

BYLAWS OF THE COUNCIL OF THE COLLEGE OF PHARMACISTS OF BRITISH COLUMBIA

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Notes: In these bylaws, unless the context otherwise requires expressions defined in *The Pharmacists, Pharmacy Operations and Drug Scheduling Act* hereinafter called "the Act" and any amendment or amendments thereto must have the meaning so defined, and words importing persons shall include bodies corporate.

Every bylaw must come into force on the day on which it is approved by the Lieutenant Governor in Council.

Definitions

1. In these bylaws:
 - "**child-resistant package**" means a package that complies with the requirements of the Canadian Standards Association Standard CAN/CSA-Z76.1-M90, entitled *Reclosable Child-resistant Packages*, published January 1990, as amended from time to time;
 - "**drug administration**" means the act of giving a drug to an ambulatory patient in a facility, either orally or by any other route;
 - "**electronic transmission**" means transmission of information via facsimile or electronic mail;
 - "**health record**" means a patient's medical chart or medical record;
 - "**leave-of-absence or pass drugs**" means drugs supplied to a patient for a specified time period during which he or she is away from the hospital or residential care facility or home;
 - "**medication administration record**" means a record on which is recorded the administration of all doses of drugs to a patient in a residence licensed under *The Community Care Facility Act* or in a hospital;
 - "**monitored dosage system**" means a system of drug distribution in which prescriptions are dispensed for an individual patient and blister-packaged in accordance with scheduled administration times;
 - "**patient health information**" means information:
 - (a) about the health of the individual, including a medical history,
 - (b) about any disability that individual has or has had,
 - (c) about any health services or disability services that are being provided or have been provided to that individual, or
 - (d) collected before or in the course of, and incidental to, the provision of any pharmacy services to that individual, and includes prescriptions and pharmacy patient records;
 - "**patient record**" means a record of all drugs dispensed to a designated patient, as well as information pertaining to that patient;
 - "**triplicate/duplicate prescription program**" means a program designed to monitor Schedule IA drugs, which may be sold by a pharmacist to a practitioner or on the prescription of a practitioner in accordance with section 31 (6);
 - "**verbal transmission**" means the oral transmission of information in person, via telephone or via recorded voice message.

BYLAW 1 - REGISTRATION AND LICENSURE

Definitions

2. In bylaw 1:
 - "**English language proficiency requirements**" means demonstration of English language proficiency by achieving a satisfactory rating in an English language proficiency assessment approved by the College or on the Test of Spoken English;
 - "**forensic assessment**" means an assessment of the knowledge of federal and provincial legislation and Council policies governing the practice of pharmacy in British Columbia;
 - "**framework of professional practice**" means a description of the roles, functions and activities performed and the underlying knowledge, skills, abilities, and attitudes that a registrant needs in order to achieve safe and effective pharmacy practice outcomes for the people of British Columbia;
 - "**patient care setting**" means a pharmacy practice setting in which pharmacy services are provided directly to patients;
 - "**practical assessment**" means an assessment of the knowledge, skills and abilities required to solve practical problems in actual or simulated pharmacy practice situations;
 - "**preceptor**" means a pharmacist supervising practical training who meets the criteria approved by Council, is not under investigation by the Inquiry Committee or Discipline Committee, and has not been found guilty in a disciplinary action in the three-year period preceding the date of application for preceptorship;
 - "**quality assurance program**" means a program approved by Council to assess, maintain and enhance the quality of the practice of the profession and the continuing competency of pharmacists;
 - "**related practical experience**" means experience gained in providing pharmacy services which is similar or equivalent to pharmacy services provided by a pharmacist.

Renewal of registration of pharmacists continuing in practice

3. (1) To be eligible for annual renewal of registration, a pharmacist on the Register of Pharmacists must
 - (a) comply with the requirements of section 16 (1) of the Act,
 - (b) complete and submit the application form provided by the Registrar,
 - (c) pay the pharmacist registration fee specified in the Fee Schedule attached to these bylaws, and
 - (d) meet the deadline for registration, which will be the last day of the month preceding the anniversary date of initial registration or re-registration.
- (2) Where a pharmacist's registration is suspended under section 16 (2) of the Act for ninety or fewer days, reinstatement to the Register of Pharmacists shall be made following
 - (a) compliance with the requirements of section 16 (1) of the Act and section 3 (1) of these bylaws, and
 - (b) payment of the late payment fee specified in the Fee Schedule attached to these bylaws.

- A reinstated pharmacist's registration will be for a one-year period from the last day of the month preceding the date of reinstatement.
- (3) Where a pharmacist's registration is suspended under section 16 (2) of the Act for greater than ninety days, reinstatement to the Non-practising Register shall be made following payment of the late payment fee specified in the Fee Schedule attached to these bylaws.
 - (4) To be eligible for transfer from the Non-practising Register to the Register of Pharmacists, the former registrant must comply with the requirements of section 7 of these bylaws.
 - (5) Following the registration of a pharmacist on the Register of Pharmacists, the Registrar must issue to the registrant a receipt stating that the registrant is entitled to practise as a pharmacist for the year ending the last day of the month preceding the date of re-registration.

Registration of students

4. (1) To be eligible for registration on the Register of Students, an applicant must
 - (a) comply with the requirements of section 13 of the Act,
 - (b) complete and submit the application form provided by the Registrar,
 - (c) provide
 - (i) evidence of enrollment in the Faculty of Pharmaceutical Sciences at the University of British Columbia,
 - (ii) legal identification by means of a copy of birth certificate or Canadian citizenship certificate or similar document approved by the Registrar,
 - (iii) a copy of marriage or other legal certification if the applicant's legal name is different from that in subsection 4 (1) (c) (ii), and
 - (iv) a statement of disclosure regarding any previous criminal, civil or disciplinary convictions taken or pending against the applicant, and
 - (d) pay the student registration fee specified in the Fee Schedule attached to these bylaws.

