hospital PRP program	Director of Practice Reviews & Quality Assurance	100%			
→ Launch Hospital PRP program	Director of Practice Reviews & Quality Assurance	100%			
Complete Implementation of Methadone Action Plan	Deputy Registrar	100%			

→ Provide recommendations to the board based on findings of MMT inspections and undercover operations.	Deputy Registrar	100% -	
→ Complete legal elements	Director of Policy & Legislation	100% -	
→ Manage inspections	Deputy Registrar	100% -	

ORGANIZATIONAL EXCELLENCE

Action Item	Owner	Current Completion	2017	2018	2019	2020	...
Update IT infrastructure	Chief Operating Officer	78% 12% behind					
→ Implement IT updates required by PODSA Modernization (Phase 1)	Chief Operating Officer	100% -					
→ Implement IT Department organization, processes and procedures	Chief Operating Officer	80% 6% behind					
→ Implement Enterprise Content Management system	Chief Operating Officer	80% 9% behind					
→ Enhance public safety through ensuring Practice Review Program systems needs are addressed	Chief Operating Officer	50% 6% behind					
Enhance organizational best practices to obtain silver certification from Excellence Canada	Chief Operating Officer	98% 1% ahead					
→ Develop human resources / wellness policies and procedures (plans or guidelines) required to attain Silver certification	Chief Operating Officer	100% -					
→ Develop Governance and Leadership policies and success indicators required to attain Silver certification	Chief Operating Officer	100% -					
→ Develop organizational policies and procedures (plans or guidelines) required to attain Silver certification	Chief Operating Officer	100% -					
→ Define customer segments and develop a customer experience plan, including key partners	Chief Operating Officer	100% -					
→ Develop a methodology for regularly identifying and capturing key processes, including Project Management, Change Management and Procurement	Chief Operating Officer	100% -					
→ Register with Excellence Canada for official verification	Chief Operating Officer	100% -					
→ Review gap analysis and assign secondary action plan projects to teams	Chief Operating Officer	100% -					
→ Complete secondary projects	Chief Operating Officer	100% -					
→ Facilitate Excellence Canada verification team visits and focus groups	Chief Operating Officer	100% -					
→ Receive Silver Certification from Excellence Canada	Chief Operating Officer	100% -					



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BOARD MEETING November 15, 2019

4b.ii. Registrar's Update
d) Action Items & Business Arising

INFORMATION ONLY

	MOTIONS/ACTION ITEMS	RELEVANT BOARD MEETING	STATUS
1.	<p>Motion: Direct the Registrar to draft bylaws to adopt the Model Standards for Pharmacy Compounding of Non-hazardous Sterile Preparations and the Model Standards for Pharmacy Compounding of Hazardous Sterile Preparations, to be effective for May 2021, which will officially establish minimum requirements to be applied in compounding sterile preparations.</p> <p>Status: Recommended implementation plan has been communicated to registrants. College staff will bring forward a proposed motion for the Board's consideration, to officially adopt the Standards, closer to the May 2021 effective date.</p> <p>No further update at this point. The current status is still in effect.</p>	04-2017	IN PROGRESS
2.	<p>Motion: Direct the Registrar to develop bylaws and/or practice standards for Medication Reviews and require mandatory training for pharmacists who wish to conduct them. To be prioritized by the Legislation Review Committee for implementation.</p> <p>Status: Findings from this project were scheduled to be brought forward to the June 2019 Board meeting. However, the PODSA Bylaws Modernization Phase Two initiative, a large-scale and high priority project, will be brought forward to the Board at the same time. Given the high priority of the PODSA Bylaws Modernization Phase Two initiative, findings for the Medication Review project will be postponed to the November 2019 Board meeting. This rescheduling was discussed at the May 2019 LRC meeting.</p> <p>No further update at this point. The current status is still in effect.</p>	06-2017	IN PROGRESS

MOTIONS/ACTION ITEMS		RELEVANT BOARD MEETING	STATUS
3.	<p>Motion #1: Direct the Registrar to explore the development of new requirements for the security of information in local pharmacy computer systems;</p> <p>Status: The Policy & Legislation Department has addressed some of the issues in the new electronic record keeping PPP. Work is being done by the Ministry of Health addressing this issue with PRIME and updated SCS document</p> <p>No further update at this point. The current status is still in effect.</p> <p>Motion #2: If new requirements are deemed necessary, direct the Registrar to propose that the Ministry of Health consider amending their PharmaNet Professional and Software Compliance Standards document to enhance the software security requirements of the local pharmacy computer systems."</p> <p>Status: Deputy Registrar, David Pavan has had discussions with the Ministry on updating the SCS document. He has been advised that the ministry is working on the conformance standards for pharmacy software.</p> <p>In addition, the Ministry is working on implementing the PRIME project to accurately track all registrants and non-registrants who access PHI on PharmaNet.</p> <p>No further update at this point. The current status is still in effect.</p>	02-2018	IN PROGRESS
4.	<p>Motion: Direct the Registrar to pursue drug scheduling by reference to federal legislation and the National Drug Schedules established by the National Association of Pharmacy Regulatory Authorities (NAPRA), with respect to the Drug Schedules Regulation.</p> <p>Status: Research and analysis has begun.</p> <p>No further update at this point. The current status is still in effect.</p>	11-2018	IN PROGRESS
5.	<p>Motion: Direct the Registrar to explore implementation of mandatory medication error reporting to a College-specified independent third party.</p>	11-2018	COMPLETED

MOTIONS/ACTION ITEMS		RELEVANT BOARD MEETING	STATUS
	Status: Complete; returned to Board for updates and further direction in September 2019. Refer to motion from September 2019		
6.	<p>Motion: Direct the Registrar to remove current restrictions on pharmacist injection and intranasal administration of medications, while restricting the administration of injections for Schedule 1A drugs and drugs for cosmetic purposes and retaining current age limit restrictions.</p> <p>Status: The Ministry of Health has recently requested that a working group be established to explore potential effects of the removal of restrictions on pharmacist injection and intranasal administration of medications in British Columbia. The College and Ministry have drafted a terms of reference and timeline for this working group. The first meeting is scheduled for October 28, 2019.</p>	02-2019	IN PROGRESS
7.	<p>Motion: Direct the Registrar to require mandatory anonymous medication incident reporting in all pharmacies using any medication incident reporting platform of the pharmacy's choosing that meets the College's criteria.</p> <p>Status: Participated on NAPRA Medication Incident Working Group and attended Joint CQI meeting with the Institute for Safe Medication Practices Canada and representatives from other provinces.</p>	09-2019	IN PROGRESS



College of Pharmacists
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BOARD MEETING November 15, 2019

4b.iii. Approval of September 13, 2019 Draft Board Meeting Minutes

DECISION REQUIRED

Recommended Board Motion:

Approve the September 13, 2019 draft Board meeting minutes as circulated.

Appendix	
1	http://library.bcpharmacists.org/2_About_Us/2-1_Board/Board_Meeting_Minutes-20190913.pdf



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BOARD MEETING November 15, 2019

4b.iv. Committee Updates (Minutes)

INFORMATION ONLY

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

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

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



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BOARD MEETING November 15, 2019

4b.v. Audit and Finance Committee: Finance Report (September Financials)

INFORMATION ONLY

Purpose

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

Background

The September 2019 financial reports reflect **seven month's** activity. Attached are the Statement of Financial Position, a summary Statement of Revenue and Expenditures and more detailed reports on Revenue and on Expenditures.

Statement of Financial Position

The College's cash position is well funded to meet payables with a balance of over \$1,600,000. Investments at the end of September totalled just under \$5.4 million. Payables and accruals are just over \$650,000.

Revenue

The total *Licensure revenues* are slightly under budget, under by about \$58,000 or 1%. *Other revenues* (administrative fees, etc.) are over budget by about \$38,000, mainly due to fines received, while Grant revenue is under budget due to timing as the one remaining grant milestone payment has completed the next milestone. Investment income is slightly under budget due to timing with renewals coming in June, while Joint Venture income is right on budget. The combined result is that actual revenues are a little under budget, approximately \$58,000 or 1% under budget.

Expenses

Total Year to Date Actual expenditures are also under budget, by a little over \$400,000 or 7%. See the variance analysis which follows for details. Much of the under budget variances are due to gapping. There were some new positions planned in the budget and we had some turnover early in the year. These positions are all filled now and it is expected that most of the variances will be used by the end of the year. We are also monitoring the revenues in case they remain under budget, so that expenses can offset that difference.

Variance analysis by department:

Department	Budget	Actual	Comment
Board & Registrar's Office	469,358	522,516	Budget estimates were low re Strategic Planning facilitation and Excellence Canada verification.
Finance and Administration	2,338,196	2,360,701	Move to Azure Cloud Server and Professional Development fees are over budget. Savings negotiated re bank and credit card fees.
Grant distribution	39,500	34,228	Timing re final grant.
Registration & Licensure	548,995	518,477	Timing of meetings / outside services.
Quality Assurance	183,035	163,069	Timing re hiring / outside services.
Practice Review	898,540	828,292	Timing re hiring.
Complaints Resolution	973,494	832,780	Primarily timing re hiring. Also under budget in outside services.
Policy and Legislation	348,214	222,579	Timing re hiring and under budget re legal fees / consulting.
Communications & Engagement	258,725	219,135	Under budget re outside services.
Projects (PODSA Modernization)	87,115	57,417	Project management / outside services remain under budget.
Amortization	212,951	172,936	Budget estimates were high.
Total Expenses	6,358,123	5,932,128	

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

Statement of Financial Position

As at September 30, 2019

ASSETS	
Cash and Cash Equivalents	1,627,285
Investments	5,397,542
Receivables	45,177
Prepaid Expense and Deposits	261,160
Current Assets	7,331,164
Investments in College Place Joint Venture	1,546,941
Development Costs	257,395
Property & Equipment	529,062
Non-current Assets	2,333,398
Total Assets	9,664,561

LIABILITIES AND NET ASSETS	
Payables and Accruals	657,804
Capital Lease Obligations (Current)	4,663
Deferred Revenue	5,320,768
Deferred Contributions	70,474
Total Current Liabilities	6,053,709
Capital Lease Obligations (non-current)	42,706
Total Liabilities	6,096,415
Total Net Assets	3,568,146
Total Liabilities and Net Assets	9,664,561

College of Pharmacists of BC

Statement of Revenue and Expenses

For the 7 months ended September 30, 2019

	Budget YTD 2019/20	Actual YTD 2019/20	Variance (\$) (Budget vs. Actual)	Variance (%) (Budget vs. Actual)
Revenue				
Licensure revenue	5,338,925	5,280,645	(58,281)	(1%)
Non-licensure revenue	331,157	331,828	671	0%
Transfer from Balance Sheet	586,097	586,097	-	0%
Total Revenue	6,256,179	6,198,569	(57,610)	(1%)
Total Expenses Before Amortization	6,145,173	5,759,192	385,981	6%
Amortization	212,951	172,936	40,014	19%
Total Expenses Including Amortization	6,358,123	5,932,128	425,995	7%
Net Surplus/(Deficit) of revenue over expenses after amortization expense	(101,944)	266,441	368,385	

College of Pharmacists of BC

Statement of Revenue

For the 7 months ended September 30, 2019

	Budget YTD 2019/20	Actual YTD 2019/20	Variance (\$) (Budget vs. Actual)	Variance (%) (Budget vs. Actual)
Revenue				
Pharmacy fees	2,036,894	2,016,179	(20,715)	(1%)
Pharmacists fees	2,799,396	2,751,755	(47,641)	(2%)
Technician fees	502,636	512,711	10,075	2%
Licensure revenue	5,338,925	5,280,645	(58,281)	(1%)
Other revenue (fines/assessments, late fees, certificate of letter of standing, practice binder)	55,009	93,115	38,106	69%
Grant Revenue	35,140	-	(35,140)	(100%)
Investment income	83,334	81,038	(2,296)	(3%)
College Place joint venture income	157,675	157,675	-	0%
Non-licensure revenue	331,157	331,828	671	0%
Transfer from Balance Sheet	586,097	586,097	-	0%
Total Revenue	6,256,179	6,198,569	(57,610)	(1%)

College of Pharmacists of BC

Statement of Expenses

For the 7 months ended September 30, 2019

	Budget YTD 2019/20	Actual YTD 2019/20	Variance (\$) (Budget vs. Actual)	Variance (%) (Budget vs. Actual)
Expenses				
Board and Registrar's Office	469,358	522,516	(53,157)	(11%)
Finance and Administration	2,338,196	2,360,701	(22,505)	(1%)
Grant Distribution	39,500	34,228	5,272	13%
Registration and Licensure	548,995	518,477	30,518	6%
Quality Assurance	183,035	163,069	19,966	11%
Practice Reviews	898,540	828,292	70,248	8%
Complaints and Investigations	973,494	832,780	140,714	14%
Policy and Legislation	348,214	222,579	125,636	36%
Communications and Engagement	258,725	219,135	39,591	15%
Projects	87,115	57,417	29,698	34%
Total Expenses Before Amortization	6,145,173	5,759,192	385,981	6%
Amortization	212,951	172,936	40,014	19%
Total Expenses Including Amortization	6,358,123	5,932,128	425,995	7%



College of Pharmacists
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BOARD MEETING November 15, 2019

4b.vi. Approval of September 12, 2019 Draft Committee of the Whole Meeting Minutes

DECISION REQUIRED

Recommended Board Motion:

Approve the September 12, 2019 draft Committee of the Whole meeting minutes as circulated.

Appendix	
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1	September 12, 2019 Draft Committee of the Whole Meeting Minutes (and appendices)
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Committee of the Whole Meeting
September 12, 2019
Held at the College of Pharmacists of British Columbia
200-1765 West 8th Avenue, Vancouver, BC

MINUTES

Members Present:

Arden Barry, Chair, District 7
Christine Antler, Vice Chair, District 2
Mona Kwong, District 1
Tara Oxford, District 3
Steven Hopp, District 4
Frank Lucarelli, District 5
Anca Cvaci, District 6
Bal Dhillon, District 8
Tracey Hagkull, Government Appointee
Anne Peterson, Government Appointee
Katie Skelton, Government Appointee
Justin Thind, Government Appointee

Staff:

Bob Nakagawa, Registrar
David Pavan, Deputy Registrar
Mary O'Callaghan, Chief Operating Officer
Ashifa Keshavji, Director of Practice Reviews and Quality Assurance
Doreen Leong, Director of Registration and Licensure
Christine Paramonczyk, Director of Policy and Legislation
Gillian Vrooman, Director of Communications and Engagement
Stephanie Kwok, Executive Assistant

Guests:

Susan Troesch, Chair, Inquiry Committee

1. WELCOME & CALL TO ORDER

Chair Barry called the meeting to order at 10:53am on September 12, 2019.

2. INQUIRY COMMITTEE UPDATE: EMERGING TRENDS & ISSUES

Susan Troesch, Chair of the Inquiry Committee, provided the Board with an overview of the files most commonly referred to the Inquiry Committee.

3. UNSCHEDULED MEDICAL CANNABIS DISTRIBUTION

Christine Antler, Vice-Chair of the Board, provided the Board with background on Health Canada's recent consultation on non-prescription Cannabis Health Products (CHPs) and the response from the National Association of Pharmacy Regulatory Authorities (NAPRA).

4. RISK REGISTER

Registrar Nakagawa provided the Board with an overview of the College's Risk Management Policy and Risk Register, which are regularly updated and reported at each Board meeting in the consent agenda. The Board brainstormed ideas to improve the readability of the Risk Register, as well as considered additional items to add to the register.

The ideas are as below:

Suggestions to improve readability:

- Consider having two Risk Registers:
 - Operational Risk Register
 - Strategic Risk Register
- Add an update/progress column
- Provide overarching context for each risk category
- Provide more details/description of the risks identified

Additional types of risks to consider:

- Automation
- Artificial intelligence
- Database on cloud server
- IT
 - College iPads and WiFi
 - Phishing
 - Email impersonation
- Financial crisis
 - What if the stock market crashes?
 - Investment – What are the College's investments?
- Natural disaster
 - Earthquake
 - What is the College's business continuity plan?
- Succession Planning
 - Staff and Board
- Threats to staff and Board after controversial decision
 - Transparency of Board members' names and emails publicized on College website
 - Centralized Board email account?

Further considerations:

- What is the College's mitigation strategy?
- Is budgeting considered for risk mitigation?
- Adding the Risk Register as a recurring agenda item on the Committee of the Whole meeting
- Discussion of one risk category at each Committee of the Whole meeting, commencing at the February 2020 Boarding meeting

ADJOURNMENT

Chair Barry adjourned the meeting at 2:20pm on September 12, 2019.



College of Pharmacists
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BOARD MEETING November 15, 2019

4b.vii. Approval of 2020 Board Meeting Schedule

DECISION REQUIRED

Recommended Board Motion:

Approve the 2020 Board Meeting Schedule as circulated.

The Board Meeting Schedule for 2020 is:

Thursday, February 13, 2020
Friday, February 14, 2020

Thursday, April 16, 2020
Friday, April 17, 2020

Thursday, June 11, 2020
Friday, June 12, 2020

Thursday, September 17, 2020
Friday, September 18, 2020

Thursday, November 19, 2020
Friday, November 20, 2020

CPBC Annual General Meeting
Thursday, November 19, 2020



College of Pharmacists
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BOARD MEETING November 15, 2019

4b.viii. Practice Review Committee (PRC): Phase 1 and 2 Update

INFORMATION ONLY

Purpose

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

Background

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

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

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

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



College of Pharmacists
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BOARD MEETING November 15, 2019

Practice Review Program Update

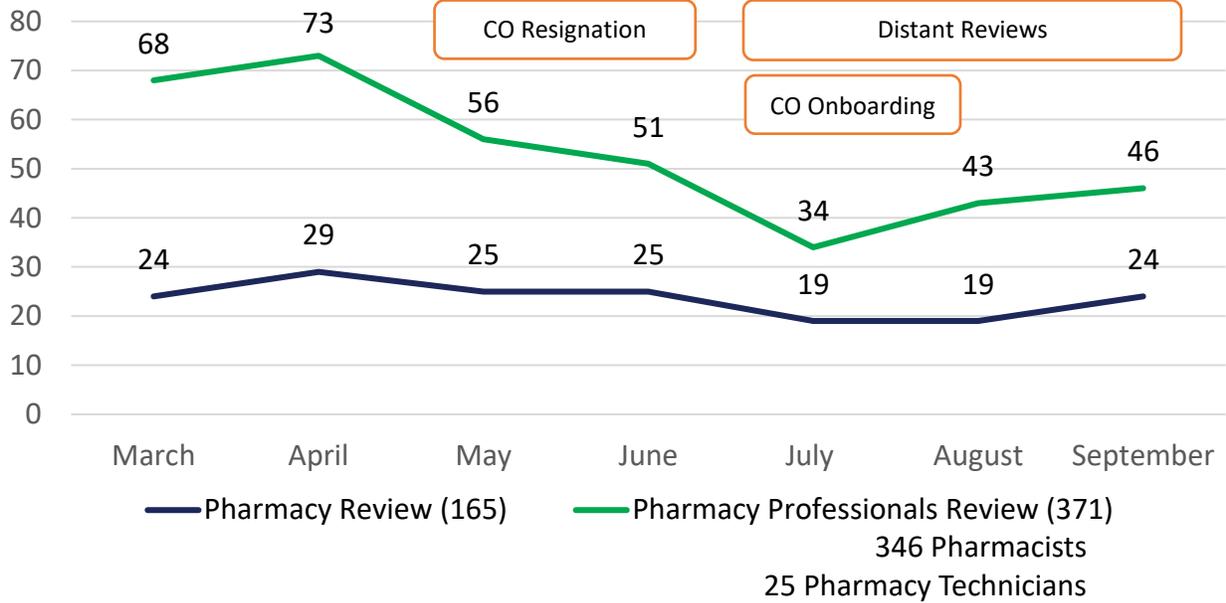
	General	Community Practice	Hospital Practice
Update	<ul style="list-style-type: none"> • Determined new review targets for 2019-20 Fiscal Year and evaluated program cycle • IT: Developed a Business Requirements Document • Updated Risk Register • Provided subject matter expertise (SME) for multiple projects <ul style="list-style-type: none"> ○ Cold Chain Policy ○ Pharmacy Operations and Drug Scheduling Act Modernization Working Group ○ National Association of Pharmacy Regulatory Authorities Compounding Standards Working Group ○ Medication Incident Reporting 	<ul style="list-style-type: none"> • Updated questions in the Pharmacy Review to be consistent with current legislation <ul style="list-style-type: none"> ○ Pharmacy References ○ Repackaging Bulk Nonprescription Drugs ○ Operational Procedures for Complying with Benzodiazepines and Other Targeted Substances Regulation • Published new PRP Insights article (Undergoing Pharmacy Renovations? Don't Forget to Report Layout Changes to the College) 	<ul style="list-style-type: none"> • Updated questions in the Pharmacy Review to be consistent with current legislation <ul style="list-style-type: none"> ○ Operational Procedures for Complying with Benzodiazepines and Other Targeted Substances Regulation • Improved efficiency for registrant feedback survey process by automatically generating reminder emails • Published new PRP Insights article (Hospital Pharmacies Providing Pharmacy Services to Outpatients: Releasing Medications)
Next Steps	<ul style="list-style-type: none"> • Review PRC Policies • IT: Work with the IT department to enhance the PRP application • Continue to monitor and update the Risk Register as needed • Continue to provide SME for CPBC projects 	<ul style="list-style-type: none"> • Draft community practice PRP Insights articles • Develop review forms for other services i.e. telepharmacy, central fill, packaging, compounding and other services based on Board direction and resources 	<ul style="list-style-type: none"> • Draft hospital practice PRP Insights articles

Appendix	
1	PRP Operational Statistics
2	PRP Insights Articles for ReadLinks

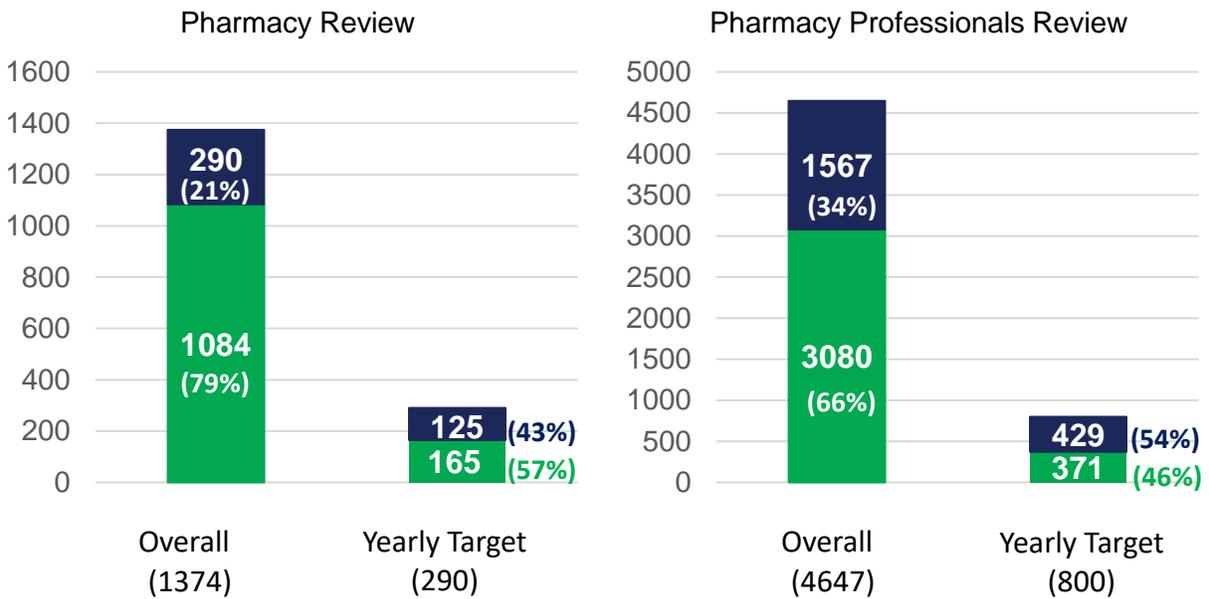
Practice Review Program Operational Statistics: 2019-20 Fiscal Year

COMMUNITY PRACTICE

Fiscal Year Progress:



Overall and Fiscal Year Progress:

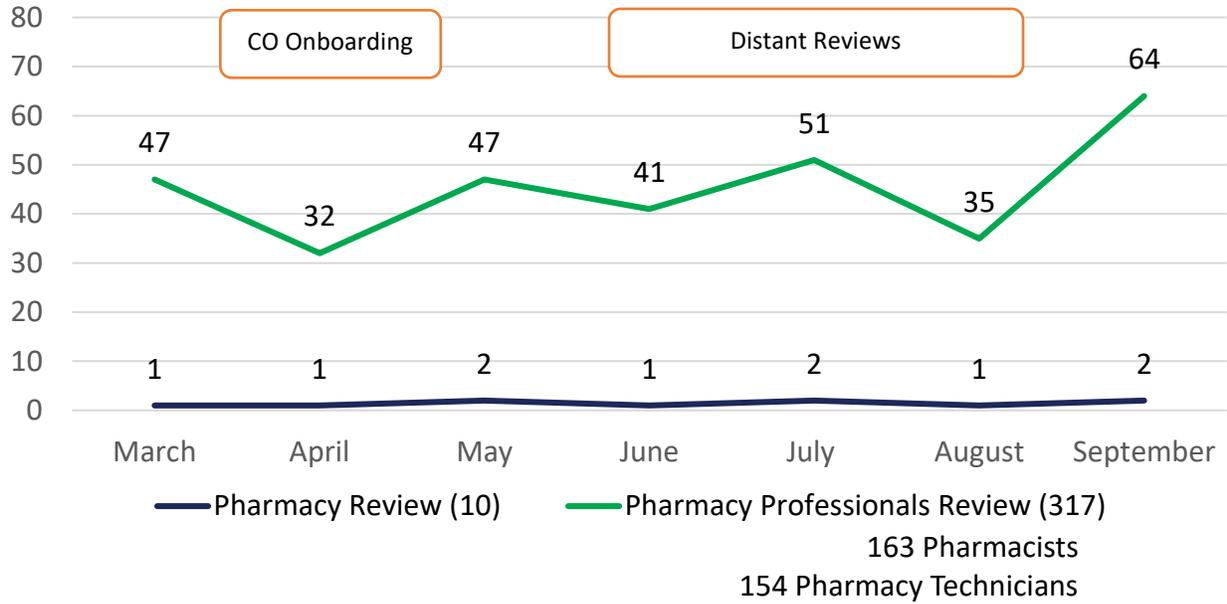


Key

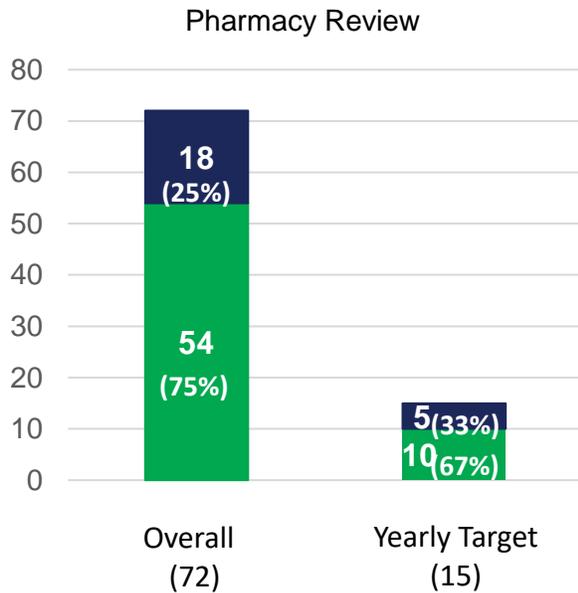
- Balance
- Conducted

HOSPITAL PRACTICE

Fiscal Year Progress:



Overall and Fiscal Year Progress:



Key

- Balance
- Conducted

Practice Review Program: Insights Articles

August 2019 Article: [Hospital Pharmacies Providing Pharmacy Services to Outpatients: Releasing Medications](#)



HOSPITAL PHARMACIES PROVIDING PHARMACY SERVICES TO OUTPATIENTS: RELEASING MEDICATIONS

Compliance Officers conducting hospital pharmacy practice reviews have noticed that the requirements for providing pharmacy services to outpatients may not be fully understood by all registrants.

This article focuses on clarifying the requirements for patient counselling and releasing medications to outpatients in a hospital pharmacy setting.

WHAT IS AN OUTPATIENT?

An outpatient is a patient who receives medical treatment and/or is prescribed medications without being admitted to a hospital. It is important to note that as per [Health Professions Act \(HPA\) - Bylaw Schedule F Part 2 s. 4\(5\)](#), a hospital pharmacy that is providing pharmacy services to an outpatient must follow the [Community Pharmacy Standards of Practice](#), which states:

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

Community Pharmacy Standards of Practice (HPA Bylaw Schedule F Part 1 s. 12(1)):

"...a full pharmacist must consult with the patient or patient's representative at the time of dispensing a new or refill prescription in person or, where not practical to do so, by telephone."

Full counselling requirements, for both new and refill prescriptions, are outlined in [HPA Bylaw Schedule F Part 1 s. 12\(4\) and \(5\)](#), and are also summarized in our previously published article, [PRP Insights: Counseling in Community Pharmacy](#).

It is important to emphasize that every prescription, both new and refill, requires counselling by the pharmacist. Compliance Officers have observed pharmacy technicians and pharmacy assistants offering counselling by simply asking "Do you have any questions for the pharmacist?" **This is not acceptable.** Similarly, a pharmacist simply asking the patient if they have any questions is also not acceptable.

In providing quality care, the pharmacist's responsibility extends beyond simply providing the patient with the right drug. Pharmacists need to ensure that the patient knows about the medication they are taking and understands how to take it appropriately to optimize therapy and promote adherence.

Remember, the right patient, taking the right drug, at the right dose, at the right time, but in the **WRONG** way can still compromise the drug's effectiveness and ultimately the patient's safety.

PRP SUPPORT TOOLS – COUNSELLING

In order to help registrants prepare for reviews, complete action items, and improve their practice, the College has developed a suite of PRP Support Tools.

For a comprehensive outline of Counselling in community practice, please consult the Counselling Support Tool.

[PRP Support Tool – Counselling](#)

In some instances, Compliance Officers have observed medications being released to outpatients by pharmacy technicians, without pharmacist counselling. In many of these cases, the pharmacy technician handed out the medication and asked the patient if they had any questions for the pharmacist. If the patient said “no,” the pharmacy technician would document that counselling was refused.

It is important to note that all new and refill prescriptions must be counselled by a full pharmacist, and that this must be documented by the full pharmacist as per *HPA Bylaw Schedule F Part 1 s. 6(4)(g)*.

Similarly, any refusal of counselling must be documented by the full pharmacist as per *HPA Bylaw Schedule F Part 1 s. 12(2)*.

Registrants should be mindful of this requirement when an outpatient comes to the counter to pick up medications.

NAPRA’s Model Standards for Pharmacy Technicians reiterates the responsibility of pharmacy technicians in ensuring that dispensing steps are being completed:

NAPRA’s Model Standards for Canadian Pharmacy Technicians

Pharmacy technicians, when distributing drugs, release prescription products

- a. **confirm that a pharmacist has:**
 - i. reviewed the therapeutic appropriateness of the prescription including new or refill prescriptions;
 - ii. evaluated the prescription (both for new and refill prescriptions), the patient, the patient’s health history, the patient’s allergies and the patient’s drug-use record, and;
 - iii. **provided consultation and education to the patient**
- b. ensure that the right prescription products are released to the right patient or authorized agent
- c. answer patient’s questions, referring them to the pharmacist if the question requires patient assessment, clinical analysis or application of therapeutic knowledge
- d. alert patients to written information provided on prescription labels, auxiliary labels or patient inserts
- e. reinforce the availability of the pharmacist for discussion or recommendations

February 2019 Article: [Undergoing Pharmacy Renovations? Don't Forget to Report Layout Changes to the College](#)

PRP Insights X Licensure



Reporting Change in Layout “Renovation”

UNDERGOING PHARMACY RENOVATIONS? DON'T FORGET TO REPORT LAYOUT CHANGES TO THE COLLEGE

During Pharmacy Practice Reviews, Compliance Officers have come across a number of pharmacies that have not reported changes to the layout of their pharmacies after undergoing renovation. The College requires that the current layout of a pharmacy be consistent with the pharmacy diagram that the College has on record.

Minimum physical requirements are in place in order to ensure that registrants have sufficient room to prepare products. This helps to reduce the number of interruptions experienced by registrants, thus mitigating and preventing potential errors.

Reporting changes to the layout of a pharmacy is not a new requirement. Pursuant to section 4.1(3) of the *Pharmacy Operations and Drug Scheduling Act*, the direct owner must give the Registrar 30 days' written notice of any changes respecting the layout of the pharmacy.

Before opening a new pharmacy, the authorized representative of the direct owner will have to submit the floorplan/diagram of the pharmacy as part of the application process. This pharmacy diagram is used to assess whether the proposed layout meets the basic physical requirements laid out in the bylaws (e.g. size of the dispensary).

As part of the pre-opening process, once the new pharmacy is built, the authorized representative must provide digital evidence (i.e. photos/video) to the College's Licensure Department that all physical requirements have been met. Digital evidence will be reviewed by College staff to ensure that the layout of the pharmacy is consistent with the previously submitted diagram. When the pharmacy licence is issued, the pharmacy diagram becomes a record of the pharmacy's layout, and is used by Compliance Officers or Investigators during future inspections. As such, the College requires that the diagram on record is up-to-date and reflective of the current layout of the pharmacy.

CHANGE IN LAYOUT

A change in layout refers to changes from the original [pharmacy diagram](#) submitted to the College. These changes may include, but are not limited to:

- Changing the location of a physical requirement (e.g. moving the double stainless steel sink from the left side of the dispensary to the right);
- Changing the measurements/size/area of physical requirements in the pharmacy diagram (e.g. expanding the size of the dispensary);
- Adding or removing a physical requirement (e.g. adding a physical barrier to prevent access to schedule 3 products (i.e. lock-and-leave), adding a new consultation room, or removing part of the dispensing counter to put in a new metal safe for narcotics);
- Making changes to the fixtures of a pharmacy (e.g. removing/adding a wall).

Refer to the pharmacy diagram checklist ([community/telepharmacy](#) or [hospital](#)) for the physical requirements in a pharmacy diagram.

Note that changes that do not impact the pharmacy diagram are not considered changes in layout for licensure purposes. Some examples include: changing the colour scheme of the pharmacy (e.g. wall/counter top), changing the "Medication Information" sign without changing the location, or changing the location of your microwave.

REPORTING A CHANGE IN LAYOUT

If you are planning to change the layout of your pharmacy, you must submit the Change in Layout application form and the proposed new pharmacy diagram no later than 30 days before the change occurs. Once the new pharmacy diagram is approved, follow the instructions in the confirmation letter to complete the rest of the process.

It is advised that you wait for College approval before making the actual changes to your pharmacy, in case the proposed changes do not meet the legislated physical requirements.

UNREPORTED RENOVATIONS

If your pharmacy has undergone a renovation without reporting it to the College, you must submit the Change in Layout application form, the amended pharmacy diagram, and the pharmacy pre-opening report (with digital evidence) as soon as possible.

If your current layout does not meet the requirements, you will be asked to rectify the areas of non-compliance.

For a more detailed outline of the Change in Layout application process, visit:

bcpharmacists.org/change-layout or contact the College's Licensure Department at licensure@bcpharmacists.org.

Previous Articles:

December 2018 Article: [New PRP Support Tools Available for Pharmacy Technicians on Collaboration and Product Distribution](#)

October 2018 Article: [Patient Identification Verification in Hospital Pharmacies](#)

July 2018 Article: [Documentation Requirements for Emergency Prescription Refills](#)

May 2018 Article: [Scheduling and Preparing for your Practice Review in Community Pharmacies](#)

December 2017 Articles: [Patient ID in Community Pharmacy](#) , [Profile Check in Community Pharmacy](#) , [Counseling in Community Pharmacy](#), [Documentation in Community Pharmacy](#)

November 2017: [New PRP Focus Areas](#)

July 2017: [New PRP Focus Areas for Pharmacy Technicians in Community Practice Coming Soon](#)

May 2017: [Prepare for Your Next Practice Review with the New PRP Support Tools!](#)

April 2017: [Advice from our Compliance Officers on your next review](#)

March 2017: [Compliance Officers offer individual perspectives on practice reviews](#)

February 2017: [Meet our Compliance Officers](#)

January 2017: [Managing Return-to-Stock Medications](#)

October 2016: [When Are CPP Forms Required for Residential Care Facilities, Hospices and Hospitals](#)

June 2016: [Privacy, Confidentiality and Security of Patient Health Information](#)

March 2016: [Expiry Dates of Compounding Materials and Products](#)

November 2015: [Signing Narcotic Records](#)

August 2015: [Policy and Procedure Manual](#)

June 2015: [Retaining Prescriptions](#)

March 2015: [Drug Product Distribution Requirements](#)



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BOARD MEETING November 15, 2019

4b.ix. Opioid Agonist Treatment Training Update

INFORMATION ONLY

Purpose

To provide the Board with an update on the number of pharmacy professionals who have completed the *Opioid Agonist Treatment Compliance and Management Program for Pharmacy* (OAT-CAMPP) training program.

Background

In accordance with Professional Practice Policy 66 - Opioid Agonist Treatment (“PPP-66”), all pharmacy managers, staff pharmacists, relief pharmacists and pharmacy technicians employed in a community pharmacy that provides pharmacy services related to buprenorphine/naloxone maintenance treatment, methadone maintenance treatment or slow release oral morphine maintenance treatment must successfully complete either the College of Pharmacists of BC (“CPBC”) Methadone Maintenance Treatment training program or the OAT-CAMPP training program.

Prior to the development of the OAT-CAMPP training program, registrants were required to successfully complete the College’s Methadone Maintenance Treatment (MMT) training program. However, the CPBC MMT training program is currently being phased out and will not be available beyond March 31, 2021. After this date, the provisions in PPP-66 referencing this training program will be repealed and all pharmacy managers, staff pharmacists, relief pharmacists and pharmacy technicians employed in a community pharmacy that provides pharmacy services related to Opioid Agonist Treatment drugs will be required to successfully complete the OAT-CAMPP training program. As a result, PPP-66 strongly encourages registrants employed in a community pharmacy that provides pharmacy services related to opioid agonist treatment to complete the OAT-CAMPP program as soon as practicable.

Additionally, the Ministry of Health (through the PharmaCare Program) is requiring that at least one pharmacist from every BC pharmacy enrolled in the Opioid Agonist Treatment Provider subclass, must complete the new OAT-CAMPP training by January 19, 2020.¹

¹ PharmaCare Newsletter, <https://www2.gov.bc.ca/assets/gov/health/health-drug-coverage/pharmacare/newsletters/news19-006.pdf>.

Discussion

Pharmacists and Pharmacy Technicians Trained Since October 2019

The OAT-CAMPP training program launched January 19, 2019. The training includes an in-person workshop and an online self-study component, focused on expanding pharmacists' knowledge about methadone, buprenorphine/naloxone, and slow-release oral morphine. As of October 21, 2019, 2,097 pharmacists and 68 pharmacy technicians have enrolled in the training program, of which 1,749 pharmacists and 50 pharmacy technicians have successfully completed the OAT-CAMPP training program.

Pharmacists Trained per Pharmacy Offering OAT Services

The 1,749 pharmacist completions of the OAT-CAMPP training program represent approximately 1,090 unique community pharmacies. Note that there are approximately 1,150 pharmacies in BC that had one or more claims for an Opioid Agonist Treatment in fiscal year 2018-2019 (meaning that in order to have one pharmacist trained per community pharmacy by January 19, 2020, there are approximately 60 more community pharmacies needing a pharmacist trained under the OAT-CAMPP training program).



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BOARD MEETING November 15, 2019

5. Confirmation of Agenda

DECISION REQUIRED

Recommended Board Motion:

Approve the November 15, 2019 Draft Board Meeting Agenda as circulated, or amended.

Appendix	
1	November 15, 2019 Draft Board Meeting Agenda



Board Meeting
Friday, November 15, 2019
CPBC Office, 200-1765 West 8th Avenue, Vancouver
AGENDA

11:15am - 11:30am	15	1. Call to Order <i>Land Acknowledgement</i>	Chair Barry
		2. Election of Chair [DECISION]	Registrar Nakagawa
		3. Election of Vice-Chair [DECISION]	Chair
		4. Consent Agenda a) Items for Further Discussion b) Approval of Consent Items [DECISION]	Chair
		5. Confirmation of Agenda [DECISION]	Chair
11:30am - 11:35am	5	6. Governance Committee: Appointment of Board Members to Committees [DECISION]	Chair
11:35am - 11:45am	10	7. Committee Updates: a) Audit and Finance Committee b) Quality Assurance Committee c) Legislation Review Committee (update provided in item 12) d) Ethics Advisory Committee e) Drug Administration Committee (update provided in item 13) f) Pharmacy Advisory Committee g) Governance Committee h) Practice Review Committee i) Application Committee j) Discipline Committee k) Inquiry Committee l) Registration Committee m) Registrar Evaluation & Succession Planning Committee	Committee Chairs Frank Lucarelli Frank Lucarelli Bal Dhillon Bal Dhillon Registrar Nakagawa Anca Cvaci Anne Peterson Tracey Hagkull Christine Antler Chair Chair Chair Chair
11:45am - 12:15pm	30	8. CPBC's Journey to Excellence	Catherine Neville
12:15pm - 1:00pm	45	LUNCH	
1:00pm - 1:30pm	30	9. Pharmaceutical Delivery by Drone	Chris Chiew
1:30pm - 2:00pm	30	10. Invisible Barriers: 2SLGBTQ+ People and Healthcare	Bex Peterson
2:00pm - 2:30pm	30	11. Pharmacist Prescribing Authority Update	Christine Antler
2:30pm - 3:00pm	30	12. Legislation Review Committee a) Committee Updates b) PODSA Modernization Phase II Bylaw Amendments [DECISION] c) PODSA Modernization Phase II Professional Practice Policies [DECISION]	Bal Dhillon
3:00pm - 3:15pm	15	BREAK	
3:15pm - 3:30pm	15	13. Drug Administration Committee: a) Committee Updates b) Pharmacists' Injection Authority Update	Registrar Nakagawa
3:30pm - 3:55pm	25	14. Our Commitment to Improve Cultural Safety and Humility for First Nations and Aboriginal Peoples	Gillian Vrooman
3:55pm - 4:00pm	5	15. Items Brought Forward from Consent Agenda	
		CLOSING COMMENTS AND ADJOURNMENT	



College of Pharmacists
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BOARD MEETING November 15, 2019

6. Governance Committee: Appointment of Board Members to Committees

DECISION REQUIRED

Recommended Board Motion:

Approve College committee member appointments for terms beginning on November 15, 2019, and the removal of committee members whose terms as Board members have expired, as circulated.

Purpose

To propose the appointment of new members to College committees and the removal of committee members whose terms as Board members have expired.

Background

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

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

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

This process was most recently completed in May 2018.

Discussion

The Governance Committee has reviewed the current roster of committee members, and is proposing changes to committee membership. The proposed changes are due in part to the Board election in November 2019, and the expiry of the terms of certain government appointed Board members, which result in significant changes to Board composition.

The following changes to committee membership and positions are proposed:

Application Committee

- Appoint John Beever as Chair
- Appoint Derek Lee as Vice-Chair
- Appoint Katie Skelton as member
- Remove Christine Antler as Chair *she will remain as member*
- Remove Justin Thind as member

Audit and Finance Committee

- Appoint Steven Hopp as Chair
- Appoint Alex Dar Santos as Vice-Chair and member
- Appoint Board Vice-Chair as Member
- Remove Tracey Hagkull as Vice-Chair *she will remain as member*
- Remove Frank Lucarelli as Chair and member

Governance Committee

- Appoint Anne Peterson as Chair
- Appoint Anca Cvaci as member
- Appoint Claire Ishoy as Vice-Chair and member
- Appoint Board Vice-Chair as a member
- Appoint Katie Skelton as member
- Remove Mona Kwong as Chair and member
- Remove Tara as Vice-Chair and member
- Remove Christine Antler as member

Jurisprudence Examination Subcommittee

- Appoint Bal Dhillon as Chair
- Remove Tara Oxford as Chair *she will remain as member*

Legislation Review Committee

- Appoint Justin Thind as Chair
- Appoint Andrea Silver as Vice-Chair and member
- Appoint Claire Ishoy as member
- Remove Mona Kwong as Chair and member

Pharmacy Advisory Committee

- Appoint Anca Cvaci as Chair
- Appoint Andrea Silver as Vice-Chair and member
- Remove Tara Oxford as Chair *she will remain as member*

Past Chairs Advisory Committee

- Appoint Mona Kwong as Chair and member
- Appoint Anar Dossa as member
- Appoint Blake Reynolds as member

Quality Assurance Committee

- Appoint Michael Ortynsky as Chair and member
- Remove Frank Lucarelli as Chair *he will remain as member*

Recommendation

The Governance Committee recommends that the Board approve the following:

- Appointment of new members to certain College committees;
- Changes to the Chair and Vice Chair of certain committees; and,
- Removal of committee members whose terms as Board members have expired.

All recommended appointments are for terms beginning on November 15, 2019.



College of Pharmacists
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BOARD MEETING November 15, 2019

7. Committee Updates

h) Quality Assurance Committee: Initial CE Audit Findings

INFORMATION ONLY

Purpose

To present the Board with the Quality Assurance Committee's initial Continuing Education (CE) audit findings.

Background

The College's Quality Assurance Committee provides guidance and recommendations to the College Board, including minimum CE requirements and standards for monitoring and auditing CE submissions for compliance with requirements, to ensure that pharmacy professionals are competent to practice and to promote high practice standards amongst pharmacy professionals.

In order to renew their registration, pharmacy professionals must complete a minimum of 15 hours of CE each year, including a minimum of 5 hours of accredited learning. The learning must be documented on at least 6 Learning Records, an online form that assists pharmacy professionals with recording their learning activities.

Pharmacy professionals who are non-practicing and/or have former status are required to complete CE requirements in order to be reinstated. Those who wish to be reinstated after being non-practicing and/or former status for more than 90 days but less than six years must:

- Successfully complete at least 15 hours of learning documented on a minimum of 6 Learning Records per year or partial year of absence (up to 45 hours of learning documented on 18 Learning Records);
 - a minimum of 1/3 (up to 15 hours) must be accredited learning and supporting documentation needs to be provided as part of the corresponding Learning Record(s),
- Complete all learning activities in the year immediately prior to application for full registration.

The Professional Development and Assessment Program (PDAP) is designed to include different types of learning and reflect that pharmacy professionals practice in various settings and learn in different ways. Whether it is an accredited course, conference, or self-directed reading, it can be reflected on a Learning Record and submitted as proof of CE.



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ACCREDITED LEARNING

Accredited learning activities have been reviewed using stringent criteria to ensure they are of high quality, unbiased, and clearly identify learning objectives for participants. Accredited programs indicate the number of accredited hours assigned, and identify the accrediting body (e.g., University of British Columbia Continuing Pharmacy Professional Development, Canadian Council on Continuing Education in Pharmacy, Accreditation Council for Pharmacy Education (ACPE), Maintenance of Proficiency (Mainpro+). To demonstrate completion of accredited learning hours, an image of supporting documentation for the accredited learning activity needs to be included as part of the Learning Record submitted to the College.

NON-ACCREDITED LEARNING

Non-accredited hours are accumulated through informal learning such as self-study, reading, and on the job training. For example, if a pharmacy professional identified a learning need in the area of compounding, they may read a publication on compounding and incorporate this learning into their practice. The time spent on this activity may be documented on a Learning Record as non-accredited learning.

Initial CE Audit Process

The Quality Assurance Committee establishes the processes for monitoring and auditing CE submissions. All CE submissions are automatically verified for completeness by the PDAP Portal. Those selected for CE Audits are manually verified for compliance. Pharmacy professionals are selected for CE Audits in two ways:

- Renewing pharmacy professionals are randomly selected by the PDAP Portal provider
- Reinstating pharmacy professionals are automatically audited as CE submissions are a requirement for reinstatement

Once pharmacy professionals are selected for CE Audits, the PDAP Portal extracts their Learning Records for Quality Assurance department staff to review and conduct the audit. The outcome of the CE Audits is then documented and presented to the Quality Assurance Committee (see Figure 1 below). Pharmacy professionals who are found to be non-compliant with the CE requirements may be:

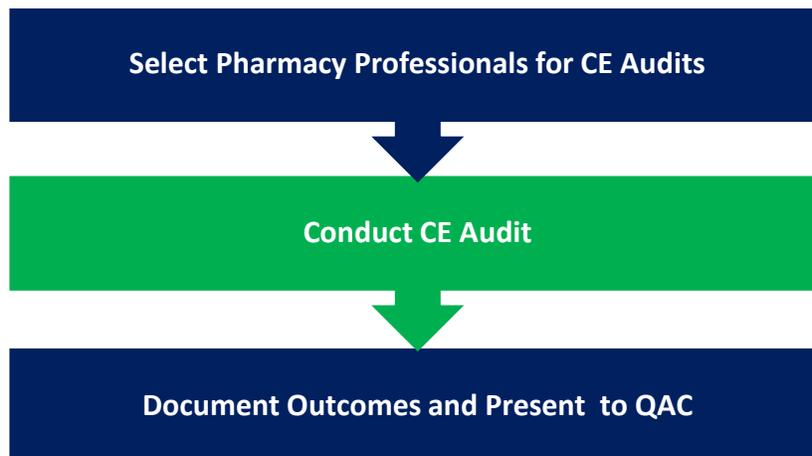
- requested to re-submit their CE requirements and/or
- be referred to the Inquiry Committee if there are reasonable grounds for professional misconduct (e.g., cheating or falsifying information)



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BOARD MEETING November 15, 2019

Figure 1: CE Audit Process



The Quality Assurance Committee consulted a statistician, Mike Marshall, and received a recommendation regarding CE Audit criteria, including the number of pharmacy professionals to audit each year, selection process and what to include in the audit (e.g.. the type of learning). Figure 2 provides a summary of the CE audit criteria.