Registration of qualifying candidates

5. (1) To be eligible for registration on the Register of Qualifying Candidates, an applicant must
 - (a) comply with the requirements of section 14 of the Act,
 - (b) complete and submit the application form provided by the Registrar,
 - (c) provide evidence of successful completion of the Pharmacy Examining Board of Canada Evaluating Examination or registration with the Pharmacy Examining Board of Canada by examination, subject to subsections (i) and (ii)
 - (i) if not registered with the Pharmacy Examining Board of Canada, the applicant must do so either before or during the period of registration as a Qualifying Candidate, or
 - (ii) if registered with the Pharmacy Examining Board of Canada under section 15 of *The Pharmacy Examining Board of Canada Act* or section 17.1(c) of the *Bylaws to The Pharmacy Examining Board of Canada Act*, evidence of at least ten years' practice as a pharmacist in a Canadian jurisdiction, of which at least 1000 hours must have been within the three years immediately preceding application.
 - (d) provide
 - (i) a copy of birth certificate or Canadian citizenship certificate, or similar document approved by the Registrar,
 - (ii) a copy of marriage or other legal certification if the applicant's legal name is different from that in subsection 5 (1) (d) (i),
 - (iii) a letter from the Registrar of any other pharmacy jurisdiction in which the applicant is licensed or has held a licence to practise which must include the dates of licensure and confirmation of the applicant's eligibility for continuing licensure or relicensure in that jurisdiction, and
 - (iv) a statement of disclosure regarding any previous criminal, civil or disciplinary convictions taken or pending against the applicant, and
 - (e) pay the qualifying candidate registration fee specified in the Fee Schedule attached to these bylaws.
- (2) The Council may authorize the Registrar to approve the registration of an applicant who is unable to comply with subsection 5 (1) (d) (iii) because he or she is not registered as a pharmacist in another jurisdiction.
- (3) A student may be transferred to the Register of Qualifying Candidates six months after graduation from the Faculty of Pharmaceutical Sciences at the University of British Columbia.

Initial registration of pharmacists

6. (1) To be eligible for registration on the Register of Pharmacists, a student or a qualifying candidate must
 - (a) comply with the requirements of section 15 (1) of the Act,
 - (b) complete and submit the application form provided by the Registrar,
 - (c) if a student, provide evidence of graduation from the Faculty of Pharmaceutical Sciences at the University of British Columbia,
 - (d) if a student, provide evidence of completion of the appropriate practical training requirements in accordance with section 8 of these bylaws, and as follows
 - (i) 160 hours of practical training under a preceptor approved by the Registrar, or
 - (ii) practical pharmacy experience in a patient care setting in another jurisdiction in Canada or the United States of at least 1000 hours within the three years immediately preceding application,

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- (e) if a qualifying candidate, provide evidence of completion of pharmacy practice or related practical experience in a patient care setting in another jurisdiction in Canada or the United States of at least 1000 hours within the three years immediately preceding application,
 - (f) if a qualifying candidate who is unable to provide evidence of compliance with subsection 6 (1) (e), provide evidence of completion of the appropriate practical training requirements in accordance with section 8 of these bylaws, and as follows
 - (i) 160 hours (if evidence of at least 1000 hours within 3 to 7 years immediately preceding the application), or
 - (ii) 500 hours (if evidence of less than 1000 hours within 7 years immediately preceding the application),
 - (g) successfully complete the
 - (i) Pharmacy Examining Board of Canada qualifying assessment,
 - (ii) English language proficiency assessment,
 - (iii) forensic assessment, and
 - (iv) practical assessment,
 - (h) pay the pharmacist registration fee specified in the Fee Schedule attached to these bylaws, and
 - (i) meet the deadline for registration, which will be
 - (i) prior to expiration of registration on the Register of Students, or
 - (ii) three years from the date of registration on the Register of Qualifying Candidates.
- (2) The Council may authorize the Registrar to waive all or part of the practical training requirements in subsections 6 (1) (f) (i) and (ii) for a qualifying candidate who provides evidence of pharmacy practice in a patient care setting in a jurisdiction outside Canada or the United States or of employment in an occupation related to the practice of pharmacy in another jurisdiction within the last three years.

Non-practising Register

7. (1) The Registrar must keep a Non-practising Register.
- (2) A pharmacist who ceases to practise may transfer to the Non-practising Register by submitting to the Registrar a written request, which includes a statutory declaration that he or she will not provide the services of a pharmacist while registered under this section.
- (3) While on the Non-practising Register, a former registrant will not be responsible for payment of any fees.
- * (4) Where a former registrant has been on the Non-practising Register for a period less than six years, he or she may transfer to the Register of Pharmacists by
- (a) completing and submitting the application form provided by the Registrar,
 - (b) if applicable, submitting evidence of practice as a pharmacist in a patient care setting or in an occupation related to the practice of pharmacy in another jurisdiction during any part of the time the former registrant has been on the Non-practising Register,
 - (c) if applicable, submitting a letter from the Registrar of any other pharmacy jurisdiction in which the former registrant has held a licence to practise during any part of the time the former registrant has been on the Non-practising Register which must include the dates of licensure and confirmation of eligibility for continuing licensure or relicensure in that jurisdiction,
 - (d) providing a statement of disclosure regarding any criminal, civil or disciplinary actions taken or pending against the former registrant while on the Non-practising Register,
 - (e) complying with continuing registration requirements, and
 - (f) paying the transfer fee and current pharmacist registration fee specified in the Fee Schedule attached to these bylaws.
- * (5) Where a former registrant has been on the Non-practising Register for a period of six years or more, he or she may be reinstated to the Register of Pharmacists by
- (a) complying with subsections 7 (4) (a) through (e),
 - (b) paying the fee to transfer from the Non-practising Register to the Register of Qualifying Candidates specified in the Fee Schedule attached to these bylaws,
 - * (c) provide evidence of completion of 500 hours of practical training in accordance with section 8 of these bylaws,
 - * (d) comply with continuing registration requirements,
 - * (e) pay the pharmacist registration fee specified in the Fee Schedule attached to these bylaws, and
 - * (f) meet the deadline for registration, which will be three years from the date of registration on the Register of Qualifying Candidates. If the deadline for registration is not met, the applicant's name will be transferred to the Non-practising Register.
- (6) The Council may authorize the Registrar to waive all or part of the practical training requirements in subsection 7 (5) (c) for a former registrant who provides evidence of pharmacy practice in a patient care setting in a jurisdiction outside Canada or the United States or of employment in an occupation related to the practice of pharmacy in another jurisdiction within the last three years.

Practical training and preceptorship

8. (1) Practical training requirements based on the framework of professional practice must be determined by the Board and approved by Council.
- (2) Practical training can only be commenced after successful completion of English language proficiency requirements, payment of the practical training fee specified in the Fee Schedule attached to these bylaws, and approval of the application for preceptor's certificate.
- (3) Practical training must be supervised by a pharmacist preceptor.

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- (4) A preceptor must apply in writing to the Registrar for a preceptor's certificate prior to supervising practical training. The preceptor's certificate must include the
 - (a) name of the preceptor who is supervising the practical training,
 - (b) name of the registrant who is completing the practical training,
 - (c) dates of the practical training period, and
 - (d) site of the practical training.
- (5) The preceptor's certificate must be conspicuously displayed in the pharmacy.
- (6) A registrant completing practical training must record his or her hours on the provided time record and upon completion of the required training must submit to the Registrar the completed time record and certification of completion, which must be signed by both the registrant and the preceptor.
- (7) A registrant may apply to extend a period of practical training by submitting a written request to the Registrar.
- (8) Where a period of practical training for a registrant has been extended, the preceptor must apply to the Registrar for a new preceptor's certificate.

Assessments for registration

9. (1) Subject to the approval of the Council, the Board must establish policies for assessment and provide them in writing to a candidate upon his or her application to register with the College.
- (2) The forensic assessment may be taken by
 - (a) a student after entering his or her fourth year in the Faculty of Pharmaceutical Sciences at the University of British Columbia, or
 - (b) a qualifying candidate upon his or her registration as such.
- (3) The practical assessment may only be taken by a registrant after he or she has completed all requirements for student or qualifying candidate registration, the English language proficiency requirements, and any required practical training.
- (4) Practical assessments will be conducted at such times and sites as are determined by the Board. Written notification of times and sites must be provided to all students and qualifying candidates who are or who may become eligible to take the assessments.
- (5) Subject to the approval of the Council, the Board must set a procedure for determining a minimum standard for successful completion of each assessment.
- (6) A student or qualifying candidate that has not met the minimum standard set by the Board may be required to complete
 - (a) practical training,
 - (b) remedial education, and/or
 - (c) further assessment(s).
- (7) Each successful assessment result will be valid for a period of three years from the date of the assessment.
- (8) A registrant who has not met the required standard on a College assessment may apply in writing to the Board for a review of the conditions of the assessment administration. A request for review must comply with policy and procedure approved by the Council, a copy of which must be provided to the candidate prior to the assessment.
- * (9)
 - (a) The quality assurance program is the Program approved by the Council from time to time.
 - (b) When randomly selected every six years, registrants must complete a Phase 1 assessment option from a list of options described in the Program.
 - (c) Former Registrants who apply for reinstatement must complete a Phase 1 assessment option from a list of options described in the Program.
 - (d) Registrants or former registrants who do not meet the Phase 1 assessment standard established by the Board of Examiners must complete a Phase 2 assessment option from a list of options described in the Program.
 - (e) Registrants or former registrants who do not meet the Phase 2 assessment standard established by the Board of Examiners, must complete a Phase 3 individualized remediation plan and assessment as approved by the Board and pay the fee specified in the Fee Schedule attached to these bylaws.
 - (f) Registrants may appeal to the Registrar for a one-year deferral of participation in the Phase 1 assessment option on the basis of personal circumstances.
 - (g) Registrants must satisfactorily complete Phases 1 and 2 (if the Phase 2 assessment applies) within 3 years from the date of notification of selection, and the Phase 3 remediation plan within the time allotted by the Board of Examiners.

Document replacement

10. (1) A pharmacist requiring replacement of his or her diploma for loss or destruction of original, legal change of name, or change of name to married name may, on request accompanied by the current diploma if in existence or an affidavit or statutory declaration, if not in existence, attesting to the reason the replacement diploma is required, obtain a

* Denotes amendment

replacement copy from the Registrar upon payment of the required fee specified in the Fee Schedule attached to these bylaws.

(2) A pharmacy requiring replacement of its licence for any of the following reasons

- (a) change of manager,
- (b) change of director,
- (c) change of operating name,
- (d) change of corporate name, or
- (e) change of location

may, on request accompanied by a letter from the pharmacy manager attesting to the reason the replacement licence is required, obtain a replacement copy from the Registrar upon payment of the required fee specified in the Fee Schedule attached to these bylaws.

BYLAW 2 - BOARD OF EXAMINERS

Structure

- 11. (1) In accordance with the Act, Council must appoint one Board member as chair for a term of three years, and the chair may be eligible for reappointment. Council may revoke an appointment at any time, for cause.
- (2) Where a vacancy occurs on the Board, the President of the College may appoint a replacement to act until the next meeting of Council, when Council must appoint a replacement for the remainder of the term.
- (3) If the chair resigns or is unable to continue in that capacity, the Board must elect one of its members to act as chair until the next meeting of Council, when Council must appoint a replacement for the remainder of the term.
- (4) The chair may appoint for a term of two years, from within the Board, directors of assessments, who are eligible for reappointment.
- (5) The Board must annually review the appointment of assessors for all assessments and preceptors for practical training. A pharmacist eligible for appointment as an assessor or preceptor must satisfy the criteria determined by the Board and approved by Council.

Assessments

- 12. (1) A registrant who fails an initial assessment may repeat the assessment in accordance with the Board policies approved by the Council.
- (2) Where the invigilator has reason to believe that a registrant has engaged in improper conduct during the course of an assessment, the invigilator must make a report to the Board and may recommend that the Board take one or more of the following courses of action
 - (a) fail the registrant,
 - (b) pass the registrant,
 - (c) require the registrant to repeat the assessment, or
 - (d) disqualify the registrant from participating in any assessment for a period of time.
- (3) After considering a report made under subsection 12 (2), the Board may take one or more of the courses of action specified in subsection 12 (2).
- (4) A registrant disqualified under subsection 12 (2) (d), must be provided with written reasons for the disqualification.

Records

- 13. (1) The chair of the Board must ensure that a record is maintained of
 - (a) results of all assessments,
 - (b) progress of registration of all students and qualifying candidates,
 - (c) procedures followed in development and administration of assessments, and
 - (d) disposition of reviews referred to in section 9 (8).

Reporting

- 14. (1) The chair of the Board must submit to the Council annually a summary of all matters dealt with by the Board.

BYLAW 3 - INQUIRY COMMITTEE

Structure

- 15. (1) Where a vacancy occurs on the Inquiry Committee, the President of the College may appoint a replacement to act until the next meeting of Council, when Council must appoint a replacement for the remainder of the term.
- (2) If the chair resigns or is unable to continue in that capacity, the committee must elect one of its members to act as chair until the next meeting of Council, when Council must appoint a replacement for the remainder of the term.
- (3) The Registrar may appoint a panel of three or more members of the committee to conduct an investigation. The Registrar must designate a member of the panel to act as chair of an investigation.
- (4) A committee member may not serve on both the Inquiry Committee and the Discipline Committee during the same term of appointment.
- (5) No member of the Inquiry Committee may sit on the panel hearing a matter in which he or she has had any prior involvement.

* Denotes amendment

Records and referral

16. (1) A formal record must be kept of any findings and action that is taken by the Inquiry Committee under section 48 of the Act.
- (2) Where the Inquiry Committee takes action under section 48 (4) of the Act, written reasons why the case was dismissed must be kept.
- (3) Records of the Inquiry Committee must be retained for not less than six years following the conclusion of an investigation.

Reporting

17. (1) The chair must submit to the Council annually a summary of the matters dealt with by the Inquiry Committee, including a report on the resolution of those matters.