Figure 2: Summary of CE Audit Criteria

Summary of CE Audit Criteria	
# of Pharmacy Professionals to Audit Per Year	400
Type of Learning to Audit (Accredited and/or Non-Accredited)	Accredited Learning Only
Audit All or Partial CE Submission	Audit up until the minimum CE requirement is satisfied
What to Audit For	Audit for veracity and consistency, to verify that the learning activities entered match the supporting documentation provided



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BOARD MEETING November 15, 2019

Initial CE Audit Findings

The initial CE Audit cycle started in September 2018 and ended in August 2019 (1 full year). It consisted of pharmacy professionals randomly selected from the 2017 and 2018 renewal deadline year as well as those in the Reinstatement (returning to practice) category. A total of 400 pharmacy professionals and 2224 Learning Records were audited.

Figure 3 reflects the number of pharmacy professionals and Learning Records audited by renewal deadline vs. reinstatement/active late category.

Figure 3: Audit Stats by Renewal Deadline vs. Reinstatement/Active Late

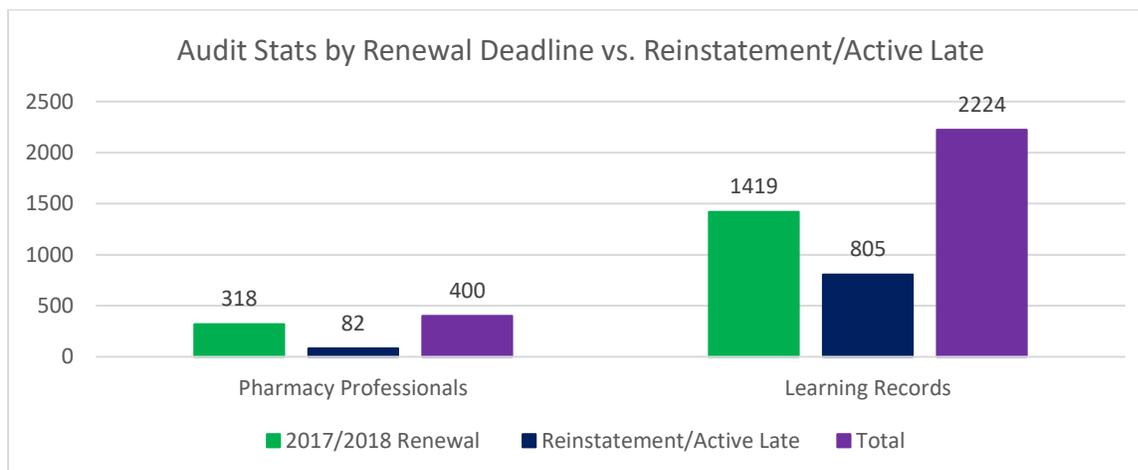


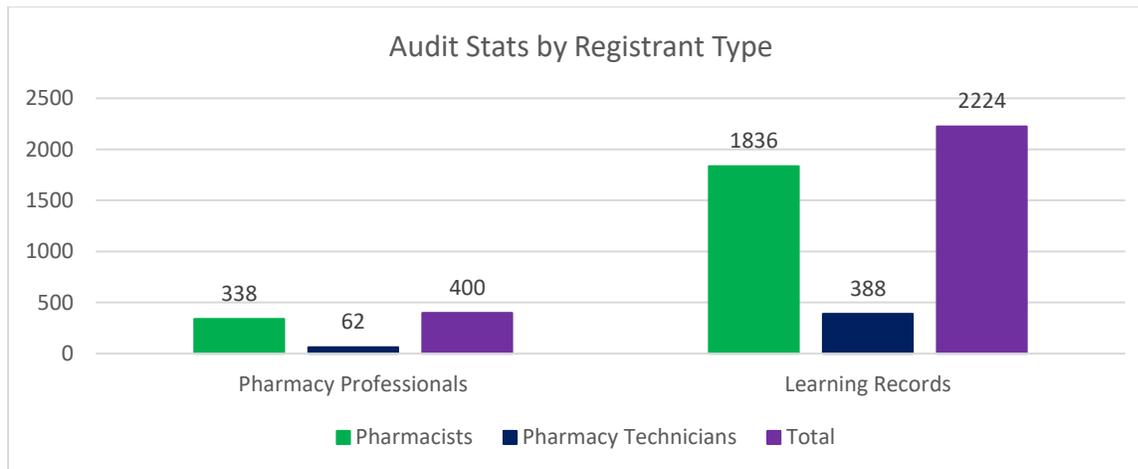
Figure 4 reflects the number of pharmacy professionals and Learning Records audited by registrant type (pharmacists/pharmacy technicians).



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BOARD MEETING November 15, 2019

Figure 4: Audit Stats by Registrant Type



The top 5 issues identified from renewing pharmacy professionals' submissions are:

1. Incorrect date, within CE cycle/last 12 months
2. Certificate not attached, correct summary only (CE Profile)
3. Incorrect hours, entered more than actual
4. Incorrect hours, entered less than actual
5. Registrant name missing

The top 5 issues identified from reinstating/active late pharmacy professionals' submissions are:

1. Incorrect date, within CE cycle/last 12 months
2. Certificate not attached, correct summary only (CE Profile)
3. Incorrect Date - outside CE cycle/last 12 months
4. Incorrect hours, entered more than actual
5. Not accredited learning

The issues identified for the 82 pharmacy professionals in the reinstatement/active late category were resolved prior to registering them with the College. Of the 318 renewing pharmacy professionals that were audited, 13 (4%) of them required follow up for clarification.



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Next Steps

Aggregate results from the initial audit will be used to identify areas for improvement in the audit process, website content and other registrant communication and materials including the PDAP Portal Tutorial and Learning Record Examples.

The Quality Assurance Committee will be piloting a full year of CE audits in 2020 with the 2019 submissions. Results will be used to continue to improve registrant resources and the Learning Record form.



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7 b) Quality Assurance Committee

Frank Lucarelli

On behalf of the Quality Assurance Committee



Registration Renewal/Return to Practice:

Yearly CE Requirements:

- Minimum of 15 hours of CE documented on at least 6 Learning Records
- Minimum of 5 hours must be accredited learning
- All learning activities must be completed in the year immediately prior to renewal or application for full registration



Initial CE Audit

Statistician recommendation for audit:

- 400 pharmacy professionals per year
- Accredited learning only (supporting documentation required)
- For veracity and consistency
 - to verify that the learning activities entered match the supporting documentation provided



CE Audit Process

Select Pharmacy Professionals for CE Audits



Conduct CE Audit



Document Outcomes and Present to QAC



CE Audit Findings

Common issues identified:

- Certificate not attached/incorrect certificate
- Incorrect date
- Incorrect hours
- Registrant name missing
- Learning was not accredited



Next Steps

- Aggregate results will be used to identify areas for improvement in:
 - The audit process
 - Registrant resources (i.e Tutorial, Learning Record Examples)
- Individual results will be followed up with for clarification if needed
- Piloting a full year of CE audits in 2020 with the 2019 submissions.



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Questions





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8. CPBC's Journey to Excellence

INFORMATION ONLY

Presenter's Biography

Catherine Neville

Vice President and Lead Client Strategist,
Excellence, Innovation and Wellness, Excellence Canada

Catherine is a senior executive who has worked extensively in both the business and not-for-profit sectors. She has had P&L responsibility and understands the challenges of the real world. Catherine has extensive knowledge of quality management systems, including Excellence Canada, Baldrige, Deming, European Quality Awards; as well as knowledge of the ISO 9000 series, and Accreditation Canada standards.

She is one of the developers of the Excellence, Innovation and Wellness Standard and leads benchmark assessments as well as verifications for Excellence Canada.

Catherine is a very active coach, with a focus on progressive excellence including related strategies, as well as process improvement.

Catherine holds a B.Sc., and is certified by Excellence Canada as a Lead Trainer, Lead Assessor, Lead Verifier, and Certified Excellence Professional (CEP).

She is married, has three children, four young grandchildren and counting....committee.

Excellence Canada

Founded in 1992 by Industry Canada as the National Quality Institute (NQI), then rebranded as Excellence Canada in 2011, we are an independent, not-for-profit corporation that is dedicated to advancing organizational performance across Canada. We are proudly Canadian and 'service driven'.

As Canada's national authority on Quality and Healthy Workplace® practices, Excellence Canada has created a uniquely Canadian model, providing measurable standards and objective validation through its certification programs. Since inception, Excellence Canada has helped thousands of organizations in Canada, across many industries, to implement continual quality improvement systems and employee wellness strategies.

Our Vision, Mission and Values are listed here: <https://excellence.ca/about-us/>



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8. CPBC's Journey to Excellence

Catherine Neville

Vice President and Lead Client Strategist

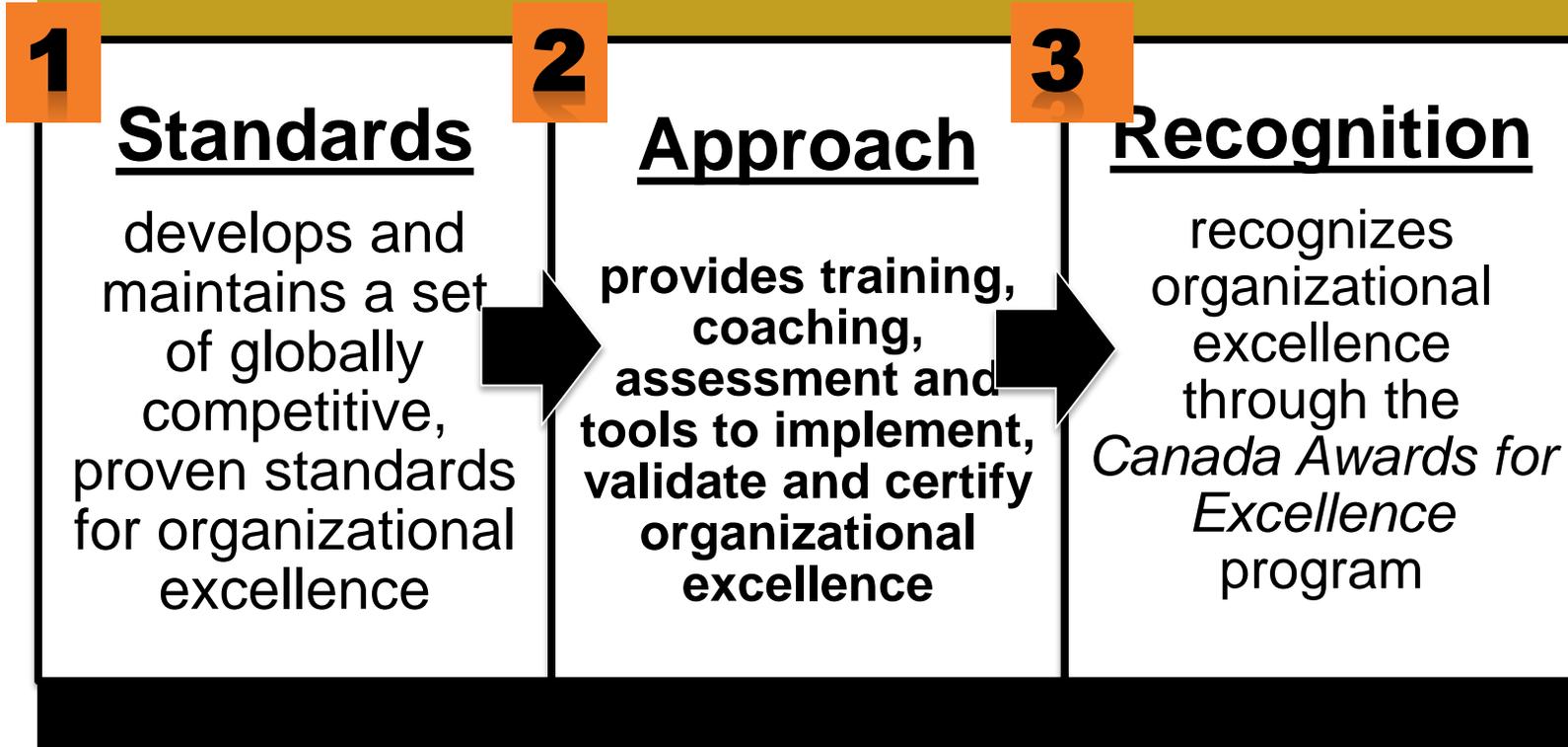
Excellence, Innovation and Wellness, Excellence Canada

Agenda

- Brief overview of Excellence Canada and the Excellence, Innovation and Wellness (EIW) Standard
- A review of progress to date: Achievement of EIW Silver and a *Canada Award for Excellence* on November 5, 2019!
- Excellence, Innovation and Wellness (EIW):
What it takes to progress from EIW Silver to **Gold!**
- Next Steps



Excellence Canada is dedicated to developing standards, certifying and recognizing organizational excellence across all sectors in Canada



EXCELLENCE, INNOVATION AND WELLNESS STANDARD AND
PROCESS



Her Excellency the Right Honourable Julie
Payette C.C., C.M.M., C.O.M., C.Q., C.D.
Governor General

Governor General of Canada

The Governor General of Canada is the patron of the *Canada Awards for Excellence* program, including the Excellence, Innovation and Wellness Standard.



EXCELLENCE CANADA

Excellence Defined

A state where the organization:

- continually improves performance
- Is innovative, competitive, and customer focused
- Is healthy, inclusive, and
- Is economically, socially and environmentally responsible
- Is sustainable!



Excellence, Innovation and Wellness - EIW Standard

- Integrated quality-based management system
- To sustain quality – a better focus is needed on employee health and wellness, innovation, corporate social responsibility, enterprise risk management, etc.
- One of the most progressive Standards in the world – benchmarks favourably against Baldrige (USA), EFQM (Europe), and Deming (Japan) Awards and ISO 9000
- Multiple options to embed and/or recognize excellence
- Links to ***Canada Awards for Excellence***
- not why we do this but nice recognition!



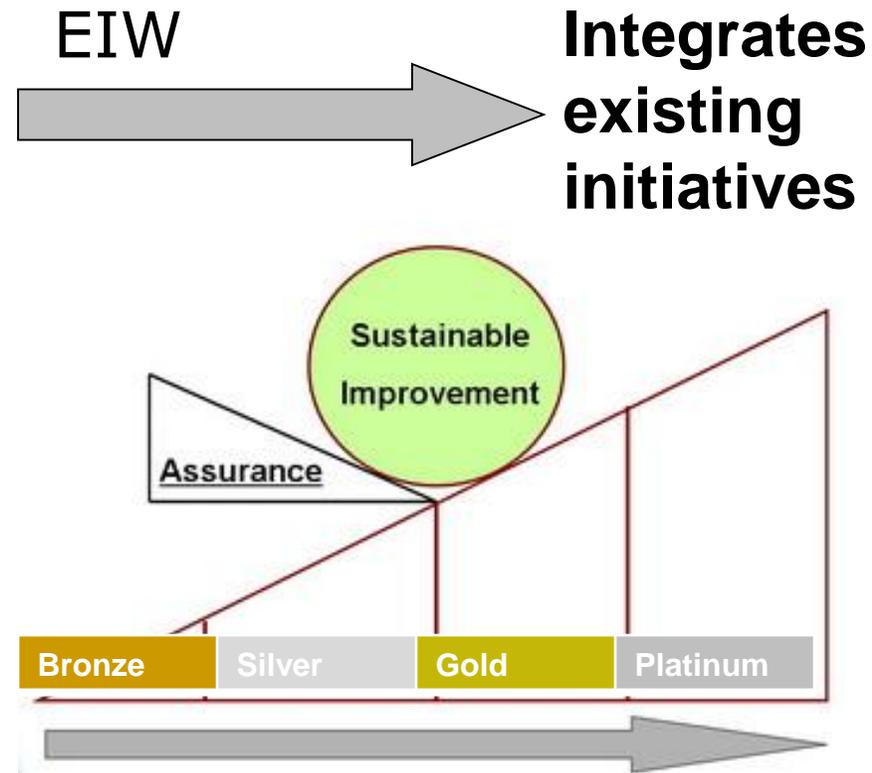
The EIW Standard

- The Standard has five drivers, and four levels for effective implementation
- Self-assessment is required
- Certification is provided through a submission and on-site verification for all levels, or through benchmark assessment against the full Standard or chosen level/s
- An online employee survey is required
- There is a comprehensive Guidance document
- Training and coaching is available to assist you



EIW integrates other strategic initiatives

- Leadership model of a positive culture
- Strategic HR functions
- Key Performance Indicators
- Clarity of Mission
- Sound governance practices
- Organizational structure, roles and responsibilities
- Business process improvement



The EIW Standard

- provides a baseline for performance across the Organization – everyone involved is on the “same page”
- assists with the transfer of knowledge and skills across the Organization as, of course, employees need to be involved in developing processes using lean principles
- ensures consistency across the organization as applicable
- provides the basis for continual improvement, i.e. once the baseline measures are set, then targets for improvement across quality, innovation and wellness can be set and met



2017 EIW Model



The 5 Drivers

1. Leadership

The focus for this driver is on creating the culture, values and overall direction for success. It includes:

- Good governance and leadership
- Innovation
- Fulfilling the organization's legal, ethical, financial and societal obligations



The 5 Drivers

2. Planning

Planning incorporates developing strategic, business and improvement plans across all drivers, and

- requires monitoring, evaluating and reporting on the progression in meeting defined strategic SMART goals, as well as goals within all plans.
- all plans are linked to the organization's Strategic Plan.



The 5 Drivers

3. Customers

The Customer driver examines how the organization engages its customers and partners for satisfaction and success. This driver includes:

- listening, acting and reporting on Voice of the Customer feedback,
- using collaboration and innovation to improve products, services and relationships.



The 5 Drivers

4. People

The People driver examines how people are treated, encouraged, supported and enabled to contribute to the organization's overall success. It includes

- the wellness of employees and their families including both physical and psychological health and safety.
- a strategic approach to workforce planning
- effective and measurable development of people



The 5 Drivers

5. *Process and Project Management*

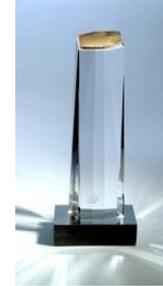
This driver focuses on the management of processes and projects and

- requires a disciplined and common approach toward analyzing and solving process problems
- encourages the use of Lean principles which facilitates a prevention-based (rather than correction-based) approach
- requires the use of change management techniques
- requires effective management of relationships with suppliers.



Link to the Canada Awards for Excellence

Platinum level – Platinum CAE



Gold Level – Gold CAE



Silver Level- Silver CAE



Bronze level – Certificate only (not CAE)



Key outcomes of EIW Silver

- A wide understanding by employees of the organization's strategic approach to excellence, innovation and wellness.
- Strategic and operational plans are in place.
- Establishment of baseline indicators, measures and related goals for excellence, innovation and wellness.

***Congratulations on your
exemplary achievement of
EIW Silver!***



Identified Best Practices by Excellence Canada Verification Team

- Engagement of staff in the excellence journey, and use of games like KAHOOTs to foster comradery
- Your Daily Dose – recognition visually of kudos, and bringing forward to staff meetings for further recognition and celebration, gifts out of the treasure box, CPBC socks, etc.
- “Our Strategy Starts with You” online survey open to the public
- Live streaming of board meetings to the public

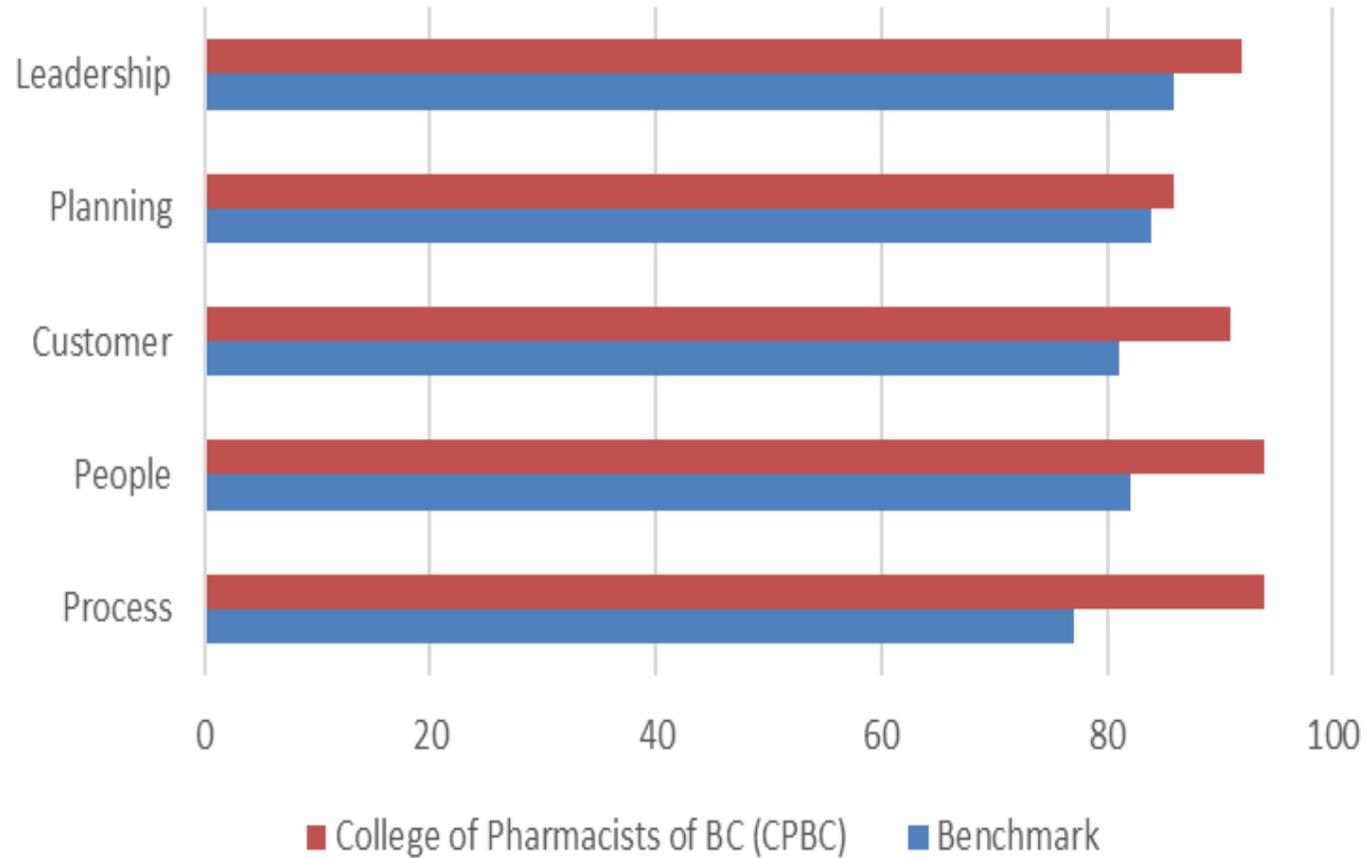
Scoring

Overall Score of 92%

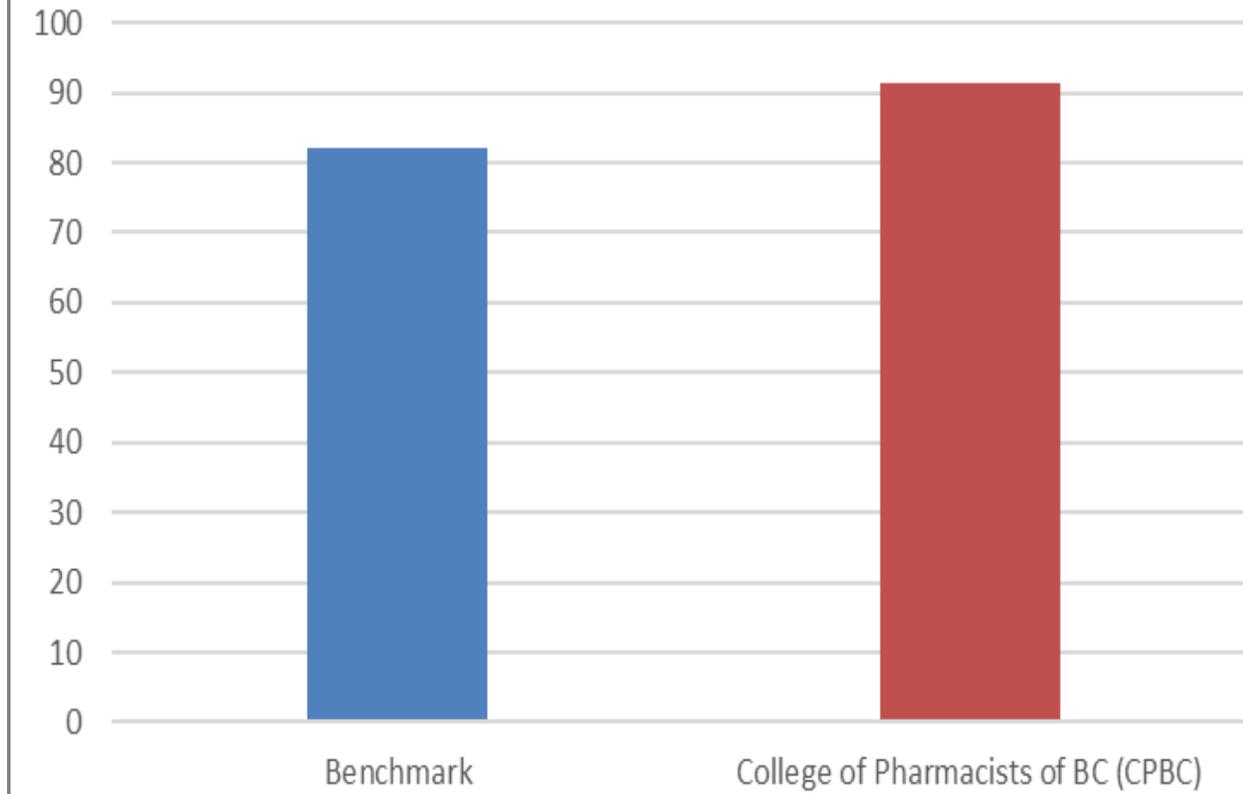
Breakdown:

Leadership	– 92%
People	– 86%
Planning	– 91%
Processes	– 94%
Customers	– 94%

Comparison by Driver

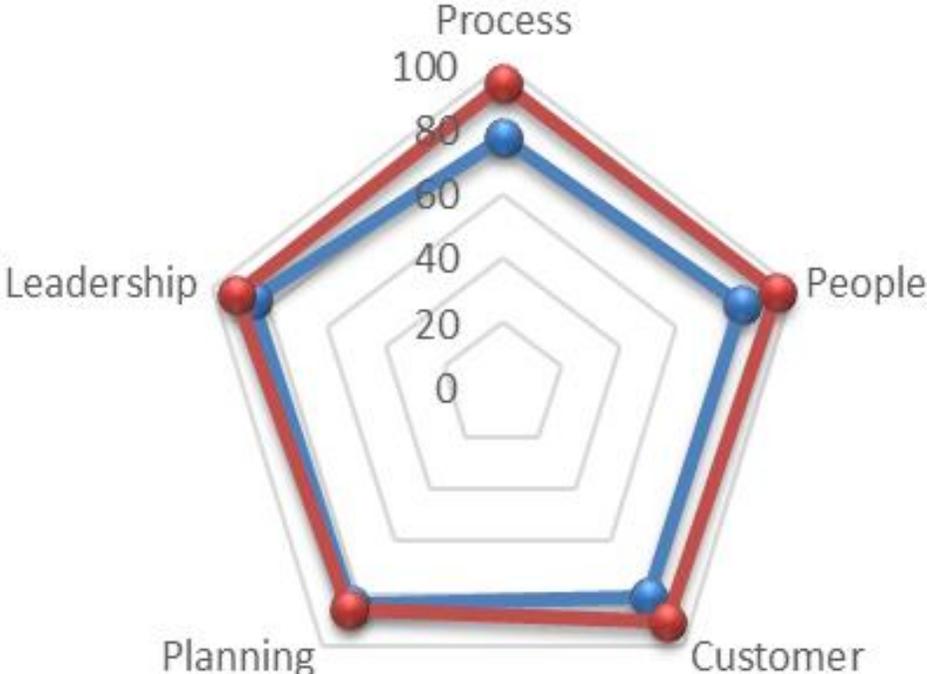


Comparison of CPBC overall score to CAE Benchmark



Comparison by Driver

—●— Benchmark —●— College of Pharmacists of BC (CPBC)



CPBC's Journey of Excellence Plan

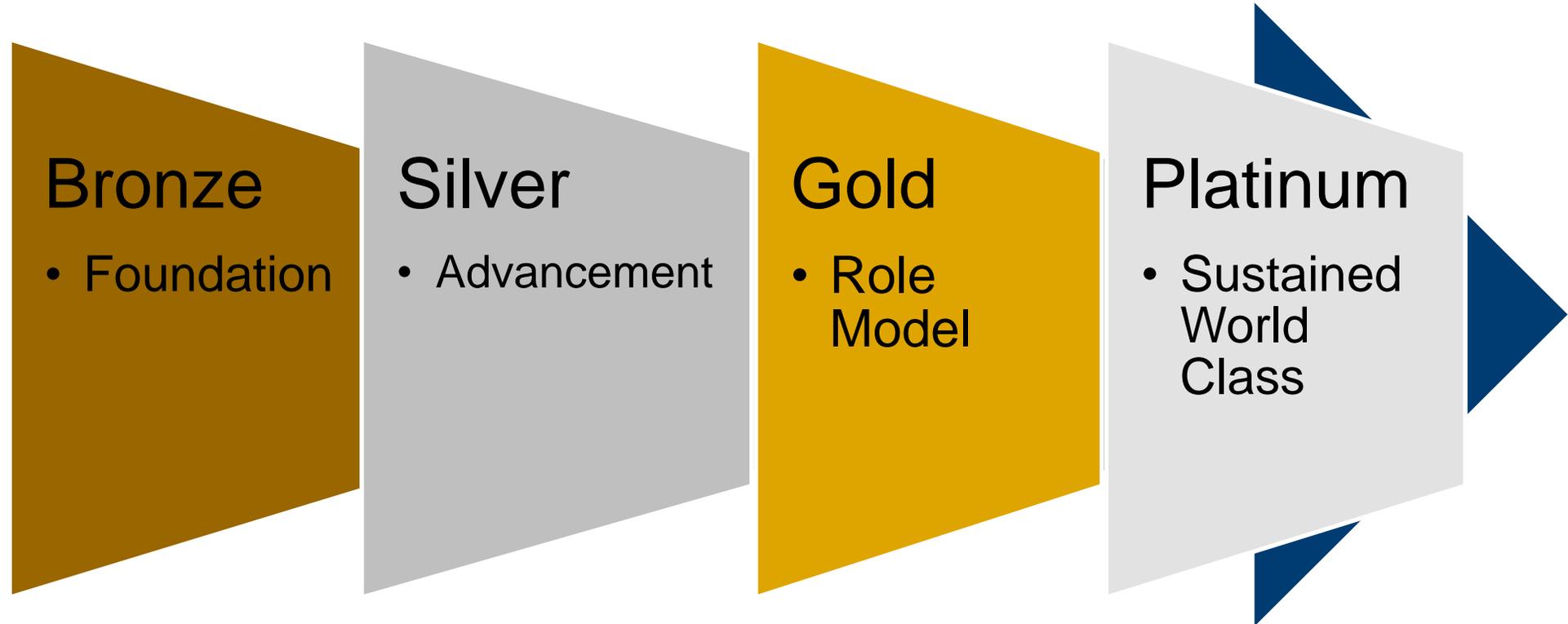


Why is CPBC focused on continuing its excellence journey?

- Sustain high level of outstanding performance
- Think & act strategically
- Create innovative ideas & solutions
- Improve bottom line results
- Build strong teams of motivated employees



Excellence Canada progressive milestones



Comparison of EIW Silver and Gold

SILVER	GOLD
<p>A long-term plan which reflects the Excellence, Innovation and Wellness® Standard has been implemented in key areas. The organization is in transition from a focus on “reacting” to issues to a more “proactive” approach and positive results are being achieved from improvement efforts in key areas.</p>	<p>There is a comprehensive approach to excellence, innovation and wellness in place, with wide-spread involvement in the development and implementation of related strategies.</p>



So how do things feel at Silver?

- There is enhanced employee involvement in planning and improvement initiatives
- There is a wider understanding by employees of the organization's strategic approach to excellence innovation and wellness
- Strategic and annual operating plans are in place
- Baseline indicators, measures and related goals for excellence, innovation and wellness have been established



So how do things feel at Gold?

- Positive achievements in meeting and exceeding strategic goals are celebrated
- There is an organization-wide focus on excellence, innovation and wellness issues
- Positive results are being achieved across all drivers, across all areas/departments of the organization
- Widespread quantifiable improvement as a result of moving from reactive to proactive approaches and practices is evident across the organization



Next Steps

Recommendations:

- ✓ Share results of your success with key stakeholders
- ✓ Celebrate your achievement!
- ✓ Build future plans to build on your strengths and address identified opportunities
- ✓ Continue your pursuit of EIW Gold!

What the Board can do to help

- The Journey to Excellence is not sustainable without committed Leadership and Governance
- We ask you to continue to take ownership for
 - Keeping Excellence on the Board agenda
 - Monitoring CPBC's Excellence Journey
 - Providing resources as required to ensure success!



Thank-you for your time and interest

Catherine Neville
Catherine@excellence.ca





College of Pharmacists
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BOARD MEETING November 15, 2019

9. Pharmaceutical Delivery by Drone

INFORMATION ONLY

Presenter's Biography

Chris Chiew

Chris Chiew is the General Manager of Pharmacy for London Drugs. Chris graduated from University of Alberta and has been with London Drugs for over 25 years. He started with the company as a pharmacist, promoted to pharmacy manager, moving to Pharmacy Operations Manager and now is in his current role as General Manager, Pharmacy. He is a board member with Neighbourhood Pharmacy Association of Canada and a licensed pharmacist in AB and BC.

Presentation Synopsis

On Aug 19, 2019, London Drugs, in partnership with Canada Post and InDro Robotics, successfully flew pharmaceuticals by drone from Vancouver Island to multiple locations on Salt Spring Island, as part of a test program. Given the issues around providing health care to Canadians living in remote areas not serviced in ways that are consistent, or timely, we see using available technologies as viable alternatives. This test marked the first time medication has been delivered beyond visual line of sight (BVLOS) by drone in Canada. In the future, Canadians who live in remote areas will have easier access to medications via drone delivery.

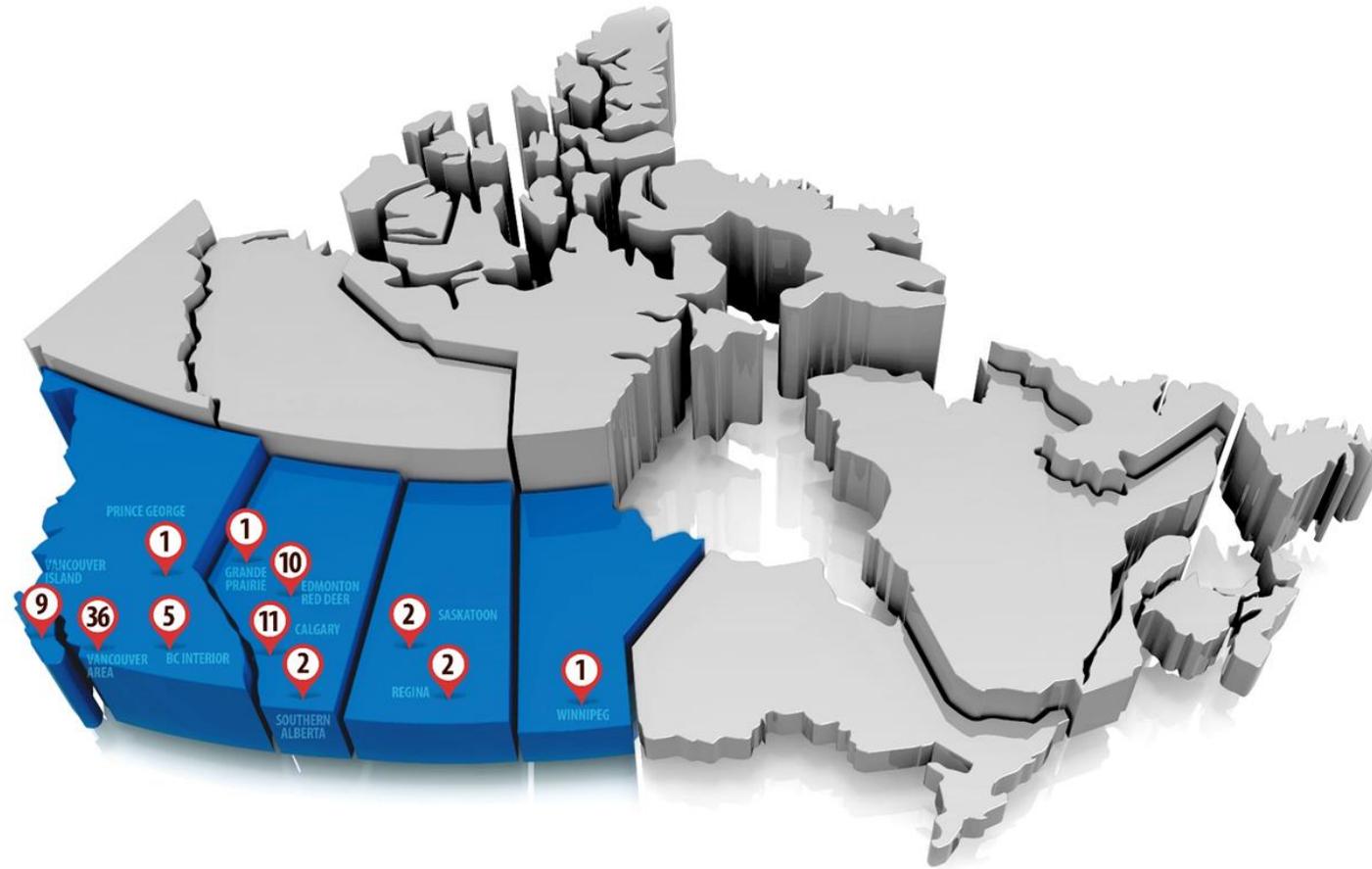
Pharmaceutical Delivery by Drone



Chris Chiew

November 15, 2019





November 15, 2019

CUSTOMER closer to the

LONDON DRUGS®

Technology Overview

- Drones are remotely piloted aircrafts often equipped with GPS tracking, infrared cameras, collision avoidance and other sensor technologies
- Drone technology can allow for access to areas that would otherwise be inaccessible or unsafe

Checklist

- Confidentiality
- Liability
- Landlord
- College
- Health Minister
- Emergency Procedures

November 15, 2019



Participants



Canada Post: Drone Trials Project Lead



Indro Robotics: Technical Lead and Drone Operator for Canada Post during Transport Canada Drone Trials



London Drugs: Pharmacy company and Canada Post franchise partner piloting delivering pharmaceuticals by drone from Duncan, BC location



Country Grocer: Pharmacy on Salt Spring Island partnering with London Drugs on pharmaceutical drone deliveries pilot

November 15, 2019



Trial Progression

- Crawl
- Walk
- Run

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Trial Details

- Date: August 19, 2019
- Location: From Duncan, BC to Salt Spring Island, BC
- Payload: Medication or medical supplies weighing up to 2kg

November 15, 2019



Drone Delivery Process

- Beyond Visual Line of Sight (BVLOS)
- Approval required from Transport Canada as to flight path
- Medication Delivered in Tamper resistant packaging (no Narcotic delivery)

Drone Delivery



Drones in the Future

- Medication Delivery to remote areas where pharmacy services aren't readily available
- Delivery to areas not easily accessible by vehicle
- Delivery to rural areas such as Northern Canada
- Next pilot:
 - longer distance with larger packaging
 - ambient temperature
 - radio/satellite interference

Thank you

November 15, 2019





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BOARD MEETING November 15, 2019

10. Invisible Barriers: 2SLGBTQ + People and Healthcare

INFORMATION ONLY

Presenter's Biography

Bex Peterson

Bex Peterson is a nonbinary writer, student, and advocate for 2SLGBTQ+ peoples, especially those facing mental health concerns. Recently they participated in the Mental Health Care Commission of Canada and Wisdom2Action's Rainbow Youth Health Forum in Ottawa. The forum report can be accessed for free on the MHCC website.

Presentation Synopsis

Members of the 2SLGBTQ+ community face specific health care challenges, especially with regards to mental health. Often the people most in need of care can find themselves alienated by a medical system that is still in the process of expanding and redefining "normal." Healthcare practitioners can bridge these gaps through empathy, education, and small actions to signal a welcoming environment for people of all genders and sexualities. By healing an individual with care and compassion, we can start to heal a community.

INVISIBLE BARRIERS

2SLGBTQ+ PEOPLE AND HEALTHCARE

Overview

- Introduction
- Defining terms
- Dismantling assumptions
- “Queer competency”
- The importance of ongoing self-education
- Inclusive practices behind the counter
- Resources
- Question period



Rainbow Youth Health - Gaps in Provider Queer Competency

Introduction

- Rainbow Youth Health Forum (2018)
- Mental Health Commission of Canada (MHCC) and Wisdom2Action
- Personal advocacy & community advocacy
- “Personal is political”

Definitions

- Community terminology and definitions (no one agrees on anything)
- Sex, sexuality, and gender
- The trans umbrella
- AFAB and AMAB
- Trans women, trans men, nonbinary spectrum
- Social vs. medical transitions
- Hormone therapy, gender confirmation surgeries
- “Passing” and “going stealth” in medical spaces

Dismantling Assumptions

- Patterns and trends
- Correlations vs causations
- 2SLGBTQ+ youth stats:
- 14x the risk of suicide and substance abuse, double the risk of PTSD (CMHA)
- 19% of youth in BC identify as non-heterosexual (CBC)
- There is no universal experience
- Impact: reluctance to come forward, lack of trust, misdiagnoses, further insulation and isolation
- Every patient is an individual!

“Queer Competency”

- Sliding terminology and unclear standards for competency
- 2SLGBTQ+ safety
- “Signaling” a safe and inclusive environment
- Pronouns
- Patient names
- Privacy and spheres of visibility
- Creating a comfortable experience with compassion and self-reflection

Self-Education

- Rapid changes in visibility, public knowledge, medical access, and more
- Barriers: Challenges of personal health management and education in marginalized groups
- Lack of information (and misinformation)
- Community support and caregiving (contributing to community trauma and isolation)
- Burn-out
- Bridging knowledge gaps
- “I don’t know, but I will find out!”

Inclusive Practices Behind the Counter

- Any one of your patients or coworkers could be 2SLGBTQ+
- A welcoming environment starts before the patient walks through the door
- Discrimination policy review and enforcement
- Education vs policing
- Changing the way we think of and discuss 2SLGBTQ+ people when they are not in the room
- Allyship as an ongoing, evolving process

Resources

- QMUNITY
- Three Bridges Community Health Centre
- Bute Street Clinic
- Wisdom2Action



LOVE



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BOARD MEETING November 15, 2019

11. Pharmacist Prescribing Authority Update

INFORMATION ONLY

Purpose

To provide the Board with an update on the Framework for Pharmacist Prescribing in BC.

Background

The Framework for Pharmacist Prescribing in BC has been a multi-year project which aims to help protect patient safety and improve patient outcomes. The College first began working on this project in 2010, with a Board decision to move forward with a feasibility study for Advanced Pharmacist Practice (APP). Since that time, an APP Task Group was formed and a feasibility study was approved by the Board.

In 2014, the APP initiative was included in the College's 2014/15- 2016/17 Strategic Plan. At that time, the APP Task group was reconvened to develop a framework for pharmacist prescribing in BC. In 2015, the project was re-named from the "Advanced Pharmacist Practice" to "Certified Pharmacist Prescriber" to better reflect this initiative and the potential qualifications of pharmacists seeking this certification.

In November 2015, a draft of the Certified Pharmacist Prescriber framework was presented to the Board and approved, in principle, for stakeholder engagement. Subsequently, the draft framework was consulted on from February to August of 2016. Overall, stakeholder groups were divided in their level of confidence in pharmacists prescribing as well as their support for the initiative. The feedback received indicated overwhelming support from pharmacists and pharmacy technicians, but opposition from some other prescribers. The public feedback was divided.

In November 2016, the Engagement Report was shared with the Board. After reviewing the results of the engagement, the College Board directed the Registrar to amend the initial draft framework by narrowing the scope of pharmacist prescribing to within collaborative practice. As a result, a revised Framework for Pharmacist Prescribing in BC was developed and a second round of consultations was conducted on this framework through June to October 2017. The feedback received during the second round of consultations demonstrated increased confidence in pharmacist prescribing from all stakeholder groups.

In November 2017, the final Framework for Pharmacist Prescribing in BC and the Engagement Report was presented to the Board. At this meeting, the Board directed the Registrar to submit a proposal for pharmacist prescribing in BC to the Minister of Health which would request amendments to the *Pharmacists Regulation* under the *Health Professions Act* and include the Framework for Pharmacist Prescribing in BC along with the Engagement Report.

A proposal was submitted to the Minister of Health in November 2017 and resubmitted in February 2018.



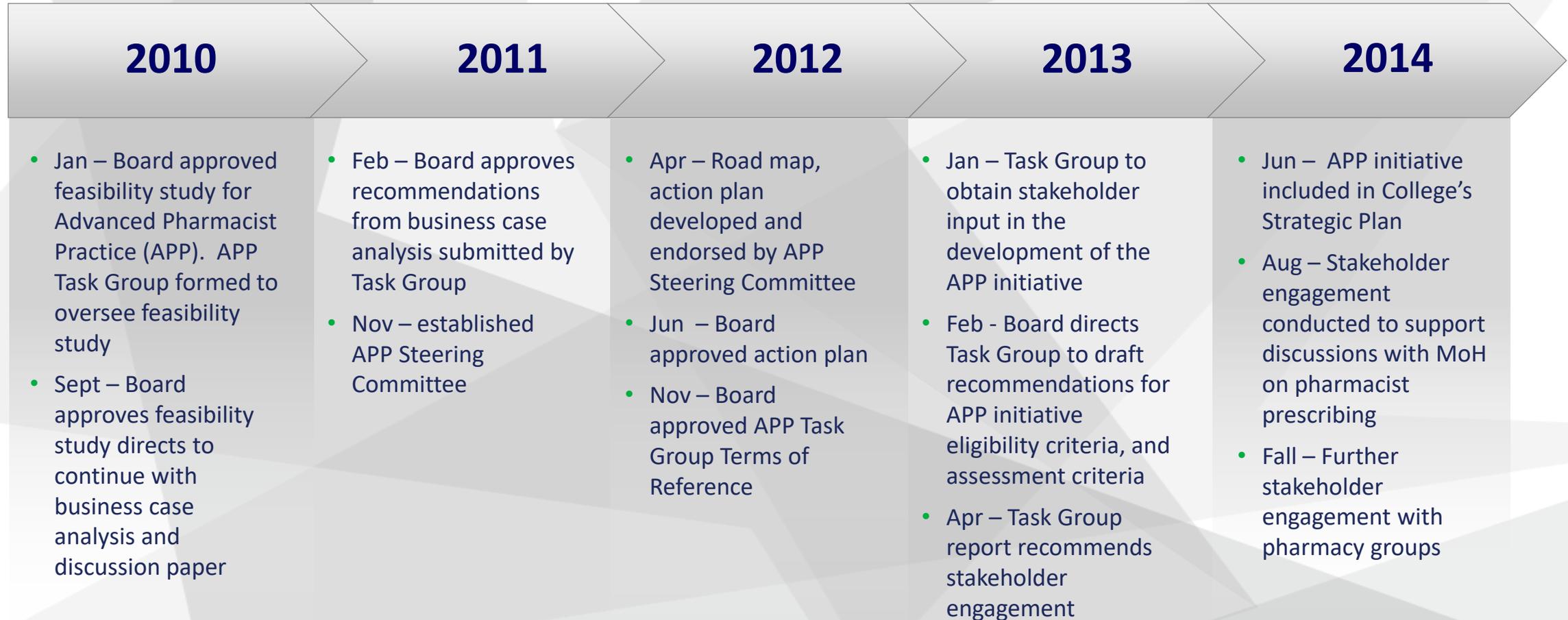
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11. Pharmacist Prescribing Authority Update

Christine Antler



Timeline to Date





Timeline to Date, continued





Collaborative Practice Pharmacist Prescribing

Reasons for restricting pharmacist prescribing to collaborative practice:

- **Interdisciplinary Team-based Approach** – involves working closely in an interdisciplinary team to care for patients where physicians or nurse practitioners provide diagnosis
- **Access to patient health information and lab tests** – interdisciplinary practice provide access to patient health information and lab tests that are needed to provide safe and effective care
- **Conflict of Interest** – separating pharmacist prescribing from dispensing and business interests removes concern for a potential business conflict of interest



Timeline to Date, continued





Framework for Pharmacist Prescribing includes...

- Benefit to patient care
 - Drug related problems
 - Transitions in care
 - Timely access to care
 - Aging population and polypharmacy
- Requirement for collaboration with other health professionals
 - Diagnosis still provided by physicians and nurse practitioners
- Information access requirements
 - Access to patient information including lab values



Framework for Pharmacist Prescribing includes...cont'd

- Protection from conflict of interest
 - Pharmacist who prescribes cannot dispense
- Education, training and evidence based qualification process
 - 1-year in full-time experience in direct patient care
 - Objective criterion-based assessment
- Standards, limits and conditions designed to protect patient safety



Framework for Pharmacist Prescribing includes... cont'd

- Patient education plan
 - Patient's understand and know what to expect from a pharmacist prescribing in a collaborative practice
- Pharmacist prescribing case illustrations



Proposal Submitted to the Minister of Health

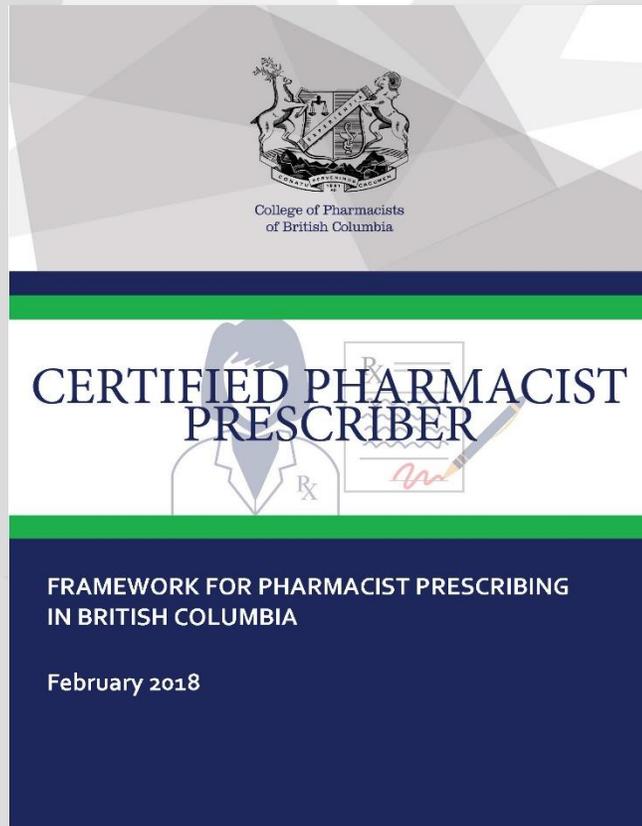
The College submitted the following to the Minister of Health for consideration:

- Letter to the Honourable Adrian Dix, Minister of Health
- Framework for Pharmacist Prescribing BC – February 2018
- Framework for Pharmacist Prescribing Engagement Report – November 2017
- Letters of support from various organizations and health professionals



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Framework for Pharmacist Prescribing in BC – February 2018





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Questions





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BOARD MEETING November 15, 2019

12. Legislation Review Committee b) PODSA Modernization Phase II Bylaw Amendments

DECISION REQUIRED

Recommended Board Motions:

Approve the following resolution to amend the *Pharmacy Operations and Drug Scheduling Act* (“PODSA”) Bylaws, which relate to Phase II of the PODSA Modernization Project:

“RESOLVED THAT, in accordance with the authority established in section 21(1) of the Pharmacy Operations and Drug Scheduling Act, and subject to filing with the Minister as required by section 21(4) of the Pharmacy Operations and Drug Scheduling 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 PODSA Bylaws for filing with the Minister of Health.

Background

In accordance with its Strategic Plan, the College conducted a comprehensive review and reform of legislative requirements under PODSA, including the bylaws and policies made under that Act. This PODSA Modernization Project is split into two phases. Phase One involved amendments to the PODSA Bylaws relating to pharmacy ownership requirements.

The legislative reforms in Phase One came into effect on April 1, 2018. Phase Two involves a review of legislation and policies to ensure the following:

- Bylaws are clearer and duplication in bylaws and policies is addressed;
- Professional Practice Policies (“PPP”) are standardized and transitioned to bylaw where needed; and
- Bylaws and PPPs have consistent writing style and structure.

At their June 2019 meeting, the Board approved the public posting of the proposed bylaws for a 90-day period (See Appendix 1 for the June 2019 Board meeting note on the proposed Phase Two PODSA Bylaw amendments).

The following key bylaw topics are addressed in the Phase Two PODSA Bylaw amendments:

- Operation of a community pharmacy without a full pharmacist;
- Responsibilities of managers, direct owners, directors, officers and shareholders;
- Storage of drugs and confidential health information, including offsite storage;
- Developing provisions to allow for community telepharmacy reinstatement;
- Bylaws that are not being complied with based on data from the Practice Review Program;
- Reviewing PharmaNet requirements in light of the recent transition of administration of PharmaNet functions to the Ministry of Health; and
- House-keeping amendments, including ensuring consistency of writing style.

Discussion

Public Posting of Proposed Bylaws

The proposed bylaws were publicly posted on the College's website for a 90-day period, which ended on September 12, 2019. During the public posting period, three letters of feedback were received (See Appendix 2). These responses were from:

- BC Pharmacy Association (BCPhA);
- Lower Mainland Pharmacy Services; and
- One registrant.

Of the draft new or amended provisions within the proposed bylaws, comments were only received on 15 provisions (See Appendix 3 for an overview of all feedback received and College responses¹).

In general, the concerns with the proposed bylaws were minor in nature. Three provisions received comments supporting the proposed amendments and six provisions were revised based on the feedback received.

The feedback received on the remaining six provisions was reviewed by staff and legal counsel and no amendments are recommended to the proposed bylaws.

Recommended Minor Amendments

The minor amendments recommended to the proposed bylaws based on the feedback received during the public posting period are summarized in the sections below.

¹ Please note that feedback unrelated to the proposed bylaws is not included in Appendix 3 as it is considered out of scope.

Clarifying Requirements for Suspended Pharmacies

In the letter from the BCPhA there were concerns pertaining to the proposed bylaws related to a suspension of the pharmacy licence for a period of more than 14 days (from 30 days). The concerns addressed in the feedback relate to the Discipline Committee's ability to impose suspensions of varying lengths and decision to cancel a pharmacy licence. Previously, the bylaws for pharmacy closure (including a suspension of the pharmacy licence) referred to a period of more than 30 days, unless otherwise directed by the registrar. The proposed bylaws include a shortened period (30 days to 14 days), as the shortened 14 day period addresses important public safety concerns regarding unattended drugs being left in the pharmacy, and ensuring continuity of care for patients. The requirements in the proposed bylaws related to a pharmacy licence suspension do not limit the powers offered to the Discipline Committee under the *Health Professions Act* or PODSA.

As a result of the feedback received, to clarify that a suspension of more than 14 days is not presumed to be a pharmacy licence cancellation, staff and legal counsel are recommending revisions to the proposed bylaws for clarity and moving these requirements to a separate provision.

Removal of Depot Delivery Provision

Currently depot shipments are prohibited by *PPP-24 Depot Shipment of Prescriptions*. In the letter from BCPhA and Lower Mainland Pharmacy Services there were concerns that a restriction on depot shipments may compromise treatment to patients in rural and remote areas of the province. At the time the proposed bylaws were drafted, a corresponding PPP including instances in which depot shipments would be permitted was anticipated to be brought forward for the Board to consider for approval. However, the analysis and consultation on this topic are expected to require more time to complete, and as such, the corresponding PPP will not be finalized by the time this provision is proposed to take effect. Removing the proposed bylaws at this point will help avoid unintended consequences (e.g., increased registrant liability, etc.). This proposed bylaw may be re-introduced once the work on depot shipments is completed.

Re-wording of Provisions for Clarity

The letter of feedback from the BCPhA included minor wording revisions to four provisions. This feedback was reviewed by staff and legal counsel and corresponding changes are included in the recommended revisions to the proposed bylaws.

Recommended Minor Amendments by Staff

The additional minor amendments recommended to the proposed bylaws by staff are summarized in the sections below.

Recommended Minor Amendments to Requirement on Consistent Use of Pharmacy Name on Signage, Labels, and Directory Listings

To better reflect the policy intent of the proposed bylaws related to signage, to ensure that pharmacies are uniquely identifiable by patients, staff recommend minor re-wording of the provisions related to signage. This re-wording is recommended to clarify that the name on the

external signage of a community pharmacy/telepharmacy must be correctly and consistently used on labels and directory listings.

Recommended Minor House-Keeping Amendments

In addition to the above-noted minor amendments to the proposed bylaws, staff also recommend some house-keeping revisions. These include:

- Reinstating an accidental deletion of a clause that specifies that only a non-publicly traded corporation is required to submit a Central Securities Register;
- Deletion of a duplicative notification provision related to a permanent pharmacy closure or location of pharmacy change.
- Updating references to Forms in the Table of Contents;
- Updating references to provisions within the bylaws; and
- Revisions to the existing bylaws to ensure consistency in terminology, and for a coherent flow of provisions.

College staff have liaised with the Ministry of Health on the above-noted minor and additional amendments, and understand that they do not require holding a second public posting. This is due to the changes being considered minor in nature and not deviating significantly from the original intent.

Next Steps

As per section 21(4) of PODSA, bylaws must be filed with the Minister of Health. The amended bylaws will come into effect 60 days from the date the bylaws are sent to the Minister of Health.

Recommendation

The Legislation Review Committee recommends that the Board approve the amendments to the PODSA bylaws in Appendix 4 and the schedule to the resolution in Appendix 5 for filing with the Minister of Health.

Appendix	
1	June 2019 Board Meeting Note (not including appendices)
2	Feedback Received During the Public Posting Period
3	Summary and Responses of Public Posting Feedback
4	Revised PODSA Bylaws (track changes)
5	Schedule to the Resolution



College of Pharmacists
of British Columbia

BOARD MEETING June 14, 2019

9. Legislation Review Committee b) PODSA Modernization Phase Two Bylaw Amendments

DECISION REQUIRED

Recommended Board Motion:

Approve the following resolution:

RESOLVED THAT, in accordance with the authority established in section 21(1) of the Pharmacy Operations and Drug Scheduling Act and subject to the requirements in section 21(8) of Pharmacy Operations and Drug Scheduling Act, the Board of the College of Pharmacists of British Columbia approves the proposed draft bylaws relating to Phase Two of the PODSA Modernization initiative for public posting, as circulated.

Purpose

To seek approval from the Board to publicly post draft amendments to the bylaws under *Pharmacy Operations and Drug Scheduling Act* (“PODSA”), as circulated, for a period of ninety days. The draft amendments are regarding Phase Two of the PODSA Modernization initiative.

Background

In accordance with its Strategic Plan, the College conducted a comprehensive review and reform of legislative requirements under PODSA, including the bylaws and policies made under that Act. The Board previously received updates on this initiative at its September 2018 and April 2019 meetings.

There are two phases of the PODSA Modernization initiative:

- PODSA Phase One involved amendments to the PODSA Bylaws relating to pharmacy ownership requirements. The legislative reforms in PODSA Phase One came into effect on April 1, 2018.
- PODSA Phase Two involves a review of legislation and policies to ensure the following:
 - Bylaws are clearer and duplication in bylaws and policies is addressed.
 - Professional Practice Policies (“PPPs”) are standardized and transitioned to bylaw where needed.
 - Bylaws and PPPs have consistent writing style and structure.

The following key bylaw topics addressed in PODSA Phase Two were identified from registrant and stakeholder feedback as well as Practice Review Program (“PRP”) data.

PODSA Bylaws

High Priority Topics
Operation of a Community Pharmacy without a Full Pharmacist present.
Responsibilities of Managers, Direct Owners, Directors, Officers and Shareholders.
Storage of drugs and confidential health information, including offsite storage.
House-keeping amendments, including ensuring consistency of writing style ¹ .

Lower Priority Topics
Developing provisions to allow for community telepharmacy reinstatement.
Determining if certain provisions are better placed in the <i>Health Professions Act</i> Bylaws
Reviewing the “Top 10” requirements that are not being complied with (based on PRP data). Reviewing those requirements to determine if any bylaw amendments are needed or if other tools (e.g., education, etc.) would assist with enhancing compliance.
Reviewing PharmaNet requirements in light of the recent transition of administration of PharmaNet functions to the Ministry of Health.

Right Touch Regulation

The College’s approach to the drafting of PODSA Bylaw amendments seeks to be principle-based and incorporate “Right Touch Regulation”². In very general terms, the principles of Right Touch Regulation asks regulators to identify the regulatory force needed to achieve a desired effect, and for regulation to be proportionate to the risk posed.

Discussion

The College has been developing bylaws to implement the PODSA Phase Two initiative. These proposed bylaws are included in Appendix 1 and 2 for approval for public posting.

¹ Since this will be the first comprehensive review and revision of the PODSA Bylaws, housekeeping changes are a high priority to ensure that there is overall consistency in language in the Bylaws to enhance readability and avoid confusion.

² Professional Standards Authority (2015). Right Touch Regulation, Revised. Retrieved from: https://www.professionalstandards.org.uk/docs/default-source/publications/thought-paper/right-touch-regulation-2015.pdf?sfvrsn=eaf77f20_20

Overview of the Proposed PODSA Bylaw Amendments

High Priority Topics

Operation of a Community Pharmacy without a Full Pharmacist

The College identified that provisions on the operation of a community pharmacy without a pharmacist need updating to reflect modern pharmacy practices, and to align with other existing bylaws (i.e., pharmacy security provisions). Key amendments include:

- Reframing “operation without a pharmacist” provisions to:
 - Clearly set out the conditions that must be met before certain activities can take place without a pharmacist present.
 - Clearly set out specific activities that can be performed without a pharmacist present and who can perform them.
- Clarify that pharmacy technicians may access the dispensary to perform functions within their scope of practice, but not involving patient interaction.
- Activities that will no longer be permitted due to public safety risks and lack of confidentiality of personal health information:
 - Dispensed prescriptions waiting for pickup are no longer permitted to be kept outside the dispensary.
 - Non-registrants will no longer be able to accept requests for prescriptions, orders for Schedule II and III drugs and telephone requests from patients to order prescriptions.
- Other Key Amendments:
 - Pharmacies will be allowed to receive drug shipments when no pharmacist is present.
 - Access to Schedule III drugs will be permitted if the larger premises that the pharmacy is located in, is closed to customers. This will allow for stocking of Schedule III drugs, cleaning, etc. Related amendments were also drafted to bylaws regarding community and telepharmacy security to ensure alignment regarding Schedule III drug provisions.
 - Clarify that the Pharmacy Manager is still responsible for the operation of the pharmacy and to personally manage it.

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

In general, the College identified that the language and intent of several provisions under this category needed clarification to avoid confusion, and updating to more principle-based language. In addition, some requirements needed better alignment with the associated public safety risk of the activity described. Key amendments include:

- Develop a more logical flow of provisions and group similar requirements for easier user navigation and readability.
- Remove requirements for staff badges. Use a more principle-based approach to ensure that the public can identify registrant class and non-registrant status of pharmacy staff.

- Allow more flexibility in the pharmacy name, as currently only the pharmacy operating name is allowed to be used. Require consistent use of a chosen pharmacy name and address on labels and directory listings. In addition, the pharmacy name on signage should be the same as on labels and directory listings. Remove packaging, advertising and stationary from this requirement.
- To better reflect technological advancements and pharmacist responsibilities, remove the requirement for managers to provide staff with updated drug information.
- Remove the requirement for managers to notify the Registrar of their short-term absence.
- Clarify that a manager should confirm that staff's registration status remains current (i.e., not just checked at time of employment).
- Ensure that reporting staff employment changes to the Registrar includes terminations.
- Shorten the reporting period from 48 hours to immediately when a manager ceases to be a manager of a pharmacy.
- Allow for unanticipated temporary pharmacy closures for up to 90 days to provide registrants with more flexibility and to be better able to address urgent matters (e.g., flooding, etc.). In addition, clarify that the existing temporary pharmacy closure provisions (for up to 14 days) are for anticipated closures.
- Other minor wording changes for clarity purposes:
 - Align the requirement of manager's responsibilities of day-to-day operations with PODSA requirement (i.e., personally manage and be responsible for the operation of the pharmacy).
 - Require that staffing levels should be *commensurate* with workload.
 - Require that quality assurance requirements for pharmacies be in the form of policies and procedures. Remove reference to a requirement for a quality assurance program.

Storage of Drugs and Confidential Health Information, Including Offsite Storage

The College identified that a review of provisions on storage of drugs and records was needed to better ensure alignment across the bylaws and with any associated public safety risks. Key amendments include:

- Use terms "safe" and "secure" instead of "appropriate" to better convey storage conditions that ensure product integrity, protects public safety, and prevents unauthorized access.
- Remove the requirement for 40 square feet storage space in community pharmacies and telepharmacies. Given the new electronic record-keeping bylaw provisions, pharmacies may not require this specific storage space for records.
- Clarify the following:
 - Off-site record storage sites need to be secured from unauthorized access and monitored. The College proposes to remove a requirement for a bonded site.
 - Unused drugs must be stored separately from other stock and within the pharmacy.
 - Storage space in the dispensary must be clean and organized.

- The pharmacy manager is held accountable for drug shipments regardless of where the drugs are stored. Therefore, drug shipments can be delivered to a secure location within the same premises where the pharmacy is located, only if the storage is temporary, safe and secure.

Housekeeping Amendments

In addition to drafting new or revised amendments, the existing bylaws were reviewed to ensure consistency in terminology, and for a more coherent flow of provisions. The numbering of bylaws was revised to remove the over-use of subsections to assist with improved readability. In addition, a number of amendments were made with respect to PODSA Phase One. For instance, to remove transition provisions, as that period is complete and to update the documents needed for licensure purposes. Additionally, the College will no longer require a particular scale for pharmacy diagrams (i.e., ¼ inch equals one foot) as part of the application for a new pharmacy licence. Rather, the Bylaws will focus on the diagram demonstrating compliance with the College's physical requirements for pharmacies. Another amendment proposed is regarding community pharmacy and telepharmacy security. It will require that the time-delay safe used currently to store Schedule IA drugs be kept inside the dispensary. This clarification aligns with definition of "dispensary" in the PODSA Bylaws, which means the area of a community pharmacy or a telepharmacy that contains Schedule I and II drugs.

Lower Priority Topics

Community Telepharmacy Reinstatement

The College pharmacy reinstatement process works as follows: If a pharmacy licence is not renewed by the licence expiry date, the pharmacy is no longer licensed and the pharmacy will be required to cease operations and close. However, pharmacy operators who wish to re-open have up to 90 days after the licence expiry date to complete a reinstatement process. This reinstatement process allows operators to follow the standard renewal process to obtain their pharmacy licence once all requirements are met. They will not have to submit a new pharmacy licence application, which amounts to cost- and time-savings.

The above-noted pharmacy reinstatement process exists for all pharmacy license types *except* telepharmacies. As such, the College proposes to add provisions on telepharmacy licence reinstatement, including requirements for an associated form and fee.

Determining if Certain Provisions are Better Placed in the Health Professions Act Bylaws

Legal counsel reviewed a number of provisions that could fall under the PODSA Bylaws or HPA Bylaws. Based on that review, it is recommended that any amendments be considered for the HPA Modernization initiative, which is anticipated to be incorporated into the College's next strategic plan.

Reviewing the "Top 10" Requirements Not Being Complied With (based on PRP data)

The "Top 10" requirements not being complied with were integrated into the priority topics outlined throughout this briefing note.

Reviewing PharmaNet Requirements

As the College no longer administers PharmaNet on behalf of the Ministry of Health, the College identified the need to review existing requirements related to PharmaNet to determine if they continue to align with the College's role. Key amendments include:

- Update definitions for better alignment with the *Pharmaceutical Services Act* and remove definitions for terms that are no longer used in the Bylaws.
- Remove requirements to maintain a computer system that is compliant with PharmaNet requirements. The College implicitly requires that pharmacies have a computer system that is compliant with PharmaNet requirements, given that those that do not have a compliant computer system would not be able to connect to PharmaNet.
- Update timelines to revise information on PharmaNet to align with the new PharmaNet Professional and Software Conformance Standards requirements (i.e., from 90 to 120 days).
- Maintain certain requirements for enforcement purposes, even though similar provisions exist in the *Pharmaceutical Services Act* (e.g., to keep the patient record current, to correct or reverse PharmaNet entries, as well as accessing and recording information).
- Remove provision regarding patient requests to correct PharmaNet information, as this is duplicative of s.70 of the *Health Professions Act* Bylaws (i.e., patient right to correct an error or omission in a record).
- Simplify provision on identifying patients to remove the existing non-exhaustive list of examples of pharmacy services.

New Priority Topic

The review of the PODSA Bylaws identified that the current definition of "patient's representative" is focused on legal representatives. More specifically, the definition is:

"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."*

The above-noted definition does not accurately reflect the full range of people who may serve as a patient's representative in certain situations (e.g., an individual who may pick up their spouse's medication). As such, an amendment was drafted to state that the term means a person who is authorized to act on a patient's behalf. Various pieces of legislation authorize different individuals to act on a person's behalf, and the College will prepare communication tools to clarify the meaning of this term.

Stakeholder Consultations

An internal Working Group comprised of staff from all College departments was established for this initiative. The Working Group developed the College's proposals for amendments, which formed the basis for consultations with external advisors and stakeholders. In addition, the Working Group reviewed draft bylaw amendments.

Numerous consultations have been held, including (see Appendix 3 for a report on the engagement activities for this initiative):

Format and Date	Topics	Invitees
In-person (with teleconference option) in October 2018	<ul style="list-style-type: none">- Operation of a community pharmacy without a pharmacist- Storage requirements	All College Committee members and representatives from the First Nations Health Authority.
Teleconferences and emails beginning in Winter 2018	<ul style="list-style-type: none">- Drug delivery- Storage	Representatives from corporate pharmacy chains and the Canadian Association for Pharmacy Distribution Management .
Online survey in Fall 2018	<ul style="list-style-type: none">- Multiple topics, including pharmacy manager responsibilities, storage, operation of a community pharmacy without a pharmacist, disaster preparedness and temporary pharmacy licences.	Sent to all registrants and key stakeholders (over 350 responses were received).
In-person (with teleconference option) in February 2019	<ul style="list-style-type: none">- Depot shipments of medications	Group of pharmacists who identified as regularly using this delivery method.
Teleconferences in March 2019	<ul style="list-style-type: none">- Depot shipments of medications	Pharmacy regulatory authorities in Nova Scotia and Saskatchewan (discussion on their related policies).
In-person (with teleconference option) in March 2019	<ul style="list-style-type: none">- Emergency preparedness, temporary pharmacy licences and closures.- Local emergency program coordination offices presented on how they engage with pharmacy and prepare for emergencies.	All College Committee members and representatives from the First Nations Health Authority were invited to attend. In addition, representatives from local emergency program coordination offices attended and presented information.

Format and Date	Topics	Invitees
Teleconference in March 2019	- Emergency preparedness - Temporary pharmacy licences.	A leadership team from Health Emergency Management BC.
Teleconference in April 2019	- PODSA Bylaw provisions related to PharmaNet.	Representatives from the Ministry of Health.
In-person (with teleconference option) in May 2019	- Comprehensive overview of all bylaw amendments.	Representatives from the Ministry of Health.

Legal Consultation

In addition to working with multiple College departments, the College also worked closely with external legal counsel. Legal counsel reviewed policy background documents used to inform bylaw amendments, assisted with drafting bylaw amendments, and addressed any legal issues that arose.

Next Steps

In regards to the bylaw amendments, the next steps consist of the following:

- After the 90 day public posting period, review and analyze all feedback received;
- Draft any changes with legal counsel based on feedback received;
- Finalize the bylaws for filing with Ministry of Health;
- Seek Board approval for filing of final bylaws (targeting the November 2019 Board meeting);
- File the final bylaws with the Ministry of Health; and
- Work with College staff to develop communications on the new requirements.

In addition, College staff are continuing to work on the policy changes. This includes further revising and refining of the PPPs under PODSA. As per the regular approval process, these PPPs are expected to be brought forward to the Board’s November 2019 meeting for approval.

Recommendation

The Legislation Review Committee recommends that the Board approve the amendments to PODSA Bylaws, as circulated.

Appendix	
1	Proposed Draft Bylaws for Public Posting (track changes)
2	Proposed Draft Bylaws for Public Posting (clean)
3	Engagement Report

Conny Lin

From: Catherine McCann <catherine@medicineshoppecomox.ca>
Sent: September 9, 2019 2:49 PM
To: CPBC Legislation
Subject: PODSA Modernization Bylaw Amendments - Comments

Thank you for the opportunity to comment on the proposed changes to the PODSA Modernization Bylaw Amendments. I commend the College on working towards streamlining and simplifying the rules under which we work.

In general, I am pleased to see that the College is modernizing the Bylaws to be inclusive of Pharmacy Technicians. These changes are an important step towards ensuring that Regulated Pharmacy Technicians can work to their full scope of practice.

I offer the following comments for your consideration:

A. Responsibilities of Manager, Direct Owners, Directors, Officers and Shareholders, Section 18(2)(p) - While I could see where it would be important for the College (Registrar) to know when there is a change of Manager for a Pharmacy, I am not sure as to the rationale for "immediate notification in writing when ceasing to the Pharmacy Manager". For example, if a Pharmacy Manager is fired, I doubt that will be the first thing the individual will think of doing. I suspect there will be poor compliance with this amendment and I also doubt that it will be easy to enforce. Having any type of time boundary is difficult - what is the right amount of time? - immediately, 24 hours, 48 hours, etc. I should suggest retaining the current wording.

B. Records - Section 23(3) - Practitioner information should not be included under the protection of this section. Practitioner information on a prescription is publicly available information (name, clinic address, phone number, fax number, etc). Again, I'm not sure as to the rationale for this section. Health Privacy legislation should be the guiding legislation here.

C. Records - Section 23.1(2) - The drafters of the changes to this document like the word "immediately". Again, I'm not sure what the rationale is for this section. It seems like an odd requirement. I doubt I could "immediately" retrieve a valid prescription - I might be able to do it quickly, in a few minutes. It might take me longer if I needed to retrieve the hard copy as we scan all prescriptions and file hard copies outside the immediate dispensary area. So again, I believe there would be poor compliance and it would not be enforceable exactly as written. Is this section even necessary?

D. Records Section 23.1(3) - It continues to puzzle me why we have different time limitations for how long a prescription is valid for oral contraceptives compared to all other prescriptions. It makes record keeping more difficult and again makes no sense. It would be simpler to apply the same time frame to all prescriptions.

E. Records Section 23.1(4) - To what end do we need to keep the original of the controlled prescription form? The information on the form, scanned in colour, as required by the College, provides everything needed for audit or for any other purpose. Given that we have access to PharmaNet, the ongoing need for the Controlled Prescription Program eludes me.