BYLAW 4 - DISCIPLINE COMMITTEE

Structure

18. (1) Where a vacancy occurs on the Discipline Committee, the President of the College may appoint a replacement to act until the next meeting of Council, when Council must appoint a replacement for the remainder of the term.
- (2) If the chair resigns or is unable to continue in that capacity, the committee must elect one of its members to act as chair until the next meeting of Council, when Council must appoint a replacement for the remainder of the term.
- (3) The Registrar may appoint a member of the Law Society of British Columbia to act as counsel to the Discipline Committee.
- (4) The Registrar may appoint a panel of three or more members of the committee to conduct a discipline hearing. The Registrar must designate a member of the panel to act as chair at a hearing.
- (5) A committee member may not serve on both the Discipline Committee and the Inquiry Committee during the same term of appointment.
- (6) No member of the Discipline Committee may sit on the panel hearing a matter in which he or she has had any prior involvement.

Citation

19. (1) A citation may include one or more respondents.
- (2) The Registrar may join one or more complaints or other matters which are to be the subject of a discipline hearing in one citation as appropriate in the circumstances.
- (3) The Registrar may sever one or more complaints or other matters which are to be the subject of a discipline hearing as appropriate in the circumstances.
- (4) The Registrar may amend a citation before a hearing, and the panel may amend a citation during a hearing. The respondent must be notified of any amendment to a citation.
- (5) Where a citation is amended under subsection 19 (4) prior to a discipline hearing, and the amended citation changes the date, time or place of the hearing, the Registrar must notify any complainant of the amendment not fewer than fourteen days before the date of the hearing.

Hearing procedure

20. (1) The chair of the Discipline Committee, the chair of the panel, or the Registrar may adjourn a hearing.
- (2) The chair of the Discipline Committee or the chair of the panel may cause a subpoena in the form appended to these bylaws to be served upon a witness to a discipline hearing.
- (3) All proceedings at a hearing must be transcribed by a court reporter. At the commencement of the hearing, the chair must administer an oath or affirmation to the court reporter as follows
 - (a) oath: "Do you solemnly swear that you will truly and faithfully record the evidence given on this hearing to the best of your ability, so help you God?" or
 - (b) affirmation: "Do you solemnly promise, affirm and declare that you will truly and faithfully record the evidence given on this hearing to the best of your ability?"
- (4) The Discipline Committee may admit evidence in any manner it considers appropriate.
- (5) Before a witness testifies, the chair of the panel must administer an oath or affirmation to the witness as follows
 - (a) oath: "Do you solemnly swear that the evidence you are about to give on this hearing will be the truth, the whole truth and nothing but the truth, so help you God?" or
 - (b) affirmation: "Do you solemnly promise, affirm and declare that the evidence you are about to give on this hearing shall be the truth, the whole truth and nothing but the truth?"
- (6) All determinations and orders of the Discipline Committee or panel under sections 54 (1) and 54 (2) of the Act must be agreed upon by the majority of its members. The panel must prepare and keep written reasons for its determinations and orders.
- (7) In determining the penalty to be imposed on a respondent under section 54 (2) of the Act, the Discipline Committee must, after making a determination on the facts, consider a previous relevant disciplinary decision regarding the respondent or an undertaking or consent to a reprimand given by the respondent under section 48 (6) of the Act.
- (8) All discipline hearings shall be recorded, and any person may obtain, at his or her expense, a transcript of any part of the hearing which he or she was entitled to attend.

Penalty

21. (1) In accordance with the Act, the Discipline Committee or the panel may impose a fine of up to \$25,000 on a respondent.
- (2) In accordance with the Act, costs may include part or all of one or more of the following

* Denotes amendment

- (a) the cost of investigation,
- (b) transportation, accommodation or other reasonable expenses incurred by a witness to attend a hearing,
- (c) court reporter's fee for attendance at a hearing,
- (d) the cost of a transcript of a hearing if applicable,
- (e) the cost of publishing a public notice,
- (f) a fee of \$750 for each part or full day of hearing,
- (g) reasonable fees and disbursements of the College counsel and if applicable, the committee counsel, and
- (h) any other amount, arising out of the hearing, for which the College would otherwise be liable.

Records

22. (1) Records of the Discipline Committee must be retained for not less than six years following the date a decision is rendered.

Reporting

23. (1) The chair must submit to the Council annually a summary of the matters dealt with by the Discipline Committee, including a report on the resolution of those matters.

Notice of disciplinary action

24. (1) When action is taken against a respondent under section 54 of the Act, a summary of the circumstances and of any decision must be published in a form approved by the Registrar, and may include the name of the respondent(s), the facts of the case, the reasons for the decision(s), and the disposition of the case, including the nature of any limitation or suspension, and the date it is in effect.
- (2) Where disciplinary proceedings result in the limitation, suspension or cancellation of a registrant's licence to practise, the Registrar must notify regulatory authorities for the profession of pharmacy in other jurisdictions.

BYLAW 5 - COMMUNITY PHARMACY

Definitions

25. In bylaw 5:
- "**community pharmacy**" means a pharmacy which sells drugs to the public either directly or via delivery or mail order;
 - "**dispensary**" means the area of a community pharmacy that contains Schedule I drugs;
 - "**prescription copy**" means a copy of a prescription that may be given to a patient by a registrant for information purposes only and may not be used to dispense a prescription;
 - "**prescription transfer**" means the consignment via direct pharmacist-to-pharmacist communication, of all remaining refill authorization(s) for a particular prescription to a requesting community pharmacy;
 - "**professional products area**" means the area of a community pharmacy that contains Schedule III drugs;
 - "**professional service area**" means the area of the community pharmacy that contains Schedule II drugs;

Responsibilities of the community pharmacy manager

26. (1) A pharmacist may not serve as manager of more than one pharmacy at any one time.
- (2) The community pharmacy manager must
- (a) actively participate in the day-to-day management of the community pharmacy,
 - (b) as part of a quality management program under section 27, develop, maintain and enforce policies and procedures to comply with the standards of practice as stated within current community pharmacy legislation,
 - (c) confirm that the staff members who present themselves as pharmacists and who are employed to practise as pharmacists hold valid licences to practise,
 - (d) notify the Registrar in writing of the appointments and resignations of registrants to the community pharmacy staff as they occur,
 - (e) respond in writing to the Registrar's queries regarding community pharmacy practice and, where applicable, identify the registrant(s) involved in any matter under review,
 - (f) advise the Registrar in writing of the termination of a registrant's employment for cause including professional practice problems, theft, or drug or alcohol abuse,
 - (g) ensure that registrant and community pharmacy support person staffing levels are commensurate with the workload volume and patient care requirements at all times,
 - (h) ensure that new information directed to the community pharmacy pertaining to drugs, devices and drug diversion tactics is immediately accessible to registrants,
 - (i) establish policies and procedures to specify the duties to be performed by students, qualifying candidates, and support persons,
 - (j) be responsible for inventory management and procedures for proper destruction of unusable drugs and devices,
 - (k) ensure that purchase records for narcotic and controlled drugs are signed by a pharmacist,
 - (l) assume responsibility for the appropriate security and storage of all Schedule I, II, and III drugs,
 - (m) ensure that each individual working in the community pharmacy wears a badge that clearly identifies him or her as a registrant or community pharmacy support person,
 - (n) ensure that confidentiality is maintained with respect to all community pharmacy and patient records in accordance with section 35,
 - (o) in the event that he or she will be absent for more than eight weeks, notify the Registrar,
 - (p) notify the Registrar in writing at least thirty days before relinquishing an appointment as pharmacy manager,