Sincerely,

--

Catherine McCann, BScPharm, MBA

Owner/Pharmacy Manager

~~~~~

Medicine Shoppe Pharmacy #169

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250-339-5050

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## Conny Lin

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**From:** Devyani Basoodetsing (BCPhA) <devyani.basoodetsing@bcpharmacy.ca>  
**Sent:** September 12, 2019 11:09 AM  
**To:** CPBC Legislation; PROREGADMIN@gov.bc.ca  
**Cc:** Bob Nakagawa  
**Subject:** BCPhA Submissions to College re PODSA bylaw amendments 2019  
**Attachments:** 2019\_09\_12\_Submissions to College re PODSA bylaw amendments 2019.pdf

**Categories:** Conny

Hello,

Kindly find attached the BCPhA Submissions re the PODSA bylaw amendments 2019.

Thank you,  
Devyani

*Warm Regards,*

***Devyani Basoodetsing***

*Executive Assistant to the CEO*

*BC Pharmacy Association*

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*Vancouver, BC V6P 6G5*

*Direct: 604-269-2884 Fax: 604-261-2097*

*Email: [devyani.basoodetsing@bcpharmacy.ca](mailto:devyani.basoodetsing@bcpharmacy.ca)*

**September 12, 2019**

Christine Paramonczyk  
Director of Policy and Legislation  
College of Pharmacists of British Columbia  
200 – 1765 W. 8<sup>th</sup> Avenue  
Vancouver, BC V6J 5C6

**BY EMAIL:** [legislation@bcpharmacists.org](mailto:legislation@bcpharmacists.org)

And To:

Director, Professional Regulation  
Professional Regulation and Oversight  
Ministry of Health  
1515 Blanshard Street  
PO Box 9649 STN PROV GOVT  
Victoria, BC V8W 9P4

**BY Email:** [PROREGADMIN@gov.bc.ca](mailto:PROREGADMIN@gov.bc.ca)

Dear Madam/Sir:

**Re: PODSA Bylaw – Proposed Amendments**

The BC Pharmacy Association thanks the College of Pharmacists of BC for the opportunity to provide comments on the proposed amendments to the bylaws under the *Pharmacy Operations and Drug Scheduling Act* (“PODSA”).<sup>1</sup>

***BCPhA Position***

The BCPhA supports the College’s mandate to superintend the practice of the profession and the operation of pharmacies. It is in everyone’s interest that safe and ethical pharmacy services are regulated through a consistent, fair and practical framework. Accordingly, we are pleased to see that the College is taking a principle-based approach to modernize the PODSA bylaws in accordance with the concept of “Right Touch Regulation.” With that objective in mind, we have a few comments.

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<sup>1</sup> SBC 2003, C. 77. All references are to the Act as amended by Bill 6.

## 1. Definitions

We were pleased to see the definition of “patient’s representative” be amended to de-link it to s. 64 of the HPA bylaws. This new definition better reflects pharmacy practice to rely on a patient’s permission to authorize a pharmacist to deal with any individual specified by the patient to act on their behalf. This change will empower patients and improve the pharmacist-patient relationship. We understand the College intends to prepare and distribute guidance with respect to this new definition and we encourage the College to do so promptly.

## 2. Community Pharmacy License – New, Renewal, Reinstatement

We have two comments with respect to these sections.

**Subsection 3(2):** We note that requirement for the drawing scale to be ¼ inch=1 foot has been deleted from section 3(2). The BPCPhA agrees that removal of this specification from the bylaw is a more practical approach.<sup>2</sup>

**Subsection 3(2)(f):** We wish to draw the College’s attention to some practical concerns with the licensing process that is creating actual substantive unfairness for registrants.

*s. 3(2)(f) a copy of the pharmacy’s ~~current~~ valid business license issue by the jurisdiction to the direct owner, if applicable.*

This subsection requires an application for a new community pharmacy license to include a copy of the “valid” business license issued by the jurisdiction to the direct owner. We note that the Pharmacy Licensure Guide (on page 38), indicates that the business license may be submitted during Phase 2 of the licensure process, and may be submitted separately from the other documents. This is a practical approach to the process which enhances efficiencies.

However, we have been advised that in some instances, applications have not been permitted to proceed past Phase 1 until the business license has been received by the College. This creates unnecessary delay, preventing applicants from proceeding with the other parts of the process (including building the pharmacy).

Moreover, some municipal processes require the business to be at or nearing the time it is opening for business before the business license is issued. Some will not issue the business licence until the pharmacy is actually open, creating a situation where the pharmacy cannot proceed until it has the business licence, but the business licence is not issued until the business is open.

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<sup>2</sup> Section 3(2) A direct owner may apply for a new community pharmacy licence by submitting...  
(c) a diagram professionally drawn to a scale ~~of ¼ inch equals 1 foot~~

The requirement for a business licence makes the College process subject to the vagaries of local municipal decision-making. The result is substantively unfair, because registrants experience unequal treatment depending on their location in the province.

To bring clarity and give the College more flexibility and control over its own processes, we would suggest that the bylaw language be slightly amended, as follows:

*(f) a copy of the pharmacy's valid business licence issued by the jurisdiction to the direct owner, **but if the license has not yet been issued, a copy of the license application filed by the direct owner with the jurisdiction is satisfactory,** if applicable. **The direct owner must submit the valid business license promptly after it is issued.***

### 3. Telepharmacy Licenses

**Subsection 12(f):** We note that the College proposed similar amendments to the telepharmacy licensing provisions:

*s. 12(f) A direct owner of a telepharmacy may apply for a new telepharmacy license by submitting...*

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

We recommend that s.12(f) be amended for consistency with the changes proposed above:

*(f) if applicable, a copy of the telepharmacy's **valid** business licence issue **to the direct owner by the** jurisdiction in which the telepharmacy is located, **but if the license has not yet been issued, a copy of the license application filed by the direct owner with the jurisdiction is satisfactory.** **The direct owner must submit the valid business license promptly after it is issued.***

### 4. Responsibilities of Manager, Direct Owners, Directors, Officers, Shareholders

**Subsection 18(2)(b):** With respect to the amendments to section 18, manager's duties, section 18(2)(b) is new, and provides:

*18(2) A manager must do all of the following:*

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

We have substantial concerns about this proposed amendment. We respectfully submit that this provision is overbroad and vague, and we believe, *ultra vires* the College’s authority. We also believe it is inconsistent with the “Right Touch Regulation” principles articulated in the *Cayton Report*.

First, this is not limited in scope to legislation, bylaws, policies and procedures *of the College*. There are many laws, bylaws, policies and procedures that apply to pharmacy operations but that are outside the scope of the College’s authority. For example, privacy laws, employment laws, tax laws, municipal bylaws, PharmaCare policies and procedures all apply to pharmacy operations but are not enforceable by the College. The College should not seek to extend its reach to enforce compliance with laws, policies and procedures over which it has no authority. Purporting to mandate compliance with *all* applicable laws, bylaws, policies and procedures is clearly overbroad, and beyond the College’s authority.

Second, even if the scope of the provision was limited to bylaws, policies and procedures *of the College*, this would still be *ultra vires* because non-compliance with *any* policy or procedure of the College would amount to breach of this bylaw. A bylaw is enforceable under the HPA and breach of a bylaw can result in penalties up to and including cancellation of registration, loss of a license, or the right to be direct or indirect owner.<sup>3</sup> Thus this amendment would permit the College to regulate the profession via policies and procedures.

There is no authority in the HPA or the PODSA to regulate the profession by way of policies or procedures. Section 19 authorizes the College to make bylaws on many matters, but it does not authorize bylaws relating to “policies” or “procedures”. Indeed, the word “policy” does not appear in the HPA or the PODSA.

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<sup>3</sup> PODSA s. 20 states: for the purposes of ss 1, a pharmacy licence may be suspended or cancelled or other appropriate action taken if

- (a) the operation of the pharmacy is not in compliance with
  - (i) this Act,
  - (ii) the [Health Professions Act](#),
  - (iii) the regulations **or bylaws** made under either this Act or the [Health Professions Act](#), or
  - (iv) the conditions of the pharmacy licence, or
- (b) the direct owner ceases to be eligible, under section 3, to hold a pharmacy licence.

(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 being a direct owner or an indirect owner, or
- (b) setting limits for a specified period on the activities a person can carry out as a direct owner or an indirect owner.

There is good reason for this. Board policies and procedures are not subject to prior public scrutiny or ministerial oversight and authority. Therefore, this amendment will authorize the College to avoid the notice and posting requirements applicable to bylaws, thus avoiding the ministerial oversight and public consultation mechanisms that are required by the legislation, including the minister's ultimate authority to disallow the bylaw.<sup>4</sup> It is clearly not in the public interest for professional regulatory colleges to regulate away from public view.

If a matter is important enough to be regulated, it should explicitly and transparently be regulated by way of a bylaw on the relevant subject, so that the public and registrants understand their professional obligations and risks, and so that the processes established by the legislature in the public interest are properly followed. At minimum, a policy should be clearly linked to a specific bylaw that explicitly regulates the same subject matter, so the policy is clearly and transparently connected to the bylaw.

In short, enacting a boiler-plate requirement to “ensure compliance with *all* legislation, bylaws, policies and procedures applicable to the operation of a pharmacy” is doing an “end-run” around the legislation, is overbroad and vague, and is likely *ultra vires* the College's jurisdiction. Moreover, as was persuasively argued by Mr. Cayton, vagueness and overbreadth leaves matters open to interpretation, which is of no benefit to the public.<sup>5</sup> “Right Touch Regulation” requires regulators to be risk-based and proportionate, fair, transparent, clear and open. A “basket clause” such as this provision is none of those things. In all of the circumstances we were surprised to see this provision and recommend that it be deleted.

## 5. Notification of ceasing to be manager

**Subsection 18(2)(p):** This subsection requires the manager to “immediately notify the registrar in writing of ceasing to be the pharmacy's manager”. We respectfully suggest that unless the College is prepared to accept any form of written notice (ie., by mail, email, fax etc.), the method of providing notice should be more specific, and there should be the ability of the Registrar to accept notice by another method, in the event that is ever necessary. We propose the following:

*s. 18(2)(p) immediately notify the registrar, **through the College's online e-services tool, of ceasing to be the pharmacy's manager, or by another method of notice as authorized by the registrar.***

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<sup>4</sup> S. 19(3), (3.1), (3.3) and (3.4)

<sup>5</sup> British Columbia, Ministry of Health, *An Inquiry into the College of Dental Surgeons and the Health Professions Act*, by Harry Cayton, CBE, FFHP, December 2018, see in particular pages 73-77 available at: <https://www2.gov.bc.ca/assets/gov/health/practitioner-pro/professional-regulation/cayton-report-college-of-dental-surgeons-2018.pdf>

**Subsection 18(2)(dd):** This subsection deals with “unanticipated temporary closures due to unforeseen circumstances”. The BCPhA supports the College’s decision to enact this bylaw which will assist and support registrants in complying with their obligations in the event of general or individual emergency situations.

**Subsection 18(2)(ee):** This subsection deals with permanent closure, cancellation, expiry or suspension of more than 14 days:

*s. 18(2)(ee) In the event of a permanent pharmacy closure, cancellation, expiry or a suspension of a pharmacy license for a period of more than 14 days unless otherwise directed by the registrar...*

Previously, a suspension of “more than 30 days” was equivalent to closure; with this amendment that period is now shortened to “more than 14 days.” BCPhA understands that this is meant to align with s. 18(2)(cc) which regulates anticipated closures of 14 days or less. We also understand that to date, suspensions are quite rare, and that the college is concerned about drugs being left in a pharmacy longer than 14 days.

Although suspensions are rare, the tool is nevertheless available and the ability to impose suspensions of varying lengths ensures that the Discipline Committee will have the flexibility it needs to properly regulate pharmacies. It is conceivable that a matter would be serious enough to suspend a license for more than two weeks without being serious enough to close down a pharmacy. Indeed, in order to ensure the objectives of public protection are met, there *should* be a range of options available to the Discipline Committee to be able to properly tailor the sanction to the circumstances.

Managing the impacts of a suspension with respect to drug security is an administrative issue that can be addressed by the Discipline Committee on a case by case basis. We believe that shortening the period will unduly restrict the sanctions available to the Discipline Committee, which is not in the public interest.

## **8. Depot Delivery**

**Section 20.1:** The College proposes to add section 20.1 to the bylaws, which provides:

*s. 20.1 Registrants are not permitted to deliver prescription drugs to off-site premises used for the drop off of prescriptions drugs for subsequent dispersal to or retrieval by individual patients, except in accordance with the policies approved by the board.*

We understand that in order to define the circumstances in which depot delivery would be permissible additional stakeholder consultation is required before PPP-24 can be amended or replaced. Many agencies in the province need to, and do, ship drugs to centralized locations for dispersal and retrieval.

As stated above, a bylaw imposes a legal obligation the breach of which can lead to discipline up to and including loss of a license. Enacting this bylaw without the accompanying policy will instantly make all current depot deliveries unlawful, creating significant risk of liability for registrants, and thus put at risk the delivery of necessary treatments to patients in rural and remote areas of the province who are, often, already very ill.

It is not in the public interest for the College to enact a bylaw knowing that this will be the outcome, but send the message that enforcement is not intended. This creates contempt for the law and for the authority of the regulator. We strongly urge the College to suspend the enactment of this bylaw for the time being.

**x. Community Pharmacy/Telepharmacy Security**

Subsection 26(2) has been substantially amended to require additional security when no full pharmacist is present, and the pharmacy is closed but other areas of the premises are open. We respectfully suggest that more clarity is needed as to how this section and section 20(4). In addition, we note that “controlled drug substances” appears to be inadvertently included in (iii) and we recommend it be deleted. Our recommendations are indicated in red, below:

*s. 26(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: ...*

*(b) if the pharmacy is closed but other areas of the premises in which the pharmacy is located are open:*

*...*

*(iii) Subject to s. 20(4), Schedule III drugs ~~and controlled drug substances~~ are inaccessible to anyone other than full pharmacists, temporary pharmacists and pharmacy technicians.*

## 9. Operating without a full pharmacist present

The College has proposed substantial amendments to section 27. The new requirements would permit a pharmacy technician to carry out only those tasks under section 4 of the *Community Pharmacy Standards of Practice* that do not involve patient interaction. The BCPhA agrees that authorizing technicians to work without a full pharmacist present increases efficiency and improves patient service, however this amendment is somewhat ambiguous, suggesting a total prohibition on even speaking with patients, which we believe isn't the intent. Moreover, some of the changes have made the subsection somewhat complex and so we suggest below some minor drafting changes for improved clarity, indicated below in red:

*27(1) Except as provided in subsection (2), a community pharmacy must not operate unless a full pharmacist is present.*

*27(2) A community pharmacy ~~is not entitled to~~ **may** carry on the activities set out in subsection ~~(23)~~ without a full pharmacist present **unless 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.*

*(23) Subject to subsection ~~(12)~~, ~~a pharmacy may only carry out~~ **if a full pharmacist is not present, only** the following activities **may be carried out** ~~without a full pharmacist present~~:*

- (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** ~~with the exception of activities involving~~ patient interaction;*
- (b) receive drug shipments ~~under~~ section 20(4).*

We note that an amendment would eliminate the ability to keep dispensed prescriptions waiting for pickup outside the dispensary. We would respectfully submit that in some areas of the province, there remains the need to keep dispensed prescriptions in an outside, secure area.

#### 14. Part VI – PharmaNet

Section 35(2) as amended by the College, would provide for the collection, recording and access of patient information in PharmaNet. We respectfully suggest that in order to carry out the permitted purposes of dispensing, consulting, evaluating, claims adjudication and providing other pharmacy services, *use* and *disclosure* of the information should also be expressly permitted.

s. 35(2) A registrant may collect and record patient information in Pharmanet or access or use a patient’s PharmaNet record only for the purposes of

(a) ~~to dispense~~ dispensing a drug;

(b) ~~to provide~~ providing patient consultation;

(c) ~~to evaluate~~ evaluating a patient’s drug usage;

(d) ~~for the purposes of~~ claims adjudication and payment by an insurer; or

(e) ~~to the extent necessary to provide~~ providing pharmacy services to, or ~~to facilitate~~ facilitating the care of, the individual whose personal information is being collected, accessed, used or disclosed.

#### 15. Part VII – Confidentiality

The College proposes to amend s. 36 to delete the pharmacy services listed at (a)-(g) and replacing the list with the words “that requires accessing or disclosure of patient personal health information.” The BCPhA agrees that this a sensible amendment but would respectfully add the following additional language to ensure that all necessary pharmacy services are captured:

s. 36 A registrant.....“that requires accessing, ~~or disclosure of~~ using or disclosing patient personal health information.

The BCPhA commends the College for its continued efforts to modernize its bylaws. We appreciate the opportunity to make comments on these latest bylaw amendments.

Yours Sincerely,



Geraldine Vance  
CEO

cc: Bob Nakagawa

## Conny Lin

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**From:** Koleba, Tamar [VC] <Tamar.Koleba@vch.ca>  
**Sent:** September 11, 2019 4:09 PM  
**To:** CPBC Legislation  
**Subject:** Bylaws for Comment: PODSA  
**Attachments:** 9107-Draft\_Bylaws\_Feedback\_Form\_Word\_TKoleba LMPS Sept 11\_2019.docx

Hello,

Please direct this feedback to the Director of Policy & Legislation. See attached feedback form.

Thank you,  
Tamar

**Tamar Koleba**, PharmD, MPA

Director, Rural Sites , Residential Care, Mental Health & Addictions, Corrections Health & Community Practice  
Lower Mainland Pharmacy Services

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Cell 604-839-6804

2733 Heather Street Heather Pavilion, Level D (4th Floor) Vancouver, BC V5Z 1M9

Fraser Health | Vancouver Coastal Health | Providence Health Care | Provincial Health Services Authority

Administrative Assistant: Belinda Larsen

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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](mailto: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.



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## Stakeholder Comments

| Section, Subsection or Appendix | Page # | Comment (provide current and new text when applicable)                                                                                                                                                                            | Rationale                                                                                                                                                                                                                                                                                                                                                 |
|---------------------------------|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 18(1)                           | 16     | Suggest adding a health authority operated community-licensed pharmacy to the list of sites that may be managed by a manager for more than one location, with approval from the College board                                     | At times, practice type of pharmacy can be a mix of hospital/health authority and community, but only one license type can be selected. Suggest discretion of board to allow manager of dual sites where it may be appropriate, such as co-location, and mirror actual health authority leadership structure                                              |
| 20.1                            | 25     | Suggest more clarity, or assurances from the board, that depot delivery will be permitted where appropriate in health authority provincial programs, rural/remote areas, etc.                                                     | A significant number of provincial programs have depot delivery as an important component of safe, timely, accessible and privacy-ensuring client access to medications e.g. BCCFE, Provincial Retinal Diseases Program, BC Cancer, +/-BC Transplant/BCPRA, etc. Restrictions on depot delivery may also present a barrier to care in rural/remote areas. |
| 22                              | 25     | Request addition of facilities licensed under the Correction Act (i.e. provincial Correctional Facilities, or addition of statement "or in accordance with policies approved by the board" and/or "or by approval of the board.") | Provincial Correctional Services experiences massive medication waste for returned drugs because they do not fit under Res Care or Hospital standards of practice. Suggest this addition as a stop-gap measure under new, appropriate                                                                                                                     |
| 23.3(3)                         | 27     | Amend wording to "...and backed up at least once daily when the pharmacy is open/operating"                                                                                                                                       | In many locations, including or especially rural/remote locations, pharmacies may be closed some days of the week and require manual back-up. This clarifies that staff do not need to come in to back up systems on days the pharmacy is closed                                                                                                          |
| 25(2)(d)                        | 28     | Suggest reexamine requirement that shelf and storage space be "clean and organized"                                                                                                                                               | While not undesirable, this language is subjective and therefore may present enforcement challenges. Reword for clarity of enforcement.                                                                                                                                                                                                                   |



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|          |    |                                                                                      |                                                                                                                                                                                    |
|----------|----|--------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 26(1)(a) | 29 | Add language to clarify expectations for cold storage of narcotics                   | Storing narcotics requiring refrigeration in a locked metal safe is not practical. E.g. buprenorphine injectable will be covered by PharmaCare shortly and requires refrigeration. |
| 19(8)(a) | 24 | Add Correction Act to facilities that are not subject to the requirements of the CPP | This would exempt incarcerated residents in Provincial Correctional Facilities from CPP. This has been brought to CPBC, CPPAC and MoH via BN                                       |

### General Comments

PPP-24 (not directly in PODSA but identified as being amended/tied to bylaws) - Please ensure comments as above in PODSA 20.1 are considered to allow for depot delivery when appropriate.

PPP-68 (not directly in PODSA but identified as being amended/tied to bylaws) - Please ensure any PPP amendments allow for continuous monitoring of fridge temperatures e.g. by building security systems. i.e. align technology with expectation in PPP (vs. bid recording).

PPP-65 (not directly in PODSA but identified as being amended/tied to bylaws) - Request deletion of requirement to PPP-65 to document DIN/brand specifically. Use Narcotic Control Regulation language of "name and quantity of the narcotic". This ensures pharmacies are meeting NCR requirements, but reflects practice in health authority settings where a formulary item may be agnostic to brand i.e. brands/DINs change with contracts, backorders, etc. We do not bill to PharmaCare, so our pharmacy information systems routinely do not include DIN and/or do not link specific DINs with specific line items.

### Comments submitted by:

|                             |                                                    |
|-----------------------------|----------------------------------------------------|
| <b>Name of individual</b>   | Tamar Koleba, with input from LMPS Leadership Team |
| <b>Name of organization</b> | Lower Mainland Pharmacy Services                   |
| <b>Date</b>                 | September 11, 2019                                 |

## PODSA Phase II Bylaws - Public Posting Feedback Summary

Updated: October 31, 2019

| Proposed Requirements                                                                                                                                                                                                                                                                                                                               | Comments Received                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Policy Decisions from Review of Feedback                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>s.1 Definitions<br/>                     “patient’s representative” means a person who is authorized to act on a patient’s behalf;</p>                                                                                                                                                                                                           | <p><b>BCPhA:</b></p> <ul style="list-style-type: none"> <li>We were pleased to see the definition of “patient’s representative” be amended to de-link it to s. 64 of the HPA bylaws. This new definition better reflects pharmacy practice to rely on a patient’s permission to authorize a pharmacist to deal with any individual specified by the patient to act on their behalf. This change will empower patients and improve the pharmacist-patient relationship. We understand the College intends to prepare and distribute guidance with respect to this new definition and we encourage the College to do so promptly.</li> </ul> | <p>No changes made.<br/>                     Rationale: The College will be preparing further guidance with respect to this new definition before the bylaws are in force.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <p>ss. 3(2)(c)<br/>                     A direct owner may apply for a new community pharmacy licence by submitting:<br/>                     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;</p> | <p><b>BCPhA:</b></p> <ul style="list-style-type: none"> <li>Agrees that removal of this specification from the bylaw is a more practical approach.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <p>No changes made.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <p>ss. 3(2)(f)<br/>                     A direct owner may apply for a new community pharmacy licence by submitting:<br/>                     a copy of the pharmacy’s valid business licence issued by the jurisdiction to the direct owner, if applicable.</p>                                                                                    | <p><b>BCPhA:</b></p> <ul style="list-style-type: none"> <li>Suggested wording changes to allow more flexibility for the application process:<br/>                     ss. 3(2)(f) a copy of the pharmacy’s valid business licence issued by the jurisdiction to the direct owner, <b>but if the license has not yet been issued, a copy of the license application filed by the direct owner with the jurisdiction is satisfactory</b>, if applicable. <b>The direct owner must submit the valid business license promptly after it is issued.</b></li> </ul>                                                                              | <p>No change made.<br/>                     Rationale:</p> <ul style="list-style-type: none"> <li>The College’s process for processing pharmacy licence applications includes flexibility to allow for a business license to be submitted in different phases of this process.</li> <li>In the small number of cases where municipalities only provide a business licence to pharmacies after the College provides the pharmacy with a pharmacy licence, there is a process in place at the College to accept interim documentation from the municipality (i.e., a conditional business licence).</li> </ul> <p>In cases where a jurisdiction does not issue a business licence, the College accepts written correspondence from the city confirming it does not issue a business licence. The College is aware of such jurisdictions.</p> |

| Proposed Requirements                                                                                                                                                                                                                                                           | Comments Received                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Policy Decisions from Review of Feedback                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>ss. 12(f)<br/>A direct owner of a community pharmacy may apply for a new telepharmacy licence by submitting:<br/>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.</p> | <p><b>BCPhA:</b></p> <ul style="list-style-type: none"> <li>Recommended wording changes for consistency with the changes proposed to s. 3(2)(f): 12(f) if applicable, a copy of the telepharmacy’s valid business licence issue to the direct owner by the jurisdiction in which the telepharmacy is located, <b>but if the license has not yet been issued, a copy of the license application filed by the direct owner with the jurisdiction is satisfactory. The direct owner must submit the valid business license promptly after it is issued.</b></li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <p>No change made.<br/>Rationale: See comments above for section 3(2)(f).</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <p>ss. 18(2)(b)<br/>A manager must do all of the following:<br/>ensure compliance with all legislation, bylaws, policies and procedures applicable to the operation of a pharmacy;</p>                                                                                          | <p><b>BCPhA:</b></p> <ul style="list-style-type: none"> <li>BCPhA has substantial concerns about this proposed amendment. A number of concerns were raised in their submission.<br/>Enacting a boiler-plate requirement to “ensure compliance with all legislation, bylaws, policies and procedures applicable to the operation of a pharmacy” is doing an “end-run” around the legislation, is overbroad and vague, and is likely ultra vires the College’s jurisdiction. Moreover, as was persuasively argued by Mr. Cayton, vagueness and overbreadth leaves matters open to interpretation, which is of no benefit to the public. “Right Touch Regulation” requires regulators to be risk-based and proportionate, fair, transparent, clear and open. A “basket clause” such as this provision is none of those things. In all of the circumstances we were surprised to see this provision and recommend that it be deleted.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <p>No changes made.<br/>Rationale: The intent of this bylaws is to ensure that a pharmacy manager is aware of his/her responsibilities under legislation, bylaws, policies and procedures applicable to the operation of a pharmacy. Similar language is found in the bylaws of other health regulators under the <i>Health Professions Act</i>. For example, the BC College of Nursing Professionals includes in its standard for professional responsibility and accountability the following language: “functions within own level of competence, within the legally recognized scope of practice and within all relevant legislation.”</p> |
| <p>ss. 18(2)(p)<br/>A manager must do all of the following:<br/>immediately notify the registrar in writing of ceasing to be the pharmacy’s manager;</p>                                                                                                                        | <p><b>BCPhA:</b></p> <ul style="list-style-type: none"> <li>This subsection requires the manager to “immediately notify the registrar in writing of ceasing to be the pharmacy’s manager”. We respectfully suggest that unless the College is prepared to accept any form of written notice (ie., by mail, email, fax etc.), the method of providing notice should be more specific, and there should be the ability of the Registrar to accept notice by another method, in the event that is ever necessary.</li> <li>Suggested wording changes<br/>s. 18(2)(p) immediately notify the registrar, <b>through the College’s online e-services tool</b>, of ceasing to be the pharmacy’s manager, <b>or by another method of notice as authorized by the registrar.</b></li> </ul> <p><b>Catherine McCann:</b></p> <ul style="list-style-type: none"> <li>While I could see where it would be important for the College (Registrar) to know when there is a change of Manager for a Pharmacy, I am not sure as to the rationale for "immediate notification in writing when ceasing to the Pharmacy Manager". For example, if a Pharmacy Manager is fired, I doubt that will be the first thing the individual will think of doing. I suspect there will be poor compliance with this amendment and I also doubt that it will be easy to enforce. Having any type of time boundary is difficult - what is the right amount of time? - immediately, 24 hours, 48 hours, etc. I should suggest retaining the current wording.</li> </ul> | <p>No change made to include the suggested operational details in the bylaws.<br/>Rationale: The College does not include its operational details (i.e., process, method and tools) in bylaws as they may change. Also, there may be instances where an applicant has to submit a paper form so it is not always online.</p> <p>No changes made to the use of the term “immediately”.<br/>Rationale:</p> <ul style="list-style-type: none"> <li>The <i>Pharmacy Operations and Drug Scheduling Act</i>, states that a pharmacy licence is cancelled if a manager ceases to manage the pharmacy.</li> </ul>                                     |

| Proposed Requirements                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Comments Received                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Policy Decisions from Review of Feedback                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>ss. 18(2)(dd)<br/>                     A manager must do all of the following:<br/>                     in the event of an unanticipated temporary closure due to unforeseen circumstances, which is permitted for no more than 90 days<br/>                     (i) notify the registrar of closures of 15 to 90 days in accordance with the policies approved by the board,<br/>                     (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 prescription,<br/>                     (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,<br/>                     (iv) apply for a new pharmacy licence if the closure will exceed 90 days, and<br/>                     (v) return any prepared prescriptions in the pharmacy to inventory and reverse those prescriptions in PharmaNet;</p> | <p><b>BCPhA:</b></p> <ul style="list-style-type: none"> <li>The BCPhA supports the College’s decision to enact this bylaw which will assist and support registrants in complying with their obligations in the event of general or individual emergency situations.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <ul style="list-style-type: none"> <li>Accordingly, the proposed bylaws require that a pharmacy manager must immediately notify the registrar upon ceasing to be the pharmacy’s manager.</li> </ul> <p>N/A</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <p>ss. 18(2)(ee)<br/>                     A manager must do all of the following:<br/>                     in the event of a permanent pharmacy closure, cancellation, expiry or a suspension of the pharmacy licence for a period of more than 14 days unless otherwise directed by the registrar<br/>                     (i) provide for the safe and secure transfer and appropriate storage of all Schedule I, II, and III drugs and controlled drug substances,<br/>                     (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,<br/>                     (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,<br/>                     (iv) arrange for the secure transfer and continuing availability of the prescription records at another pharmacy, or at</p>                                                                         | <p><b>BCPhA:</b></p> <ul style="list-style-type: none"> <li>Previously, a suspension of “more than 30 days” was equivalent to closure; with this amendment that period is now shortened to “more than 14 days.” BCPhA understands that this is meant to align with s. 18(2)(cc) which regulates anticipated closures of 14 days or less. We also understand that to date, suspensions are quite rare, and that the college is concerned about drugs being left in a pharmacy longer than 14 days.</li> <li>Although suspensions are rare, the tool is nevertheless available and the ability to impose suspensions of varying lengths ensures that the Discipline Committee will have the flexibility it needs to properly regulate pharmacies. It is conceivable that a matter would be serious enough to suspend a license for more than two weeks without being serious enough to close down a pharmacy. Indeed, in order to ensure the objectives of public protection are met, there should be a range of options available to the Discipline Committee to be able to properly tailor the sanction to the circumstances.</li> <li>Managing the impacts of a suspension with respect to drug security is an administrative issue that can be addressed by the Discipline Committee on a case by case basis. We believe that shortening the period will unduly restrict the sanctions available to the Discipline Committee, which is not in the public interest.</li> </ul> | <p>Minor revisions were made to the proposed bylaws resulting from the feedback received.<br/>                     Rationale:</p> <ul style="list-style-type: none"> <li>The proposed amendments to pharmacy licence suspensions were drafted to align with the amendments to temporary pharmacy closure requirements in s. 18(2)(cc).</li> <li>Nothing in this provision limits the Discipline Committee’s powers under the <i>Health Professions Act</i> and <i>Pharmacy Operations and Drug Scheduling Act</i>. The shortened 14 day period addresses important public safety concerns regarding unattended drugs being left in the pharmacy, and ensuring continuity of care for patients.</li> </ul> |

| Proposed Requirements                                                                                                                                                                                                                                                          | Comments Received                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Policy Decisions from Review of Feedback                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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| <p>storage facility that is monitored and secured from unauthorized access, and<br/>(v) remove all signs and advertisements from the closed pharmacy premises;</p>                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <ul style="list-style-type: none"> <li>As a result of the feedback received, to clarify that a suspension of more than 14 days is not presumed to be a pharmacy licence cancellation, the proposed bylaws were revised for clarity and included in a separate provision.</li> </ul>                                                                                                                                                                                                                                                                                  |
| <p>s. 20.1<br/>Registrants are not permitted to deliver prescription drugs to off-site premises used for the drop off of prescription drugs for subsequent dispersal to or retrieval by individual patients, except in accordance with the policies approved by the board.</p> | <p><b>BCPhA:</b></p> <ul style="list-style-type: none"> <li>We understand that in order to define the circumstances in which depot delivery would be permissible additional stakeholder consultation is required before PPP-24 can be amended or replaced. Many agencies in the province need to, and do, ship drugs to centralized locations for dispersal and retrieval.</li> <li>Enacting this bylaw without the accompanying policy will instantly make all current depot deliveries unlawful, creating significant risk of liability for registrants, and thus put at risk the delivery of necessary treatments to patients in rural and remote areas of the province who are, often, already very ill.</li> <li>We strongly urge the College to suspend the enactment of this bylaw for the time being.</li> </ul> <p><b>Lower Mainland Pharmacy Services:</b></p> <ul style="list-style-type: none"> <li>Suggest more clarity, or assurances from the board, that depot delivery will be permitted where appropriate in health authority provincial programs, rural/remote areas, etc.<br/>Rationale: A significant number of provincial programs have depot delivery as an important component of safe, timely, accessible and privacy-ensuring client access to medications e.g. BCCFE, Provincial Retinal Diseases Program, BC Cancer, +/-BC Transplant/BCPRA, etc. Restrictions on depot delivery may also present a barrier to care in rural/remote areas.</li> </ul> | <p>Remove s.20.1.<br/>Rationale: The College is continuing its work on depot shipments of drugs. This project is expected to require a significant amount of time to complete (over one year), and as such, a corresponding Professional Practice Policy will not be finalized by the time s.20.1 is proposed to take effect. Removing the proposed bylaw at this point will help to avoid unintended consequences (e.g., increased registrant liability, etc.). The College may re-introduce the bylaw provision once its work on depot shipments is completed.</p> |
| <p>ss.25(2)(d)<br/>Subject to subsection (3), the dispensary area of a community pharmacy or a telepharmacy must contain adequate shelf and storage space that is clean and organized,</p>                                                                                     | <p><b>Lower Mainland Pharmacy Services:</b></p> <ul style="list-style-type: none"> <li>Suggest re-examining the requirement that shelf and storage space be "clean and organized".</li> <li>While not undesirable, this language is subjective and therefore may present enforcement challenges. Reword for clarity of enforcement.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <p>No change made.<br/>Rationale: The term "clean and organized" helps to clarify the term "adequate" within this provision. The requirement is aimed at minimizing errors caused by unsanitary and/or overcrowded working areas. The College can use communication tools to clarify the meaning further, as per normal processes.</p>                                                                                                                                                                                                                               |
| <p>ss. 26(1)(a)<br/>A community pharmacy or telepharmacy must: 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;</p>                                          | <p><b>Lower Mainland Pharmacy Services:</b></p> <ul style="list-style-type: none"> <li>Add language to clarify expectations for cold storage of narcotics.</li> <li>Storing narcotics requiring refrigeration in a locked metal safe is not practical. E.g. buprenorphine injectable will be covered by PharmaCare shortly and requires refrigeration</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <p>No change made.<br/>Rationale: Any substantive revisions to this section is beyond the scope of this project as it does not relate specifically to the original amendments. However, the</p>                                                                                                                                                                                                                                                                                                                                                                      |

| Proposed Requirements                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Comments Received                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Policy Decisions from Review of Feedback                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>ss. 26(2)<br/>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:<br/>(a) if the premises in which the pharmacy is located are closed and accessible to non-registrant staff:<br/>    (i) the dispensary area must be secured by a monitored alarm; and<br/>    (ii) subject to subsection (2.1), Schedule I and II drugs, controlled drug substances and personal health information, are secured by physical barriers.<br/>(b) if the pharmacy is closed but other areas of the premises in which the pharmacy is located are open:<br/>    (i) the dispensary area must be secured by a monitored alarm;<br/>    (ii) subject to subsection (2.1), Schedule I, and II drugs, controlled drug substances and personal health information, are secured by physical barriers, and<br/>    (iii) Schedule III drugs and controlled drug substances are inaccessible to anyone other than full pharmacists, temporary pharmacists and pharmacy technicians.</p> | <p><b>BCPhA:</b></p> <ul style="list-style-type: none"> <li>• Suggests more clarity on the connection between this section and s. 20(4).</li> <li>• Notes that “controlled drug substances” appears to be inadvertently included in ss. 26(2)(b)(iii) recommends deleting it.</li> <li>• Suggested wording changes:<br/>(iii) Subject to s. 20(4), Schedule III drugs <del>and controlled drug substances</del> are inaccessible to anyone other than full pharmacists, temporary pharmacists and pharmacy technicians.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <p>College will make a note of this comment for future potential PODSA Bylaw revisions.</p> <p>The suggested deletion from the BCPhA of the term “controlled drug substances” was accepted and the proposed bylaws were revised.</p> <p>The suggestion from the BCPhA to include a reference to s.20(4) in this provision of the proposed bylaws was not accepted.</p> <p>Rationale:</p> <ul style="list-style-type: none"> <li>• When the pharmacy is closed (s.26(2)) and the larger premises in which the pharmacy is located is still open, s.20(4) allows drug shipments to be delivered unopened to a safe and secure area within the premise temporarily until the shipment can be received by the pharmacy.</li> </ul> |
| <p>s. 27 <b>Permitted activities of a Community Pharmacy without a Full Pharmacist Present</b><br/>(1) Except as provided in subsection (2), a community pharmacy must not operate unless a full pharmacist is present. A community pharmacy is not entitled to carry on the activities set out in subsection (2) without a full pharmacist present unless:<br/>    (a) the registrar is notified of the hours during which a full pharmacist is not present;<br/>    (b) the pharmacy is secured in accordance with section 26(2); and<br/>    (c) the hours when a full pharmacist is on duty are posted.<br/>(2) Subject to subsection (1), a pharmacy may only carry out the following activities without a full pharmacist present:</p>                                                                                                                                                                                                                                                                                                                                  | <p><b>BCPhA:</b></p> <ul style="list-style-type: none"> <li>• The BCPhA agrees that authorizing technicians to work without a full pharmacist present increases efficiency and improves patient service, however this amendment is somewhat ambiguous, suggesting a total prohibition on even speaking with patients, which we believe isn’t the intent. Moreover, some of the changes have made the subsection somewhat complex.</li> <li>• We note that an amendment would eliminate the ability to keep dispensed prescriptions waiting for pickup outside the dispensary. We would respectfully submit that in some areas of the province, there remains the need to keep dispensed prescriptions in an outside, secure area.</li> <li>• Suggested wording changes:<br/>27(1) Except as provided in subsection (2), a community pharmacy must not operate unless a full pharmacist is present.</li> </ul> <p>(2) A community pharmacy <del>is not entitled to may</del> carry on the activities set out in subsection (2) without a full pharmacist present <del>unless only if:</del></p> | <p>The suggested re-wording from the BCPhA was accepted and the proposed bylaws were revised.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

| Proposed Requirements                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Comments Received                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Policy Decisions from Review of Feedback                                                                                                              |
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| <p>(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, with the exception of activities involving patient interaction; and</p> <p>(b) receive drug shipments under section 20(4).</p> <p>(3) Nothing contained in this section relieves a pharmacy manager of their responsibilities under section 18(2)(a).</p>                                                           | <p>(a) the registrar is notified of the hours during which a full pharmacist is not present;</p> <p>(b) the pharmacy is secured in accordance with section 26(2); and</p> <p>(c) the hours when a full pharmacist is on duty are posted.</p> <p><del>(23) Subject to subsection (12), a pharmacy may only carry out if a full pharmacist is not present, only the following activities may be carried out without a full pharmacist present</del></p> <p>(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, <b>except if any such activity involves with the exception of activities involving</b> patient interaction;</p> <p>(b) receive drug shipments <del>under</del> section 20(4).</p>                                                                                                                                                                                                                                              |                                                                                                                                                       |
| <p>ss. 35(2)</p> <p>A registrant may collect and record patient information in PharmaNet or access a patient’s PharmaNet record only</p> <p>(a) to dispense a drug,</p> <p>(b) to provide patient consultation,</p> <p>(c) to evaluate a patient’s drug usage,</p> <p>(d) for the purposes of claims adjudication and payment by an insurer, or</p> <p>(e) to the extent necessary to provide pharmacy services to, or to facilitate the care of, the individual whose personal information is being accessed.</p> | <p><b>BCPhA:</b></p> <ul style="list-style-type: none"> <li>In order to carry out the permitted purposes of dispensing, consulting, evaluating, claims adjudication and providing other pharmacy services, use and disclosure of the information should also be expressly permitted.</li> <li>Suggested wording changes:<br/> s. 35(2) A registrant may collect and record patient information in PharmaNet or access <b>or use</b> a patient’s PharmaNet record only <b>for the purposes of</b><br/> (a) <del>to dispense</del> <b>dispensing</b> a drug;<br/> (b) <del>to provide</del> <b>providing</b> patient consultation;<br/> (c) <del>to evaluate</del> <b>evaluating</b> a patient’s drug usage;<br/> (d) <del>for the purposes of</del> claims adjudication and payment by an insurer; or<br/> (e) <del>to the extent necessary to provide</del> <b>providing</b> pharmacy services to, or <del>to facilitate</del> <b>facilitating</b> the care of, the individual whose personal information is being <b>collected</b>, accessed, <b>used or disclosed</b>.</li> </ul> | <p>The suggested re-wording from the BCPhA was accepted with a minor change in ordering of the word “using” and the proposed bylaws were revised.</p> |
| <p>s. 36</p> <p>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 or disclosure of patient personal health information.</p>                                                                                                                                                                                                                                         | <p><b>BCPhA:</b></p> <ul style="list-style-type: none"> <li>The College proposes to amend s. 36 to delete the pharmacy services listed at (a)-(g) and replacing the list with the words “that requires accessing or disclosure of patient personal health information.” The BCPhA agrees that this a sensible amendment but would respectfully add the following additional language to ensure that all necessary pharmacy services are captured:<br/> s. 36 A registrant.....“that requires accessing, <del>or disclosure of using or disclosing</del> patient personal health information.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <p>The suggested re-wording from the BCPhA was accepted and the proposed bylaws were revised.</p>                                                     |

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## 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 ~~Corporate~~-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 ~~from time to time~~;

“**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 ~~from time to time~~;

“**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 ~~sub~~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 eCollege who is registered in the class of registrants established in section 41(a) of the Bbylaws 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 eCollege 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”** ~~has the same meaning as in section 64 of the bylaws of the college under the *Health Professions Act*~~ 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<sup>1</sup>;
- (b) measures providing for periodic and post-incident review of pharmacy security<sup>1</sup>;
- (c) measures to protect against unauthorized access, collection, use, disclosure or disposal of personal health information<sup>1</sup>;

**“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 subsection 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 ~~a scale of ¼ inch equals 1 foot,~~ 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 current 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 Form 7 email contact of each indirect owner;
  - (b) a copy of the power(s) of attorney, if applicable;
  - ~~(c) — a copy of the Certificate of Incorporation, and~~
  - ~~(d) — a copy of the Notice of Articles, or~~
  - ~~(c)(e) — a copy of the current British Columbia Company Summary, whichever is current; and~~

- ~~(d)(f)~~ (f) a certified true copy of the Central Securities Register if a direct owner is or includes a corporation that is not traded publicly. ~~if a direct owner is or includes a corporation that is not traded publicly; and~~
- ~~(g)~~ (g) ~~a certified true copy of the Central Securities Register for a parent corporation if a direct owner is a subsidiary corporation.~~
- (4) If an indirect owner is a company incorporated under the *Company Act* or the *Business Corporations Act* that is not traded publicly, the following must be submitted for that company:
- (a) an email contact of each indirect owner;
- ~~(b)(a)~~ a copy of the power(s) of attorney, if applicable;
- ~~(b)~~ ~~a copy of the Certificate of Incorporation, and~~
- ~~(c)~~ ~~a copy of the Notice of Articles, or~~
- ~~(c)(d)~~ a copy of the current British Columbia Company Summary, ~~whichever is current;~~ and
- ~~(d)(e)~~ a certified true copy of the Central Securities Register.
- (5) Proof of eligibility in Form 5 and a criminal record history in accordance with section 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 ~~current 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”.

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

### Community Pharmacy Licence Reinstatement

5. (1) A direct owner may apply to reinstate a community pharmacy licence that has been expired for 90 days or less by submitting:
- (a) an application in Form 3A;
  - (b) the fee(s) specified in Schedule “A”;
  - (c) a copy of the pharmacy’s current 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.

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

### New Hospital Pharmacy Licence

6. (1) Applicants for a new hospital pharmacy licence must submit an application consistent with the type of ownership under section 5(2) of the *Act*.
- (2) A direct owner may apply for a new hospital pharmacy licence by submitting:
- (a) an application in Form 1C;

- (b) the fee(s) specified in Schedule “A”; and
  - (c) a diagram professionally drawn to ~~a scale of ¼ inch equals 1 foot,~~ including the measurements and entrances of the pharmacy, demonstrating compliance with the physical requirements in the bylaws and applicable policies confirming compliance with Schedule “D”.