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- (q) ensure the correct and consistent use of the community pharmacy operating name as it appears on the community pharmacy licence for all pharmacy identification on or in labels, directory listings, signage, packaging, advertising or stationery,
- (r) submit to the Registrar a diagram of the community pharmacy and the premises in which it is located, and apprise the Registrar in writing of proposed pharmacy design changes or structural renovations and submit a new community pharmacy diagram for approval before the commencement of construction or other related activities, and
- (s) in the event of a community pharmacy closure or relocation
 - (i) unless there are extenuating circumstances, notify the Registrar in writing at least thirty days before the effective date of a proposed closure or relocation,
 - (ii) provide for the safe transfer and appropriate storage of all Schedule I, II, and III drugs,
 - (iii) advise the Registrar in writing of the disposition of all drugs and prescription records at the time of a closure, and provide a copy of the closing inventory of all narcotic and controlled drugs, as defined in the Regulations to the *Food and Drugs Act (Canada)* and the Regulations to the *Controlled Drugs and Substances Act (Canada)*, as provided to federal authorities,
 - (iv) arrange for the safe transfer of a closed community pharmacy's prescription records and for their continuing availability in another community pharmacy, and
 - (v) remove all signs and advertisements from the closed community pharmacy premises.

Quality management

- 27. (1) The community pharmacy manager must implement a documented, ongoing quality management program that monitors staff performance, equipment, facilities, and adherence to standards of practice.
- (2) The program must include a process for the reporting and documentation of known, alleged and suspected prescription errors and discrepancies and their follow-up.

Community pharmacy premises

- 28. (1) A diagram of the community pharmacy must be approved by the Registrar before the issuance of the community pharmacy licence. A copy of the diagram must be returned to the community pharmacy manager who is responsible for reporting any changes to the Registrar.
- (2) The diagram must be drawn to scale and must include the location of
 - (a) all entrances, stairs, or escalators,
 - (b) washroom(s),
 - (c) storeroom or storage area,
 - (d) appliances and fixtures,
 - (e) dispensary,
 - (f) narcotic and controlled drug storage equipment,
 - (g) professional service area,
 - (h) professional products area, and
 - (i) patient consultation area.
- (3) The diagram must be accompanied with a description of the type of security alarm system and the method by which the dispensary is made inaccessible to the public.
- (4) The community pharmacy manager must ensure that establishments in which the community pharmacy does not comprise 100 per cent of the total area of the premises must meet the following requirements
 - (a) the professional products area may extend no more than 7.6 meters from the perimeter of the dispensary and must be made visually distinctive from the remaining areas of the premises by means of unique decor, design components and signage, and
 - (b) a sign reading "Medication Information" must be clearly displayed to identify a counselling area or counter at which a member of the public can obtain a registrant's advice on Schedule I, II and III drugs.
- (5) The dispensary area must
 - (a) be a minimum of 15 square meters,
 - (b) be made inaccessible to the public by means of gates or doors across all entrances,
 - (c) contain a stock of drugs adequate to provide a full dispensing service,
 - (d) contain a dispensing counter with a minimum of 3 square meters of clear working space(s), aside from service counters,
 - (e) have adequate shelf and storage space,
 - (f) have a double stainless steel sink with hot and cold running water, and
 - (g) be designated as a nonsmoking area.
- (6) In all new and renovated pharmacies, an appropriate area must be provided for patient consultation. The location of this area must ensure privacy and be conducive to confidential communication. This area must include one of the following, but may not be limited to
 - (a) a private consulting room, or
 - (b) a semiprivate area with suitable barriers.
- (7) All new and renovated pharmacies must have a separate and distinct area with a minimum size of 4 square meters reserved as storeroom space.

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Operation without a pharmacist

29. (1) Except as described in this bylaw, a community pharmacy must not be open for business unless a pharmacist is in the community pharmacy. The operation of a premises without the presence of a pharmacist may occur if the dispensary, the professional service area, and the professional products area are not accessible to or available for use by any person and the following requirements have been met
- (a) the Registrar must be notified of the hours during which the pharmacist is not present,
 - (b) a physical barrier must surround the dispensary, the professional service area, and the professional products area, and must be of a type that will preclude all access to this area by the public and anyone who is not a pharmacist,
 - (c) Schedule I, II, and III drugs in a storeroom must be inaccessible to anyone who is not a pharmacist, and
 - (d) hours when a pharmacist is on duty must be posted.
- (2) When the requirements of subsection 29 (1) have been met, the following activities may be performed by anyone who is not a pharmacist
- (a) requests for prescriptions, orders for Schedule II and III drugs and telephone requests from patients to order a certain prescription may be placed in the dispensary area by dropping them through a slot in the barrier,
 - (b) dispensed prescriptions (if outside barrier) may be given to a patient when the pharmacist is not present provided the requirements in section 44 have been met. These drugs must not be directly accessible or visible to the public, and
 - (c) orders from drug wholesalers, containing Schedule I, II, and III drugs, may be received but must be kept secure and remain unopened.
- (3) After community pharmacy hours, the premises must be secured with suitable locks and alarms to detect unauthorized entry.

Equipment and references

30. (1) No community pharmacy may operate without maintaining the equipment set out in subsection 30 (2) and the references set out in subsection 30 (3).
- * (2) The dispensary area must be equipped with the following items
- (a) telephone,
 - (b) refrigerator,
 - (c) prescription filling equipment,
 - (d) computer system connected to PharmaNet,
 - (e) balance having a sensitivity rating of 0.01,
 - (f) metric weights (10 mg to 50 g) for balances requiring weights, or instruments with equivalent capability,
 - (g) metric scale graduates (a selection, including 10 ml size),
 - (h) mortar and pestle,
 - (i) spatulas (metal and nonmetal),
 - (j) funnels (glass or plastic),
 - (k) stirring rods (glass or plastic),
 - (l) ointment slab or parchment paper,
 - (m) counting tray,
 - (n) disposable drinking cups,
 - (o) soap dispenser and paper towel dispenser, and
 - (p) plastic or metal garbage containers to be used with plastic liners.
- (3) The community pharmacy must contain the reference material approved by Council.

Sale and disposal of drugs and devices

31. (1) Schedule I, II, and III drugs must only be sold from a pharmacy.
- (2) A registrant must not sell or dispense a drug after the date on which the drug is labelled to expire.
- (3) A registrant must not sell a Schedule I, II, or III drug for the purpose of resale by an unauthorized person.
- (4) Every registrant in a community pharmacy is responsible for the protection from loss, theft or unlawful sale of all Schedule I, II, and III drugs in the community pharmacy.
- (5) A pharmacist must not sell or dispose of a drug specified or referred to by category in Schedule I except
- (a) on the prescription or order of a practitioner,
 - (b) for an inventory transfer to a pharmacy by order of a pharmacist,
 - (c) by return to the manufacturer or wholesaler of the drug, or
 - (d) by destruction, in accordance with Council policy.
- (6) Triplicate/duplicate prescription program drugs must not be sold or dispensed unless
- (a) the pharmacist has received one part of the triplicate/duplicate prescription form approved by the Council of the College of Pharmacists of BC and the Council of the College of Physicians and Surgeons of BC,
 - (b) the prescription is dispensed before midnight of the fifth day following the date of issuance by the practitioner,
 - (c) only one drug is presented on each prescription form, except for exemptions stipulated by the Registrars of the College of Pharmacists of British Columbia and the College of Physicians and Surgeons of British Columbia,
 - (d) the prescription form is signed by the patient or the patient's representative upon receipt of the dispensed drug, and
 - (e) requirements of section 38 (1) have been satisfied.
- A pharmacist must obtain a new triplicate/duplicate prescription on each occasion the drug is dispensed, with the exception of part-fill situations.

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- (7) Subsection 31(6) does not apply to prescriptions written for:
 - (a) residents of a facility that is subject to the requirements of Bylaw 7
 - (b) in-patients of a hospital

Drug procurement/inventory management

- 32. (1) A pharmacist must purchase Schedule I, II, or III drugs from
 - (a) a wholesaler or manufacturer licensed to operate in Canada, or
 - (b) another pharmacy.
- (2) A pharmacist who supplies a Schedule I drug to another pharmacist or practitioner must retain documentation of the transaction.
- (3) A registrant must retain invoices recording the purchase and receipt of Schedule I drugs and drugs regulated by the Controlled Drugs and Substances Act, and any records documenting the transfer of such drugs for any reason other than as authorized by a practitioner's prescription must be retained for not less than three years.
- (4) All drug shipments must be delivered unopened to the community pharmacy or a designated secure storage area.
- (5) The community pharmacy manager must ensure there is a drug recall procedure for community pharmacy inventory, the results of any recall must be documented.
- (6) Nonusable and expired drugs must be stored in a separate area of the community pharmacy or a secure area of the storeroom until final disposal.

Returned drugs

- 33. (1) No registrant may accept for return to stock or reuse any drug previously dispensed.

Advertising of prescription and other professional services

- 34. (1) A community pharmacy manager must not advertise or permit any person to advertise professional services or drugs or any aspect thereof on behalf of the pharmacy which he or she operates, other than in compliance with the requirements of this bylaw.
- (2) When advertising pharmacy services that are required by legislation, the statement, "Required in all British Columbia pharmacies," must accompany the advertising and must be of the same size and prominence as all other print in the advertising.
- (3) Any advertising undertaken by a community pharmacy manager, or any person acting on behalf of the manager or the pharmacy he or she operates, must not include
 - (a) false information,
 - (b) inaccurate statements,
 - (c) unverifiable assertions,
 - (d) statements that are deceptive or misleading, or
 - (e) testimonials or comparative statements or endorsements relating to the quality of pharmacy services.
- (4) A pharmacist or community pharmacy must not use the title "specialist" or any similar designation suggesting a recognized special status or accreditation as a pharmacist or a pharmacy on any letterhead or business card or in any other marketing activity.
- (5) A pharmacist may state in any advertising a special practice area, provided that the pharmacist
 - (a) has been engaged in the practice of pharmacy for at least three years, and
 - (b) has, during the most recent three-year period that the pharmacist has practised, devoted at least 20 per cent of his or her time to practising in each special practice area in respect of which the pharmacist wishes to refer.
- (6) Prescription drug price advertising must include the following information
 - (a) drug product's proprietary (brand) name, if any,
 - (b) drug product's generic name and the manufacturer's name,
 - (c) dosage form and strength,
 - (d) total price charged for a specific number of dosage units or quantity of the drug product, and
 - (e) the phrase "only available by prescription."
- (7) Where prescription drug price advertising includes any inferred or direct reference to a fee charged for professional services, the total prescription price must also be incorporated into the advertisement, and both figures must be featured equally.
- (8) Prescription drug price advertising must not include any reference to the safety, effectiveness or indications for use of the advertised prescription drug products.
- (9) A registrant or community pharmacy manager, when called upon by the Registrar to do so, must verify the statements made in the registrant's or pharmacy's advertising.

Records

- 35. (1) All patient records must be stored on the premises in a secure manner to protect patient confidentiality.
- (2) All information contained on prescriptions shall be considered privileged and confidential and shall not be released to any person without the express consent of the practitioner or patient, and prescriptions shall not be subject to perusal by any person other than those exempted in section 39 (6).
- (3) Without restricting the generality of subsection 35 (2), no registrant may, for commercial purposes, release or permit the release of information or an abstract of information obtained from a prescription, which would permit the identity of the practitioner or the patient to be determined.
- (4) Subsection 35 (3) does not apply to the release of information when it is done for noncommercial purposes in accordance

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- (a) with the requirements of the Act and these bylaws, or
 - (b) with the express written consent of the practitioner, the patient and the pharmacy manager.
- (5) All prescriptions and patient records must be retained for a period of not less than three years.
- (6) Notwithstanding subsection 35 (5), a registrant must not destroy prescription or patient records until any audit or investigation is completed.
- (7) A registrant must dispose of community pharmacy records in a manner that preserves patient confidentiality
- (a) paper records must be shredded or incinerated, and
 - (b) computerized records must be rendered unreadable through the use of an appropriate mechanical, physical or electronic process and converted into such a form that they can not be reconstructed in whole or in part.
- (8) A registrant must ensure that individual records are not lost or removed during the destruction process and that the resulting waste does not include fragments of readable personal information.

Pharmacist/practitioner relationship

36. (1) A registrant must not divide, split or otherwise share charges for professional services rendered or enter into any arrangement or agreement to do so.