- (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”.

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

### Hospital Pharmacy Licence Reinstatement

- 8. (1) A direct owner may apply to reinstate a pharmacy licence that has been expired for 90 days or less by submitting:
  - (a) an application in Form 3C; and
  - (b) the fee(s) specified in Schedule “A”.
- (2) At the time of the reinstatement application, the manager must submit an attestation in Form 5.

~~8.1. The first application to reinstate an existing licence, submitted after the *Pharmacy Operations and Drug Scheduling Amendment Act 2016* comes into force, is an application for a new hospital pharmacy licence under section 6 but the requirement in~~

~~subsection 6(2)(c) does not apply.~~

### **New Pharmacy Education Site Licence**

9. (1) Applicants for a new pharmacy education site licence must submit an application consistent with the type of ownership under section 5(2) of the Act.
- (2) A direct owner may apply for a new pharmacy education site licence by submitting:
- (a) an application in Form 1F; and
  - (b) the fee(s) specified in Schedule "A".
- ~~-(3) The manager must submit an attestation in Form 5 and a criminal record history in accordance with section 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".

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

### **Pharmacy Education Site Licence Reinstatement**

11. (1) A direct owner may apply to reinstate a pharmacy education site licence that has been expired for 90 days or less by submitting:
- (a) an application in Form 3F; and
  - (b) the fee(s) specified in Schedule "A".
- (2) At the time of the reinstatement application, the manager must submit an attestation in Form 5.

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

### **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 1B2;
- (b) the fee(s) specified in Schedule “A”;
- (c) a diagram professionally drawn to ~~a scale of ¼ inch equals 1 foot~~, including the measurements and entrances of the telepharmacy, demonstrating compliance with the physical requirements in the bylaws and applicable policies;
- (d) Form 140B;
- (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 by the~~ direct owner by the jurisdiction in which the telepharmacy is located.

### **Conditions for Telepharmacy Licence**

- 12.131. (1) The registrar must not issue a telepharmacy licence to a central pharmacy unless
- (a) the proposed telepharmacy will be the only telepharmacy or community pharmacy located in the rural and remote community.
  - (b) the proposed telepharmacy is located at least 25 kilometers away from any other telepharmacy or community pharmacy.
  - (c) the proposed ~~operating telepharmacy name~~ 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 2B42;

- (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 ~~from time to time~~.

### **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 current 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 ~~r~~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 ~~must be submitted from the direct owner~~:
- (a) Form 8D;
  - (b) the fee(s) specified in Schedule “A”;
  - (c) a copy of the pharmacy’s current 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 pharmacy-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 ~~must be submitted~~:
  - (a) Form 8E;
  - (b) the fee(s) specified in Schedule “A”; ~~and~~
  - (c) for a change of operating name, a copy of the pharmacy’s current valid business licence with the new operating name issued by the jurisdiction to the direct owner, if applicable; ~~and~~;
  - ~~(d)~~ for a change of pharmacy 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”; ~~and~~
  - (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; ~~and~~
  - ~~(e)~~ a copy of the pharmacy’s current valid business licence with the address of the new location issued by the jurisdiction to the direct owner, if applicable; ~~and~~
  - ~~(f)~~ ~~(e)~~ photographs or video demonstrating compliance with section 18(2)(eet)(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;~~;~~  
~~or~~
- (d) a diagram to demonstrate the changes in layout in accordance with section 6(2)(c) for a hospital pharmacy; or
- ~~(e)(d)~~ 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 actively participate in the day-to-day management of the pharmacy;
  - (b) ensure compliance with all legislation, bylaws, policies and procedures applicable to the operation of a pharmacy;
  - ~~(b) confirm that the staff members who represent themselves as registrants are registrants;~~

- ~~(c) notify the registrar in writing of the appointments and resignations of registrants as they occur;~~
- ~~(d) cooperate with inspectors acting under section 17 of the Act or sections 28 or 29 of the Health Professions Act;~~
- ~~(e) ensure that~~
  - ~~(i) registrant and support persons staff levels are sufficient to ensure that workload volumes and patient care requirements are met at all times in accordance with the bylaws, Code of Ethics and standards of practice, 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;~~
- ~~(f) ensure that new information directed to the pharmacy pertaining to drugs, devices and drug diversion is immediately accessible to registrants and support persons;~~
- (c)(g) establish policies and procedures
  - (i) to specify the duties to be performed by registrants and support persons;
  - ~~(ii)(h)~~ establish procedures for
    - ~~(iii)~~ inventory management,
    - ~~(iv)~~ product selection, ~~and~~ and
    - ~~(v)~~ proper destruction of ~~non-usable~~ non-usable drugs and devices,
    - ~~(iii)~~ for pharmacy security,
    - ~~(iv)~~ for emergency preparedness, and
    - ~~(v)(k)~~ ensure there is a written for drug recall procedure in place for of pharmacy inventory;
- ~~(d)~~ ensure all policies and procedures are in writing and regularly maintained;
- ~~(e)(r)~~ ensure that pharmacy staff are trained in policies and procedures regarding pharmacy security;
- ~~(f)(t)~~ ensure that all steps in the drug recall procedure are documented, if the procedure is initiated;
- ~~(g)(b)~~ ensure confirm that the staff members all individuals working in the pharmacy who represent themselves as registrants are registrants have

been granted and maintain registration with the College, in accordance with the policies approved by the board;

~~(h)(e)~~ notify the registrar in writing of the any appointments, and resignations or terminations of registrants employed at the pharmacy as they those changes occur;

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

~~(i)(e)~~ ensure that

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

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

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

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

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

~~(l)(f)~~ ensure appropriate security and safe and secure storage of all Schedule I, II, and III drugs and controlled drug substances for all aspects of pharmacy practice and which is, in accordance with the policies approved by the board including operation of the pharmacy without a registrant present;

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

~~(n)(m)~~ ensure that each individual working in the pharmacy wears a badge that clearly identifies presents themselves to the public in a manner that clearly identifies their the individual's registration class;nt

- ~~(o)~~ ensure that registrants identify themselves in a manner that clearly differentiates them from other individuals working in the pharmacy who are not -registrants; class or other status;
- ~~(n)~~ notify the registrar as soon as possible in the event that he or she will be absent from the pharmacy for more than eight weeks;
- ~~(p)(e)~~ immediately notify the registrar in writing ~~within 48 hours~~ of ceasing to be the pharmacy's manager;
- ~~(q)(p)~~ 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;

  - ~~(i)~~ the correct and consistent use of the community pharmacy operating name and address as it appears on the community pharmacy licence for all community pharmacy identification on or in labels and directory listings, signage, packaging, advertising and stationary; and
  - ~~(ii)~~ that all signage containing the community pharmacy name is correct and consistent with the community pharmacy name used in (i);
- ~~(r)~~ ~~(p-1)~~ 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;

  - ~~(i)~~ the correct and consistent use of the telepharmacy operating name and address as it appears on the telepharmacy licence for all telepharmacy identification on or in labels and directory listings, signage, packaging, advertising and stationary; and
  - ~~(ii)~~ that all signage containing the telepharmacy name is correct and consistent with the telepharmacy name used in (i);
- ~~(s)~~ ensure that narcotic reconciliation is performed in accordance with the policies approved by the board;
- ~~(t)(e)~~ notify the registrar of any incident of loss of narcotic and controlled drug substances within 24 hours;
- ~~(t)~~ ~~in the event of a pharmacy closure or relocation,~~

  - ~~(i)~~ ~~provide for the safe transfer and appropriate storage of all Schedule I, II, and III drugs and controlled drug substances;~~
  - ~~(ii)~~ ~~advise the registrar in writing of the disposition of all drugs and prescription records at the time of a closure;~~

- ~~(iii) provide the registrar with a copy of the return invoice and any other documentation sent to Health Canada in respect of the destruction of all controlled drug substances;~~
- ~~(iv) arrange for the safe transfer and continuing availability of the prescription records at another pharmacy, or an off-site storage facility that is bonded and secure, and~~
- ~~(v) remove all signs and advertisements from the closed pharmacy premises;~~
- ~~(u) in the event that a pharmacy will be closed temporarily for up to 14 consecutive days,~~
  - ~~(i) notify patients and the public of the temporary closure at least 30 days prior to the start of the temporary closure, and~~
  - ~~(ii) make arrangements for emergency access to the pharmacy's hard copy patient records.~~
- (u)(v) advise the registrar if the pharmacy is providing pharmacy services over the internet, and provide to the registrar the internet address of every website operated or used by the pharmacy;
- (v)(w) ensure the pharmacy contains the reference material and equipment in accordance with the policies approved by the board~~approved by the board from time to time~~;
- (w)(x) 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)(y) retain the undertakings referred to in paragraph subsection (xw) in the pharmacy for 3 years after employment or any contract for services has ended;
- (y)(z) provide the registrar with access to the pharmacy and premises as defined in section 20(12) ~~in cases where a pharmacy licence has been cancelled or suspended due to loss of eligibility under section 3 of the Act~~;
- (zaa) 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)(a) deliver a prescription to a particular registrant or pharmacy for dispensing of a drug or device specified in the prescription, or
  - (ii)(b) obtain any other pharmacy service from a particular registrant or pharmacy; ~~and~~

- (~~aabb~~) notify the registrar of persistent non-compliance by a direct owner and indirect owner(s) with their obligations under the bylaws to the Act; ~~and~~
- (~~bbee~~) notify the registrar of any change of telephone number, fax number, electronic mail address or any other information previously provided to the registrar;:-
- ~~(cc)(u) in the event that of an anticipated a pharmacy will be closed temporarily closure, which is permitted for up to 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 temporary closure in accordance with the policies approved by the board, and~~
- ~~(ii) make arrangements for emergency access to the pharmacy's hard copy patient records; (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)(t) in the event of a permanent pharmacy closure or relocation, cancellation, or expiry or a suspension of the pharmacy licence for a period of more than 14 days unless otherwise directed by the registrar~~

~~(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 safe secure transfer and continuing availability of the prescription records at another pharmacy, or at an off-site storage facility that is bonded and securemonitored and secured from unauthorized access, and~~

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

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

~~(3)(4) For the purpose of subsection (2)(t), a pharmacy closure includes a suspension of the pharmacy licence for a period of more than 30 days, unless otherwise directed by the registrar. 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).

~~(435)~~ Subsection (2)(zaa) 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.

~~(546)~~ Subsection (2)(zaa) does not apply in respect of a Schedule III drug or an unscheduled drug, unless the drug has been prescribed by a practitioner.

- (657) 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), (id), (h), (pe), (r) and (ee)(i) and (ee)(ii).
- (768) 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), (id), (je), (lj), (qp), (rp-4), (yz) and (zaa);
  - (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; and
  - ~~(d) — in the event of a permanent pharmacy closure or if the location of the pharmacy changes pharmacy closure under subsection (2)(ee), notify the registrar in writing at least thirty days before the effective date of proposed closure in Form 4.~~
- (879) Shareholders must comply with subsections (2)(id) and (7)(e)8(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 policyiesy approved by the board,
  - (c) by return to the manufacturer or wholesaler of the drug, or
  - (d) by destruction, in accordance with the policyies 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

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

(4)~~(3)~~ 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~~a secure storage area.~~

- (5)(4) Non-usable and expired drugs must be stored ~~in a separate area of the pharmacy or a secure storage area in the pharmacy in an area separate from other pharmacy stock or drug products~~ until final disposal.
- (6)(5) A full pharmacist must not purchase Schedule I, II and III drugs and controlled drug substances unless they are for sale or dispensing in or from a pharmacy.

### Depot Delivery

~~20.1 — Registrants are not permitted to deliver prescription drugs to off-site premises used for the drop off of prescription drugs for subsequent dispersal to or retrieval by individual patients, except in accordance with the policies approved by the board.~~

### **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*.

### **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 eCollege 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~~;~~<sup>;</sup> 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~~;~~<sup>;</sup>
  - (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 ~~e~~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 ~~develop, document and implement an ongoing quality management program~~ that
- (a) maintains and enforces policies and procedures to 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 ~~monitors staff performance, equipment, facilities and adherence to the Community Pharmacy Standards of Practice, and~~
  - (c) includes a process for reporting, documenting and following up on known, alleged and suspected errors, incidents and discrepancies.
- (2) If a community pharmacy is a central pharmacy, the quality management ~~program~~ 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.

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

### Community Pharmacy and Telepharmacy Security

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 ~~is~~ 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)(b)~~ 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; and
- (ii) subject to subsection (2.1), Schedule I, and II and III drugs, controlled drug substances and personal health information, are secured by physical barriers; and
- (iii) Schedule III drugs and controlled drug substances 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 ~~and 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 Operation of a Community Pharmacy ~~w~~Without a Full Pharmacist Present**

- 27: (1) Except as provided in subsection (2), a community pharmacy must not ~~be open to the public operate~~ unless a full pharmacist is present.
- (2)(2) A community pharmacy ~~may operate is not entitled to~~ may carry on the activities set out in subsection (32) without a full pharmacist present ~~if all the following requirements are met: unless 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
  - ~~(b) a security system prevents the public, support persons and other non-pharmacy staff from accessing the dispensary, the professional service area and the professional products area;~~
  - ~~(c) a pharmacy technician is present and ensures that the pharmacy is not open to the public;~~
  - ~~(d) Schedule I, II, and III drugs and controlled drug substances in a secure storage area are inaccessible to support persons, other non-pharmacy staff and the public;~~
  - ~~(e) dispensed prescriptions waiting for pickup may be kept outside the dispensary if they are inaccessible, secure and invisible to the public and the requirements of section 12 of the Community Pharmacy Standards of Practice have been met; and~~
  - (c)(f) the hours when a full pharmacist is on duty are posted.
- (32)3 ~~Subject to If the requirements of subsection (2)(1)(2) are met, a pharmacy may only carry out~~ if a full pharmacist is not present, only the following activities may be carried out ~~may be performed at a community pharmacy by anyone who is not a registrant without a full pharmacist present:~~

- (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, ~~with the exception of activities involving~~ except if any such activity involves patient interaction 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; or and
- (b) receive drug shipments under section 20(43). orders from drug wholesalers, containing Schedule I, II and III drugs, may be received but must be kept secure and remain unopened.
- (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 ~~develop, document and implement an ongoing quality management program~~ establish and maintain written quality management policies and procedures that
- (a) ~~maintains and enforces policies and procedures to 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 ~~monitors staff performance, equipment, facilities and adherence to the *Hospital Pharmacy Standards of Practice*,~~
  - (c) includes a process for reporting, documenting and following up on known, alleged and suspected errors, incidents and discrepancies,
  - (d) documents periodic audits of the drug distribution process,

- (e) includes a process to review patient-oriented recommendations,
  - (f) includes a process that reviews a full pharmacist's documentation notes in the hospital's medical records,
  - (g) includes a process to evaluate drug use, and
  - (h) regularly updates policies and procedures for drug use control and patient-oriented pharmacy services in collaboration with the medical and nursing staff and appropriate committees.
- (2) If sample drugs are used within a hospital, the hospital pharmacy's manager must ensure that the pharmacy oversees the procurement, storage and distribution of all sample drugs.

### After Hours Service

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 Licence

- ~~31. (1) The registrar must not issue a telepharmacy licence to a central pharmacy unless~~
- ~~(a) the proposed telepharmacy will be the only telepharmacy or community pharmacy located in the rural and remote community,~~

- ~~(b) the proposed telepharmacy is located at least 25 kilometers away from any other telepharmacy or community pharmacy,~~
  - ~~(c) the proposed operating name of the telepharmacy includes the word "telepharmacy",~~
  - ~~(d) except for a pharmacy located at an address listed in Schedule "F", the proposed telepharmacy does not have a 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 Operation

- 31.4 (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) and 18(2)(e), A telepharmacy must have ~~a policiesy~~ and ~~procedures manual~~ on site that outlines the methods for ensuring the safe and effective distribution of pharmacy products and delivery of pharmaceutical care by the telepharmacy.
- (9) All transactions in PharmaNet must be distinguishable between the central pharmacy and telepharmacy.

## PART VI – PharmaNet

### Application of Part

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

### Definitions

33- In this Part:

~~“database” means those portions of the provincial computerized pharmacy network and database referred to in section 13 of the Act;~~

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

~~“patient keyword” means an optional confidential pass code selected by the patient which limits access to the patient’s PharmaNet record until the pass code is provided to the registrant;~~

~~“PharmaNet “patient record” means the patient record described in section 11(2) of the *Community Pharmacy Standards of Practice* and in the *British Columbia PharmaNet Professional and Software Compliance-Conformance Standards, Electronic Health Information Exchange* as the “patient record (pharmacy) profile”;~~

“PharmaNet” means “PharmaNet” as defined in section 1 of the *Information Management Regulation*, B.C. Reg. 74/2015;

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

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

### Operation of PharmaNet

- 34- A pharmacy must connect to PharmaNet ~~and be equipped with the following:~~
- ~~(a) an in-pharmacy computer system which meets the requirements set out in the current PharmaNet Professional and Software Compliance Standards;~~
  - ~~(b) a terminal that is capable of accessing and displaying patient records, located in an area of the pharmacy which
    - ~~(i) is only accessible to registrants and support persons,~~
    - ~~(ii) is under the direct supervision of a registrant, and~~
    - ~~(iii) does not allow information to be visible to the public, unless intended to display information to a specific patient; and~~~~
  - ~~(c) the computer software upgrades necessary to comply with changes to the PharmaNet Professional and Software Compliance Standards.~~

### Data Collection, Transmission of and Access to PharmaNet Data

- 35- (1) A registrant must enter the prescription information and transmit record it into PharmaNet at the time of dispensing and keep the ~~PharmaNet~~ patient record current.
- (2) A registrant may collect and transmit record patient ~~record~~ information into PharmaNet, or access, use and disclose a patient’s PharmaNet ~~record~~ only for the purposes of:
- ~~(a) to dispensing a drug;~~
  - ~~(b) to providing patient consultation;~~ or
  - (c) to evaluating a patient’s drug usage;
  - (d) for the purpose of claims adjudication and payment by an insurer; or
  - (e) to the extent necessary to providing pharmacy services to, or facilitateing the care of, the individual whose personal information is being collected, accessed, used or disclosed.

- ~~(3) — A registrant may collect and transmit patient record information to PharmaNet or access a patient's PharmaNet record only for the purposes of claims adjudication and payment by an insurer.~~
- ~~(3)(4)~~ A registrant must revise information in ~~the~~ PharmaNet ~~database~~ pertaining to corrected billings for prescriptions billed to the patient or a payment agency other than PharmaCare and record the reason for the revision within ~~120~~ 90 days of the original entry ~~in~~ PharmaNet.
- ~~(4)(5)~~ A registrant must reverse information in ~~the~~ PharmaNet ~~database~~, for any drug that is not released to the patient or the patient's representative, and record the reason for the reversal no later than 30 days from the date of the original entry of the prescription information in PharmaNet.
- ~~(5)(6)~~ If a registrant is unable to comply with the deadlines in subsections ~~(34)~~ or ~~(45)~~, he or she must provide the information required to make the correction to the ~~college~~ Ministry of Health as soon as possible thereafter.
- ~~(7) — At the request of the patient, a registrant must establish, delete or change the patient keyword.~~
- ~~(8) — Where a patient or patient's representative requests an alteration to be made to the PharmaNet information, the registrant must~~
- ~~(a) — correct the information, or~~
- ~~(b) — if the registrant refuses to alter the information, he or she must inform the person requesting the change of his or her right to request correction under the *Personal Information Protection Act*.~~

## **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. ~~including but not limited to~~
- ~~(a) — establishing a patient record,~~
- ~~(b) — updating a patient's clinical information,~~
- ~~(c) — providing a printout of an in-pharmacy or requesting a PharmaNet patient record,~~
- ~~(d) — establishing, deleting, or changing a patient keyword,~~
- ~~(e) — viewing a patient record,~~
- ~~(f) — answering questions regarding the existence and content of a patient record,~~

~~(g) — correcting information, and~~

~~(h) — disclosing relevant patient record information to another registrant for the purpose of dispensing a drug or device, and/or for the purpose of monitoring drug use~~

## **PART VII – College**

### **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.

## **SCHEDULE**

The bylaws of the College of Pharmacists of British Columbia made under the authority of the *Pharmacy Operations and Drug Scheduling Act* are amended by repealing and replacing the *Pharmacy Operations and Drug Scheduling Act -Bylaws*.

**Pharmacy Operations and Drug Scheduling Act - BYLAWS**  
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## Definitions

1 In these bylaws:

“**Act**” means the *Pharmacy Operations and Drug Scheduling Act*;

“**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.
- (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*.

### **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

## BOARD MEETING November 15, 2019

### 12. Legislation Review Committee c) PODSA Modernization Phase II Professional Practice Policies

#### DECISION REQUIRED

#### Recommended Board Motions:

1) Repeal the following Professional Practice Policy (“PPP”), as circulated, to be effective at the same time as the *Pharmacy Operations and Drug Scheduling Act* (“PODSA”) Modernization Phase Two Bylaw amendments come into force:

- *PPP-25 Pharmacy Disaster Preparedness.*

2) Approve amendments to the following PPPs, as circulated, to be effective at the same time as the PODSA Modernization Phase Two Bylaw amendments come into force:

- *PPP-31 Emergency Prescription Refills;*
- *PPP-46 Temporary Pharmacy Closures;*
- *PPP-54 Identifying Patients for PharmaNet Purposes;*
- *PPP-59 Pharmacy Equipment;*
- *PPP-65 Narcotic Counts and Reconciliations; and*
- *PPP-73 Validate Identification and College Registration Status for New Pharmacy Hires.*

3) Approve consequential amendments to the following PPPs, as circulated, to be effective at the same time as the PODSA Modernization Phase Two Bylaw amendments come into force:

- *PPP-3 Pharmacy References;*
- *PPP-74 Community Pharmacy and Telepharmacy Security; and*
- *PPP-76 Criminal Record History Vendor.*

#### Purpose

To propose the following policy changes:

- Repealing *PPP-25 Pharmacy Disaster Preparedness;*
- Amendments to *PPP-31 Emergency Prescription Refills, PPP-46 Temporary Pharmacy Closures, PPP-54 Identifying Patients for PharmaNet Purposes, PPP-59 Pharmacy*

- Equipment, PPP-65 Narcotic Counts and Reconciliations, and PPP-73 Validate Identification and College Registration Status for New Pharmacy Hires; and*
- Consequential amendments to *PPP-3 Pharmacy References, PPP-74 Community Pharmacy and Telepharmacy Security, and PPP-76 Criminal Record History Vendor.*

## **Background**

In accordance with its Strategic Plan, the College is currently working on modernizing the legislative requirements under PODSA, including the bylaws and policies made under this Act. A key aspect of this initiative is to review and recommend changes to the existing suite of PPPs that fall under PODSA. This involves a comprehensive review of PODSA-related PPPs to identify which ones should:

- Be transitioned to bylaw to strengthen them;
- Be rescinded or transitioned to a guideline; and
- Remain as policies and reviewed to identify any needed revisions.

Stemming from this work, at its June 2019 Board meeting, the Board approved the repeal of three PPPs. This briefing note further includes recommended amendments to six PPPs and a recommendation to repeal one additional PPP for the Board's approval.

Two PPPs, *PPP-68 Cold Chain Management of Biologicals* and *PPP-24 Depot Shipments of Prescriptions*, were initially also planned for amendment for the Board's consideration at this meeting; however, additional review and consultation is necessary, and proposed amendments to these PPPs will be presented at a future meeting of the Board.

## **Discussion**

Below is an overview of the rationale for the proposed amendments to, and repeal of, the above-noted PPPs.

### **Proposed Repeal of PPP**

#### **PPP-25 Pharmacy Disaster Preparedness**

This policy sets out provisions that enable pharmacists to provide emergency prescription drugs to patients and enable pharmacies to relocate to a location near the emergency site under a declared State of Emergency. It also requires pharmacy managers to prepare for emergencies by having a plan and connecting with local emergency preparedness coordinators.

The emergency refill provisions within PPP-25 are largely duplicative of the provisions with *PPP-31 Emergency Prescription Refills*. However, PPP-25 includes a requirement to communicate with a prescriber regarding the pharmacist furnishing the drug to the patient; this provision is

not included in PPP-31 and is being proposed to be moved to PPP-31 (see *PPP-31 Emergency Prescription Refills* below).

With respect to the PPP-25 provision that enables pharmacies to relocate to a location near an emergency site under a declared State of Emergency, the College held consultations with provincial and local emergency preparedness coordinators, registrants and other stakeholders to understand if this approach is a good practice. It was noted from these consultations that, generally under an evacuation order, residents are evacuated to an area outside of the evacuation zone to areas where health services are available or emergency response teams have set up an evacuation centre for evacuees to access needed health care and other services. During the College's consultations, emergency preparedness staff noted interest in engaging with pharmacists to assist in evacuation centres, but recommended that pharmacies located in evacuated areas do not move to areas nearby the evacuation site to serve patients. This is because evacuees would be moved outside of the evacuation area, and pharmacy services would not be required in that area. This may be further supported by the fact that the College has not received an application for such a pharmacy relocation.

Given the consultation feedback and lack of applications for this provision, the College recommends rescinding PPP-25 (see Appendix 1), and instead working to facilitate dialogue between registrants and local emergency response teams to better ensure that needed pharmacy services are available in times of emergencies.

There is a remaining provision within PPP-25 that requires pharmacy managers to develop disaster plans for their pharmacies. This provision is being transitioned into the PODSA Bylaws, as part of the PODSA Modernization Phase Two Project and is included in the Board's briefing package for the Modernization Phase Two Bylaw amendments, recommending approval by the Board to file with the Ministry of Health. The College is currently working on developing guidance for registrants on good practices for disaster plans.

### **Proposed Amendments to PPPs**

#### **PPP-31 Emergency Prescription Refills**

This policy provides guidance to pharmacists when providing patients with an emergency supply of prescription drugs.

Proposed amendments to PPP-31 (see Appendix 2) stem from the proposed repealing of *PPP-25 Pharmacy Disaster Preparedness*. PPP-25 sets out guidance for providing prescription drugs to patients during a declared state of emergency, and is recommended to be repealed (see *PPP-25 Pharmacy Disaster Preparedness* above). Provisions relevant to providing an emergency supply of drugs in PPP-25 were appended to PPP-31, where appropriate. This includes adding a provision in PPP-31 to recommend pharmacists notify other health professionals where possible and appropriate, when an emergency supply is provided. Additionally, to improve

alignment with the PODSA Bylaws section 19(7)(d), the title of this PPP was updated to “*PPP-31 Emergency Supply for Continuity of Care*”.

Other key changes include:

- Changes to language to reflect that this is a guidance policy;
- Removal of specific examples of when an emergency supply may be provided in order to be less prescriptive and more principle based; and
- Formatting and general wording changes for ease of reference and clarity.

#### *PPP-46 Temporary Pharmacy Closures*

This policy sets out additional requirements for pharmacy managers to comply with their responsibilities under the amended bylaws, specifically the notification procedures in these bylaws.

Key provisions from within PPP-46 related to a temporary pharmacy closure were transitioned into the amended bylaws under section 18(2)(cc), for anticipated temporary closures for no more than 14 consecutive days. These provisions include:

- Notifying patients and the public (at least 30 days prior to the start of the closure);
- Allowing patients to obtain prepared prescriptions prior to the closure date; and
- Making alternative arrangements with prescribers, as appropriate.

Additional bylaw amendments included provisions for unanticipated pharmacy closures no longer than 90 days. As such, the proposed amendments to this policy (see Appendix 3) set out additional notification procedures, including signage requirements and when it is necessary to notify the College, for both anticipated and unanticipated pharmacy closures.

Other key changes include:

- Examples of anticipated and unanticipated closures provided;
- Notification procedures set out; and
- Formatting and general wording changes for ease of reference and clarity.

#### *PPP-54 Identifying Patients for PharmaNet Purposes*

This policy provides guidance for registrants on complying with the amended PODSA Bylaws section 36 in taking reasonable steps to confirm the identity of a patient and patient’s representative.

The proposed amendments to this policy (see Appendix 4) were made to clarify that PPP-54 applies not only to patients, but patient’s representatives as well, in both community pharmacy and telepharmacy settings. Clarification was provided that identity confirmation of a patient or patient’s representative should not be limited to PharmaNet purposes, but should be

completed prior to accessing, using or disclosing any personal health information. To reflect these amendments, the title of the policy was updated to “*PPP-54 Identifying Patients and Patient Representatives in Community and Telepharmacy Settings*”.

Other key changes include:

- Removal of specific examples of when a patient should be positively identified in order to be less prescriptive and more principle based, and to align with the amended bylaws;
- The addition of a new provision for situations where a patient or patient’s representative does not have primary or secondary identification; and
- Formatting and general wording changes for ease of reference and clarity.

#### *PPP-59 Pharmacy Equipment*

This policy sets out requirements for pharmacy managers on complying with pharmacy equipment obligations under PODSA Bylaws section 18(2)(v).

Proposed amendments to this policy (see Appendix 5) were made to modernize pharmacy equipment requirements based on current technologies available, and to ensure the requirements are in line with what is necessary to ensure patient safety. Outdated requirements for equipment, such as metric weights for balances, were removed. Additionally, equipment requirements that were duplicative of existing requirements in the PODSA Bylaws were removed.

Other key changes include:

- Formatting and general wording changes for ease of reference and clarity; and
- Utilization of principle based language wherever possible.

#### *PPP-65 Narcotic Counts and Reconciliations*

This policy sets out the requirements for pharmacy managers on complying with their obligations for narcotic counts and reconciliations under the amended PODSA Bylaws section 18(2)(s). Proposed amendments to this policy (see Appendix 6) were made to align with Health Canada’s updated policy on loss or theft reporting<sup>1</sup>, and guidance document on counts and reconciliation<sup>2</sup>. In addition, changes were made to improve clarity on existing PPP-65 requirements, consistency with proposed PODSA Bylaws amendments, and alignment with modern pharmacy practices.

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<sup>1</sup> Health Canada, Reporting of loss or theft of controlled substances, precursors and cannabis (2019-01-14): <https://www.canada.ca/en/health-canada/services/publications/healthy-living/loss-theft-controlled-substances-precursors.html>

<sup>2</sup> Health Canada, Recommended guidance in the areas of security, inventory reconciliation and record-keeping for community pharmacists (2019-05-27): [https://napra.ca/sites/default/files/2019-04/CS-GD-022%20Recommended%20guidance%20for%20community%20pharmacists\\_EN.pdf](https://napra.ca/sites/default/files/2019-04/CS-GD-022%20Recommended%20guidance%20for%20community%20pharmacists_EN.pdf)

Sections within this policy were reorganized to clarify the distinction between the day-to-day perpetual inventory entries and upkeep, and the processes involved for counts and reconciliation. To clarify the expectations of existing requirements, more details are provided as appropriate, and the language used is revised for consistency and clarity.

Other key changes include:

- Reference to responsibilities unique to telepharmacies is provided; and
- Improved clarity around the responsibilities of the pharmacy manager in regards to perpetual inventory upkeep, and narcotic loss or theft reporting requirements.

#### *PPP-73 Validate Identification and College Registration Status for New Pharmacy Hires*

This policy sets out requirements for pharmacy managers on complying with their responsibility under the amended PODSA Bylaws section 18(2)(g) to ensure all individuals working in the pharmacy who present themselves as registrants have been granted and maintain registration with the College.

Proposed amendments to this policy (see Appendix 7) include clarifying that confirmation of an employee's identity and registration status are to be done at the start of employment, but not during the application process. Stemming from the amended bylaws which require pharmacy managers to ensure all individuals working in the pharmacy who represent themselves as registrants are registered with the College, a provision was added to the policy which requires pharmacy managers to confirm the registration status of all staff registrants from time to time, at least annually. To align with this provision, the title of PPP-73 was updated to "*PPP-73 Validate Identification and Verify College Registration Status for New and Existing Registrant Staff*".

#### **Consequential amendments to PPPs**

As there are a number of new bylaws that have been added to the existing PODSA Bylaws document, some existing requirements were re-numbered as a result. Therefore, existing PPPs which referenced these requirements were consequentially amended to reflect the new numbering of the bylaws (see Appendix 8).

#### **Next Steps**

The Board has the authority to approve and amend PPPs. As such, if approved by the Board, the repealing of *PPP 25 Pharmacy Disaster Preparedness*, the amendments to *PPP-31 Emergency Prescription Refills*, *PPP-46 Temporary Pharmacy Closures*, *PPP-54 Identifying Patients for PharmaNet Purposes*, *PPP-59 Pharmacy Equipment*, *PPP-65 Narcotic Counts and Reconciliations*, and *PPP-73 Validate Identification and College Registration Status for New Pharmacy Hires* and the consequential amendments to *PPP-3 Pharmacy References*, *PPP-74 Community Pharmacy and Telepharmacy Security*, and *PPP-76 Criminal Record History Vendor*

will all be in effect when the PODSA Modernization Phase Two Bylaw amendments come into force.

## **Recommendation**

The Legislation Review Committee recommends that the Board approve the repealing of *PPP-25 Pharmacy Disaster Preparedness*, the amendments to *PPP-31 Emergency Prescription Refills*, *PPP-46 Temporary Pharmacy Closures*, *PPP-54 Identifying Patients for PharmaNet Purposes*, *PPP-59 Pharmacy Equipment*, *PPP-65 Narcotic Counts and Reconciliations* and *PPP-73 Validate Identification and College Registration Status for New Pharmacy Hires* as well as approve the consequential amendments to *PPP-3 Pharmacy References*, *PPP-74 Community Pharmacy and Telepharmacy Security*, and *PPP-76 Criminal Record History Vendor*.

| <b>Appendix</b> |                                                                                                                        |
|-----------------|------------------------------------------------------------------------------------------------------------------------|
| 1               | Repeal PPP-25 Pharmacy Disaster Preparedness                                                                           |
| 2               | Amendments to PPP-31 Emergency Prescription Refills (track changes and clean)                                          |
| 3               | Amendments to PPP-46 Temporary Pharmacy Closures (track changes and clean)                                             |
| 4               | Amendments to PPP-54 Identifying Patients for PharmaNet Purposes (track changes and clean)                             |
| 5               | Amendments to PPP-59 Pharmacy Equipment (track changes and clean)                                                      |
| 6               | Amendments to PPP-65 Narcotic Counts and Reconciliation (track changes and clean)                                      |
| 7               | Amendments to PPP-73 Validate Identification and College Registration for New Pharmacy Hires (track changes and clean) |
| 8               | Consequential Amendments to Existing PPPs (track changes and clean)                                                    |

**POLICY STATEMENTS(S):**

1. Notwithstanding the provisions of The Health Professions Act, the Pharmacy Operations and Drugs Scheduling Act, the Regulation and the bylaws of the College of Pharmacists of BC made pursuant to these Acts or any other provision of law, a pharmacist in good faith may furnish a drug without prescription in reasonable quantities during a declared state of emergency to further the health and safety of the public.
2. If a drug is provided in accordance with point 1 above, a record containing the date, name and address of the person to whom the drug is furnished, and the name, strength and quantity of the drug furnished must be maintained. The pharmacist shall communicate this information to the patient's prescriber as soon as possible.
3. The Registrar may waive pharmacy licensure requirements (pertaining to minimum equipment, minimum space, sanitary facilities or any other licensing requirements) and issue a temporary pharmacy licence to a licensed pharmacy required to relocate because of a declared state of emergency.
4. It is the responsibility of each pharmacy manager to approach regional emergency preparedness coordinators and be aware of and participate in local plans. Pharmacy managers should develop more detailed individual disaster plans for their own pharmacies (beyond the regional plans).

**REPELLED**

**POLICY CATEGORY:**

**PROFESSIONAL PRACTICE POLICY-31**

**POLICY FOCUS:**

**Emergency ~~Prescription Refills~~ Supply for Continuity of Care**

~~This professional practice policy provides guidance to enables pharmacists to exercise their professional judgment and education by when providing authorization to provide patients with an emergency prescription refill supply of prescription drugs to ensure for continuity of patient care until the prescriber can be contacted for authorization in exceptional circumstances in accordance with the Pharmacy Operations and Drug Scheduling Act ("PODSA") Bylaws section 19(7)(d).~~

**POLICY STATEMENT(S):**

~~1. A pharmacist may exercise professional judgment in the provision of to provide a patient with an emergency prescription refill supplies of a medication supply of prescription drugs for continuity of care. This practice is the exception to the rule and not the normal practice.~~

~~A pharmacist may dispense an emergency refill in the following situations;~~

- ~~— where a patient's medication supply has been exhausted, a refill may be dispensed to ensure continuity of care. OR~~
- ~~— where a patient attends the pharmacy for an authorized refill of a valid prescription but PharmaNet returns the message, '101 Prescriber not found' or 'D3 Prescriber is not authorized' and the pharmacist ensures that the patient is not on Pharmacare's *Restricted Claimants Program*, a refill may be dispensed to ensure continuity of care and to allow time for the patient to find a new prescriber.~~

~~The pharmacist must comply with each of using the following practice fundamentals principles;:~~

~~a) 1- **Individual competence:**~~

~~a. The pharmacist has appropriate knowledge and understanding of the condition and the drug being dispensed in order to adapt the prescription for emergency supply;:~~

~~b) 2- **Appropriate Sufficient information:**~~

~~a. The pharmacist has sufficient information about the specific patient's health status to ensure determine that dispensing an emergency refill of the prescriptions supply will is appropriate in the given circumstances ensure continuity of care and will not put the patient at increased risk;:~~

~~c) 3- **Appropriateness quantity:**~~

~~a. The pharmacist must should use their professional judgment to determine whether provision of an emergency refill is appropriate in the circumstances, and must determine an appropriate quantity of the days emergency supply based on what is reasonable in the given circumstances, and based on the drug involved and how long it will take the patient to see a prescriber;:~~

~~d) 4- **Informed consent:**~~

~~a. The pharmacist must has obtained the patient's or the patient representative's the informed consent of the patient or patient's representative before undertaking an emergency refill supply;:~~

~~e) 5- **Documentation:**~~

~~b. The pharmacists responsible for making the decision to provide an emergency supply must should:~~

~~i. document in the client/patient's record any emergency refill of the prescription, the rationale for the decision, and any appropriate follow-up plan;:~~

~~ii. a. ensure the PharmaNet dispensing record includes Pharmacists must use their the College of Pharmacists of British Columbia pharmacist registration numbers in the PharmaNet the practitioner ID field to identify the pharmacist responsible for the decision-maker when providing an emergency supply of a drug to a patient;:~~

~~b. Pharmacists must document in the client's record any emergency refill of the prescription, the rationale for the decision, and any appropriate follow-up plan.~~

~~f) **Notification of other health professionals:** Where possible and appropriate, the pharmacist should notify the practitioner in a timely fashion and should make a record of this~~

in the patient's record.

**BACKGROUND:**

Protocol for provision of an emergency prescription refill

~~This professional practice policy enables pharmacists to exercise their professional judgment and education by providing authorization to provide an emergency prescription refill to ensure continuity of patient care until the prescriber can be contacted for authorization. This policy is not mandatory and the decision of whether to provide an emergency prescription refill is at the discretion of the individual pharmacist.~~

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First approved: 29 Jan 1999  
Revised: 20 Jun 2003 / 15 Feb 2013 / 14 Sep 2018  
Reaffirmed: 27 Mar 2009

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**PPP-31**

This policy provides guidance to pharmacists when providing patients with an emergency supply of prescription drugs for continuity of care in exceptional circumstances in accordance with the *Pharmacy Operations and Drug Scheduling Act* ("PODSA") Bylaws section 19(7)(d).

**POLICY STATEMENTS:**

1. A pharmacist may exercise professional judgment to provide a patient with an emergency supply of prescription drugs for continuity of care using the following principles:
  - a) **Individual competence:** The pharmacist has appropriate knowledge and understanding of the condition and the drug being dispensed for emergency supply;
  - b) **Sufficient information:** The pharmacist has sufficient information about the patient's health status to determine that dispensing an emergency supply is appropriate in the given circumstances;
  - c) **Appropriate quantity:** The pharmacist should determine an appropriate quantity of the emergency supply based on what is reasonable in the given circumstances, and based on the drug involved;
  - d) **Informed consent:** The pharmacist has obtained the patient's or the patient representative's informed consent before undertaking an emergency supply;
  - e) **Documentation:** The pharmacist responsible for making the decision to provide an emergency supply should:
    - i. document in the patient's record the rationale for the decision and any appropriate follow-up plan;
    - ii. ensure the PharmaNet dispensing record includes the College of Pharmacists of British Columbia pharmacist registration number in the practitioner ID field to identify the pharmacist responsible for the decision; and
  - f) **Notification of other health professionals:** Where possible and appropriate, the pharmacist should notify the practitioner in a timely fashion and should make a record of this in the patient's record.

This policy sets out requirements for pharmacy managers on complying with their responsibility under the Pharmacy Operations and Drug Scheduling Act ("PODSA Bylaws") Bylaws sections 18(2)(cc)(i) and 18(2)(dd)(i) -as related to notification of anticipated and unanticipated pharmacy closures.

**POLICY STATEMENT(S):**

**Anticipated Pharmacy Closure (no more than 14 consecutive days)**

The need for an anticipated pharmacy closure may arise in situations where, for instance, pharmacy owners and managers are unable to employ locum pharmacist staff to enable regular pharmacist staff to take vacation leave or to replace pharmacist staff who are unable to work due to urgent medical problems.

**1. Notifying Public Notification Procedures**

As outlined in PODSA Bylaws section 18(2)(cc)(i), pharmacy managers must notify patients and the public of the anticipated temporary closure at least 30 days prior to the start of the closure. In addition to these requirements in the PODSA Bylaws, the following notification procedures must also be followed when notifying the public: It is permissible for a licensed pharmacy to be closed temporarily for up to 14 consecutive days without surrendering its operating license, provided that the following provisions are performed:

- ~~• Contact all prepared prescription recipients to advise of the closure and give them the opportunity to obtain their prepared prescription prior to the temporary closure start date. Any prepared prescriptions remaining in the pharmacy at the time of the temporary closure must be returned to inventory and reversed on the patients' PharmaNet record.~~
- Post notices Provide notification to the public at least 30 days prior to the temporary closure start date (for example post signage at the store entrance with information on upcoming closure); and,-
- At the time of closure, pPost signage at the store entrance and provide a telephone answering machine message advising the public about the closure including information on ,-its duration of closure, the location of the nearest ~~licensed~~ pharmacy, and other information to assist with obtaining necessary pharmacy services during the closure period.
- ~~• Make alternate arrangements with local prescribers.~~

**Unanticipated Pharmacy Closure (no more than 90 days)**

The need for an unanticipated pharmacy closure may arise in unforeseeable situations where, for instance, a natural disaster such as flooding occurs and the pharmacy becomes temporarily inaccessible to the public.

**2. Notification Procedures**

As outlined in PODSA Bylaws section 18(2)(dd)(i), pharmacy managers must notify the registrar of closures of 15 to 90 days. The following notification procedures must be followed:

- If the closure is over 14 days, nNotify the rRegistrar by completing Form 4B and submitting it to the **CPBC Licensure Department** via email ([licensure@bcpharmacists.org](mailto:licensure@bcpharmacists.org)); as soon as possible at time of closure;

- If the premises is safe and accessible, post signage at the store entrance and provide a telephone answering machine message advising the public about the closure including information on ~~its~~ duration of closure, the location of the nearest licensed pharmacy, and other information to assist with obtaining necessary pharmacy services during the closure period, as soon as possible; and;
- If premises is safe and accessible, ensure drugs and personal health information is secured in accordance with PODSA Bylaws section 26 and PPP-74 Community Pharmacy and Telepharmacy Security.
- Notify the registrar by completing Form X4B, at least 5 days before the pharmacy re-opens.

#### **BACKGROUND:**

~~These policy statements supplement PODSA Bylaw 18(2)(u).~~

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First approved: 1 Feb 2002  
Revised: 20 Jun 2003 / 15 Apr 2011 / 17 Nov 2017  
Reaffirmed: 27 Mar 2009

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**PPP-46**

This policy sets out requirements for pharmacy managers on complying with their responsibility under the *Pharmacy Operations and Drug Scheduling Act* (“PODSA”) Bylaws sections 18(2)(cc)(i) and 18(2)(dd)(i) as related to notification of anticipated and unanticipated pharmacy closures.

**POLICY STATEMENTS:**

**Anticipated Pharmacy Closure (no more than 14 consecutive days)**

The need for an anticipated pharmacy closure may arise in situations where, for instance, pharmacy owners and managers are unable to employ locum pharmacist staff to enable regular pharmacist staff to take vacation leave or to replace pharmacist staff who are unable to work due to urgent medical problems.

**1. Notification Procedures**

As outlined in PODSA Bylaws section 18(2)(cc)(i), pharmacy managers must notify patients and the public of the anticipated temporary closure at least 30 days prior to the start of the closure. In addition to the requirements in the PODSA Bylaws, the following notification procedures must also be followed when notifying the public:

- Provide notification to the public at least 30 days prior to the temporary closure start date (for example post signage at the store entrance with information on upcoming closure); and,
- At the time of closure, post signage at the store entrance and provide a telephone answering machine message advising the public about the closure including information on duration of closure, the location of the nearest pharmacy, and other information to assist with obtaining necessary pharmacy services during the closure period.

**Unanticipated Pharmacy Closure (no more than 90 days)**

The need for an unanticipated pharmacy closure may arise in unforeseeable situations where, for instance, a natural disaster such as flooding occurs and the pharmacy becomes temporarily inaccessible to the public.

**2. Notification Procedures**

As outlined in PODSA Bylaws section 18(2)(dd)(i), pharmacy managers must notify the registrar of closures. The following notification procedures must be followed:

- If the closure is over 14 days, notify the registrar by completing Form 4B and submitting it to the **CPBC Licensure Department** via email ([licensure@bcpharmacists.org](mailto:licensure@bcpharmacists.org)) as soon as possible at time of closure;
- If the premises is safe and accessible, post signage at the store entrance and provide a telephone answering machine message advising the public about the closure including information on duration of closure, the location of the nearest pharmacy, and other information to assist with obtaining necessary pharmacy services during the closure period, as soon as possible; and,
- Notify the registrar by completing Form 4B, at least 5 days before the pharmacy re-opens.

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Revised: 20 Jun 2003 / 15 Apr 2011 / 17 Nov 2017  
Reaffirmed: 27 Mar 2009

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**PPP-46**

**POLICY CATEGORY:**

**PROFESSIONAL PRACTICE POLICY-54**

**POLICY FOCUS: Identifying Ppatients and Patient Representatives for PharmaNet purposes in Community Pharmacy and Telepharmacy-Pharmacy Settings**

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~~This policy sets out requirements~~ provides guidance ~~cent~~s for registrants on complying with the *Pharmacy Operations and Drug Scheduling Act* (“~~PODSA~~”) ~~Byla~~ (“~~PODSA~~-Bylaw”) ~~w~~ Bylaws section 36 in taking 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 ~~disclosed~~disclosing of patient personal health information.

**POLICY STATEMENT(S):**

1. Registrants ~~must~~should ensure that only one PharmaNet patient record is created and maintained for each person and that only one Personal Health Number (PHN) is assigned to each person. By viewing and confirming appropriate identification documents, duplicate PHNs and patient records can be avoided.
2. Where a patient or patient’s representative is personally known to the registrant, the registrant may positively identify the patient or patients’ representative. In cases where the patient or patient’s representative is not known to the registrant, positive identification is best achieved by viewing one piece of primary identification or two pieces of secondary identification. As a best practice, these steps should be documented. Below are some examples of primary and secondary identification.

**PRIMARY IDENTIFICATION:**

- Drivers License
- Passport
- Provincial Identity card issued by the Province of BC
- Police Identity Card issued by RCMP or Municipality
- Certificate of Indian Status Card
- Permanent Resident Card issued by the Government of Canada
- B.C. Services Card

**SECONDARY IDENTIFICATION:**

- Care card issued by the Province of B.C.
- Birth Certificate
- Canadian Citizenship Card
- Record of Landing of Permanent Residency
- Work/Visitor/Study Permit issued by the Government of Canada
- Naturalization Certificate
- Marriage ~~certificate~~Certificate
- Change of Name Certificate
- Identification or Discharge Certificate from External Affairs Canada or Canadian Armed Forces
- Consular Identity Card

3. Where a patient or patient’s representative does not have a primary or secondary ID, the registrant should use their professional judgement in identifying the patient or patient’s representative. These steps should be documented.

**BACKGROUND:**

~~The above policy statements supplement PODSA Bylaw 36 which requires that registrants must take reasonable steps to positively identify a patient, patient’s representative, registrant or a practitioner before providing any pharmacy service, including but not limited to:~~

- (a) ~~— establishing a patient record,~~

- ~~(b) — updating a patient's clinical information,~~
- ~~(c) — providing a printout of an in-pharmacy or requesting a PharmaNet patient record,~~
- ~~(d) — establishing, deleting, or changing a patient keyword,~~
- ~~(e) — viewing a patient record,~~
- ~~(f) — answering questions regarding the existence and content of a patient record,~~
- ~~(g) — correcting information, and~~
- ~~(h) — disclosing relevant patient record information to another registrant for the purpose of dispensing a drug or device, and/or for the purpose of monitoring drug use.~~