Community pharmacy support persons

37. (1) No pharmacist may permit support persons or a person who is not a registrant to direct, influence, control or participate in the management of the professional function of the community pharmacy. The pharmacist is solely responsible for the provision of community pharmacy services.
- (2) Functions involving patient-specific monitoring and evaluation of drug therapy must be performed by a pharmacist or by a student or qualifying candidate under the direct supervision of a pharmacist, and include but are not to be limited to
- (a) receipt of a verbal prescription from a practitioner,
 - (b) determination of the authenticity of a prescription,
 - (c) review of a prescription for completeness and appropriateness with respect to the drug, dosage, route, and frequency,
 - (d) review of the patient record for potential drug interactions, allergies, therapeutic duplications, and/or other potential problems,
 - (e) verification of the accuracy of a dispensed prescription,
 - (f) verification of the accurate entry of drug and patient information into the PharmaNet patient record,
 - (g) dialogue with a patient concerning the patient's drug history and/or patient record,
 - (h) consultation with a practitioner with respect to a patient's drug therapy,
 - (i) follow-up on a suspected adverse drug reaction,
 - (j) dialogue with a patient regarding Schedule II and III drugs, and
 - (k) provision of drug and poison information.
- (3) A pharmacist may delegate technical functions relating to the operation of the community pharmacy to support person(s) provided that the pharmacist exercises appropriate supervision of the support person(s) by implementing procedures, checks and controls to ensure the accurate and safe delivery of community pharmacy services.

Prescription

38. (1) The pharmacist is responsible for ensuring that the prescription is authentic and contains the following information
- (a) date,
 - (b) name and address of the patient,
 - (c) name of the drug or ingredient(s) and strength where applicable,
 - (d) quantity of the drug which may be dispensed,
 - (e) dosage instructions for use by the patient which shall include a specific frequency or interval or maximum daily dose,
 - (f) refill authorization where applicable, which shall include the number of refills and interval between refills,
 - (g) name and identification number of the practitioner, and in the case of a written prescription, the signature of the practitioner,
 - (h) date on which the drug is dispensed, and
 - (i) the pharmacist must sign, initial or otherwise identify him- or herself each verbal prescription received from a practitioner.
- * (2) Prescription authorizations may be electronically transmitted by facsimile by a prescriber to a pharmacy, provided that the following requirements are met
- (a) the prescription must be sent only to a pharmacy of the patient's choice with no intervening person having access to the prescription authorization,
 - (b) the prescription must be sent directly from the prescriber's office, directly from a health institution for a patient of that institution, or from another location, provided that the pharmacist is confident of the prescription's legitimacy,
 - (c) the equipment for the receipt of the facsimile prescription must be located within a secure area to protect the confidentiality of the prescription information,
 - (d) in addition to the requirements of subsections 38 (1) (a) through (h), the prescription must include the
 - (i) prescriber's telephone number for verbal verification, facsimile number and approved unique identifier if applicable,
 - (ii) time and date of transmission,
 - (iii) name and fax number of the pharmacy intended to receive the transmission.

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- * (e) the pharmacist is responsible for verifying the origin of the transmission and the authenticity of the prescription, and
 - * (f) the prescription drug order must be maintained on permanent quality paper by the pharmacy,
 - * (g) facsimile transmissions can be accepted from a prescriber registered to practice in any Canadian province,
 - * (h) pharmacist-to-pharmacist communication of prescription transfers (for other than narcotics and controlled drugs) may be completed by facsimile transmission. The transferring pharmacist must include his or her name and the address of the pharmacy with the other required documentation. The name of the pharmacist requesting the transfer must also be known and recorded on the document to be faxed. The receiving pharmacist must ensure the authenticity of the transmission.
- (3) A pharmacist must ensure that prescription authorizations for all triplicate/duplicate prescription drugs are not transmitted electronically.
 - (4) A pharmacist may receive verbal prescription authorizations either directly from a practitioner or from a practitioner's recorded voice message.
 - (5) A pharmacist may accept refill authorization for Schedule I drugs, relayed by a practitioner's agent, only if the pharmacist is confident the agent has consulted with the practitioner and has accurately conveyed the practitioner's instructions.
 - (6) Each pharmacist involved in dispensing a drug must sign, initial or otherwise identify him- or herself on the prescription.
 - (7) If a patient presents a new prescription for a previously prescribed drug, the pharmacist must cancel any unused refill authorizations remaining on any previous prescription for that drug.
 - (8) A pharmacist must not dispense a prescription that is issued for more than one patient.

Prescription copy and transfer

39. (1) A pharmacist must file the authorization to dispense a prescription and, if requested to do so, must provide a copy of the prescription to the person who presented it or to another pharmacist, unless the practitioner has indicated to the contrary.
- (2) A prescription copy may be provided for information purposes only and must contain
 - (a) name and address of the patient and of the practitioner,
 - (b) name, strength, quantity and directions for use of the drug,
 - (c) dates of the first and last dispensing of the prescription,
 - (d) the number of authorized refills remaining,
 - (e) name and address of the community pharmacy,
 - (f) signature of the pharmacist supplying it, and
 - (g) an indication that it is a copy.
- (3) Upon request, a pharmacist must transfer to another pharmacy licensed in Canada a prescription for a drug provided that the drug or drug product does not contain a narcotic or controlled drug and the transfer occurs between two pharmacists.
- (4) The pharmacist who transfers the prescription to another pharmacist must
 - (a) enter on the patient record the following
 - (i) date of the transfer,
 - (ii) identification of the pharmacist from whom the prescription was transferred, and
 - (iii) identification of the community pharmacy to which the prescription was transferred,
 - (iv) identification of the pharmacist to whom the prescription was transferred, and
 - (b) transfer all remaining refill authorization(s).
- (5) This bylaw shall not preclude a pharmacist from
 - (a) supplying prescription copies to a corporation providing pharmaceutical benefits to a patron of a pharmacy under or pursuant to a drug insurance plan for the purpose of adjudication for payment, and
 - (b) making available for audit purposes to an authorized representative of the provincial government prescriptions for which the government has been invoiced.
- (6) A pharmacist must make prescriptions accessible to authorized inspectors of the Health Protection Branch of the Department of National Health and Welfare and the College of Pharmacists of British Columbia.

Prescription label

40. (1) All drugs dispensed under a prescription of a practitioner must be labelled with a typed or machine printed label that must contain the following
 - (a) name, address and phone number of the community pharmacy,
 - (b) prescription number and current dispensing date,
 - (c) full name of the patient,
 - (d) name of the practitioner,
 - (e) unless the practitioner otherwise instructs,
 - (i) for single-entity products, the generic name of drug followed by the brand name or the manufacturer name or the Drug Identification Number,
 - (ii) for multiple-entity products, the brand name or all ingredients listed followed by the manufacturer name or the Drug Identification Number,
 - (iii) for compounded preparations, all ingredients,
 - (iv) quantity and strength of the drug,
 - (f) practitioner's directions for use, and
 - (g) any other information required by good community pharmacy practice.
- (2) Where a drug container size is too small to accommodate a full label according to subsection 40 (1), the registrant must affix a trimmed prescription label to the small container. This label must include, at a minimum, the

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- (a) prescription number,
- (b) current dispensing date,
- (c) full name of the patient, and
- (d) name of the drug.