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First approved: 2 May 2003

Revised: 25 Sep 2008 / 21 Nov 2008 / 15 Apr 2011 / 12 Apr 2012 / 8 Jan 2015 / 17 Nov 2017

Reaffirmed: 27 Mar 2009

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**PPP-54**

**POLICY CATEGORY: PROFESSIONAL PRACTICE POLICY-54**  
**POLICY FOCUS: Identifying Patients and Patient Representatives in Community**  
**Pharmacy and Telepharmacy Settings**

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This policy provides guidance for registrants on complying with the *Pharmacy Operations and Drug Scheduling Act* ("PODSA") Bylaws section 36 in taking 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.

**POLICY STATEMENTS:**

1. Registrants should ensure that only one PharmaNet patient record is created and maintained for each person and that only one Personal Health Number (PHN) is assigned to each person. By viewing and confirming appropriate identification documents, duplicate PHNs and patient records can be avoided.
2. Where a patient or patient's representative is personally known to the registrant, the registrant may positively identify the patient or patients' representative. In cases where the patient or patient's representative is not known to the registrant, positive identification is best achieved by viewing one piece of primary identification or two pieces of secondary identification. As a best practice, these steps should be documented. Below are some examples of primary and secondary identification.

**PRIMARY IDENTIFICATION:**

- Drivers License
- Passport
- Provincial Identity card issued by the Province of BC
- Police Identity Card issued by RCMP or Municipality
- Certificate of Indian Status Card
- Permanent Resident Card issued by the Government of Canada
- B.C. Services Card

**SECONDARY IDENTIFICATION:**

- Care card issued by the Province of B.C.
  - Birth Certificate
  - Canadian Citizenship Card
  - Record of Landing of Permanent Residency
  - Work/Visitor/Study Permit issued by the Government of Canada
  - Naturalization Certificate
  - Marriage Certificate
  - Change of Name Certificate
  - Identification or Discharge Certificate from External Affairs Canada or Canadian Armed Forces
  - Consular Identity Card
3. Where a patient or patient's representative does not have a primary or secondary ID, the registrant should use their professional judgement in identifying the patient or patient's representative. These steps should be documented.

This policy sets out requirements for pharmacy managers on complying with their pharmacy equipment obligations under the *Pharmacy Operations and Drug Scheduling Act* (“PODSA”) Bylaws section 18(2)(v). Additional equipment requirements for drugs that require cold chain management are set out in *PPP-68 Cold Chain Management*.

Note that PODSA Bylaws section 25(2) has additional requirements for community pharmacies and telepharmacies.

**POLICY STATEMENT(S):**

1. The dispensary of all community pharmacies or telepharmacies at a minimum must have the following equipment ~~as per PODSA Bylaw 18(2)(w)~~.
  - (a) ~~t~~Telephone<sub>1</sub>
  - (bg) Ffax machine<sub>1</sub>
  - ~~(b) Refrigerator~~
  - ~~(c) Prescription filing supplies~~
  - (cd) digital pPrescription balance having with a sensitivity rating readability of 0.01g or smaller, and associated calibration tools.
  - ~~(e) Metric weights (10 mg to 50 g) for balances requiring weights or instruments with equivalent capability~~
  - (df) Metric scale glass at least one 10mL graduated cylinder (a selection, including 10 ml size)<sub>1</sub>
  - (eg) mMortar and pestle<sub>1</sub>
  - (fh) sSpatulas ~~(metal and nonmetallic)<sub>1</sub>~~
  - (gi) fFunnels ~~(glass or plastic)<sub>1</sub>~~
  - (hj) sStirring rods ~~(glass or plastic)<sub>1</sub>~~
  - (ik) oOintment slab or parchment paper<sub>1</sub>
  - (jl) cCounting tray<sub>1</sub>
  - ~~(m) Disposable drinking cups~~
  - ~~(n) Double sink with running hot and cold water~~
  - (ek) sSoap in a dispenser<sub>1</sub> and
  - (l) paper towels in a dispenser, and
  - (mp) pPlastic or metal garbage containers to be used with plastic liners<sub>1</sub>
  - ~~(q) Fax machine~~
2. ~~All community pharmacies must have a dedicated high-speed internet connection.~~
23. All hospital pharmacies and hospital pharmacy satellites must be adequately equipped to provide safe and proper medication compounding, dispensing and/or preparation of medication orders, and for the provision of patient-oriented and administrative pharmacy services.
3. Pharmacy equipment must be clean and sanitary, well-maintained, and properly functioning.

This policy sets out requirements for pharmacy managers on complying with their pharmacy equipment obligations under the *Pharmacy Operations and Drug Scheduling Act* (“PODSA”) Bylaws section 18(2)(v). Additional equipment requirements for drugs that require cold chain management are set out in *PPP-68 Cold Chain Management*. Note that PODSA Bylaws section 25(2) has additional requirements for community pharmacies and telepharmacies.

**POLICY STATEMENTS:**

1. The dispensary of all community pharmacies or telepharmacies at a minimum must have the following equipment.
  - (a) telephone,
  - (b) fax machine,
  - (c) digital prescription balance with a readability of 0.01g or smaller, and associated calibration tools,
  - (d) at least one 10mL graduated cylinder,
  - (e) mortar and pestle,
  - (f) spatula,
  - (g) funnel,
  - (h) stirring rod,
  - (i) ointment slab or parchment paper,
  - (j) counting tray,
  - (k) soap in a dispenser,
  - (l) paper towels in a dispenser, and
  - (m) plastic or metal garbage containers to be used with plastic liners.
2. All hospital pharmacies and hospital pharmacy satellites must be adequately equipped to provide safe and proper medication compounding, dispensing and/or preparation of medication orders, and for the provision of patient-oriented and administrative pharmacy services.
3. Pharmacy equipment must be clean and sanitary, well-maintained, and properly functioning.

This policy sets out requirements for pharmacy managers on complying with their obligations for narcotic counts and reconciliation under the *Pharmacy Operations and Drug Scheduling Act* ("PODSA") Bylaws sections 18(2)(s), 18(2)(t), 23.1(1), and if applicable, section 31(6).

### **POLICY STATEMENTS:**

~~The pharmacy manager must ensure that narcotic counts and reconciliations are completed for the pharmacy, pharmacy satellites and all areas of a facility where narcotics are stored:~~

- ~~• at a minimum of every 3 months,~~
- ~~• after a change of pharmacy manager,~~
- ~~• after a break and enter or robbery,~~
- ~~• after an identified drug diversion,~~
- ~~• when a pharmacy closes and ceases to operate its business, and~~
- ~~• after any event where the security of the narcotic drugs may have been compromised.~~

### **REQUIRED PROCEDURES:**

~~The narcotic counts and reconciliations must consist of the following four components, and must be verified and signed off by the pharmacy manager after each completion:~~

#### **1. Perpetual Inventory<sup>1</sup>**

- a) A pharmacy manager must maintain ensure that a separate perpetual inventory log for each narcotic drug is maintained for the pharmacy, telepharmacy, pharmacy satellites and all areas of a facility where narcotics are stored.
- b) The A perpetual inventory log may be manual<sup>1</sup> or automated, and must include entries for:
  - i. purchases,
  - ii. transfers,
  - iii. losses,
  - iv. purchases returned, expired, or destroyed,
  - v. quantities dispensed, and
  - vi. a running balance.
- c) Each entry in the perpetual inventory log must have an associated record, including but not limited to the following
  - i. purchase record,
  - ii. prescription,
  - iii. loss and theft reports, and
  - iv. record for purchase returned, expired, transferred, or destroyed.
- d) Any manual adjustments to the an entry in a perpetual inventory log must be documented, including:
  - i. the reason for the adjustment,
  - ii. the date adjusted, and
  - iii. the identity of the person who made the adjustment, and
  - iv. the identity of a full pharmacist authorizing the adjustment.
- d) ~~If a pharmacy does not have a computerized perpetual inventory, then a manual perpetual inventory must be maintained. (Note: A sample Perpetual Inventory Record can be found on the CPBC website).~~

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<sup>1</sup>**Perpetual Inventory:** A book record of every inventory kept continuously up to date by detailed entries for all incoming and outgoing items. (Merriam-Webster Dictionary)

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<sup>1</sup> See sample Perpetual Inventory Form: [http://library.bcpharmacists.org/7\\_Forms/7-7\\_Others/9060-Narcotics\\_Inventory\\_Form\\_Sample.pdf](http://library.bcpharmacists.org/7_Forms/7-7_Others/9060-Narcotics_Inventory_Form_Sample.pdf)

**2. Physical Inventory Counts and Reconciliations**

- ~~a) A physical inventory count must be done at a minimum of every 3 months.~~  
~~a) The A pharmacy manager must ensure that narcotic physical inventory counts and reconciliations for each narcotic drug are completed for the pharmacy, telepharmacy<sup>2</sup>, pharmacy satellites and all areas of a facility where narcotics are stored:~~  
~~i. at a minimum of every 3 months.~~  
~~ii. after a change of pharmacy manager.~~  
~~iii. after a break and enter or robbery.~~  
~~iv. after an identified drug diversion.~~  
~~v. when a pharmacy closes and ceases to operate its business, and~~  
~~vi. after any event where the security of the narcotic drugs may have been compromised.~~  
b) A physical inventory count for each narcotic drug must be conducted prior to each inventory reconciliation in accordance to the following requirements: ~~done at a minimum of every 3 months.~~  
i. ~~a~~ All narcotic inventory must be counted, including:  
  - active inventory,
  - compounded mixtures, and
  - non-usable and expired inventory;~~e) ii. w~~ When completing the a narcotic physical inventory count, the following information must be documented:  
  - the name, strength, quantity, and DIN/brand of the drug counted,
  - the date and signature of the person(s) who completed the count, and
  - the date and signature of the responsible pharmacist, and~~e) iii. t~~ The count must not be conducted by the same person who enters narcotic purchases into the records.

**3. Reconciliation<sup>2</sup>**

- c) An inventory reconciliation must include the following components:  
~~a) Perpetual inventory, physical inventory counts, and purchase invoices must be reconciled and documented.~~  
~~i. b) the physical inventory count is compared with the perpetual inventory count for accuracy and discrepancies;~~  
~~ii. associated records of the perpetual inventory log are audited for completeness, accuracy and discrepancies; and~~  
~~iii. d~~ Discrepancies must be investigated, addressed, and documented on a narcotic incident report together with relevant supporting information and maintained at the pharmacy for a period of not less than 3 years.  
~~d) The completion of each physical inventory narcotic counts and reconciliations must consist of the following four components, and must be verified and signed off by the pharmacy manager after each completion:~~

<sup>2</sup>Reconciliation: To check (example a financial account) against another for accuracy (Merriam Webster)

<sup>2</sup> Please note that as per section 31-4(6) of the PODSA Bylaws, a telepharmacy located at an address listed in Schedule "G" to those bylaws 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.

Dictionary)

#### 4.3. Documentation Requirements

- a) The perpetual inventory record must be retained for a period of not less than 3 years.
- b) The physical inventory counts and reconciliation documentation must be kept maintained and retained in chronological order in a separate and dedicated record ~~that is retained~~ for a period of not less than 3 years.
- cb) ~~Within 10 days of the discovery of~~ a loss or theft of a narcotic is discovered, the pharmacy manager must:
  - i. notify the College within 24 hours of the incident in accordance with *PPP-74 Community Pharmacy Security*.
  - ii. report the loss or theft within 10 days in accordance with ~~to the local police and to the appropriate office at Health Canada's requirements. (Note: Shortages which cannot be accounted for must also be reported to the appropriate office at Health Canada.); and~~
  - iii. forward to the College a copy of any report sent to ~~the appropriate office at Health Canada~~ in accordance with. ~~(Note: Please refer to *PPP-74 Community Pharmacy Security*).~~

#### **BACKGROUND:**

~~The above policy statement is supplemental to PODSA Bylaw 18 and 19, PPP-74 Community Pharmacy Security, and the Narcotic Control Regulations.~~

#### **APPENDIX:**

Sample — Perpetual Inventory Form

This policy sets out requirements for pharmacy managers on complying with their obligations for narcotic counts and reconciliation under the *Pharmacy Operations and Drug Scheduling Act* (“PODSA”) Bylaws sections 18(2)(s), 18(2)(t), 23.1(1), and if applicable, section 31(6).

**POLICY STATEMENTS:**

**1. Perpetual Inventory**

- a) A pharmacy manager must ensure that a separate perpetual inventory log for each narcotic drug is maintained for the pharmacy, telepharmacy, pharmacy satellites and all areas of a facility where narcotics are stored.
- b) A perpetual inventory log may be manual<sup>1</sup> or automated, and must include entries for
  - i. purchases,
  - ii. transfers,
  - iii. losses,
  - iv. purchases returned, expired, or destroyed,
  - v. quantities dispensed, and
  - vi. a running balance.
- c) Each entry in the perpetual inventory log must have an associated record, including but not limited to the following
  - i. purchase record,
  - ii. prescription,
  - iii. loss and theft reports, and
  - iv. record for purchase returned, expired, transferred, or destroyed.
- d) Any adjustment to an entry in a perpetual inventory log must be documented, including
  - i. the reason for the adjustment,
  - ii. the date adjusted,
  - iii. the identity of the person who made the adjustment, and
  - iv. the identity of a full pharmacist authorizing the adjustment.

**2. Counts and Reconciliations**

- a) A pharmacy manager must ensure that physical inventory counts and reconciliations for each narcotic drug are completed for the pharmacy, telepharmacy<sup>2</sup>, pharmacy satellites and all areas of a facility where narcotics are stored:
  - i. at a minimum of every 3 months,
  - ii. after a change of pharmacy manager,
  - iii. after a break and enter or robbery,
  - iv. after an identified drug diversion,
  - v. when a pharmacy closes and ceases to operate its business, and
  - vi. after any event where the security of the narcotic drugs may have been compromised.
- b) A physical inventory count for each narcotic drug must be conducted prior to each inventory reconciliation in accordance to the following requirements:

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<sup>1</sup> See sample Perpetual Inventory Form: [http://library.bcpharmacists.org/7\\_Forms/7-7\\_Others/9060-Narcotics\\_Inventory\\_Form\\_Sample.pdf](http://library.bcpharmacists.org/7_Forms/7-7_Others/9060-Narcotics_Inventory_Form_Sample.pdf)

<sup>2</sup> Please note that as per section 31(6) of the PODSA Bylaws, a telepharmacy located at an address listed in Schedule “G” to those bylaws 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.

- i. all inventory must be counted, including
    - active inventory,
    - compounded mixtures, and
    - non-usable and expired inventory;
  - ii. when completing a physical inventory count, the following information must be documented
    - the name, strength, quantity, and DIN/brand of the drug counted,
    - the date and signature of the person(s) who completed the count, and
    - the date and signature of the responsible pharmacist, and
  - iii. the count must not be conducted by the same person who enters narcotic purchases into the records.
- c) An inventory reconciliation must include the following components:
- i. the physical inventory count is compared with the perpetual inventory count for accuracy and discrepancies;
  - ii. associated records of the perpetual inventory log are audited for completeness, accuracy and discrepancies; and
  - iii. discrepancies must be investigated, addressed, and documented on a narcotic incident report together with relevant supporting information.
- d) The completion of each physical inventory count and reconciliation must be verified and signed by the pharmacy manager.

### **3. Documentation Requirements**

- a) The perpetual inventory record must be retained for a period of not less than 3 years.
- b) The physical inventory count and reconciliation documentation must be maintained and retained in chronological order in a separate and dedicated record for a period of not less than 3 years.
- c) If a loss or theft of a narcotic is discovered, the pharmacy manager must:
  - i. notify the College within 24 hours of the incident in accordance with *PPP-74 Community Pharmacy Security*;
  - ii. report the loss or theft within 10 days in accordance with Health Canada's requirements; and
  - iii. forward to the College a copy of any report sent to Health Canada in accordance with *PPP-74 Community Pharmacy Security*.

This policy sets out requirements for pharmacy managers on complying with their responsibility under the *Pharmacy Operations and Drug Scheduling Act* ("PODSA Bylaws") section 18(2)(g) to ensure that all individuals working in the pharmacy who present themselves as registrants have been granted and maintain registration with the College.

### **POLICY STATEMENT(S):**

~~Pharmacy owners, directors and managers must establish and implement a written policy and procedure to verify the identity and registration status of individuals applying for pharmacist or pharmacy technician positions prior to employment.~~

~~The Policy and Procedure Must Include the Following Steps that the Pharmacy Manager Must Take:~~

#### New Registrant Staff at Time of Hiring:

##### **1. Confirm Applicant-Registrant Identification**

The pharmacy manager must confirm identification of the ~~applicant-registrant upon hiring~~ by viewing a valid and current ~~source of picture identification~~government-issued photo identification, such as a Canadian driver's licence, passport or Canadian citizenship card.

##### **2. Confirm that the College Registration Number Provided by the Pharmacist Matches the Registration Number on PharmaNet**

The pharmacy manager must use the practitioner ID look up function 'P1' on their local pharmacy system to verify that the pharmacist registration number provided by the registrant matches the College registration number and pharmacist name returned by PharmaNet.

##### **3. Confirm Registration Status with the College of Pharmacists of BC**

The pharmacy manager must access the online register on the College website to:

- Confirm the registrant's registration status as a pharmacist or pharmacy technician.
- Review any limits and/or conditions on practice published for the pharmacist or pharmacy technician.
- Confirm whether the pharmacist is authorized to administer a drug or substance by injection or intranasal route.

#### All Registrant Staff from Time to Time:

##### **2.4. Confirm Registration Status with the College of Pharmacists of BC**

The pharmacy manager must at least annually, access the online registerry on the College website to:

- Confirm the ~~applicant's-registrant's~~ registration status as a pharmacist or pharmacy technician.
- Review any limits and/or conditions on practice published for the pharmacist or pharmacy technician.
- Confirm whether the pharmacist is authorized to administer a drug or substance by injection or intranasal routes.

##### **3. Confirm that the College Registration Number Provided by the Pharmacist Matches the Registration Number on PharmaNet**

The pharmacy manager must use the practitioner ID look up function 'P1' on their local pharmacy system to verify that the pharmacist registration number provided by the applicant

matches the College registration number and pharmacist name returned by PharmaNet.

~~**Note: Once a pharmacist has been hired and has created a profile on the local pharmacy software, the pharmacy manager must verify the information created by the pharmacist by confirming the registration number and name matches the information returned by the practitioner ID look up function 'P1' on PharmaNet.**~~

**BACKGROUND:**

This policy supplements Pharmacy Operations and Drug Scheduling Act (PODSA) Bylaws Part 1—All Pharmacies, Section 18(2)(b) a manager must confirm that staff members who represent themselves as registrants are registrants.

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First approved: 20 Jun 2014  
Revised: 17 Nov 2017  
Reaffirmed:

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**PPP-73**

This policy sets out requirements for pharmacy managers on complying with their responsibility under the *Pharmacy Operations and Drug Scheduling Act* ("PODSA Bylaws") section 18(2)(g) to ensure that all individuals working in the pharmacy who present themselves as registrants have been granted and maintain registration with the College.

**POLICY STATEMENTS:****New Registrant Staff at Time of Hiring:****1. Confirm Registrant Identification**

The pharmacy manager must confirm identification of the registrant upon hiring by viewing a valid and current government-issued photo identification, such as a Canadian driver's licence, passport or Canadian citizenship card.

**2. Confirm that the College Registration Number Provided by the Pharmacist Matches the Registration Number on PharmaNet**

The pharmacy manager must use the practitioner ID look up function 'P1' on their local pharmacy system to verify that the pharmacist registration number provided by the registrant matches the College registration number and pharmacist name returned by PharmaNet.

**3. Confirm Registration Status with the College of Pharmacists of BC**

The pharmacy manager must access the online register on the College website to:

- Confirm the registrant's registration status as a pharmacist or pharmacy technician.
- Review any limits and/or conditions on practice published for the pharmacist or pharmacy technician.
- Confirm whether the pharmacist is authorized to administer a drug or substance by injection or intranasal route.

**All Registrant Staff from Time to Time:****4. Confirm Registration Status with the College of Pharmacists of BC**

The pharmacy manager must, at least annually, access the online register on the College website to:

- Confirm the registrant's registration status as a pharmacist or pharmacy technician.
- Review any limits and/or conditions on practice published for the pharmacist or pharmacy technician.
- Confirm whether the pharmacist is authorized to administer a drug or substance by injection or intranasal route.

This policy provides guidance to pharmacies for complying with reference material requirements as required under the *Pharmacy Operations and Drug Scheduling Act* (“PODSA”) Bylaws section 18(2)(v~~w~~).

**POLICY STATEMENT – HOSPITAL AND HOSPITAL PHARMACY SATELLITES:**

1. All hospital pharmacies and hospital pharmacy satellites must be equipped with, current references relevant to the services provided (examples including but not limited to: Pediatrics, Psychiatric, Geriatric, Oncology and Compounding)

**POLICY STATEMENTS – COMMUNITY PHARMACY AND TELEPHARMACY:**

1. All community pharmacies and telepharmacies are required to have access to current versions of the following:
  - (a) all legislation relevant to pharmacy practice and management;
  - (b) College of Pharmacists of British Columbia (CPBC) Professional Practice Policies and Guides; and
  - (c) CPBC ReadLinks published within the last three years.

Electronic formatted files and electronic database<sup>†</sup> references are acceptable for any of the authorized choices within any of the required categories, provided that they are as comprehensive and current as the printed version, as well as readily accessible within the dispensary.

<sup>†</sup> Subscription may be required

2. All community pharmacies and telepharmacies at a minimum must have **one** of the following authorized library references in each of the categories listed in the table (unless otherwise noted).

In addition to the list in the table, pharmacies must be equipped with current references relevant to the services provided (examples including but not limited to: Opioid Agonist Treatment, Veterinary, Psychiatric, Geriatric and Compounding)

**POLICY CATEGORY:**  
**POLICY FOCUS:**

**PROFESSIONAL PRACTICE POLICY-3**  
**Pharmacy References**

| CATEGORY                                                                               | VERSION                                             | REFERENCE (* items marked with an asterisk are available electronically only)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|----------------------------------------------------------------------------------------|-----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| COMPENDIUM                                                                             | Current year                                        | <ul style="list-style-type: none"> <li>• <i>Compendium of Pharmaceuticals and Specialties</i> (Canadian Pharmacists Association)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| COMPLEMENTARY / ALTERNATIVE                                                            | Within the last 4 years                             | <ul style="list-style-type: none"> <li>• <i>Stockley's Herbal Medicines Interactions</i></li> <li>• *<i>Facts &amp; Comparisons® eAnswers</i> at <a href="http://online.factsandcomparisons.com">online.factsandcomparisons.com</a></li> <li>• *<i>iPharmacist</i> (mobile app by Apotex)</li> <li>• *<i>Lexicomp Online</i> at <a href="http://online.lexi.com">online.lexi.com</a> OR <i>Lexicomp</i> (mobile app by Lexi-comp or Wolters Kluwer)</li> <li>• *<i>MedicinesComplete</i> at <a href="http://www.MedicinesComplete.com">www.MedicinesComplete.com</a></li> <li>• *<i>Micromedex Pharmaceutical Knowledge</i> at <a href="http://www.Micromedex.com">www.Micromedex.com</a></li> <li>• *<i>Natural Medicines Comprehensive Database</i> at <a href="http://www.naturaldatabase.com">www.naturaldatabase.com</a> OR mobile app by Therapeutic Research Center</li> <li>• *<i>Natural Medicines</i> at <a href="http://www.naturalmedicines.com">www.naturalmedicines.com</a></li> </ul>                                                                                                              |
| DISPENSATORY                                                                           | Within the last 9 years                             | <ul style="list-style-type: none"> <li>• <i>Martindale - The Complete Drug Reference</i> (Published every 3 years)</li> <li>• *<i>iPharmacist</i> (mobile app by Apotex)</li> <li>• *<i>Lexicomp Online</i> (Lexi-Drugs) at <a href="http://online.lexi.com">online.lexi.com</a> OR <i>Lexicomp</i> (mobile app by Lexi-comp or Wolters Kluwer)</li> <li>• *<i>MedicinesComplete</i> at <a href="http://www.MedicinesComplete.com">www.MedicinesComplete.com</a></li> <li>• *<i>Micromedex Pharmaceutical Knowledge</i> at <a href="http://www.Micromedex.com">www.Micromedex.com</a> OR <i>Micromedex Drug Info – Mobile</i> (mobile app by Truven)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| DRUG INTERACTIONS                                                                      | In its entirety every 2 years, or continual updates | <ul style="list-style-type: none"> <li>• <i>Stockley's Drug Interactions</i></li> <li>• <i>Drug Interactions Analysis and Management</i> (Hansten &amp; Horn) *Loose leaf version must have continual updates*</li> <li>• <i>Drug Interaction Facts: The Authority on Drug Interactions</i> (Tatro)</li> <li>• *<i>Facts &amp; Comparisons® eAnswers</i> at <a href="http://online.factsandcomparisons.com">online.factsandcomparisons.com</a></li> <li>• *<i>iPharmacist</i> (mobile app by Apotex)</li> <li>• *<i>Lexicomp Online</i> (Lexi-Interact) at <a href="http://online.lexi.com">online.lexi.com</a> OR <i>Lexicomp</i> (mobile app by Lexi-comp/Wolters Kluwer)</li> <li>• *<i>MedicinesComplete</i> at <a href="http://www.MedicinesComplete.com">www.MedicinesComplete.com</a></li> <li>• *<i>Micromedex Pharmaceutical Knowledge</i> at <a href="http://www.Micromedex.com">www.Micromedex.com</a> OR <i>Micromedex Drug Interactions</i> (mobile app by Truven)</li> <li>• *<i>RxTx Option 2</i> OR <i>RxTx Option 3</i> at <a href="http://www.pharmacists.ca">www.pharmacists.ca</a></li> </ul> |
| MEDICAL DICTIONARY<br>* Those listed or any equivalent professional medical dictionary | Within the last 15 years                            | <ul style="list-style-type: none"> <li>• <i>Dorland's Illustrated Medical Dictionary</i></li> <li>• <i>Dorland's Pocket Medical Dictionary</i></li> <li>• <i>Stedman's Medical Dictionary</i></li> <li>• <i>Stedman's Medical Dictionary-Health Professions and Nursing</i></li> <li>• <i>Taber's Medical Dictionary</i></li> <li>• *<i>iPharmacist</i> (mobile app by Apotex)</li> <li>• *<i>Lexicomp</i> (mobile app by Lexi-comp/Wolters Kluwer)</li> <li>• *<i>MedicinesComplete</i> at <a href="http://www.MedicinesComplete.com">www.MedicinesComplete.com</a></li> <li>• *<i>The Free Dictionary by Farlex</i> at <a href="http://medical-dictionary.thefreedictionary.com/">http://medical-dictionary.thefreedictionary.com/</a></li> </ul>                                                                                                                                                                                                                                                                                                                                                               |
| NONPRESCRIPTION                                                                        | Most current                                        | <ul style="list-style-type: none"> <li>• <i>Compendium of Therapeutics for Minor Ailments</i> [formerly called <i>Therapeutic Choices For Minor</i></li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

| CATEGORY                                                    | VERSION                                                                                                                | REFERENCE (* items marked with an asterisk are available electronically only)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|-------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>MEDICATION</b><br><b>*BOTH* references required</b>      | version                                                                                                                | <i>Ailments or Patient Self-Care</i> (Canadian Pharmacists Association)<br><ul style="list-style-type: none"> <li>• <i>Compendium of Products for Minor Ailments</i> [formerly called <i>Products for Minor Ailments</i> or <i>Compendium of Self-Care Products</i>] (Canadian Pharmacists Association)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>PREGNANCY AND LACTATION</b>                              | Within the last 3 years                                                                                                | <ul style="list-style-type: none"> <li>• <i>Drugs in Pregnancy and Lactation: A Reference Guide to Fetal and Neonatal Risk</i> (Briggs)</li> <li>• <i>Drugs during Pregnancy and Lactation: Treatment Options and Risk Assessment</i> (Schaefer et al)</li> <li>• <i>Medications and Mother's Milk</i> (Hale)</li> <li>• <i>*Facts &amp; Comparisons® eAnswers</i> at <a href="http://online.factsandcomparisons.com">online.factsandcomparisons.com</a></li> <li>• <i>*iPharmacist</i> (mobile app by Apotex)</li> <li>• <i>*Lexicomp Online</i> (Lexi-Pregnancy and Lactation) at <a href="http://online.lexi.com">online.lexi.com</a> OR <i>Lexicomp</i> (mobile app by Lexi-comp/Wolters Kluwer)</li> <li>• <i>*Medications and Mother's Milk</i> at <a href="http://www.meds milk.com">www.meds milk.com</a></li> <li>• <i>*MedicinesComplete</i> at <a href="http://www.Medicinescomplete.com">www.Medicinescomplete.com</a></li> </ul> |
| <b>PEDIATRICS</b>                                           | Within the last 4 years                                                                                                | <ul style="list-style-type: none"> <li>• <i>Pediatric &amp; Neonatal Dosage Handbook</i> (Taketomo/Lexicomp)</li> <li>• <i>Pediatric Drug Dosage Guidelines</i> (British Columbia's Children's Hospital)</li> <li>• <i>*BC Children's and Women's Hospital (C&amp;W) Online Formulary</i> at <a href="http://www.pedmed.org/DrugApp/index.html">http://www.pedmed.org/DrugApp/index.html</a></li> <li>• <i>*iPharmacist</i> (mobile app by Apotex)</li> <li>• <i>*Lexicomp Online</i> (Pediatric &amp; Neonatal Lexi-Drugs) at <a href="http://online.lexi.com">online.lexi.com</a> OR <i>Lexicomp</i> (mobile app by Lexi-comp/Wolters Kluwer)</li> <li>• <i>*Micromedex Pharmaceutical Knowledge</i> at <a href="http://www.Micromedex.com">www.Micromedex.com</a> OR <i>Micromedex Pediatrics Essentials</i> (mobile app by Truven)</li> </ul>                                                                                             |
| <b>PROFESSIONAL / LEGISLATION</b><br><b>*BOTH* required</b> | Legislation, Professional Practice Policies and Guides: Current version<br><br>CPBC ReadLinks: Within the last 3 years | <ul style="list-style-type: none"> <li>• <i>Legislation relevant to pharmacy practice and management</i> (<a href="http://www.bcpharmacists.org">www.bcpharmacists.org</a>)</li> <li>• <i>CPBC Professional Practice Policies and Guides</i> (<a href="http://www.bcpharmacists.org">www.bcpharmacists.org</a>)</li> <li>• <i>CPBC ReadLinks</i> (<a href="http://www.bcpharmacists.org">www.bcpharmacists.org</a>)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>THERAPEUTICS</b>                                         | Within the last 4 years                                                                                                | <ul style="list-style-type: none"> <li>• <i>Compendium of Therapeutic Choices</i> [formerly called <i>Therapeutic Choices</i>] (Canadian Pharmacists Association)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

This policy provides guidance to community pharmacies for complying with community pharmacy and telepharmacy security requirements. *Pharmacy Operations and Drug Scheduling Act* (“PODSA”) Bylaws sections 1, ~~section 18(2)(q)(c)(iii), section 18(2)(r)(e), 18(2)(l), section 18(2)(s)(t), section 18(2)(bb)(aa), section 18(78), and section 26, and 31(3)~~ address community pharmacy and telepharmacy security.

## **POLICY STATEMENT(S):**

### **1. Written Policies and Procedures Regarding Pharmacy Security**

Pharmacy security policies and procedures should be included in the pharmacy’s policy and procedure document. The policies and procedures should contain information on the following:

- Training,
- Pharmacy security equipment,
- Emergency responses,
- Incident review, and
- Pharmacy security evaluation,

Additionally, direct and indirect owner(s) of the pharmacy should ensure that critical stress debriefing and stress counseling is offered as soon as possible following an incident.

### **2. Staff Training on Pharmacy Security Policies and Procedures**

Pharmacy managers should ensure that staff members are retrained at least annually to maintain knowledge of pharmacy security policies and procedures.

Staff training is critical both to prevent and respond effectively to security breaches. Training includes initial training and periodic review/refresher of skills. Training should include instruction on:

- Operation of security-related equipment, such as security camera, alarms, safes, etc.,
- What to do in the event of a pharmacy security breach, and
- How to handle potential precursors to robbery (e.g., the presence of suspicious customers and phishing style phone calls, etc.).

### **3. Notification Procedures**

As outlined in PODSA bylaws section 18(2)(st), pharmacy managers notify the registrar of any incident of loss of narcotic and controlled drug substances within 24 hours. This notification should occur through the Robbery Prevention Portal located in e-Services under the “report an incident” tab. Incidents to be reported include but are not limited to any of the following:

- Robbery (armed/unarmed) or attempted robbery
- Break and enter
- Forgery
- Theft
- Drug loss (unexplained or adulterated)

Additionally, pharmacy managers should provide the College Registrar, within 10 days of an occurrence, with a copy of the mandatory Health Canada report (**Form HC 4010 or HC 4004**) via the Robbery Prevention Portal located in e-Services containing the complete inventory of drugs (including the drug count) that were taken or diverted.

Pharmacy managers should notify the direct and indirect owners(s) of the pharmacy immediately as soon as the manager becomes aware that they are unable to meet the minimum pharmacy security requirements (as defined in PODSA bylaws section 26). If compliance is not achieved within a reasonable amount of time, then the pharmacy manager must notify the registrar of any persistent non-compliance by the direct and indirect owner(s) of the pharmacy with community pharmacy security bylaws and/or this policy as required in PODSA bylaws section 18(2)(~~bb~~aa). This notification should be provided to the CPBC Complaints and Investigations Department via the complaints line or email (**1-877-330-0967 or complaints@bcpharmacists.org**).

#### **4. Pharmacy Security Equipment**

##### Safe

The safe must be an actual metal safe, a “narcotics cabinet” is not sufficient. The safe must be securely anchored in place, preferably to the floor. The safe should only be open when items are being placed into or removed from the safe. ***It is never appropriate for the safe to be left open; this would defeat the purpose of the time-delay lock security measure.***

##### Security Camera System

It is important to ensure that images captured by the security camera system are sufficient to enable law enforcement to identify the criminals. In order to identify a person, specific individual features must be distinguishable.

Experts advise that camera systems are rated on frame rates per second and resolution. The higher the frame rate and resolution the better for detection and identification.

Under the *Personal Information Protection Act* (PIPA) pharmacies are required to post visible and clear signage informing customers that the premise is monitored by cameras. Guidance on the use of cameras, including security arrangements and policies can be found on the Office of Information Privacy Commissioner’s site.

##### Motion Sensors

Security experts recommend that 360 degree motion detectors be installed on the ceiling as wall mounted motion detectors are vulnerable to blind spots.

##### Monitored Alarms Systems

Independent alarms for the dispensary **are optional**, when a full pharmacist is present **at all times and the premise is accessible by non-registrants**.

##### Physical Barriers

Physical barriers provide an additional layer of security and deter:

1. Unauthorized access to drugs, including but not limited to:
  - All Schedule I, and II and, controlled drug substances and personal health information.

2. Unauthorized access to personal health information, including but not limited to:
- Hard copies of prescriptions,
  - Filled prescriptions waiting to be picked up, and/or
  - Labels, patient profiles, and any other personal health information documents waiting for disposal.

Physical barriers can be tailored to the needs and structure of the particular community pharmacy or telepharmacy. Examples of physical barriers include: locked gates, grillwork, locked cabinets, locked doors, and locked shelving units. The physical barriers should prevent access.

As per section 26(2.1), existing community pharmacies and telepharmacies have until April 21, 2020 to implement physical barriers. All new pharmacies must have physical barriers. Pharmacies that are renovated within this 3 year period must include physical barriers in the renovations.

When a full pharmacist is present at all times, physical barriers **are optional**. For telepharmacies, a full pharmacist is deemed to be present at a telepharmacy when he or she is engaged in direct supervision of the telepharmacy.

### Signage

The College will send signs to all new pharmacies at the time of licensure approval. In addition, signs can also be ordered via the e-Services portal. Signage provides a consistent province-wide deterrent message that additional layers of security are in place. It is critical that all pharmacies comply with this requirement to ensure that their pharmacy does not become a “soft target”.

For pharmacies that do not stock Schedule 1A drugs, the declaration attesting this can be provided using the self-declaration template in Appendix 1 of this policy.

### **5. Emergency Response Kit**

An emergency response kit should include a step-by-step guide on what to do in the event of a robbery or break and enter and be available to all pharmacy staff.

Pharmacy robberies and break and enters can be very stressful and traumatic events for pharmacy staff. Having an accessible and plain language step-by-step guide on what do if such an event occurs can help pharmacy staff take the steps necessary to appropriately respond to the situation.

### **6. Incident Review**

Incident reviews should be conducted annually to determine concerns about pharmacy security and/or activity trends.

Policies and procedures should be in place regarding a privacy breach response plan consistent with s. 79 of the *Health Professions Act* Bylaws. The plan should provide for notification of affected individuals and other health care providers in appropriate cases. It should also include notification to the College and the Office of the Information and Privacy Commissioner of British Columbia.

### **7. Pharmacy Security Evaluation**

Pharmacy security evaluations should be conducted on an annual basis to identify areas of risk and needed improvements.

**Appendix 1: Safe Declaration Template**

**NO SCHEDULE 1A DRUGS ON-SITE DECLARATION**

I, \_\_\_\_\_, the \_\_\_\_\_ (position title) of  
\_\_\_\_\_ (legal pharmacy name), declare that,

1. Schedule 1A drugs are **never** stocked or dispensed at the above identified pharmacy, and I understand that non-compliance with this declaration may result in referral to the Inquiry Committee of the College of Pharmacists of BC.
2. In the event that the terms of the declaration above are no longer valid, I will notify the Registrar immediately and take action in advance to ensure that pursuant to sections 26 (1)(a) and 26 (3) of the *Pharmacy Operations and Drug Scheduling Act* Bylaws, a safe will be installed and signage will be displayed.

\_\_\_\_\_  
Date (MM/DD/YYYY)

\_\_\_\_\_  
Signature

**POLICY CATEGORY:**  
**POLICY FOCUS:**

**PROFESSIONAL PRACTICE POLICY-76**  
**Criminal Record History Vendor**

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This policy provides guidance to direct owners, indirect owners and managers of pharmacies in British Columbia on submitting a criminal record history for the purpose of pharmacy licensure to the College as required in the *Pharmacy Operations and Drug Scheduling Act* sections 3(f), 5.1 and 21(1)(d.1) and *Pharmacy Operations and Drug Scheduling Act* —Bylaws sections 1, ~~and 143(5), 6(3), 9(3), 14, 16(3) and 16(4)(c).~~

**POLICY STATEMENT:**

The Board of the College of Pharmacists of BC adopts the vendor Sterling Backcheck for all criminal record history (CRH) checks.

**BACKGROUND:**

The *Pharmacy Operations and Drug Scheduling Amendment Act, 2016* considerably changed pharmacy ownership legislation. Some of the key changes included authorizing the College to:

- Identify pharmacy owners, including non-registrants;
- Determine pharmacy owners' suitability for pharmacy ownership; and
- Hold them accountable for providing safe and effective care and ensuring that their pharmacies are compliant with legislative requirements.

The Act and Bylaws set out requirements for pharmacy licensure, including a CRH. The approved vendor will administer the criminal record check and will provide the results to the College for review in accordance with the legislation.

This policy provides guidance to pharmacies for complying with reference material requirements as required under the *Pharmacy Operations and Drug Scheduling Act* (“PODSA”) Bylaws section 18(2)(v).

**POLICY STATEMENT – HOSPITAL AND HOSPITAL PHARMACY SATELLITES:**

1. All hospital pharmacies and hospital pharmacy satellites must be equipped with, current references relevant to the services provided (examples including but not limited to: Pediatrics, Psychiatric, Geriatric, Oncology and Compounding)

**POLICY STATEMENTS – COMMUNITY PHARMACY AND TELEPHARMACY:**

1. All community pharmacies and telepharmacies are required to have access to current versions of the following:
  - (a) all legislation relevant to pharmacy practice and management;
  - (b) College of Pharmacists of British Columbia (CPBC) Professional Practice Policies and Guides; and
  - (c) CPBC ReadLinks published within the last three years.

Electronic formatted files and electronic database<sup>†</sup> references are acceptable for any of the authorized choices within any of the required categories, provided that they are as comprehensive and current as the printed version, as well as readily accessible within the dispensary.

<sup>†</sup> Subscription may be required

2. All community pharmacies and telepharmacies at a minimum must have **one** of the following authorized library references in each of the categories listed in the table (unless otherwise noted).

In addition to the list in the table, pharmacies must be equipped with current references relevant to the services provided (examples including but not limited to: Opioid Agonist Treatment, Veterinary, Psychiatric, Geriatric and Compounding)

**POLICY CATEGORY:**  
**POLICY FOCUS:**

**PROFESSIONAL PRACTICE POLICY-3**  
**Pharmacy References**

| CATEGORY                                                                               | VERSION                                             | REFERENCE (* items marked with an asterisk are available electronically only)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|----------------------------------------------------------------------------------------|-----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| COMPENDIUM                                                                             | Current year                                        | <ul style="list-style-type: none"> <li>• <i>Compendium of Pharmaceuticals and Specialties</i> (Canadian Pharmacists Association)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| COMPLEMENTARY / ALTERNATIVE                                                            | Within the last 4 years                             | <ul style="list-style-type: none"> <li>• <i>Stockley's Herbal Medicines Interactions</i></li> <li>• *<i>Facts &amp; Comparisons® eAnswers</i> at <a href="http://online.factsandcomparisons.com">online.factsandcomparisons.com</a></li> <li>• *<i>iPharmacist</i> (mobile app by Apotex)</li> <li>• *<i>Lexicomp Online</i> at <a href="http://online.lexi.com">online.lexi.com</a> OR <i>Lexicomp</i> (mobile app by Lexi-comp or Wolters Kluwer)</li> <li>• *<i>MedicinesComplete</i> at <a href="http://www.MedicinesComplete.com">www.MedicinesComplete.com</a></li> <li>• *<i>Micromedex Pharmaceutical Knowledge</i> at <a href="http://www.Micromedex.com">www.Micromedex.com</a></li> <li>• *<i>Natural Medicines Comprehensive Database</i> at <a href="http://www.naturaldatabase.com">www.naturaldatabase.com</a> OR mobile app by Therapeutic Research Center</li> <li>• *<i>Natural Medicines</i> at <a href="http://www.naturalmedicines.com">www.naturalmedicines.com</a></li> </ul>                                                                                                              |
| DISPENSATORY                                                                           | Within the last 9 years                             | <ul style="list-style-type: none"> <li>• <i>Martindale - The Complete Drug Reference</i> (Published every 3 years)</li> <li>• *<i>iPharmacist</i> (mobile app by Apotex)</li> <li>• *<i>Lexicomp Online</i> (Lexi-Drugs) at <a href="http://online.lexi.com">online.lexi.com</a> OR <i>Lexicomp</i> (mobile app by Lexi-comp or Wolters Kluwer)</li> <li>• *<i>MedicinesComplete</i> at <a href="http://www.MedicinesComplete.com">www.MedicinesComplete.com</a></li> <li>• *<i>Micromedex Pharmaceutical Knowledge</i> at <a href="http://www.Micromedex.com">www.Micromedex.com</a> OR <i>Micromedex Drug Info – Mobile</i> (mobile app by Truven)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| DRUG INTERACTIONS                                                                      | In its entirety every 2 years, or continual updates | <ul style="list-style-type: none"> <li>• <i>Stockley's Drug Interactions</i></li> <li>• <i>Drug Interactions Analysis and Management</i> (Hansten &amp; Horn) *Loose leaf version must have continual updates*</li> <li>• <i>Drug Interaction Facts: The Authority on Drug Interactions</i> (Tatro)</li> <li>• *<i>Facts &amp; Comparisons® eAnswers</i> at <a href="http://online.factsandcomparisons.com">online.factsandcomparisons.com</a></li> <li>• *<i>iPharmacist</i> (mobile app by Apotex)</li> <li>• *<i>Lexicomp Online</i> (Lexi-Interact) at <a href="http://online.lexi.com">online.lexi.com</a> OR <i>Lexicomp</i> (mobile app by Lexi-comp/Wolters Kluwer)</li> <li>• *<i>MedicinesComplete</i> at <a href="http://www.MedicinesComplete.com">www.MedicinesComplete.com</a></li> <li>• *<i>Micromedex Pharmaceutical Knowledge</i> at <a href="http://www.Micromedex.com">www.Micromedex.com</a> OR <i>Micromedex Drug Interactions</i> (mobile app by Truven)</li> <li>• *<i>RxTx Option 2</i> OR <i>RxTx Option 3</i> at <a href="http://www.pharmacists.ca">www.pharmacists.ca</a></li> </ul> |
| MEDICAL DICTIONARY<br>* Those listed or any equivalent professional medical dictionary | Within the last 15 years                            | <ul style="list-style-type: none"> <li>• <i>Dorland's Illustrated Medical Dictionary</i></li> <li>• <i>Dorland's Pocket Medical Dictionary</i></li> <li>• <i>Stedman's Medical Dictionary</i></li> <li>• <i>Stedman's Medical Dictionary-Health Professions and Nursing</i></li> <li>• <i>Taber's Medical Dictionary</i></li> <li>• *<i>iPharmacist</i> (mobile app by Apotex)</li> <li>• *<i>Lexicomp</i> (mobile app by Lexi-comp/Wolters Kluwer)</li> <li>• *<i>MedicinesComplete</i> at <a href="http://www.MedicinesComplete.com">www.MedicinesComplete.com</a></li> <li>• *<i>The Free Dictionary by Farlex</i> at <a href="http://medical-dictionary.thefreedictionary.com/">http://medical-dictionary.thefreedictionary.com/</a></li> </ul>                                                                                                                                                                                                                                                                                                                                                               |
| NONPRESCRIPTION                                                                        | Most current                                        | <ul style="list-style-type: none"> <li>• <i>Compendium of Therapeutics for Minor Ailments</i> [formerly called <i>Therapeutic Choices For Minor</i></li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

| CATEGORY                                                    | VERSION                                                                                                                | REFERENCE (* items marked with an asterisk are available electronically only)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|-------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>MEDICATION</b><br><b>*BOTH* references required</b>      | version                                                                                                                | <i>Ailments or Patient Self-Care</i> (Canadian Pharmacists Association)<br><ul style="list-style-type: none"> <li>• <i>Compendium of Products for Minor Ailments</i> [formerly called <i>Products for Minor Ailments</i> or <i>Compendium of Self-Care Products</i>] (Canadian Pharmacists Association)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>PREGNANCY AND LACTATION</b>                              | Within the last 3 years                                                                                                | <ul style="list-style-type: none"> <li>• <i>Drugs in Pregnancy and Lactation: A Reference Guide to Fetal and Neonatal Risk</i> (Briggs)</li> <li>• <i>Drugs during Pregnancy and Lactation: Treatment Options and Risk Assessment</i> (Schaefer et al)</li> <li>• <i>Medications and Mother's Milk</i> (Hale)</li> <li>• <i>*Facts &amp; Comparisons® eAnswers</i> at <a href="http://online.factsandcomparisons.com">online.factsandcomparisons.com</a></li> <li>• <i>*iPharmacist</i> (mobile app by Apotex)</li> <li>• <i>*Lexicomp Online</i> (Lexi-Pregnancy and Lactation) at <a href="http://online.lexi.com">online.lexi.com</a> OR <i>Lexicomp</i> (mobile app by Lexi-comp/Wolters Kluwer)</li> <li>• <i>*Medications and Mother's Milk</i> at <a href="http://www.meds milk.com">www.meds milk.com</a></li> <li>• <i>*MedicinesComplete</i> at <a href="http://www.Medicinescomplete.com">www.Medicinescomplete.com</a></li> </ul> |
| <b>PEDIATRICS</b>                                           | Within the last 4 years                                                                                                | <ul style="list-style-type: none"> <li>• <i>Pediatric &amp; Neonatal Dosage Handbook</i> (Taketomo/Lexicomp)</li> <li>• <i>Pediatric Drug Dosage Guidelines</i> (British Columbia's Children's Hospital)</li> <li>• <i>*BC Children's and Women's Hospital (C&amp;W) Online Formulary</i> at <a href="http://www.pedmed.org/DrugApp/index.html">http://www.pedmed.org/DrugApp/index.html</a></li> <li>• <i>*iPharmacist</i> (mobile app by Apotex)</li> <li>• <i>*Lexicomp Online</i> (Pediatric &amp; Neonatal Lexi-Drugs) at <a href="http://online.lexi.com">online.lexi.com</a> OR <i>Lexicomp</i> (mobile app by Lexi-comp/Wolters Kluwer)</li> <li>• <i>*Micromedex Pharmaceutical Knowledge</i> at <a href="http://www.Micromedex.com">www.Micromedex.com</a> OR <i>Micromedex Pediatrics Essentials</i> (mobile app by Truven)</li> </ul>                                                                                             |
| <b>PROFESSIONAL / LEGISLATION</b><br><b>*BOTH* required</b> | Legislation, Professional Practice Policies and Guides: Current version<br><br>CPBC ReadLinks: Within the last 3 years | <ul style="list-style-type: none"> <li>• <i>Legislation relevant to pharmacy practice and management</i> (<a href="http://www.bcpharmacists.org">www.bcpharmacists.org</a>)</li> <li>• <i>CPBC Professional Practice Policies and Guides</i> (<a href="http://www.bcpharmacists.org">www.bcpharmacists.org</a>)</li> <li>• <i>CPBC ReadLinks</i> (<a href="http://www.bcpharmacists.org">www.bcpharmacists.org</a>)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>THERAPEUTICS</b>                                         | Within the last 4 years                                                                                                | <ul style="list-style-type: none"> <li>• <i>Compendium of Therapeutic Choices</i> [formerly called <i>Therapeutic Choices</i>] (Canadian Pharmacists Association)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

This policy provides guidance to community pharmacies for complying with community pharmacy and telepharmacy security requirements. *Pharmacy Operations and Drug Scheduling Act ("PODSA")* Bylaws sections 1, 18(2)(c)(iii), 18(2)(e), 18(2)(l), 18(2)(t), 18(2)(aa), 18(7), 26, and 31(3) address community pharmacy and telepharmacy security.

**POLICY STATEMENT(S):**

**1. Written Policies and Procedures Regarding Pharmacy Security**

Pharmacy security policies and procedures should be included in the pharmacy's policy and procedure document. The policies and procedures should contain information on the following:

- Training,
- Pharmacy security equipment,
- Emergency responses,
- Incident review, and
- Pharmacy security evaluation,

Additionally, direct and indirect owner(s) of the pharmacy should ensure that critical stress debriefing and stress counseling is offered as soon as possible following an incident.

**2. Staff Training on Pharmacy Security Policies and Procedures**

Pharmacy managers should ensure that staff members are retrained at least annually to maintain knowledge of pharmacy security policies and procedures.

Staff training is critical both to prevent and respond effectively to security breaches. Training includes initial training and periodic review/refresher of skills. Training should include instruction on:

- Operation of security-related equipment, such as security camera, alarms, safes, etc.,
- What to do in the event of a pharmacy security breach, and
- How to handle potential precursors to robbery (e.g., the presence of suspicious customers and phishing style phone calls, etc.).

**3. Notification Procedures**

As outlined in PODSA bylaws section 18(2)(t), pharmacy managers notify the registrar of any incident of loss of narcotic and controlled drug substances within 24 hours. This notification should occur through the Robbery Prevention Portal located in e-Services under the "report an incident" tab. Incidents to be reported include but are not limited to any of the following:

- Robbery (armed/unarmed) or attempted robbery
- Break and enter
- Forgery
- Theft
- Drug loss (unexplained or adulterated)

Additionally, pharmacy managers should provide the College Registrar, within 10 days of an occurrence, with a copy of the mandatory Health Canada report (**Form HC 4010 or HC 4004**) via the Robbery Prevention Portal located in e-Services containing the complete inventory of drugs (including the drug count) that were taken or diverted.

Pharmacy managers should notify the direct and indirect owners(s) of the pharmacy immediately as soon as the manager becomes aware that they are unable to meet the minimum pharmacy security requirements (as defined in PODSA bylaws section 26). If compliance is not achieved within a reasonable amount of time, then the pharmacy manager must notify the registrar of any persistent non-compliance by the direct and indirect owner(s) of the pharmacy with community pharmacy security bylaws and/or this policy as required in PODSA bylaws section 18(2)(aa). This notification should be provided to the CPBC Complaints and Investigations Department via the complaints line or email (**1-877-330-0967 or complaints@bcpharmacists.org**).

#### **4. Pharmacy Security Equipment**

##### Safe

The safe must be an actual metal safe, a “narcotics cabinet” is not sufficient. The safe must be securely anchored in place, preferably to the floor. The safe should only be open when items are being placed into or removed from the safe. ***It is never appropriate for the safe to be left open; this would defeat the purpose of the time-delay lock security measure.***

##### Security Camera System

It is important to ensure that images captured by the security camera system are sufficient to enable law enforcement to identify the criminals. In order to identify a person, specific individual features must be distinguishable.

Experts advise that camera systems are rated on frame rates per second and resolution. The higher the frame rate and resolution the better for detection and identification.

Under the *Personal Information Protection Act* (PIPA) pharmacies are required to post visible and clear signage informing customers that the premise is monitored by cameras. Guidance on the use of cameras, including security arrangements and policies can be found on the Office of Information Privacy Commissioner’s site.

##### Motion Sensors

Security experts recommend that 360 degree motion detectors be installed on the ceiling as wall mounted motion detectors are vulnerable to blind spots.

##### Monitored Alarms Systems

Independent alarms for the dispensary **are optional**, when a full pharmacist is present **at all times and the premise is accessible by non-registrants**.

##### Physical Barriers

Physical barriers provide an additional layer of security and deter:

1. Unauthorized access to drugs, including but not limited to:
  - All Schedule I, and II and, controlled drug substances and personal health information.

2. Unauthorized access to personal health information, including but not limited to:
- Hard copies of prescriptions,
  - Filled prescriptions waiting to be picked up, and/or
  - Labels, patient profiles, and any other personal health information documents waiting for disposal.

Physical barriers can be tailored to the needs and structure of the particular community pharmacy or telepharmacy. Examples of physical barriers include: locked gates, grillwork, locked cabinets, locked doors, and locked shelving units. The physical barriers should prevent access.

As per section 26(2.1), existing community pharmacies and telepharmacies have until April 21, 2020 to implement physical barriers. All new pharmacies must have physical barriers. Pharmacies that are renovated within this 3 year period must include physical barriers in the renovations.

When a full pharmacist is present at all times, physical barriers **are optional**. For telepharmacies, a full pharmacist is deemed to be present at a telepharmacy when he or she is engaged in direct supervision of the telepharmacy.

### Signage

The College will send signs to all new pharmacies at the time of licensure approval. In addition, signs can also be ordered via the e-Services portal. Signage provides a consistent province-wide deterrent message that additional layers of security are in place. It is critical that all pharmacies comply with this requirement to ensure that their pharmacy does not become a “soft target”.

For pharmacies that do not stock Schedule 1A drugs, the declaration attesting this can be provided using the self-declaration template in Appendix 1 of this policy.

### **5. Emergency Response Kit**

An emergency response kit should include a step-by-step guide on what to do in the event of a robbery or break and enter and be available to all pharmacy staff.

Pharmacy robberies and break and enters can be very stressful and traumatic events for pharmacy staff. Having an accessible and plain language step-by-step guide on what do if such an event occurs can help pharmacy staff take the steps necessary to appropriately respond to the situation.

### **6. Incident Review**

Incident reviews should be conducted annually to determine concerns about pharmacy security and/or activity trends.

Policies and procedures should be in place regarding a privacy breach response plan consistent with s. 79 of the *Health Professions Act* Bylaws. The plan should provide for notification of affected individuals and other health care providers in appropriate cases. It should also include notification to the College and the Office of the Information and Privacy Commissioner of British Columbia.

### **7. Pharmacy Security Evaluation**

Pharmacy security evaluations should be conducted on an annual basis to identify areas of risk and needed improvements.

**Appendix 1: Safe Declaration Template**

**NO SCHEDULE 1A DRUGS ON-SITE DECLARATION**

I, \_\_\_\_\_, the \_\_\_\_\_ (position title) of  
\_\_\_\_\_ (legal pharmacy name), declare that,

1. Schedule 1A drugs are **never** stocked or dispensed at the above identified pharmacy, and I understand that non-compliance with this declaration may result in referral to the Inquiry Committee of the College of Pharmacists of BC.
2. In the event that the terms of the declaration above are no longer valid, I will notify the Registrar immediately and take action in advance to ensure that pursuant to sections 26 (1)(a) and 26 (3) of the *Pharmacy Operations and Drug Scheduling Act* Bylaws, a safe will be installed and signage will be displayed.

\_\_\_\_\_  
Date (MM/DD/YYYY)

\_\_\_\_\_  
Signature

This policy provides guidance to direct owners, indirect owners and managers of pharmacies in British Columbia on submitting a criminal record history for the purpose of pharmacy licensure to the College as required in the *Pharmacy Operations and Drug Scheduling Act* sections 3(f), 5.1 and 21(1)(d.1) and *Pharmacy Operations and Drug Scheduling Act* Bylaws sections 1, 3(5), 6(3), 9(3), 14, 16(3) and 16(4)(c).

**POLICY STATEMENT:**

The Board of the College of Pharmacists of BC adopts the vendor Sterling Backcheck for all criminal record history (CRH) checks.

**BACKGROUND:**

The *Pharmacy Operations and Drug Scheduling Amendment Act, 2016* considerably changed pharmacy ownership legislation. Some of the key changes included authorizing the College to:

- Identify pharmacy owners, including non-registrants;
- Determine pharmacy owners' suitability for pharmacy ownership; and
- Hold them accountable for providing safe and effective care and ensuring that their pharmacies are compliant with legislative requirements.

The Act and Bylaws set out requirements for pharmacy licensure, including a CRH. The approved vendor will administer the criminal record check and will provide the results to the College for review in accordance with the legislation.



College of Pharmacists  
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## 12. Legislation Review Committee

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**Bal Dhillon**

On behalf of the Legislation Review Committee



College of Pharmacists  
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## 12 a) Committee Updates



College of Pharmacists  
of British Columbia

# Committee Updates

October 23, 2019 Meeting

- PODSA Modernization Project Phase II:
  - Bylaw Amendments, and
  - Professional Practice Policy Amendments.



# Committee Updates, continued

## Key Upcoming Committee Work

- Amendments to PPP-71 Delivery of Methadone for Maintenance
- Amendments to PPP-68 Cold Chain Management of Biologicals
- Amendments to PPP-24 Depot Shipments
- Amendments to the Standards, Limits and Conditions for Drug Administration by Injection and Intranasal Route



College of Pharmacists  
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# 12 b) PODSA Modernization Phase II Bylaw Amendments



# Project Background

- The College’s Strategic Plan includes modernizing the requirements under PODSA. This initiative has two phases:
  - **Phase One** focused on new pharmacy ownership requirements, with significant process and system changes.
  - **Phase Two** involves a review of legislative requirements and policies to ensure the following:
    - Bylaws are clearer and duplication in Bylaws and policies is addressed;
    - Professional Practice Policies (“PPPs”) are standardized and transitioned to Bylaw where needed; and
    - Bylaws and PPPs have consistent writing style and structure.
- Our approach to the drafting of revisions seeks to be principle-based and incorporate “Right Touch Regulation”.



# Project Timeline

Major milestones and target dates:

- ✓ Public posting of proposed Bylaw amendments - ***June 2019***
- Filing of proposed Bylaw amendments - ***November 2019***
- Amendments to Bylaws and PPPs take effect - ***January 2020***
- Post-implementation support and communications – ***January - March 2020***



## Key bylaws topics addressed in the amendments:

- Operation of a community pharmacy without a full pharmacist;
- Responsibilities of managers, direct owners, directors, officers and shareholders;
- Storage of drugs and confidential health information, including offsite storage;
- Developing provisions to allow for community telepharmacy reinstatement;
- Bylaws that are not being complied with by most pharmacies based on data from the Practice Review Program;
- Reviewing PharmaNet requirements in light of the transition of administration of PharmaNet functions to the Ministry of Health; and
- House-keeping amendments, including ensuring consistency of writing style.



# Stakeholder Engagement

Key engagement activities included:

- Developing and meeting with an internal Working Group of subject matter experts on a regular basis;
- Holding external consultation sessions and issuing a comprehensive online survey to obtain feedback;
- Engaging with external legal counsel to draft the amendments; and,
- Meetings with the Ministry of Health.



# Public Posting

- During the public posting period, three responses were received from:
  - BC Pharmacy Association (BCPhA);
  - Lower Mainland Pharmacy Services; and
  - One registrant.
- In general, the concerns with the proposed bylaws were minor in nature.
- College and Ministry of Health staff reviewed all feedback received.
- Some minor revisions are recommended, stemming from feedback and further staff review.



## Recommended Revisions – Public Posting Feedback

| Summary of Feedback                                                                                                                                                                                              | Recommendation                                                                                                                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"><li>Concerns with possibly limiting the sanctions available to the Discipline Committee by requiring a suspended pharmacy to complete pharmacy closure requirements.</li></ul> | <ul style="list-style-type: none"><li>Revise bylaws to distinguish requirements for a suspended pharmacy from those of a pharmacy closure.</li></ul> |
| <ul style="list-style-type: none"><li>Concerns with enacting proposed bylaw amendments in absence of planned policy defining the circumstances in which depot delivery would be permissible.</li></ul>           | <ul style="list-style-type: none"><li>Remove depot delivery provision.</li></ul>                                                                     |



## Recommended Revisions - Public Posting Feedback

| Summary of Feedback                                                                                                                                                                                                                                                                                                                                 | Recommendation                                                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"><li>• Suggested re-wording of provisions related to following topics:<ul style="list-style-type: none"><li>○ Permitted Activities of a Community Pharmacy without a Full Pharmacist Present</li><li>○ Data Collection, Transmission of and Access to PharmaNet Data</li><li>○ Confidentiality</li></ul></li></ul> | <ul style="list-style-type: none"><li>• Revise bylaws to accept suggested re-wording.</li></ul> |



# Recommended Revisions – Staff Review

## Minor Revisions Proposed by Staff Review:

- Re-wording of provisions related to signage to clarify that the name on the external signage of a community pharmacy/telepharmacy must be correctly and consistently used on labels and directory listings;
- Removing a duplicative notification requirement related to permanent pharmacy closures and change in pharmacy location;
- Reinstating a provision which is still required; and
- House-keeping changes.



## Filing and Next Steps (subject to Board approval)

- It is recommended that the amendments be approved for filing with the Minister of Health.
- If approved, the amended bylaws will be filed with the Minister of Health for a 60-day period.



## 12 b) PODSA Modernization Phase Two Bylaw Amendments

**MOTION:**

Approve the following resolution to amend the bylaws made under the *Pharmacy Operations and Drug Scheduling Act* (“PODSA”) Bylaws, which relate to Phase II of the PODSA Modernization Project:

*“RESOLVED THAT, in accordance with the authority established in section 21(1) of the Pharmacy Operations and Drug Scheduling Act, and subject to filing with the Minister as required by section 21(4) of the Pharmacy Operations and Drug Scheduling Act, the Board amend the bylaws of the College of Pharmacists of British Columbia, as set out in the schedule attached to this resolution.”*



College of Pharmacists  
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# 12 c) PODSA Modernization Phase II Professional Practice Policies



# Background

- In accordance with the Strategic Plan, the College is working on modernizing legislative requirements under PODSA. One of these projects was a review of Professional Practice Policies (PPPs).
- Staff and legal counsel reviewed the existing PPPs to identify which ones should:
  - Be transitioned to bylaw or standards of practice, to strengthen them;
  - Be rescinded or transitioned to a guideline; and
  - Remain as policies and reviewed to identify any needed revisions.



## Current Status

- Most of the PPP amendments will be addressed during the PODSA and HPA Modernization initiatives.
- Work will be presented regarding 10 PPPs, and includes the following recommendations:
  - To repeal one PPP;
  - To amend six PPPs; and
  - To consequentially amend three PPPs.



# Proposed Repeal

| PPP                                                        | Brief Description                                                                                                                                                                                                                                                  | Recommendations                                                                                                                                                                                                                                                                                                                                        |
|------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b><i>PPP-25 Pharmacy Disaster Preparedness</i></b></p> | <p>Sets out provisions that enable pharmacists to provide emergency prescription drugs to patients, and enable pharmacies to relocate under a declared State of Emergency.</p> <p>Also requires pharmacy managers to prepare for emergencies by having a plan.</p> | <ul style="list-style-type: none"><li>• Repeal the PPP since:<ul style="list-style-type: none"><li>○ It is partly duplicative of existing provisions in <i>PPP-31 Emergency Prescription Refills</i>.</li><li>○ Requirement for pharmacy managers to develop disaster plans for their pharmacies is being moved into PODSA Bylaws.</li></ul></li></ul> |



# Proposed Amendments

| PPP                                                             | Brief Description                                                                                        | Recommendations                                                                                                                                                                                                                                                              |
|-----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b><i>PPP-31<br/>Emergency<br/>Prescription<br/>Refills</i></b> | Provides guidance to pharmacists when providing patients with an emergency supply of prescription drugs. | <ul style="list-style-type: none"><li>• Provision to notify other health professionals when an emergency supply is provided, previously in PPP-25, was added.</li><li>• Title updated to align with PODSA Bylaws.</li></ul>                                                  |
| <b><i>PPP-46<br/>Temporary<br/>Pharmacy<br/>Closures</i></b>    | Sets out additional requirements for pharmacy managers in regards to temporary pharmacy closures.        | <ul style="list-style-type: none"><li>• Key provisions, regarding temporary pharmacy closures, are being moved into PODSA Bylaws.</li><li>• Additional notification procedures for unanticipated pharmacy closures are set out to align with amended PODSA Bylaws.</li></ul> |



# Proposed Amendments

| PPP                                                                              | Brief Description                                                                                                                       | Recommendations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b><i>PPP-54<br/>Identifying<br/>Patients for<br/>PharmaNet<br/>Purposes</i></b> | Provides guidance on taking reasonable steps to confirm the identity of a patient, patients representative, registrant or practitioner. | <ul style="list-style-type: none"><li>• Key amendments include clarification that this policy:<ul style="list-style-type: none"><li>○ Also applies to patient representatives;</li><li>○ Applies in both community and telepharmacy settings; and</li><li>○ Is not limited to PharmaNet purposes, but applies anytime personal health information is accessed, used or disclosed.</li></ul></li><li>• New provision added for situations where there is no primary or secondary ID available.</li><li>• Title updated to align with proposed amendments.</li></ul> |
| <b><i>PPP-59<br/>Pharmacy<br/>Equipment</i></b>                                  | Sets out requirements for pharmacy managers on complying with pharmacy equipment obligations.                                           | <ul style="list-style-type: none"><li>• Amendments include modernization of pharmacy equipment requirements based on current technologies available.</li><li>• Removal of requirements that are outdated, or duplicative of existing bylaws.</li></ul>                                                                                                                                                                                                                                                                                                             |



# Proposed Amendments

| PPP                                                                                                 | Brief Description                                                                                  | Recommendations                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b><i>PPP-65 Narcotic Counts and Reconciliations</i></b>                                            | Sets out the requirements for pharmacy managers in regards to narcotic counts and reconciliations. | Key amendments include: <ul style="list-style-type: none"><li>• Reorganization of sections to clarify distinction between day-to-day upkeep of perpetual inventory and processes involved for counts and reconciliations;</li><li>• Alignment with Health Canada's policies on loss or theft reporting, and guidance document on counts and reconciliations;</li><li>• Clarification of existing policy requirements; and</li><li>• Improved consistency with amended PODSA Bylaws.</li></ul> |
| <b><i>PPP-73 Validate Identification and College Registration Status for New Pharmacy Hires</i></b> | Sets out pharmacy manager requirements for confirming staff registration status.                   | Key amendments include: <ul style="list-style-type: none"><li>• Clarification that confirmation of registration status is to be done at start of employment, not during application process;</li><li>• Provision added to require pharmacy managers to confirm registration status of all registrant staff from time to time, in alignment with amended PODSA Bylaws; and</li><li>• Title updated to align with these amendments.</li></ul>                                                   |



## Consequential Amendments to Existing PPP's

- As part of the PODSA Modernization Phase II Bylaw amendments, a number of new PODSA bylaws have been added and existing bylaws have been re-organized.
- The following PPP's have been amended to reflect the new numbering of bylaws:
  - *PPP-3 Pharmacy References;*
  - *PPP-74 Community Pharmacy and Telepharmacy Security; and*
  - *PPP-76 Criminal Record History Vendor.*



## 12 c) PODSA Modernization Phase II Professional Practice Policies

### **MOTION 1:**

Repeal the following Professional Practice Policy (“PPP”), as circulated, to be effective at the same time as the Pharmacy Operations and Drug Scheduling Act (“PODSA”) Modernization Phase II Bylaw amendments come into force:

- *PPP-25 Pharmacy Disaster Preparedness.*



## 12 c) PODSA Modernization Phase II Professional Practice Policies

### **MOTION 2:**

Approve amendments to the following PPPs, as circulated, to be effective at the same time as the PODSA Modernization Phase II Bylaw amendments come into force:

- *PPP-31 Emergency Prescription Refills;*
- *PPP-46 Temporary Pharmacy Closures;*
- *PPP-54 Identifying Patients for PharmaNet Purposes;*
- *PPP-59 Pharmacy Equipment;*
- *PPP-65 Narcotic Counts and Reconciliations; and*
- *PPP-73 Validate Identification and College Registration Status for New Pharmacy Hires.*



## 12 c) PODSA Modernization Phase II Professional Practice Policies

### **MOTION 3:**

Approve consequential amendments to the following PPPs, as circulated, to be effective at the same time as the PODSA Modernization Phase II Bylaw amendments come into force:

- *PPP-3 Pharmacy References;*
- *PPP-74 Community Pharmacy and Telepharmacy Security; and*
- *PPP-76 Criminal Record History Vendor.*



College of Pharmacists  
of British Columbia

# Questions





College of Pharmacists  
of British Columbia

## BOARD MEETING November 15, 2019

### 13. Drug Administration Committee: Pharmacists' Injection Authority Update

#### INFORMATION ONLY

##### Purpose

To provide the Board with an update from the first meeting of the Safe Drug Administration by Pharmacists Working Group ("Working Group"), which occurred on October 28, 2019.

##### Background

The [Pharmacists Regulation](#) enables pharmacists to administer any drug specified in Schedule I, IA or II of the *Drug Schedules Regulation* or a substance through intradermal, intramuscular or subcutaneous injection or the intranasal route. It also requires a committee to be established to develop, review and recommend the standards, limits and conditions under which a registrant may administer a drug or substance to patients and the successful completion of a certification program.

While the *Pharmacists Regulation* allows for administration of a broad range of drugs and substances by injection and the intranasal route, this practice is currently restricted by the College of Pharmacists of British Columbia's ("CPBC") standards, limits and conditions, for the purposes of immunization<sup>1</sup>. In accordance with the *Pharmacists Regulation*, the Drug Administration Committee ("DAC") was established to develop, review and recommend standards, limits and conditions in relation to pharmacist drug administration authority.

At its February 2019 meeting, based on the recommendations of the DAC, the Board directed the Registrar to remove current restrictions on pharmacist injection and intranasal administration of medications as follows (see Appendix 1):

- Amend the "Limits" to allow for injection and intranasal administration of any Schedule I and II medication with the exception of Schedule IA;
- Amend the "Limits" to restrict pharmacists from administering injections for cosmetic purposes; and
- Maintain the existing "Limits" on the age restrictions for injection and intranasal drug administration.

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<sup>1</sup> The College of Pharmacists of British Columbia [Bylaws, Schedule F – Part 4](#), "a practising pharmacist must not administer a drug by injection or intranasal route unless it is for the purposes of immunization".

On April 10, 2019 the College received a letter addressed to the Board Chair from Mark Armitage, Assistant Deputy Minister, Ministry of Health. In this letter, the Assistant Deputy Minister invited the College to work with the Professional Regulation and Oversight Branch of the Ministry of Health to establish a working group, comprised of representatives of regulatory colleges of health professions with prescribing authority, to determine the impacts of removing the restrictions on pharmacist injection and intranasal administration of medications.

The College worked collaboratively with the Ministry of Health to draft the Terms of Reference and Timeline and Activities for the Working Group (see Appendix 2).

## **Discussion**

The first meeting of the Working Group occurred on October 28, 2019. In addition to College staff and a member of the DAC, attendees included representatives from the following:

- Ministry of Health
- British Columbia College of Nursing Professionals
- College of Dental Surgeons of British Columbia
- College of Naturopathic Physicians of British Columbia
- College of Physicians and Surgeons of British Columbia
- College of Podiatric Surgeons of British Columbia
- College of Optometrists of British Columbia

Key items discussed at the meeting included:

- Defining the need for removal of the restrictions on pharmacist injection authority using the principles of Right-touch regulation;
- Outlining the impacts of removing the current restrictions on pharmacist drug administration authority including defining the specific drugs or drug classes which would be included or excluded from the authority;
- Determining the potential impacts on the broader healthcare system (including health professional regulatory colleges and the Ministry of Health); and
- Considering existing drug administration issues that could be potentially addressed by pharmacists in the future, including expanding pharmacist administration to include intravenous infusions.

The Working Group will reconvene to discuss these items further and provide its findings to the Drug Administration Committee and the Ministry of Health.

## Next Steps

Staff are in the process of scheduling a second meeting of the Working Group which will occur in late 2019 or early 2020.

| <b>Appendix</b> |                                                             |
|-----------------|-------------------------------------------------------------|
| 1               | February 2019 Board Meeting Note (not including appendices) |
| 2               | September 2019 Board Meeting Note (including appendices)    |



College of Pharmacists  
of British Columbia

## BOARD MEETING February 15, 2019

### 12. Drug Administration Committee b) Injection Authority

#### DECISION REQUIRED

#### Recommended Board Motion:

*Direct the Registrar to remove current restrictions on pharmacist injection and intranasal administration of medications, while restricting the administration of injections for cosmetic purposes and retaining current age limit restrictions.*

#### Purpose

To consider approval of the general direction of the Drug Administration Committee (DAC) to amend the following sections of the [Health Professions Act \(“HPA”\) Bylaws, Schedule “F”, Part 4 “Certified Practice: Drug Administration by Injection and Intranasal Route, Standards, Limits and Conditions”](#) as follows:

- Amend the “Limits” to allow for injection and intranasal administration of any Schedule I and II medication with the exception of Schedule IA.
- Amend the “Limits” to restrict pharmacists from administering injections for cosmetic purposes.
- Amend the “Conditions” to outline new training requirements for injecting drugs and substances beyond immunizations, if required.
- Maintain the existing “Limits” on the age restrictions for injection and intranasal drug administration.<sup>1</sup>

#### Background

The Standards, Limits and Conditions governing pharmacists’ administration of drugs by injection or intranasal route are established in Schedule “F”, Part 4 under the HPA Bylaws. The existing limits placed on injection drug administration are such that a practising pharmacist

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<sup>1</sup> The current age restrictions stated in HPA Schedule “F” Part 4, for injection and intranasal drug administration are as follows: a practising pharmacist must not administer an injection to a child under 5 years old; and, a practising pharmacist must not administer a drug by intranasal route to a child under 2 years old.

must not administer a drug by injection or intranasal route unless it is for the purpose of immunization.

The limitation on drug administration authority to immunizations only is directed by the College. The Pharmacists Regulation under the HPA actually confers broad injection authority, as outlined under s. 4(1)(c.1). That provision states that pharmacists can administer a drug specified in Schedule I, IA or II of the Drug Schedules Regulation or a substance through the intradermal, intramuscular or subcutaneous injection or intranasal route.

The DAC was convened to review the College's Standards, Limits and Conditions on drug administration in light of the broad authority conferred by the Pharmacists Regulation and the broad authority granted to pharmacists practising in other jurisdictions. Additionally, evidence was reviewed to consider these limits in relation to patient safety and public protection.

The DAC met in October 2018 to discuss whether there should be a broad removal of the restrictions on injection authority or whether there should be an exclusion list of medications that a pharmacist should not administer (see Appendix 1 for the meeting discussion paper and Appendix 2 for the meeting minutes). They also discussed if there should be a step-wise approach in removing the restrictions on injection authority. It was concluded that more information was needed on the experience to-date of other pharmacy regulatory authorities (PRAs) in Canada that have granted broad injection authority. As such, it was determined that a questionnaire would be sent out to all PRAs in Canada who grant broad injection authority, to learn of their experiences and patient safety considerations. In addition, a meeting was convened in December 2018 to review the results, which included the following highlights:

- Six PRAs have broad injection authority for "any drug or vaccine".
- None used a step-wise approach to grant broad injection authority.
- None noted any patient safety concerns raised or complaints pertaining to broad injection authority.
- All concluded that broad injection authority was in the public interest.

See Appendix 3 for the meeting policy issue paper.

## **Discussion**

The DAC made the following recommendations at their December 2018 meeting (see Appendix 4 for meeting minutes):

### **Amend the "Limits" to allow for injection and intranasal administration of any Schedule I and II medication with the exception of Schedule IA.**

All PRAs reviewed, granted broad injection authority as conferred by their enabling legislation and regulations. There were no patient safety issues identified. As such, the DAC felt it was reasonable for the Board to consider granting broad injection authority, with the exception of Schedule IA drugs, provided that the practicing pharmacist exercises their professional

judgement regarding their knowledge of the drug prior to administration. Schedule IA drugs were deemed too high-risk to patient safety for pharmacist administration by injection or intranasal route.

The DAC had considered the possibility of using a step-wise approach to granting broad injection authority. A step-wise approach would involve expanding the eligible list of drugs and substances incrementally, and evaluating prior to expanding further. However, none of the PRAs reviewed had used or recommended a step-wise approach, and no evidence was found to suggest that this approach was necessary for patient safety.

### **Amend the “Limits” to restrict pharmacists from administering injections for cosmetic purposes**

The DAC identified patient safety implications of granting pharmacists authority to administer injections for cosmetic purposes. Some of their key concerns were the lack of experience with the craniofacial muscles, general lack of knowledge of these substances, conflicts of interest and deviation from their scope of practice as pharmacists. As such, the recommendation is that cosmetic substances be excluded from the drugs and substances eligible for injection and intranasal drug administration authority. This recommendation is consistent with other PRAs in Canada that grant broad injection authority.

### **Amend the “Conditions” to outline new training requirements for injecting drugs and substances beyond immunizations**

To ensure injection authority is broadened safely beyond immunizations, the DAC identified a need to review existing training requirements. This would involve a review of current recognized pharmacy education programs for injection drug administration to ensure alignment with the National Association of Pharmacy Regulatory Authorities’ ([“NAPRA”\) 15<sup>th</sup> competency for injections of other substances](#) (i.e. beyond immunization) is met within the course requirements.

### **Maintain the existing “Limits” on the age restrictions for injection and intranasal drug administration**

After reviewing the age limit restrictions of other PRAs with broad injection authority and discussing patient safety considerations, the DAC identified no need to adjust the age limits if broad injection drug administration authority is granted. As noted above, the current age limits are such that a practising pharmacist must not administer an injection to a child under 5 years old, or a drug by intranasal route to a child under 2 years old.

## Next Steps

If approved by the Board, amendments will be drafted to the HPA Bylaws Schedule “F” Part 4 to facilitate further engagement in the summer and further consultation regarding accredited training requirements. The amendments would then be brought to the September 2019 Board meeting to seek approval for a 60-day filing period with the Ministry of Health.

| <b>Appendix</b> |                                                          |
|-----------------|----------------------------------------------------------|
| 1               | Discussion Paper – Pharmacists and Injection Authority   |
| 2               | DAC October 23, 2018 Meeting Minutes                     |
| 3               | Policy Issue Paper – Pharmacists and Injection Authority |
| 4               | DAC December 11, 2018 Meeting Minutes                    |



College of Pharmacists  
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## BOARD MEETING September 13, 2019

### 6. Drug Administration Committee b) Status Update – Drug Administration Authority

#### INFORMATION ONLY

##### Purpose

To provide the Board with an update on the progress of the Drug Administration Committee's ("DAC") work to remove the restrictions on pharmacist injection and intranasal administration of medications, while restricting the administration of injections for cosmetic purposes and retaining current age limit restrictions.

##### Background

The Standards, Limits and Conditions governing pharmacists' administration of drugs by injection or intranasal route are established in [Schedule "F", Part 4](#) under the *Health Professions Act* ("HPA") Bylaws. The existing limits placed on injection drug administration are such that a practising pharmacist must not administer a drug by injection or intranasal route unless it is for the purpose of immunization.

The limitation on drug administration authority to immunizations only is directed by the College. The [Pharmacists Regulation](#) under the HPA actually confers broad injection authority, as outlined under s. 4(1)(c.1). That provision states that pharmacists can administer a drug specified in Schedule I, IA or II of the Drug Schedules Regulation or a substance through the intradermal, intramuscular or subcutaneous injection or intranasal route.

The DAC convened in October 2018 and December 2018 to review the College's Standards, Limits and Conditions on drug administration in light of the broad authority conferred by the Pharmacists Regulation and the broad authority granted to pharmacists practising in other jurisdictions. The DAC discussed whether there should be a broad removal of the restrictions on injection authority or whether there should be an exclusion list of medications that a pharmacist should not administer. They also discussed if there should be a step-wise approach in removing the restrictions on injection authority.

Additionally, the DAC reviewed evidence considering these limits in relation to patient safety and public protection. Experience in other jurisdictions noted that there were no patient safety concerns raised or complaints pertaining to broad injection authority and all concluded that broad injection authority was in the public interest.

The DAC recommended the following to the Board, to:

- Amend the "Limits" to allow for injection and intranasal administration of any Schedule I and II medication with the exception of Schedule IA;
- Amend the "Limits" to restrict pharmacists from administering injections for cosmetic purposes;
- Maintain the existing "Limits" on the age restrictions for injection and intranasal drug administration; and
- Amend the "Conditions" to outline new training requirements for injecting drugs and substances beyond immunizations, if required.

At the February 2019 Board meeting, the Board directed the Registrar to remove current restrictions on pharmacist injection and intranasal administration of medications, while restricting the administration of injections for cosmetic purposes and retaining current age limit restrictions.

## Discussion

On April 10, 2019 the College received a letter from Mark Armitage, Assistant Deputy Minister, Ministry of Health addressed to the Board Chair. In this letter, the Assistant Deputy Minister invited the College to work with the Professional Regulation and Oversight Branch of the Ministry of Health to establish a working group, comprised of representatives of regulatory colleges of health professions with prescribing authority, to determine the impacts of removing the restrictions on pharmacist injection and intranasal administration of medications.

The Ministry of Health has indicated that removing the restrictions on pharmacist injection and intranasal administration of medications will have significant impacts on other health profession regulators, interprofessional practice and patient experiences of care.

The College has been working collaboratively with the Ministry of Health to draft the Terms of Reference for this working group – Safe Drug Administration by Pharmacists Working Group (Appendix 1), as well as a Timeline and Activities for this working group (Appendix 2).

## Next Steps

The College is coordinating the first meeting of the Safe Drug Administration by Pharmacists Working Group. It is expected to occur in October 2019.

| Appendix |                                                                            |
|----------|----------------------------------------------------------------------------|
| 1        | Safe Drug Administration by Pharmacists Working Group – Terms of Reference |
| 2        | Safe Drug Administration by Pharmacists – Timeline and Activities          |

## Safe Drug Administration by Pharmacists Working Group

### Terms of Reference

#### A. Background

Under the [Health Professions Act](#) (“HPA”), the Minister of Health may make, amend or repeal regulations respecting the scope of practice of a health profession.

In October 2009, the [Pharmacists Regulation](#) under the HPA was amended to enable pharmacists to perform injection drug administration. At the time, the intention of this amendment was to enable pharmacists to provide immunization services in response to the spread of Influenza H1N1. In 2015, the regulation was amended again to also include drug administration by intranasal route.

The [Pharmacists Regulation](#) currently enables pharmacists to administer any drug specified in Schedule I, IA or II of the Drug Schedules Regulation or a substance through intradermal, intramuscular or subcutaneous injection or intranasally. It also requires a committee to be established to develop, review and recommend the standards, limits and conditions under which a registrant may administer a drug or substance to patients and the successful completion of a certification program.

While the Pharmacists Regulation allows for administration of a broader range of drugs and substances by injection and intranasal route, this practice is currently restricted by the College of Pharmacists of British Columbia’s (“CPBC”) standards, limits and conditions, for the purposes of immunization<sup>1</sup>.

In accordance with the Pharmacists Regulation, the Drug Administration Committee (“DAC”) was established to develop, review and recommend standards, limits and conditions in relation to pharmacist injecting and providing intranasal medications. The DAC includes confirmed members from other health professional colleges as well as the Ministry of Health.

At the February 15, 2019 meeting, the Board of CPBC, based on the recommendations of the DAC, approved directing the Registrar to:

- Remove current restrictions on pharmacist injection and intranasal administration of drugs or substances, with the exception of Schedule IA drugs;
- Restrict pharmacists from injecting for cosmetic purposes; and,
- Retain current restrictions on pharmacist drug administration relating to age which specify a pharmacist must not administer an injection to a child under 5 years old, nor administer a drug by intranasal route to a child under 2 years old.

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<sup>1</sup> The College of Pharmacists of British Columbia [Bylaws, Schedule F – Part 4](#), “a practising pharmacist must not administer a drug by injection or intranasal route unless it is for the purposes of immunization”.

The Ministry of Health (via a letter dated April 10, 2019) requested that further analysis and consultation be conducted to determine the impacts of this change on patient safety and quality, other health profession regulators, interprofessional practice and patient experiences of care.

**A. Constitution:**

The Safe Drug Administration by Pharmacists Working Group (“the Working Group”) consists of at least 11 persons; two staff from College of Pharmacists of BC (“CPBC”), one representative from the CPBC’s Drug Administration Committee, one representative from each of the health regulatory colleges with prescribing authority, and four representatives from the Ministry of Health.

**B. Purpose:**

The purpose of the Working Group is to consider the patient safety risks and potential benefits of changing the authority of pharmacists to administer drugs or substances via intradermal, intramuscular or subcutaneous injection or intranasal routes, as stated within the CPBC Bylaws.

The Working Group will:

- Review the current standards, limits and conditions under which a pharmacist may administer a drug or substance to patients.
- Explore the patient safety risks, challenges and benefits related to changing pharmacists’ drug administration authority.
- Determine the impact of removing current restrictions related to pharmacist drug administration, including those proposed by the DAC.
- Identify possible impacts of removing current restrictions related to pharmacist drug administration on the broader healthcare system (including health professional regulatory colleges and the Ministry of Health) and potential mitigation strategies.
- Identify any public safety concerns related to changing pharmacists’ drug administration authority and mitigation strategies.

In completing its work, the Working Group will be focused on the impacts of pharmacist drug administration that are within the jurisdiction of regulatory colleges, including issues related to informed consent and interprofessional collaborative practice between CPBC’s registrants and those practicing another health profession.

While issues related to fees for drug administration are outside of the scope of the CPBC, the Ministry of Health may seek input from the working group via a Ministry-led agenda item to better understand the overall system impacts.

**C. Function and Authority**

The Working Group is established to provide findings and information to the DAC, Ministry of Health and other health professional regulatory colleges for consideration. The Working Group does not have authority to make decisions regarding pharmacist drug administration authority.

The DAC may consider this information when recommending potential changes to the CPBC's standards, limits and conditions for drug administration by pharmacists.

The Working Group will not recommend amendments to the CPBC's standards, limits and conditions on pharmacist drug administration as this is the role of the DAC.

Decisions respecting expansions to a health profession's scope of practice will continue to be initiated and made by the Minister of Health.

### **C. Membership:**

Members will be selected by their respective regulatory organizations as having the authority and expertise to consider the risks to patient safety and potential benefits of changing pharmacists' drug administration authority.

- College of Pharmacists of British Columbia
- College of Pharmacists of British Columbia's Drug Administration Committee
- Ministry of Health
- Select Health professional regulatory colleges with prescribing authority\*:
  - British Columbia College of Nursing Professionals
  - College of Dental Surgeons of British Columbia
  - College of Midwives of British Columbia
  - College of Naturopathic Physicians of British Columbia
  - College of Physicians and Surgeons of British Columbia
  - College of Podiatric Surgeons of British Columbia
  - College of Optometrists of British Columbia

\*While Traditional Chinese Medicine practitioners have authority to prescribe, it is limited to the preparation and administration of a traditional Chinese medicine remedy, contained within the bylaws of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of BC (CTCMPA). These prescriptions are unlikely to be sold or administered in a pharmacy; consequently, CTCMPA have not been invited to participate in this Working Group.

### **D. Accountability:**

- Individual group members are responsible to report Working Group information to the senior management team(s) of their respective organizations, as appropriate.
- Activities are guided by the legislation and bylaws relevant to the health professional regulatory colleges.

### **E. Working Methods:**

- Meetings will begin in September 2019 and end in November 2019.
- Meetings will be held at the CPBC offices with a call-in option, unless otherwise noted.
- Meetings will be not be open to the public.

- The CPBC will be responsible for chairing meetings, agenda development and distribution as well as recording minutes.
- Working Group members may be tasked with collecting and presenting data from their respective organizations relating to the patient safety risks and benefits of changing the authority of pharmacists in respect of drug administration.

The Working Group’s activities will culminate in documented findings regarding the patient safety risks, mitigation strategies and benefits of changing pharmacists’ drug administration authority. These findings will be provided to the Ministry of Health, Drug Administration Committee and health profession regulatory colleges for consideration.

**F. Revision History:**

| <b>DATE</b>    | <b>DESCRIPTION</b>                                        | <b>AUTHOR</b> |
|----------------|-----------------------------------------------------------|---------------|
| June 12, 2019  | Creation of initial draft TOR                             | CPBC          |
| July 19, 2019  | Provision of feedback and edits                           | MoH           |
| July 25, 2019  | Provision of feedback and edits                           | CPBC          |
| August 1, 2019 | Acceptance of changes and provision of feedback and edits | MoH           |
| August 2, 2019 | Acceptance of changes and provision of feedback and edits | CPBC          |
| August 7, 2019 | Acceptance of changes and provision of edits              | MoH           |

## Safe Drug Administration by Pharmacists

### Timeline and Activities

**Project Goal:** Functioning in an advisory capacity, consider the patient safety risks and potential benefits of changing the authority of pharmacists to administer drugs or substances via intradermal, intramuscular or subcutaneous injection or intranasal routes.

Additionally, to develop findings regarding the patient safety risks, mitigation strategies and the benefits of changing pharmacists' drug administration authority.

| <b>Timeframe</b>                 | <b>Activity</b>                                     | <b>Description</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|----------------------------------|-----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>August 7, 2019</b>            | Finalize terms of reference with Ministry of Health | CPBC and Ministry of Health to finalize the terms of reference.                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>August 9, 2019</b>            | Send Working Group Invitations                      | CPBC to send invitations to Working Group members (i.e., representatives from the Ministry of Health and select regulatory colleges of health professions with prescribing authority, as well select Drug Administration Committee members).                                                                                                                                                                                                                                                                                            |
| <b>September, 2019</b>           | Launch the Working Group                            | <p>CPBC to hold a one-day session to launch the Working Group. This will involve an overview of CPBC, its departments and key functions, the role of a pharmacist and their education/training, etc.</p> <p>The purpose of this one-day session is to ensure that all Working Group members have a strong foundation on how CPBC works, its legislative authority, the practice of pharmacy in dispensing and administering drugs and in the Ministry of Health's rationale for requesting the establishment of this working group.</p> |
| <b>September – November 2019</b> | Working Group meetings to be Held                   | Up to three Working Group meetings (additional meeting can be scheduled if needed) to be held to discuss the patient-safety risks and benefits of removing restrictions on pharmacist injection and intranasal administration of medications. Focus will be on effects that are within the jurisdiction of regulatory colleges.                                                                                                                                                                                                         |

|                      |                                    |                                                                                                                                                                   |
|----------------------|------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>December 2019</b> | Working Group to finalize findings | Working Group to prepare summary of findings for consideration for Ministry of Health, CPBC and the Drug Administration Committee, and other regulatory colleges. |
|----------------------|------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|



College of Pharmacists  
of British Columbia

## 13. Drug Administration Committee: Pharmacists' Injection Authority Update

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**Bob Nakagawa**  
Registrar



College of Pharmacists  
of British Columbia

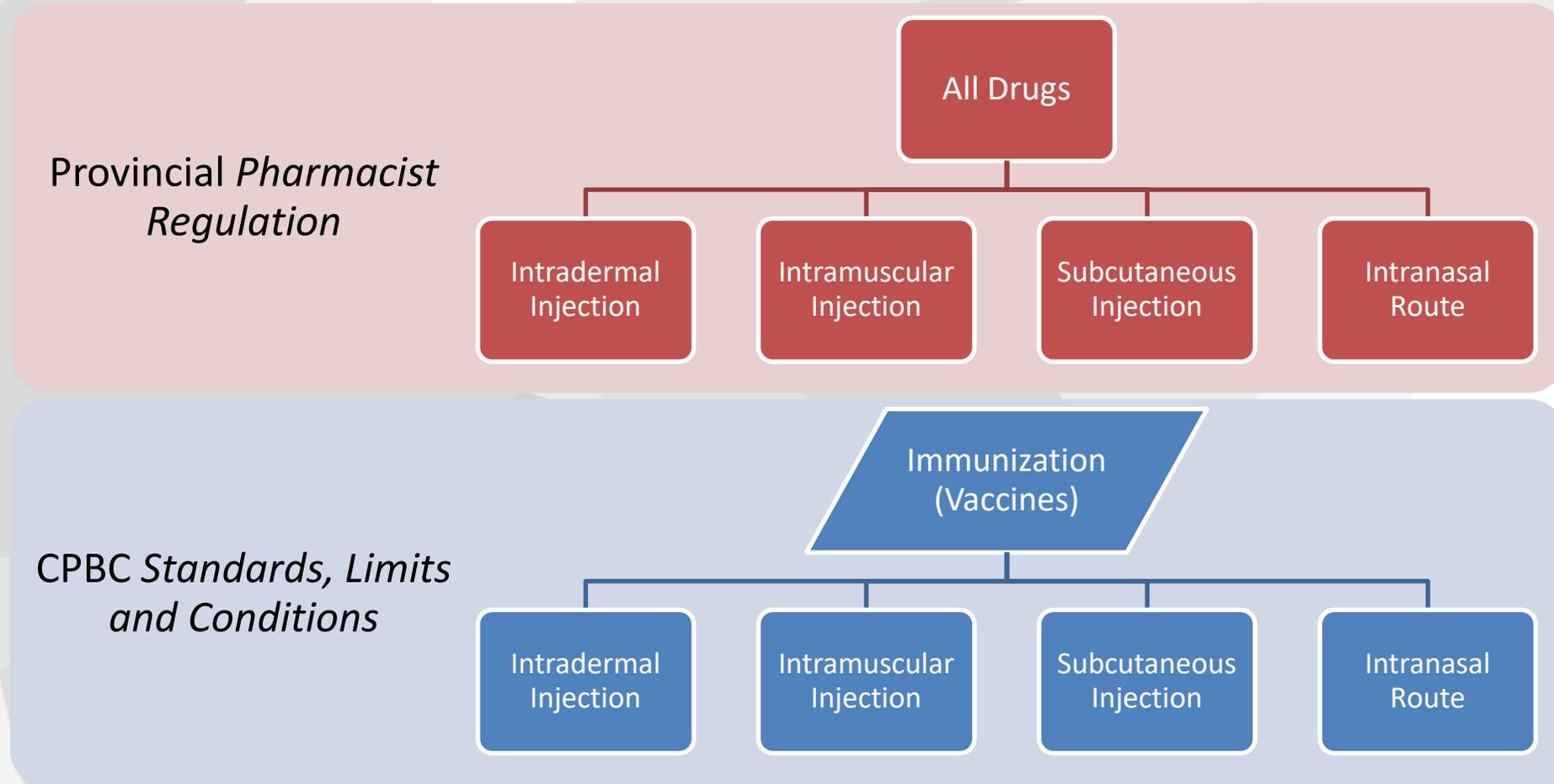
# Purpose

## Pharmacist Drug Administration Authority in BC

- To provide the Board with an update from the first meeting of the Safe Drug Administration by Pharmacists Working Group (“Working Group”)



# Background: Pharmacist Drug Administration in BC





## Background: Drug Administration Committee

- The Drug Administration Committee (DAC) is established in accordance with the Provincial *Pharmacists Regulation*, s. 4.1 (1)
- The purpose of the DAC is to review, develop and recommend the standards, limits and conditions under which a registrant may administer a drug or substance to patients
- The DAC convened in late 2018 to review the College of Pharmacists of BC (CPBC) standards, limits and conditions on pharmacist drug administration



## DAC Recommendations to CPBC Board – Feb. 2019

- Amend the “Limits” to allow for injection and intranasal administration of any Schedule I and II medication, with the exception of Schedule IA.
- Amend the “Limits” to restrict administering injections for cosmetic purposes.
- Maintain the existing “Limits” on the age restrictions.
- Amend the “Conditions” to outline new training requirements for injecting drugs and substances beyond immunizations, if required.



## Motion Approved by CPBC Board February 15, 2019

### **MOTION:**

Direct the Registrar to remove current restrictions on pharmacist injection and intranasal administration of medications, while restricting the administration of injections for Schedule 1A drugs and drugs for cosmetic purposes and retaining current age limit restrictions.



# Ministry of Health Letter – April 10, 2019

- Letter invited the CPBC to work with the MoH to establish a working group
- Purpose is to determine the impacts of removing the restrictions on pharmacist injection and intranasal administration, specifically the impact:
  - on other health profession regulators,
  - on interprofessional practice, and,
  - on patient experiences of care.
- The MoH and CPBC worked collaboratively to establish a working group and the Terms of Reference for this working group



April 10, 2019

1130478

Mr. Arden Barry, RPh  
Chair  
College of Pharmacists of British Columbia  
200 – 1765 W 8<sup>th</sup> Ave  
Vancouver BC V6J 5C6

Dear Mr. Barry:

I write to you regarding the February 15, 2019 decision of the Board of the College of Pharmacists of British Columbia (CPhBC) to amend the current standards, limits and conditions relating to pharmacist drug administration by injection and intranasal route contained within Schedule F – Part 4 of your bylaws.

Since 2009, pharmacists have been a critical component of enhancing patient access to immunization services in our province. I note that on February 15, 2019 the Board of CPhBC directed the Registrar to:

- Remove current restrictions on pharmacist injection and intranasal administration of medications;
- Restrict the administration of injections for Schedule IA drugs and drugs for cosmetic purposes; and,
- Retain current restrictions on pharmacist drug administration relating to age which specify a pharmacist must not administer an injection to a child under 5 years old, nor administer a drug by intranasal route to a child under 2 years old.

It is my understanding that CPhBC intends to draft bylaw amendments as per the direction of the Board and seek approval at the September 2019 Board meeting. I acknowledge CPhBC is acting within the current regulatory framework; however, expanding pharmacist injection authority will have significant impacts on other health profession regulators, interprofessional practice and patient experiences of care. As a result, I ask that the Board extend the proposed timeline to enable enough time for CPhBC and the Ministry to conduct further analysis and consultation.

I invite CPhBC to work with the Ministry to establish a working group, comprised of representatives of regulatory colleges of health professions with prescribing authority, to determine the impacts of expanded pharmacist injection authority.

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# Safe Drug Administration by Pharmacists Working Group

- The purpose of the Working Group is to:
  - Review the current standards, limits and conditions under which a pharmacist may administer a drug or substance to patients
  - Explore the patient safety risks, challenges and benefits related to changing this authority
  - Determine the impacts of removing current restrictions on the broader healthcare system and potential mitigation strategies
  - Identify any public safety concerns related to changing pharmacists' drug administration authority and mitigation strategies
  - Provide findings and information to the DAC, MoH and other professional regulatory colleges for consideration



# Safe Drug Administration by Pharmacists Working Group

- First meeting of the Working Group was on October 28, 2019
- Key items discussed:
  - Defining the patient need for removal of restrictions on pharmacist injection authority;
  - Determining the potential impacts on the broader healthcare system (including health professional regulatory colleges and the Ministry of Health), including outlining the current state of pharmacist drug administration, and how will this change with the removal of current restrictions; and
  - Considering existing drug administration issues that could be potentially addressed by pharmacists in the future, including expanding pharmacist administration to include intravenous infusions.



# Safe Drug Administration by Pharmacists Working Group

- Next steps:
  - The Working Group will reconvene to discuss these items further and provide its findings to the DAC and the Ministry of Health.
  - CPBC staff are currently scheduling a second meeting of the Working Group for early 2020.



College of Pharmacists  
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# Questions





College of Pharmacists  
of British Columbia

## BOARD MEETING November 15, 2019

### 14. Our Commitment to Improve Cultural Safety and Humility for First Nations and Aboriginal Peoples

#### INFORMATION ONLY

##### Purpose

To inform the Board of ongoing work surrounding the College's commitment to improve cultural safety and humility for First Nations and Aboriginal Peoples.

##### Background

[On March 1, 2017, the College's Registrar, Bob Nakagawa, pledged the College's commitment to improving BC pharmacy professionals' work with First Nations by signing the "Declaration of Cultural Safety and Humility in Health Services Delivery for First Nations and Aboriginal Peoples in BC".](#)

The College believes that cultural safety and humility are vital for the provision of fair and equal health services, as well as the creation of a healthcare environment free of racism and discrimination, where individuals feel safe and respected.

First Nations and Aboriginal people have a right to access a health care system that is free of racism and discrimination and to feel safe when accessing health care. This means individuals, families and communities are able to voice their perspectives, ask questions, and be respected by health care professionals on their beliefs, behaviours and values.

By signing the [Declaration of Commitment](#), the College has committed to actions and processes which will ultimately embed culturally safe practices within health professional regulation.

The declaration compels the College to report on its progress in its annual report and outlines strategic activities that demonstrate how it is meeting its commitment.

##### Understanding Cultural Safety, Cultural Humility and Systemic Racism

The First Nations Health Authority describes cultural safety, cultural humility and systemic racism as follows:

Cultural Safety is an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the healthcare system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care.

Cultural Humility is a process of self-reflection to understand personal and systemic conditioned biases, and to develop and maintain respectful processes and relationships based

on mutual trust. Cultural humility involves humbly acknowledging oneself as a life-long learner when it comes to understanding another's experience.

Systemic Racism, also known as structural or institutional racism, is enacted through societal systems, structures and institutions in the form of "requirements, conditions, practices, policies or processes that maintain and reproduce avoidable and unfair inequalities across ethnic/racial groups" (Paradies et al., 2008). Systemic racism is not only enacted proactively in efforts that create racialized inequality, but also in the failure by those in power (e.g. policymakers, funders) to redress such inequalities (Reading, 2013). It is commonly manifested in social exclusion and isolation that limits or prevents political and economic participation, or access to and participation in other social systems such as education and health (Reading, 2013).

### **Developing a Strategy for Acting on the Commitment to First Nations and Aboriginal Peoples in BC**

The College developed a strategy (see Appendix 1) to fulfill its pledge to improve BC pharmacy professionals' work with First Nations and Aboriginal Peoples and [presented the strategy to the College Board in September 2017](#).

The College recognizes that making impactful change requires working together with the First Nations Health Authority, other health regulators, pharmacy associations, First Nations groups, and others to act on its plan and create a healthcare environment free of racism and discrimination, where individuals feel safe and respected.

It is also a journey of learning about the culture and experiences of First Nations and Aboriginal Peoples of BC. Relationship building and engagement with First Nations and Aboriginal Peoples communities and organizations are essential in enabling the College to meet its goals in improving care.

The strategy includes actions under three themes which are based on the [First Nations Health Authority's Cultural Safety and Humility Key Drivers and Ideas for Change](#).

#### **CULTURAL SAFETY CONCEPTS**

The first key objective in fulfilling the College's commitment to cultural humility and safety is to change and influence the values and attitudes of both its registrants and staff. This involves embedding the concepts and principles of cultural humility and safety into the College's current internal processes. The College will also build on the First Nations Health Authority's #ItStartsWithMe campaign to build awareness of cultural humility and safety, while encouraging pharmacy professionals and staff to reflect on cultural humility and safety and make a pledge as part of the campaign. Leadership from the College Board and executive will help set an example for pharmacy professionals and staff by demonstrating their commitment through participation in cultural safety activities.

## **PARTNERSHIP AND ENGAGEMENT**

In order to inform the College's transition to a more culturally inclusive healthcare environment for BC's First Nations and Aboriginal People, it will focus efforts toward building and strengthening relationships with local communities to involve them in the decisions that affect them.

## **LEARNING, KNOWLEDGE EXCHANGE & QUALITY HEALTH**

In order to address the healthcare service gaps and unmet needs of BC's First Nations population, the College will work to build the principles of cultural humility and safety into its communications messaging and training requirements. This process will involve conducting culturally safe research respecting ceremony and tradition and encouraging pharmacy professionals to learn about and reflect on the best practices for cultural safety and humility in service delivery.

## **Discussion**

The College began to operationalize its strategy in 2018 and has continued to take action throughout 2019.

Each of the three themes include activities intended to improve cultural humility and safety. The approach to meeting deliverables must be thoughtful and respectful and avoid tokenism.

To ensure that the College is accountable and transparent, the College reflects on its progress towards meeting its commitment each year in its annual report.

While there is still work to do, much progress has been made since the strategy was developed in late 2017.

## **Public Acknowledgements of Our Commitment to Cultural Safety and Humility**

The College has updated its processes to recognize the indigenous lands on which it is situated through a land acknowledgement and has incorporated a statement on its commitment to cultural safety and humility into all public reports and presentations.

The College has also made presentations about cultural safety and humility and regulation and reconciliation at several regulation focused events, such as the [Canadian Network of Agencies for Regulation Mater Class: Truth, Reconciliation, & Regulators](#) in 2018 and the [Council on Licensure, Enforcement and Regulation Cultural Awareness: Valuing Indigenous and Minority Populations in Professional Regulation](#) in 2019.

## **College Board Cultural Safety and Humility Resource**

The College provides a Cultural Safety and Humility Resource for its Board Members to ensure they have the information, tools and training available to understand the College's commitment and learn about cultural safety and humility, reconciliation and the health inequalities of First Nations and Aboriginal Peoples.

## **Cultural Humility and Safety Resource Page**

The College has [a dedicated resource page on cultural safety and humility](#) (see Appendix 2) which has information about the College's commitment and strategy in addition to opportunities to learn more about cultural safety and humility.

The College is in the process of updating this resource to include more information and tools to help pharmacy professionals learn more about cultural safety and humility, reconciliation and the health inequalities First Nations and Aboriginal Peoples face.

## **Cultural Humility and Safety ReadLinks Series**

In 2018, the College established a [Cultural Humility and Safety ReadLinks Series](#) to help pharmacy professionals learn about the culture and experiences of First Nations and Aboriginal Peoples in BC, the importance of acknowledging racism in healthcare, and the role of cultural humility and safety in providing care.

The College welcomes Guest Posts from the First Nations Health Authority as part of this series in addition to authoring its own content.

The articles are intended to supplement the College's resource page on cultural humility and safety.

## **BC Health Regulators Cultural Humility and Safety Community of Practice**

The College is a member of the BC Health Regulators Cultural Humility and Safety Community of Practice which was initiated in 2019. Given all the health regulators have made the same commitment, the aim of this group is to identify how to share learnings across all of BC's health regulators, and work together on improving cultural safety and humility.

## **First Nations Health Authority Mental Health and Wellness Summits**

The College was fortunate to be a part of the [2018](#) and the [2019](#) Mental Health and Wellness Summits hosted by the First Nations Health Authority.

In addition to the College's Communications and Engagement Team, additional College staff from various departments volunteered to spend time at the College's booth where they had the opportunity to both answer questions and learn from participants.

The College connected with local public health directors and administrators, mental health professionals, and community leaders. The conversations were focused on what the College, as one of BC's largest health professions, can do to advance cultural safety and humility for First Nations and Aboriginal Peoples within BC's public health system.

The College shared its learning from this engagement with registrants in ReadLinks articles in [2018](#) and [2019](#).

## **Gathering Wisdom for a Shared Journey IX**

The College was honored to join into the BC Health Regulators Information Booth at the Gathering Wisdom IX forum in 2018.

Over 700 Chiefs, Leaders, Health Directors, Youth Leaders, Elders, and federal and provincial partners attended the [3-day Gathering Wisdom forum in May, 2018](#) to engage in discussions surrounding the health and wellness of BC First Nations.

The Gathering Wisdom IX forum featured discussions on health, mental health and the social determinants of health. It was also an opportunity for First Nations to engage in direct dialogue with each other and federal, provincial and health system partners on factors that influence the health and wellness of their children, families and communities.

This provided a valuable opportunity to speak with First Nations representatives from across BC about the role of health regulators in protecting patient safety.

The College also engaged in conversations on what health professionals can do in their practice to improve cultural safety and humility for First Nations and Aboriginal Peoples within BC's public health system. Over 80 participants shared their thoughts and ideas. The feedback received is included in Appendix 3.

## **BC Women's Indigenous Day of Wellness Event**

In 2018, the College participated in the BC Women's Indigenous Day of Wellness event in Vancouver, BC as part of celebrating National Indigenous Peoples Day.

The College used its booth at the BC Women's Indigenous Day of Wellness event to share information on its role in protecting patient safety and its plan to improve cultural safety and humility. Handouts were available with information about the College's role in regulating pharmacy practice, its cultural humility plan, as well as its naloxone resources.

The College also engaged in conversations on what pharmacy professionals can do in their practice to improve cultural safety and humility for First Nations and Aboriginal Peoples.

Learning from this engagement was shared with registrants [through a ReadLinks article](#).

## **National Indigenous History Month**

June is National Indigenous History Month and the College used this time to remind registrants and College staff to take a moment to reflect on, recognize and celebrate the unique heritage, diverse cultures and outstanding contributions to Canadian society of First Nations, Inuit and Metis peoples.

## Orange Shirt Day

September 30th has been declared [Orange Shirt Day](#), in recognition of the harm the residential school system has left on generations of indigenous families and their communities.

The “orange shirt” refers to the new shirt that Orange Shirt Day founder, Phyllis Webstad, was given by her grandmother for her first day of school at St. Joseph’s Mission residential school in BC.

The College [reminded registrants and College staff](#) that learning about and understanding the impacts of residential schools on Canada’s First Nations communities is an important step toward making our health system more culturally safe for First Nations and Aboriginal Peoples in BC.

## Strategic Plan Engagement

The College’s strategic plan engagement survey reflected the College’s commitment to cultural safety and humility by including links to our commitment and including questions that relate to cultural safety and humility. The results of this engagement were used to help inform the development of the College’s next strategic plan.

## Reflection in the College’s Annual Reports

As a BC Health Regulator, the College recognizes that its annual report plays an important role in demonstrating transparency and accountability. It is also a great opportunity for the College to reflect on its own performance and the many ways it is involved in protecting the public.

Together with launching a new annual report website design in 2018, the College introduced a new Cultural Safety and Humility section into the annual report that is dedicated to reflecting on its progress towards improving cultural safety and humility for First Nations and Aboriginal Peoples. The section also includes tracking its progress against each of the deliverables in its strategy.

The annual report also includes a land acknowledgement on its homepage and as part of the information about the College.

This was replicated in 2019, [as part of the College’s most recent annual report](#).

| <b>Appendix</b> |                                                                                                     |
|-----------------|-----------------------------------------------------------------------------------------------------|
| 1               | <a href="#">Strategy for Acting on Our Commitment to First Nations and Aboriginal Peoples in BC</a> |
| 2               | <a href="#">Commitment to Cultural Safety and Humility Resource Page</a>                            |
| 3               | BCHR/FNHA First Nations Community Feedback Gathering Wisdom IX                                      |

## How can BC's Health Professionals incorporate Cultural Safety and Humility into their individual practices?

- More medical information/ access to information from doctors & specialists to semi-remote communities
- A more user-friendly system that encourages collaboration
- Understand the system of NIHB. It is there to help not something to be withheld.
- Learn about impacts of Residential School "Indian Horse"
- Cultural is Healing \*Showed up multiple times\*
- Incorporate Indigenous voices and perspectives into planning and collaborative work
- Promote Language- learn the language of the 1<sup>st</sup> Nations in the area
- Trauma informed training to understand effects of Residential schools through all generations
- By questioning regular common practices and keeping an open mind/ continually learning
- Remove Stereotyping
- Include traditional medicines in practices and be more connected with patients
- Hold training/ conferences on/in First Nations communities with First Nations Health Reps
- Accessible services
- Ask, don't assume!
- For doctors and services to learn about the local First Nations culture and the effects of IRS- we cannot "just get over it."
- Professionals should learn about First Nations culture
- Community information workshop for health benefits
- Go to the source for solutions- the patients with mental health issues in particular.
- Better Business Bureau oversight for quality assurance, quality control, alternative medicine and practitioners.
- Start naloxone learning with a prayer or brushing
- Bring information to the community
- Native liaison workers in hospitals should "Go see" the patient and let the patient know what supports they offer. Most times I've visited family, they were not aware that these support existed in the hospital; or will not go look for the native liaison.
- Talking circles
- Cultural intervention- i.e. Elder RCMP (multi-level intervention)
- Let clients know that it is "ok" for a friend or perhaps a community assist in making a complaint to a regulator!
- Workshops- cultural workshops for health professionals
- Teach bed side manners and better communication
- Develop and incorporate lens of reconciliation into their practices
- Understanding that residential school trauma effects multiple generations
  - Sexual
  - Physical
  - Mental
  - More awareness
  - Education

- Advocate for ongoing funding for MH NOT time limited funding.
- Host informational/ educational workshops that are focused on awareness/ initiatives and create a safe environment for people to share their traditional remedies/ treatments and encourage to find a balance between traditional and western medicine (i.e. diabetes awareness with traditional diets etc.)
- Be kind always!
- Always be unconditional and remember we have two ears and only one mouth and a big fat open heart.
- Be mindful of personal bias/ lived experience and how that influences our interactions with others.
- Listen, learn and apply
- Educate yourself on First Nations; learn to notice your biases and assumptions and put them aside.
- Learn each Nations protocol's and implement them into how you deliver your services; create table tops; be respectful- be courteous- I slow down!
- Host the community for a meal first there's magic that happens and speech is free flowing after a meal.
- Be compassionate to our people! A strange setting is traumatizing already!
- Acknowledge, Respect and Honor the unseeded Traditional Territory of the Ucwalmicw where you live and work. Not just the reserves!! Nor just at conference meetings.
- By being educated in cultural ways of First Nations they work with, knowing is power!
- Respect that our elders are IRS Survivors... and hospitals are much like Residential Schools. When told patient is a survivor, deal with respect and know the situation is linked to PTSD. Notify all staff involved.
- Inclusive of all family members. Respectful settings incorporate longhouse (self-place?)
- Learn/ Listen and be open minded!
- Cultural Competency
- Understanding multiple traumas
- They should visit communities and speak to the elders
- Train and hire more indigenous service providers. Women = Woman provider
- Work with hospitals on cultural awareness and cultural safety
- Provide training in conjunction with medical teachings
- First Nations 101
  - Orientation to Non- First Nations (i.e. Sixties scoop, residential schools)
  - Ongoing education
  - What does FN governance look like?
  - Learn about traditional healing (i.e. soopalilie for cancer)
- Include elders in how to incorporate cultural teachings
- Youth Council
- Professionals need to work with elders to learn and understand how cultural healing is medicine.
- Provide training in conjunction with medical teachings
- Know the cultural practices of bands in their area. Ask input from the band on what traditions/ culture are utilized in the band. Follow the lead of the band members.
- Work with hospitals on cultural awareness and cultural safety
- Offer training on health and culture



- Listen to community knowledge
- Getting into culture/ ceremony
- Understanding knowledge and culture to aid in healing
- Relationship between local nation and health to be developed so that the nation and health organization can be open to each other events, practices, ceremony
- Understand our cultural history
- Elder teachings!
- Inclusive of First Nations- Community health workers
- Show that you care about how the people feel when they are in need
- Get the youth educated and involved 100%
- Consistent, relationship building!
- Have knowledge of history of Indigenous people and how this impacts health outcomes, social issues etc. and incorporate this into practice.
- Be patient and listen
- Work with physicians on Culture Humility. Don't judge or assume.
- Be open minded to doing things differently
- People need people- share your time, coffee, a meal, your wisdom. Support through talking!
- Learn about the history of pre-contact First Nations in BC
  - Contact
  - Colonization
  - Residential Schools
  - Current State
  - The road forward- Reconciliation!
- Cultural competency as part/ requirement of BC Registry with Health Regulators
- Speak with Knowledge Keepers and Elders within communities to create a connection and build relationships.
- Provide advocacy to remote community understanding.
- Treat all as you would your own loved ones. Be sure our Elders and Youth are heard!
- Afterhours support for our members
- Don't look at the color of the skin when caring for patients
- Incorporate as part of Nations HR Policy
- Understand how to practice humility and being humble- understanding the person and not always the condition/ health
- Visible First Nations Art Work so people can see and recognize our culture (Totems, paddles, speaking sticks)
- Accepting their past so they heal collectively
- Be humble and open minded- respect everyone!



College of Pharmacists  
of British Columbia

## 14. Our Commitment to Improve Cultural Safety and Humility for First Nations and Aboriginal Peoples

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**Gillian Vrooman**

Director of Communications and Engagement



College of Pharmacists  
of British Columbia



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*Acting on our commitment to improve  
cultural safety and humility for First  
Nations and Aboriginal Peoples in BC*

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**Health Regulators pledged to make our health system more culturally safe**



**Commitment to improve BC pharmacy professionals' work with First Nations**

**College signs Declaration**



# DECLARATION *of* COMMITMENT

## CREATE A CLIMATE FOR CHANGE

- Articulating the pressing need to ensure cultural safety within First Nations and Aboriginal health services in BC.
- Opening an honest and convincing dialogue with all stakeholders to show that change is necessary.
- Forming a coalition of influential leaders and role models who are committed to the priority of embedding cultural humility and safety in BC health services.
- Leading the creation of the vision for a culturally safe health system and developing a strategy to achieve the vision.
- Supporting the development of workplans and implement through available resources.

## ENGAGE & ENABLE STAKEHOLDERS

- Communicating the vision of culturally safe health system for First Nations and Aboriginal people in BC and the absolute need for commitment and understanding on behalf of all stakeholders, partners and clients.
- Openly and honestly addressing concerns and leading by example
- Identifying and removing barriers to progress.
- Tracking, evaluating and visibly celebrating accomplishments.

## IMPLEMENT & SUSTAIN CHANGE

- Empowering health organizations and individuals to innovate, develop cultural humility and foster a culture of cultural safety.
- Allowing organizations and individuals to raise and address problems without fear of reprisal.
- Leading and enabling successive waves of actions until cultural humility and safety are embedded within all levels of the health system.



# B.C. Declaration on the Rights of Indigenous Peoples Act introduced October 24, 2019

## It's about a brighter future. Indigenous Human Rights Set in B.C. Law

New legislation will put B.C. laws in line with the UN Declaration on the Rights of Indigenous Peoples. This is a historic moment for everyone in B.C.

B.C.'s new law recognizes and respects the human rights of Indigenous peoples and will help to build a stronger B.C.

It makes sure Indigenous peoples are a part of the decisions that affect them, their families and their territories. It provides a way forward on reconciliation with a plan that will work for everyone in B.C.



Union of  
British Columbia  
Indian Chiefs

United Nations  
**DECLARATION**  
on the **RIGHTS**  
of **INDIGENOUS**  
**PEOPLES**



United Nations

*Article 24*

1. Indigenous peoples have the right to their traditional medicines and to maintain their health practices, including the conservation of their vital medicinal plants, animals and minerals. Indigenous individuals also have the right to access, without any discrimination, to all social and health services.
2. Indigenous individuals have an equal right to the enjoyment of the highest attainable standard of physical and mental health. States shall take the necessary steps with a view to achieving progressively the full realization of this right.

18. We call upon the federal, provincial, territorial, and Aboriginal governments to acknowledge that the current state of Aboriginal health in Canada is a direct result of previous Canadian government policies, including residential schools, and to recognize and implement the health-care rights of Aboriginal people as identified in international law, constitutional law, and under the Treaties.
19. We call upon the federal government, in consultation with Aboriginal peoples, to establish measurable goals to identify and close the gaps in health outcomes between Aboriginal and non-Aboriginal communities, and to publish annual progress reports and assess long-term trends. Such efforts would focus on indicators such as: infant mortality, maternal health, suicide, mental health, addictions, life expectancy, birth rates, infant and child health issues, chronic diseases, illness and injury incidence, and the availability of appropriate health services.
20. In order to address the jurisdictional disputes concerning Aboriginal people who do not reside on reserves, we call upon the federal government to recognize, respect, and address the distinct health needs of the Métis, Inuit, and off-reserve Aboriginal peoples.
21. We call upon the federal government to provide sustainable funding for existing and new Aboriginal healing centres to address the physical, mental, emotional, and spiritual harms caused by residential schools, and to ensure that the funding of healing centres in Nunavut and the Northwest Territories is a priority.
22. We call upon those who can effect change within the Canadian health-care system to recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients.
23. We call upon all levels of government to:
  - I. Increase the number of Aboriginal professionals working in the health-care field.
  - II. Ensure the retention of Aboriginal health-care providers in Aboriginal communities.
  - III. Provide cultural competency training for all healthcare professionals.



**Truth and  
Reconciliation**  
Commission of Canada

## **CULTURAL SAFETY**

An outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the healthcare system.

It results in an environment free of racism and discrimination, where people feel safe when receiving health care.

***creating an environment free of racism and discrimination, where people feel safe when receiving health care***

## **CULTURAL HUMILITY**

A process of self-reflection to understand personal and systemic conditioned biases, and to develop and maintain respectful processes and relationships based on mutual trust.

Cultural humility involves humbly acknowledging oneself as a life-long learner when it comes to understanding another's experience.

***being humble, using self-reflection to understand biases, power imbalances and learning about First Nations experiences***

## **SYSTEMIC RACISM**

Systemic racism is enacted through societal systems, structures and institutions in the form of “requirements, conditions, practices, policies or processes that maintain and reproduce avoidable and unfair inequalities across ethnic/racial groups”.

It is commonly manifested in social exclusion and isolation that limits access to and participation in social systems.

***racism engrained in systems, rules, practices and policies that create barriers***

The background is a solid dark blue color with several stylized, lighter blue feathers scattered across it. The feathers are of various sizes and orientations, some pointing upwards and others downwards, creating a textured, organic feel.

***How the experiences of First Nations impacts trust***

# Residential Schools



*“They sleep in dormitories from which the chill of the B.C. winter is never removed by artificial heat, that the water they drink is never ordinarily drinkable, and that the toilet system exhibits none of the features of ordinary decency, much less comfort”*

**Ahousaht Indian Residential School, 1904–1940**  
Vancouver Island, British Columbia

**Last residential school only closed in 1996**  
(Gordon Indian Residential School, Sask.)

<https://thechildrenremembered.ca/school-locations/ahousaht/>

# Indian Hospitals



'Canadians would be shocked': Survivors, lawyers describe treatment at Nanaimo Indian Hospital

British Columbia · CBC Investigates

## 'Canadians would be shocked': Survivors, lawyers describe treatment at Nanaimo Indian Hospital



Thousands were sent to be treated for tuberculosis, but many allege they were abused

[Angela Sterritt](#), [Manjula Dufresne](#) · CBC News ·

Posted: Feb 01, 2018 5:00 AM PT | Last Updated: February 1, 2018

*A lawsuit filed against the Government of Canada on behalf of aboriginal people who were patients of 29 government-run Indian hospitals alleges the hospitals were overcrowded, poorly staffed, unsanitary and had widespread physical and sexual abuse like beating with rods and sticks and physical restraint to beds.*



Children are shown attending class at the Nanaimo Indian Hospital in a CBC-TV story from 1964. (CBC Archives)

**Nanaimo Indian Hospital, 1964**  
Vancouver Island, British Columbia

<https://www.cbc.ca/news/canada/british-columbia/canadians-would-be-shocked-survivors-lawyers-describe-treatment-at-nanaimo-indian-hospital-1.4513476>

# Sixties Scoop

*From the 1950s through the 1980s, thousands of Indigenous children were taken from their families and communities placed with non-Indigenous families. Many children were subject to physical, emotional or sexual abuse while most lost connection to their cultures and languages.*

A CHILD IS WAITING

## Happy, Playful Girl



Sherri, 3... loves to be hugged and cuddled.

Three-year-old Sherri can quickly win your attention with her wide smile and big brown eyes. An attractive girl, she has straight black hair cut in a pixie-look which matches her little personality.

Sherri loves to be hugged and cuddled. At first, she is shy with strangers until she knows that you can be trusted.

she is talking, repeating what others say and is more attentive. She is attending a speech therapy program once a week and her foster mom does speech exercises with her at home.

Sherri enjoys play-time with her Tuffy animals, pulltoys and the kitchen pots. She loves to listen and

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## A CHILD IS WAITING



JASON, A LOVABLE LITTLE CHARMER  
... is all-boy.

## Youngster loves outdoors

Don't let his serious look fool you, twenty month old Jason is a happy boy who enjoys playing with boy's children and adults.

Now that Jason is walking he loves to explore and get around. He loves playing outdoors in the sand with pots, pans and little objects. Going for car rides is his favorite activity.

has fine dark brown hair, big brown eyes, chubby cheeks and a dark olive complexion.

For the first months of his life, Jason had a few health difficulties. Other than the occasional cold, he is in good health now. He gets an eczema-like rash on his face. The rash comes and goes and is treated with

# **Racist comments by public officials**

*Senator Lynn Beyak refused to remove letters from her website condemned as racist which describe Indigenous people as lazy, opportunistic, pampered and inept.*



Lynn Beyak suspended from Senate after refusing to take down letters condemned as racist



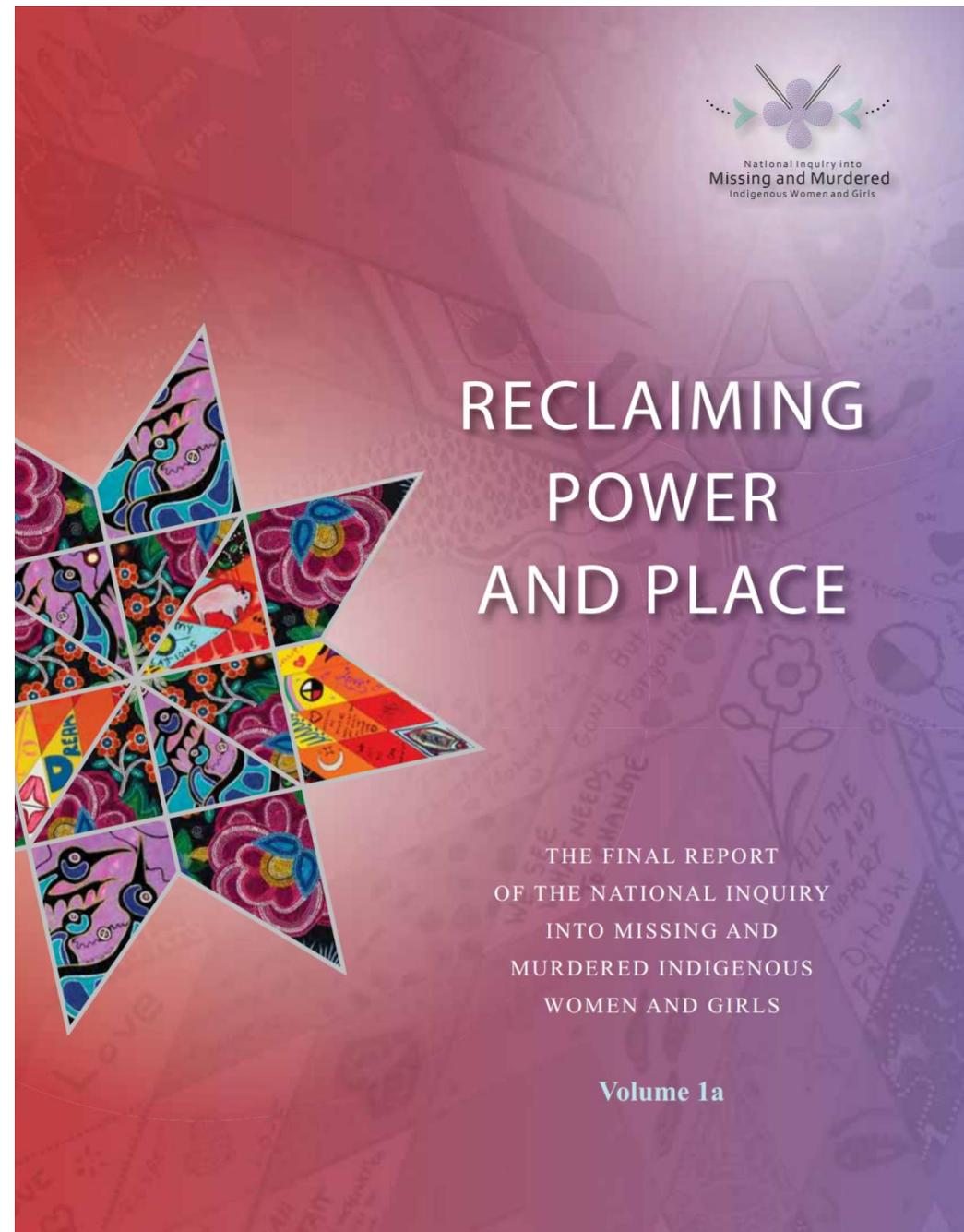
Senator Lynn Beyak addresses the Red Chamber May 9, 2019. (CBC)

Lynn Beyak has been suspended from the Senate for the remainder of this parliamentary session after declining to remove letters from her website that have been widely condemned as racist, and for refusing to apologize for posting them.

# ***Inquiries revealing systemic problems in protecting the safety of First Nations***

*The inquiry said that, too often, murder investigations are "marked by indifference" and negative stereotypes that result in Indigenous deaths and disappearances being investigated and treated differently from other cases — differences that result in fewer solved cases.*

<https://www.cbc.ca/news/politics/mmiwg-inquiry-deliver-final-report-justice-reforms-1.5158223>  
[https://www.mmiwg-ffada.ca/wp-content/uploads/2019/06/Final\\_Report\\_Vol\\_1a-1.pdf](https://www.mmiwg-ffada.ca/wp-content/uploads/2019/06/Final_Report_Vol_1a-1.pdf)





***How racism and discrimination  
impacts the health of First  
Nations in BC***



**7.5**

**A Status First Nations person in BC is expected to live 7.5 fewer years than a non-Aboriginal BC resident born in the same period.**



**800X**

**In some First Nations communities, youth suicides occur at a rate 800 times the national average, while in others, suicides may happen rarely.**



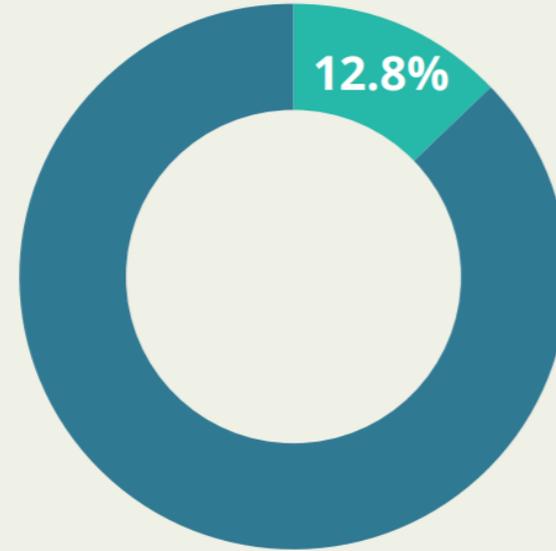
# Opioid overdose crisis has a disproportionate impact on First Nations in BC

The death rate from opioid-related overdoses continues to rise for First Nations, making it a severe and growing threat to our wellness and the health of our communities.



**21%  
INCREASE  
2017 TO 2018**

In 2018, **193 First Nations men and women died** of an overdose in BC. A 21% increase from 2017 when there was 159 First Nations deaths .



In 2018, 12.8% of all overdose deaths in BC were in First Nations people. This is

**4.2X**

the rate observed among other Residents who experience overdose deaths.

It was 3.4 in 2017

THE CRISIS IS BEING EXPERIENCED **MOST ACUTELY IN CITIES.**





## Why First Nations are at a greater risk for opioid overdoses

- **Racism toward First Nations and intergenerational trauma are barriers to health care**
- **Intergenerational trauma is associated with risk of substance use**
- **First Nations peoples report reduced access to mental health and addiction treatment prevention sites**

# Brian Sinclair

*Brian Sinclair died as a result of not being treated for a bladder infection, after waiting 34 hours without care as when a nurse assumed he was intoxicated.*

## Nurse thought Brian Sinclair was intoxicated, inquest told



CBC News · Posted: Oct 10, 2013 4:42 PM CT | Last Updated: October 10, 2013



Inquest into Winnipeg ER death of Brian Sinclair hears emotional testimony from two nurses: one who denied being aware of Sinclair and another who admitted she did nothing to help him. 1:30

[29 comments](#) 

A triage nurse who was on shift at a Winnipeg hospital's emergency room on the night Brian Sinclair died, after waiting 34 hours without care, has told the inquest into his death she initially thought the man was intoxicated.

**Michelle Labrecque**

*Michelle Labrecque received delayed care for a fractured pelvis and “prescription” that was a scribble of a beer bottle, circled with a slash through it.*



Racism against aboriginal people in health-care system 'pervasive': study

## Racism against aboriginal people in health-care system 'pervasive': study



Discrimination called a major factor in aboriginal health disparities



[Duncan McCue](#) · CBC News · Posted: Feb 03, 2015 5:00 AM ET | Last Updated: February 4, 2015



Aboriginal people face 'pervasive' racism in Canada's health-care system, a new report finds 2:41

[548 comments](#)

Michelle Labrecque pushes herself gingerly in a wheelchair down the hallway of a hotel. The Oneida woman was recently found to have a fractured pelvis, but she says it took three trips to the hospital and increasing pain before she received that diagnosis.



**2018/19 FNHA  
COMMUNITY  
FEEDBACK**

“Problems with NIHB being difficult  
has resulted in pharmacies being  
used to saying ‘no’.”

Vancouver Island Region Focus Group  
January 15, 2019

**2018/19 FNHA  
COMMUNITY  
FEEDBACK**

“Pharmacies assume that clients who have to pay out-of-pocket can’t pay. There is a need for cultural safety and humility.”

Northern Region Focus Group  
December 3, 2018

The background is a dark blue color with several stylized, lighter blue feathers scattered across it. The feathers have a soft, downy texture and are positioned in various orientations, some pointing upwards and others downwards. The text is centered in the middle of the image.

***Our duty to protect  
the public***

See the [Tables of Legislative Changes](#) for this Act's legislative history, including any changes not in force.

## HEALTH PROFESSIONS ACT

### [RSBC 1996] CHAPTER 183

#### Duty and objects of a college

**16** (1) It is the duty of a college at all times

(a) to serve and protect the public, and

(b) to exercise its powers and discharge its responsibilities under all enactments in the public interest.

(2) A college has the following objects:

(a) to ensure

the college;

registration of a person as a member of the college;

to establish, monitor and enforce standards of practice to enhance the quality of practice and reduce incompetent, impaired or unethical practice amongst registrants;

(e) to establish and maintain a continuing competency program to promote high practice standards amongst registrants;

(f) to establish, for a college designated under section 12 (2) (h), a patient relations program to seek to prevent professional misconduct of a sexual nature;

(g) to establish, monitor and enforce standards of professional ethics amongst registrants;

(h) to require registrants to provide to an individual access to the individual's health care records in appropriate circumstances;

(i) to inform individuals of their rights under this Act and the [Freedom of Information and Protection of Privacy Act](#);

(i.1) to establish and employ registration, inquiry and discipline procedures that are transparent, objective, impartial and fair;

(j) to administer the affairs of the college and perform its duties and exercise its powers under this Act or other enactments;

(k) in the course of performing its duties and exercising its powers under this Act or other enactments, to promote and enhance

***It's part of our duty to serve and protect  
First Nations and Aboriginal Peoples in BC***

The background is a dark blue color with several stylized, lighter blue feathers scattered across it. The feathers have a soft, downy texture and are positioned in various orientations, some pointing upwards and others downwards. The central text is white and stands out prominently against the dark background.

***How are we acting on  
our commitment?***

***Developed strategy  
to take action on  
our commitment***



College of Pharmacists  
of British Columbia

## Our Commitment to Cultural Humility



---

Acting on our commitment to improve  
cultural safety and humility for First  
Nations and Aboriginal People in BC

---

August 18, 2017



First Nations Health Authority  
Health through wellness

*#itstartswithme*

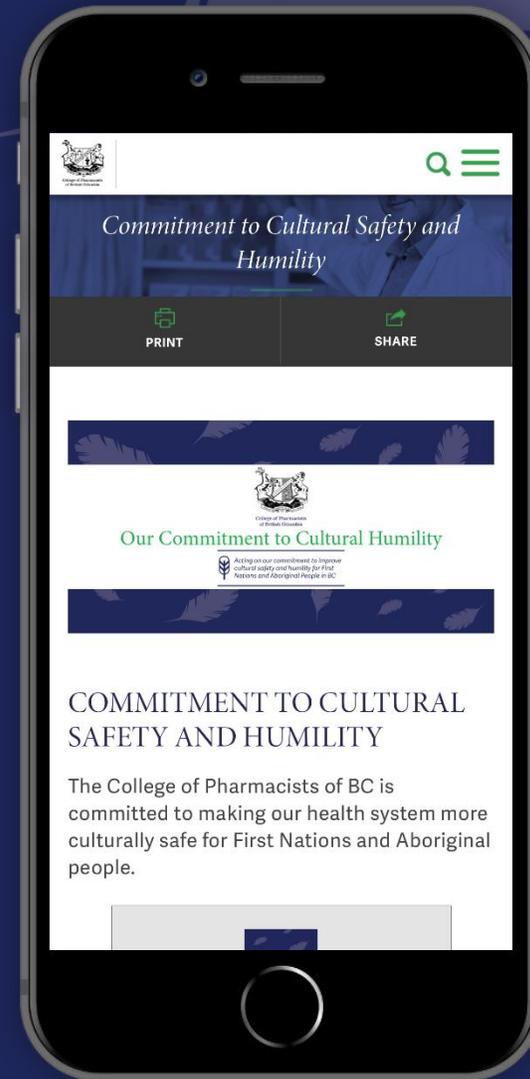
**Cultural Safety and Humility:  
Key Drivers and Ideas for Change**



**First Nations Health Authority Resources**  
**[fnha.ca/wellness/cultural-humility](https://fnha.ca/wellness/cultural-humility)**

# Open Transparent Online

[bcpharmacists.org/humility](https://bcpharmacists.org/humility)



# Cultural Safety Concepts

*Changing and influencing the values and attitudes of  
both our registrants and staff*

# Integrating cultural safety and humility into organizational policies

## 3.2 Workplace Diversity (New 03/18)

---

### Objective

The College is dedicated in being a leader by supporting and valuing the diversity of the people, our organization and the stakeholders we serve. The College has an inclusive working environment which values and respects all employees and stakeholders. Managing and valuing diversity improves the creativity and productivity of all employees. It also gives a clear competitive advantage to our organization and ensures representation in our organization of the communities that we live and work in. This policy provides a definition and the expectations relating to workplace diversity.

### Definitions

**Workplace diversity** is recognizing and respecting human differences and similarities within the organization.

**Target groups** are designated groups of concern that include women, disabled, visible minorities and Aboriginal peoples. These groups are selected as the focus of Employment Equity because their labour market experience reveals long-standing patterns of high unemployment, lower than above pay rates, concentration in low status jobs and limited opportunities for advancement.

### Expectations

The College is committed to the establishment of a working environment that respects and values diversity in all aspects of employment. All decisions regarding recruitment, hiring, promotion, compensation, employee development decisions such as training and all other terms and conditions of employment, are made without regard to race, religious beliefs, colour, gender, sexual orientation, marital status, physical and mental disability, age, ancestry or place of origin.

In accordance with the *Employment Equity Act*, the College will make reasonable efforts to ensure that it is a representative employer of women and men, members of visible minority groups, people with disabilities and First Nations at all the organization's operations. The College will endeavor, where feasible, to make every effort to equalize the under-utilization of designated target groups.

In order to establish a working environment that respects and values differences, the College fosters open communication by sharing information and resources on diversity with all its employees and stakeholders; and provides applicable educational programs relating to diversity management.

**(Internal organizational policy)**



College of Pharmacists  
of British Columbia

***Land acknowledgements and our  
commitment to cultural safety and  
humility incorporated into all public  
reports and presentations***

The College of Pharmacists of BC acknowledges and thanks the Coast Salish People on whose traditional territories we are gathered on.

We are grateful to carry out our work on the ancestral lands of the Musqueam, Squamish and Tsleil-Waututh First Nations.

An aerial photograph of Vancouver, British Columbia, showing the city's dense urban core, the harbor, and the surrounding mountains. The image is used as a background for the presentation slide.

## Reconciliation and Regulation

***Presented on reconciliation and regulation  
at CLEAR Regional Symposium June 2019***

vancouver

COUNCIL ON LICENSURE, ENFORCEMENT & REGULATION  
[WWW.CLEARHQ.ORG](http://WWW.CLEARHQ.ORG)

CLEAR REGIONAL SYMPOSIUM

  CLEARHQ



College of Pharmacists  
of British Columbia

Annual Report

# 2017/2018

*Regulating pharmacy practice in the public interest*

## College Vision, Mission and Values

### VISION

Better Health through excellence in pharmacy.

### MISSION

The College regulates the pharmacy profession in the public interest. We set and enforce standards and promote best practices for the delivery of pharmacy care in British Columbia.

### VALUES

The College of Pharmacy of British Columbia's activities and decisions are based on the following values:

- Being professional and ethical
- Providing quality service
- Building quality relationships
- A culture of excellence

*The College acknowledges with respect that the College of Pharmacists of BC is located on the unceded and traditional territories of the Coast Salish peoples – skwxwú7mesh úxwumixw (Squamish), selilwitulh (Tseil-Waututh), and xWmækʷəyəm (Musqueam) nations whose historical relationships with the land continue to this day*

**Land  
acknowledgment  
included in  
Annual Report**

# ***Cultural Safety and Humility Resource for Board Members***

- *BC Health Regulators Declaration of Commitment*
- *First Nations Health Authority's Policy Statement on Cultural Safety and Humility*
- *Our Commitment to Cultural Humility (College Strategy)*
- *Cultural Safety and Humility Definitions*
- *Relevant educational webinars*
- *Truth and Reconciliation report*
- *Health Inequalities and Social Determinants of Aboriginal Peoples' Health report*
- *Information on the San'yas, and other Indigenous Cultural Safety Training Programs*

# Cultural Safety and Humility Commitment and Resources for the College Board

The College of Pharmacists of BC is committed to making our health system more culturally safe for First Nations and Aboriginal people.



As the regulator for pharmacy practice in BC, having the College Board acknowledge racism in healthcare and pledge to work towards improving care for First Nations and Aboriginal Peoples is important in leading our health system toward a more inclusive future.

Use these resources to continue to support your journey of learning about the culture and experiences of First Nations and Aboriginal Peoples in BC, and recognizing how improving cultural safety and humility contributes to the College's duty in protecting public safety.

**The information and resources within the following topics are intended to help guide your journey in learning about cultural safety and humility**

- Cultural Safety and Humility
- Systematic Racism
- Relationship-Based Care and Cultural Safety
- Quality Health Care and Access to Health Care
- Health Literacy and Cultural Safety
- Impacts on Public Safety
- How Racism towards First Nations and Aboriginal Peoples Relates to the Opioid Crisis
- Our Duty to Serve and Protect First Nations and Aboriginal Peoples in BC
- Declaration of Commitment
- Our Strategy for Acting on Our Commitment
- Recommended Cultural Safety Training and Reading
- Following College Activity on Cultural Safety and Humility
- Public Acknowledgements of Our Commitment to Cultural Safety and Humility
- What We've Heard on Cultural Safety and Humility
- Make Your Personal Pledge – It Starts With Me
- Additional Resources

*(Navigate through the links above or use the side menu to access each topic as you continue to read through the information provided.)*

## Questions

Have a question about the College's Cultural Humility and Safety Strategy, or the resources available? Want to suggest an additional resource that could help other Board members in learning about cultural safety and humility?

Reach out to the College's communications department at [communications@bcpharmacists.org](mailto:communications@bcpharmacists.org).

## Huy chexw and Hay ce:p q̓a' (Thank You)

The College would like to extend a great Huy chexw and Hay ce:p q̓a' (thank you in Skwxwú7mesh Sníchim of the skwxwú7mesh úxwumixw and in hənq̓əmiñəm of xʷməθkʷəy̓əm and selilwitulh nations)\* to the First Nations Health Authority for working with the College in the development and implementation of our strategy to improve cultural safety and humility for First Nations in BC.

We appreciate their leadership and wisdom in caring for First Nations and Aboriginal Peoples in BC.

*\*Respectfully practicing the language of the skwxwú7mesh úxwumixw (Squamish), selilwitulh (Tsleil-Waututh), and xʷməθkʷəy̓əm*

# Partnership and Engagement

*Building and strengthening relationships with local communities to involve them in decisions that affect them*



bcpharmacists  
The Westin Bayshore

bcpharmacists We're at the @fnha Mental Health & Wellness Summit Feb 7 & 8! Come say hi, learn about Naloxone & our plans to improve cultural humility, share your thoughts, & grab some cool swag! 😊 #fnhawellness

drhennigar Love this. So important ❤️

# FNHA's Mental Health and Wellness Summit

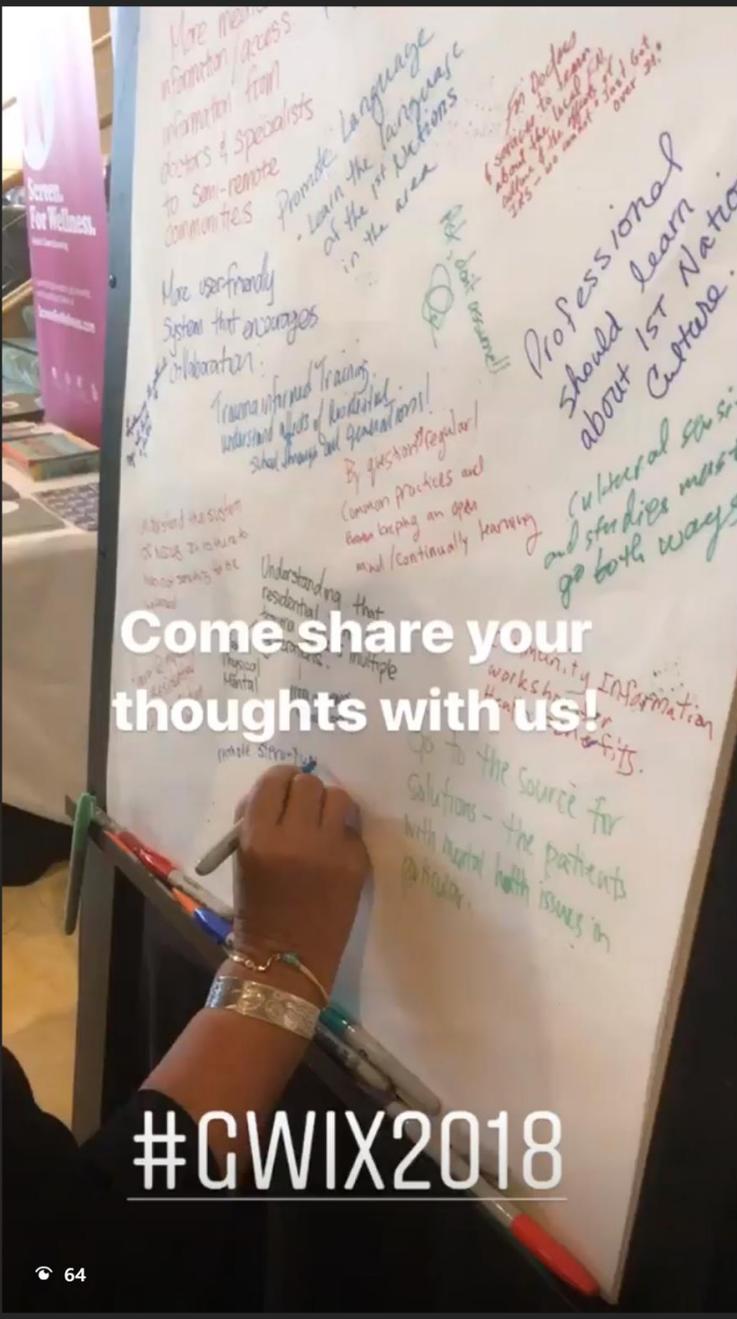


59 likes

FEBRUARY 7

Add a comment...







#INDIGENOUSPEOPLES DAY

Indigenous Health

Day of Wellness event at BC Women's Hospital

BC WOMEN'S HOSPITAL + HEALTH C...

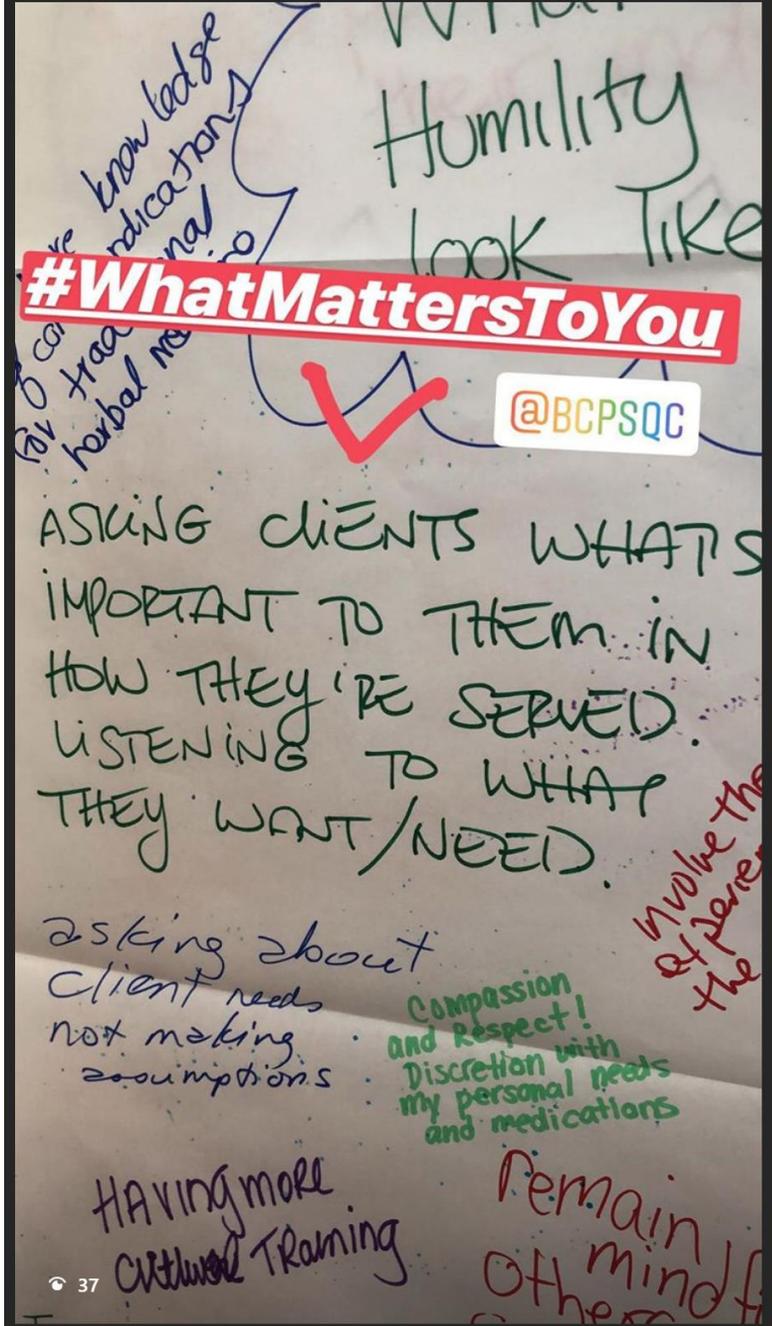


Come and share your thoughts!

What does Cultural Safety & Humility within BC pharmacies look like to you?

#ThoughtsForSocks

BC WOMEN'S HOSPITAL + HEALTH C...



#WhatMattersToYou

@BCPSQC

ASKING CLIENTS WHAT'S IMPORTANT TO THEM IN HOW THEY'RE SERVED. LISTENING TO WHAT THEY WANT/NEED.

ask about client needs not making assumptions

Compassion and Respect! Discretion with my personal needs and medications

HAVING more cultural Training

Remain open minded

Involve the patient



## FNHA Mental Health and Wellness Summit

### WHAT WE HEARD: FNHA MENTAL HEALTH AND WELLNESS SUMMIT

*This past February, The College was fortunate to be a part of the first Mental Health and Wellness Summit hosted by the First Nations Health Authority!*

*As a writer, we took the opportunity to try and spread awareness of emergency use... these deaths and what we've... see not... but how... many people...*

**Sharing our learnings through articles and presentations**

### WHAT DOES CULTURAL SAFETY & HUMANITY WITHIN BC PHARMACIES LOOK LIKE TO YOU?

#### ON ACCESS

*"Pharmacies should show cultural sensitivity and be aware that many of our people fall below the economic poverty line and are not able to pay for their medicine and they should also be aware of all social programs that assist in paying for medicines to better facilitate our people in getting their medicines."*

*"Make sure there are places people can gather to talk, to belong & to access culturally appropriate services"*

*"Transparency to all"*

#### ON WELCOMING ENVIRONMENTS

*"Always see the human, not the stats, not the stigma"*

*"Kind, compassionate approach to people who have addictions"*

*"Reaching out to your open indigenous community to open dialog and sharing"*

#### ON TRADITION

*"It's time to incorporate First Nations medicine and all its healing properties, into the health system so it's not lost."*

*"Respect and understanding of Indigenous needs; Recognition of Indigenous medicines; Respectful communication with Indigenous people."*

*"The integration of both traditional and Western knowledge regarding healing"*

#### ON ATTITUDE

*"Seeing people equally – as human beings regardless of what they look like or where they come from"*

*"Honesty and Respect and Open mindedness"*

*"Being open, respectful, positive and non-judgmental"*

*"Have knowledge of history of Indigenous people and how this impacts health outcomes, social issues etc. and incorporate this into practice."*

*"Be open minded to doing things differently."*

*"Visible First Nations Art Work so people can see and recognize our culture (Totems, paddles, speaking sticks)"*

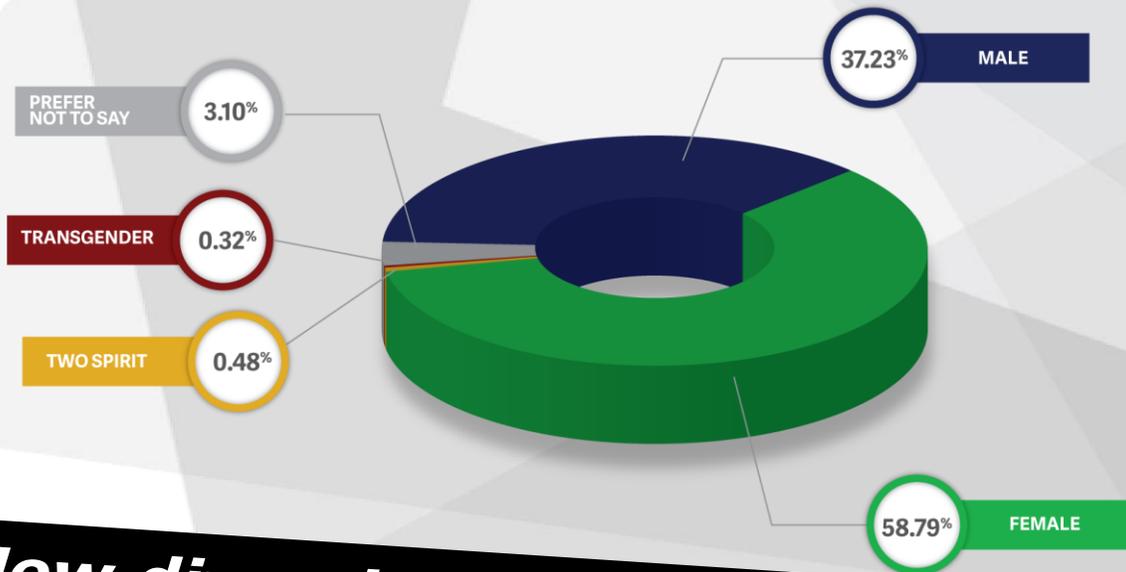
*"Respect that our elders are IRS Survivors... and hospitals are much like Residential Schools. When told patient is a survivor, deal with respect and know the situation is linked to PTSD. Notify all staff involved."*

*"Be mindful of personal bias/ lived experience and how that influences our interactions with others."*

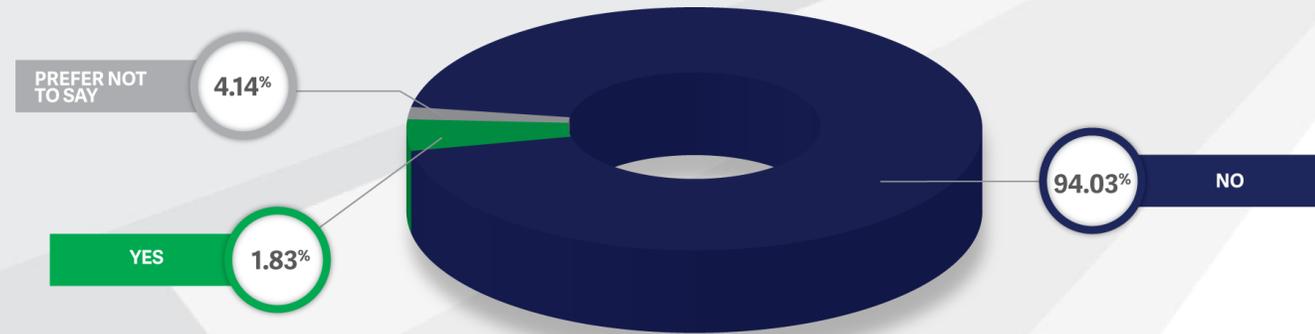
# Diversity and identity...

*Equity and diversity are important to the College.  
The College is also committed to improving cultural humility  
and safety for First Nations and Aboriginal Peoples in BC.*

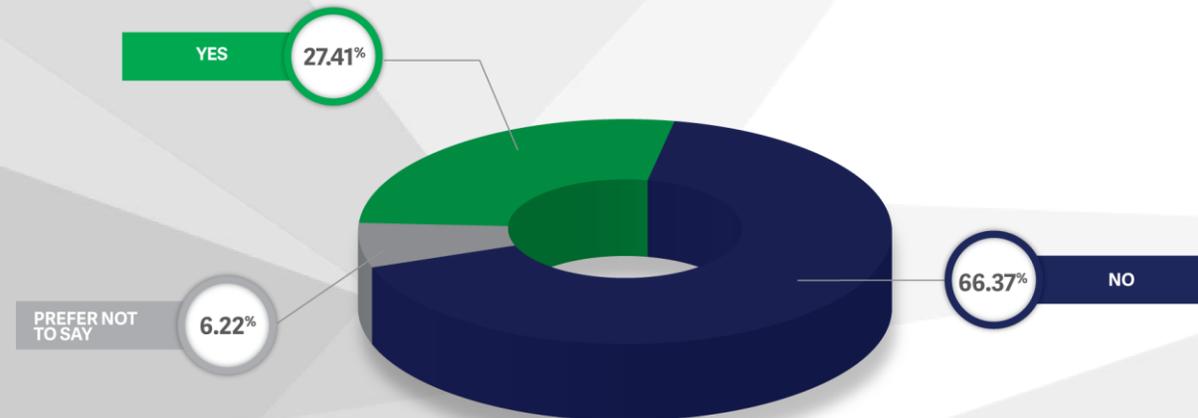
Gender most identified as



Identify as an Aboriginal person that is First Nations, Métis or Inuit



Identify as a visible minority



***New diversity and identity questions for online engagements***

# Vision for Excellence

## Culturally-Safe Care

**How can the College continue to promote culturally-safe care?**

### RESPONSE THEMES

- **Increase cultural awareness and respect for all cultures including marginalized groups (race, religion, place of origin, family status, marital status, physical disability, mental disability, political belief, sex, age, sexual orientation, gender identity or expression)**
- **Provide more education, training and CE content, consider making mandatory**
- **Build more awareness of racism and culture safety issues in health care**
- **Encourage reporting of racism**
- **Increased dialogue with First Nations Peoples**

*“Co-create services with service users. Hold consultations with Indigenous communities and marginalized communities such as substance users and people with disabilities to develop and implement strategies to promote culturally safe care. Make culturally safe care a key message in communications with members.” – Member of the Public*

*“Have more mandatory cultural training for all members, including investing in hiring specialists in those fields to provide training and integrate into pharmacy culture, such as reducing racism, cissexism, fat-phobia, classism, sexism etc.” – Health Professional*

*“Provide professional development opportunities for cultural sensitivity including for LGBTQ clients and mental illness.” – Member of the Public*

*“Educate all pharmacists about cultural humility. Provide CEs on cultural humility and different beliefs and practices among various cultures and the barriers they may be facing. Educate pharmacists on use of person-first language and respect for gender identity.” – Health Professional*

*“Include information in the newsletter about culturally safe care, encourage CE in cultural safety, mechanisms to report racism.” – Health Professional*

*“Pharmacists need to be aware of the makeup of their community and of the rules of culture that apply. Since pharmacists rarely work alone, or are rarely parachuted into a new cultural context for them, it is incumbent on the other staff members to inform a new pharmacist in a particular geographic area of the cultural sensitivities which should be observed.” – Health Professional*

***Cultural safety & humility reflected within strategic plan engagement***

# Learning, Knowledge Exchange and Quality Health

*Building the principles of cultural humility and safety  
into our communications messaging and  
organizational training*



# Cultural humility and safety resource page



## CULTURAL SAFETY TRAINING

The College encourages BC’s pharmacy professionals to complete cultural safety training. As one of the most accessible health care professions, having BC’s pharmacy professionals acknowledge racism in healthcare and pledge to work towards improving the quality of health services for First Nations and Aboriginal People is important in leading our provincial health system toward a more inclusive future.

### SAN’YAS INDIGENOUS CULTURAL SAFETY COURSE

The College encourages all pharmacy professionals to consider completing the online [San’yas Indigenous Cultural Safety course](#) as part of their professional development. Currently less than 2% of all licensed pharmacists in BC have taken the course which is provided by the Provincial Health Services Authority, making this a significant commitment for you and other pharmacists to make.

- See [San’yas Indigenous Cultural Safety Course](#)

### CULTURAL SAFETY AND CULTURAL HUMILITY WEBINARS

Watch the [12 part Cultural Safety and Cultural Humility Action Series](#) hosted by the First Nations Health Authority and BC Patient Safety & Quality Council. The series will support the development of tools and skills on how to be effective allies for advancing cultural safety and humility and what health service staff and allies can do to understand and integrate this work into their practice or interaction with First Nations and Aboriginal People. Hear from thought leaders such as Joe Gallagher, Dr. Evan Adams, Dr. Nadine Caron, Margo Greenwood, and representatives from each regional health authority in the province.

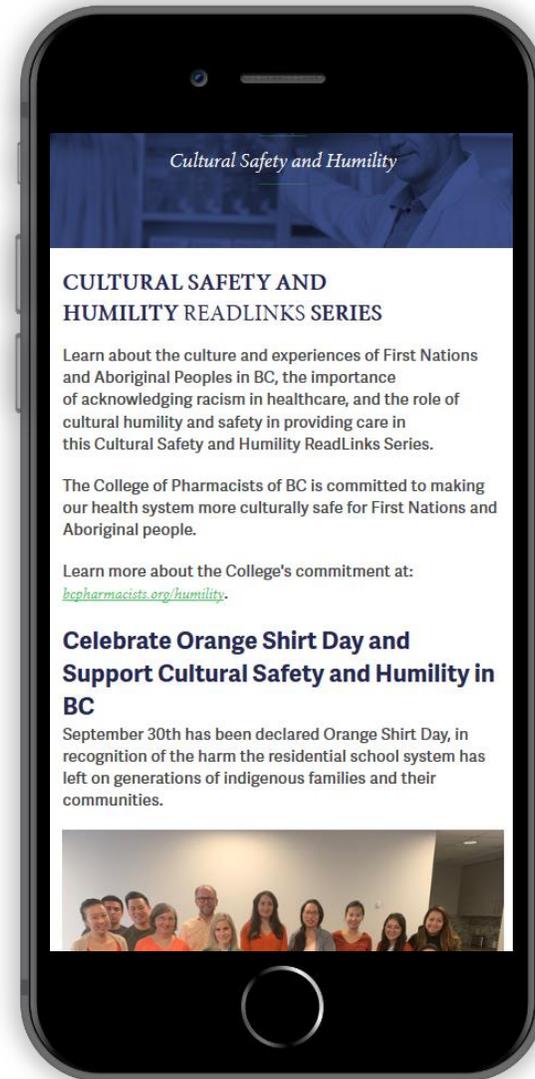
# [bcpharmacists.org/humility](http://bcpharmacists.org/humility)

### CULTURAL HUMILITY PORTAL HEALTH AUTHORITY

Learn more about cultural safety and humility and how to improve your practice with the resources available in the First Nations Health Authority Cultural Humility Portal, and pledge your commitment to cultural safety and humility.

- See [First Nations Health Authority Cultural Humility Portal](#)

# **Cultural safety and humility article series**



**[bcpharmacists.org/humilityseries](https://bcpharmacists.org/humilityseries)**



# What We Heard: FNHA Mental Health and Wellness Summit 2019

May 29, 2019 • CULTURAL SAFETY AND HUMILITY

## What We Heard



## FNHA Mental Health and Wellness Summit 2019

### WHAT WE HEARD: FNHA MENTAL HEALTH AND WELLNESS SUMMIT 2019

*This past week, the College was fortunate enough to be invited back to the second annual Mental Health and Wellness Summit hosted by the First Nations Health Authority!*

The 2019 First Nations Primary Care and Mental Health and Wellness Summit focused on weaving holistic wellness into the health care system – bringing together the best of western medicine and First Nations traditional wellness approaches. The summit showcased the latest developments in policy, program design, and service delivery work to improve the health and wellness of BC First Nations.

As an exhibitor, we took the opportunity

# [bcpharmacists.org/humilityseries](http://bcpharmacists.org/humilityseries)

...opioid overdose crisis is having on First Nations people in BC, we also used our exhibit booth to share resources on emergency use Naloxone, including where to access it and how to follow the SAVE ME Steps to temporarily reverse the effects of an opioid overdose.



# June is National Indigenous History Month

Jun. 27, 2019 • CULTURAL SAFETY AND HUMILITY



## NATIONAL INDIGENOUS HISTORY MONTH 2019

June is National Indigenous History Month and the College would like to remind all Canadians to take a moment to reflect on, recognize and celebrate the unique heritage, diverse cultures and outstanding contributions to Canadian society of First Nations, Inuit and Metis peoples.

We were also excited to hear about all of the incredible Indigenous Peoples Day of Wellness events happening all across the province thanks to grants provided by the First Nations Health Authority.

*“We are happy to continue supporting opportunities to gather and celebrate our cultures and our wellness. Our teachings tell us that focusing on wellness-based activities improves our health and the health of our communities.”*

**Dedicated social ads to build awareness and share resources**



Cultural Humility > Cultural Humility and Safety > Cultural Humility and Safety Strategy



Performance



Demographics



Placement

65,903

Results: Reach

65,903

People Reached

\$303.00

Amount Spent

Custom

65,898 Results: Reach \$4.60 Cost per Result 33.20% Result Rate



Instagram



bcpharmacists  
Sponsored



College of Pharmacists  
of British Columbia

## Our Commitment Cultural Safety and Humility



Acting on our commitment to improve  
cultural safety and humility for First  
Nations and Aboriginal Peoples in BC

[Learn More](#)



bcpharmacists

We're committed to making our health system more culturally safe for First Nations and Aboriginal peoples in BC.



bcpharmacists  
College of Pharmacists of BC

bcpharmacists September 30th is #OrangeShirtDay, in recognition of the harm the residential school system has left on generations of indigenous families and their communities. Learning about the impacts of residential schools in Canada helps build cultural humility and is a step towards making our health system more culturally safe for First Nations and Aboriginal Peoples in BC. Learn more about Orange Shirt Day by watching Phyllis's story and discover our other cultural humility and safety resources.

#OrangeShirtDay #CulturalHumility  
#CulturalSafety #itstartswithme



27 likes

SEPTEMBER 28

Add a comment...



**Staff education  
and participation**





College of Pharmacists  
of British Columbia

ANNUAL REPORT 2017/18

# Commitment to Cultural Safety and Humility



On March 1, 2017, the College's Registrar, Bob Nakagawa, pledged the College's commitment to improving BC pharmacy professionals' work with First Nations and Aboriginal People by signing the "*Declaration of Cultural Safety and Humility in Health Services Delivery for First Nations and Aboriginal Peoples in BC*"

The College believes that cultural safety and humility are vital for the provision of fair and equal health services, as well as the creation of a healthcare environment free of racism and discrimination, where individuals feel safe and respected.

Signing the Declaration of Commitment reflects the high priority placed on advancing cultural safety and humility for First Nations people among regulated health professionals by committing to actions and processes which will ultimately embed culturally safe practices within all levels of health professional regulation.

The declaration commits the College to report on its progress within our annual report and outline strategic activities that demonstrate how we are meeting our commitment to cultural safety.

This Declaration of Commitment is based on the following guiding principles of cultural safety and humility.

*Cultural Humility is a life-long process of reflection to understand individual and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust.*

*Cultural safety is an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the health care system. Cultural safety is the outcome of people feeling safe when receiving health care services.*





College of Pharmacists  
of British Columbia

ANNUAL REPORT 2017/18

# Commitment to Cultural Humility 2017/18 Progress

## Cultural Safety Concepts

The first key objective in fulfilling the College's commitment to cultural humility and safety is to change and influence the values and attitudes of both its registrants and staff. This involves embedding the concepts and principles of cultural humility and safety into the College's current internal processes. The College will also build on the First Nations Health Authority's *#ItStartsWithMe* campaign to build awareness of cultural humility and safety, while encouraging pharmacy professionals and staff to reflect on cultural humility and safety and make a pledge as part of the campaign. Leadership from the College Board and executive will help set an example for pharmacy professionals and staff by demonstrating their commitment through participation in cultural safety activities.

| Activity                                                                              | Deliverables                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Progress                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Board member education on the concepts and principles of cultural humility and safety | <ul style="list-style-type: none"> <li>Integrate the First Nations Health Authority's <a href="#">cultural safety and humility webinars</a> and the <a href="#">National Indigenous Cultural Safety Learning Series</a> webinars into the Board's annual orientation.</li> <li>Recommend Board members to complete the provincial San'yas Indigenous Cultural Safety Training.</li> <li>Encourage Board members to read the <a href="#">Truth and Reconciliation report</a> and the <a href="#">Health Inequalities and Social Determinants of Aboriginal Peoples' Health</a> report.</li> </ul> | <p><b>In Progress</b> – A College Board Cultural Safety and Humility content package is under development.</p> <p>The package will include:</p> <ul style="list-style-type: none"> <li><a href="#">BC Health Regulators Declaration of Commitment to Cultural Safety and Humility in the Regulation of Health Professionals</a></li> <li><a href="#">First Nations Health Authority's Policy Statement on Cultural Safety and Humility</a></li> <li><a href="#">Our Commitment to Cultural Humility</a> (College Strategy)</li> <li><a href="#">Cultural Safety and Humility</a></li> </ul> |

**Reflecting on our progress**



College of Pharmacists  
of British Columbia

# Huy chexw and Hay ce:p qa' (Thank You)



First Nations Health Authority  
Health through wellness