The complete prescription label must be affixed to a larger container and the patient counselled to keep the small container inside the large container.

- (3) The prescription label may contain directions for use in the language of the patient. All other label information must be in English.

Dispensing

- 41. (1) Unless the practitioner has indicated, in accordance with sections 30 (1) and (3) of the Act, that a particular brand of a drug is to be dispensed, the pharmacist may exercise product selection and dispense an interchangeable drug as defined in the Act. Drugs listed as noninterchangeable will be a matter of Council policy.
- (2) A pharmacist may adjust the quantity of drug dispensed from the originally prescribed quantity in the following situations
 - (a) patient requests to purchase a smaller amount,
 - (b) manufacturer unit-of-use standard of package size does not exactly match the prescribed quantity,
 - (c) a poor compliance history is evident on the patient record,
 - (d) drug misuse is suspected,
 - (e) quantity prescribed exceeds amount covered by the patient's drug plan,
 - (f) a trial prescription quantity is authorized by the patient,
 - (g) the safety of patient might be in question due to possible overdose, and
 - (h) an intervention is required.
- (3) Where the authenticity of the prescription is suspect, the pharmacist may refuse to dispense the drug.
- (4) All drugs must be dispensed in a container that is certified as a child-resistant package except where
 - (a) the practitioner or the person who presents the prescription to be dispensed directs otherwise,
 - (b) in the professional judgment of the pharmacist in the particular circumstances or the particular situation, it is advisable not to use a child-resistant package,
 - (c) a child-resistant package is not suitable because of the physical form of the drug or the manufacturer's packaging is designed to improve patient compliance, or
 - (d) the person who dispenses the drug is unable to obtain a child-resistant package because supplies of such packages are unavailable on the market.
- (5) The pharmacist shall restrict the time span for ongoing prescription authorization to a maximum of one year from the prescribing date, except for prescriptions for oral contraceptives, for which pharmacists shall restrict the time span for ongoing prescription authorization to a maximum of two years from the prescribing date.

Collection of patient information

- 42. (1) No registrant may collect personal information regarding a patient unless
 - (a) the information relates directly to and is necessary for providing health care services to the patient or for related administrative purposes, or
 - (b) the collection of that information is expressly authorized by or under an enactment.

Patient record

- 43. (1) A patient record must be prepared and maintained for each patient for whom a Schedule I drug is dispensed.
- (2) The patient record must include the following information
 - (a) patient surname, given name and where applicable, another given name or initial,
 - (b) personal health number as assigned by the British Columbia Ministry of Health,
 - (c) patient address,
 - (d) when available, patient telephone number,
 - (e) patient date of birth,
 - (f) patient gender,
 - (g) when available, allergies and idiosyncratic responses,
 - (h) the source of the information referred to in subsection 43 (2) (g),
 - (i) date the information referred to in subsection 43 (2) (g) is collected,
 - (j) date drug is dispensed,
 - (k) prescription number,
 - (l) generic name, strength and dosage form of drug
 - (m) Drug Identification Number,
 - (n) quantity of drug dispensed,
 - (o) intended duration of therapy, specified in days,
 - (p) date and reason for early discontinuation of therapy,
 - (q) directions to patient,
 - (r) identification of prescribing or authorizing practitioner, and
 - (s) special instructions from the practitioner to the pharmacist.

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- (3) When a registrant obtains a drug history from a patient, he or she must request the following information
 - (a) medical conditions and physical limitations,
 - (b) adverse drug reactions, including allergies,
 - (c) past and present prescribed drug therapy including the drug name, strength, dosage, frequency, duration and effectiveness of therapy,
 - (d) compliance with prescribed drug regimen, and
 - (e) Schedule II and III drug use.
- (4) A pharmacist must review the patient record before the release of a drug in order to identify and take appropriate action, where applicable, for
 - (a) appropriateness of therapy,
 - (b) drug interactions,
 - (c) allergies,
 - (d) therapeutic duplication,
 - (e) contraindicated drugs,
 - (f) degree of compliance,
 - (g) correct dosage, route, frequency and duration of administration and dosage form, and
 - (h) any other deviation from contemporary pharmaceutical care which may adversely affect the patient.

Pharmacist/patient dialogue

44. (1) Pharmacist/patient dialogue must be in person wherever practicable, or by telephone and must respect the patient's right to confidentiality.
- (2) Subject to subsection 44 (6), a pharmacist, or a student or qualifying candidate under the direct supervision of a pharmacist, must enter into direct dialogue with the patient regarding a Schedule I drug. Such dialogue must include
 - (a) confirmation of the identity of the patient,
 - (b) identification and purpose of the drug being dispensed,
 - (c) directions for proper use,
 - (d) common adverse effects or interactions and therapeutic contraindications that may be encountered, including their avoidance, and the actions required if they occur,
 - (e) storage requirements,
 - (f) prescription refill information,
 - (g) response to questions and expressed needs, and may include
 - (i) how to monitor the response to therapy and expected outcomes within defined time periods,
 - (ii) action to be taken in the event of a missed dose,
 - (iii) when to seek medical attention, and
 - (iv) complementary measures.
- (3) Where, during pharmacist/patient dialogue, a drug-related problem is identified, the pharmacist must take appropriate action to resolve the problem.
- (4) Where an adverse drug reaction as defined by the Health Protection Branch, Health Canada, *Guidelines for Reporting Adverse Drug Reactions* is identified, the pharmacist must notify the patient's practitioner, make an appropriate entry on the patient record and report the reaction to the BC Regional Adverse Drug Reaction (ADR) Reporting Centre.
- (5) Alternative forms of patient information, including written information leaflets, pictogram labels, video programs, etc., may be used to supplement person-to-person pharmacist/patient dialogue.
- (6) The pharmacist must use any reasonable means to comply with subsections 44 (1) and (2) for patients or their representatives who have language or communication difficulties.
- (7) The pharmacist must respect the patient's right to confidentiality by endeavoring to ensure that pharmacist/patient dialogue with respect to Schedule I, II and III drugs takes place in an area where that discussion cannot be overheard by others.

Schedule II and III drugs

45. (1) Schedule II and III drugs that are originally prescribed by a practitioner and dispensed by prescription must have authorization by the practitioner if the patient wishes to continue receiving the drug by prescription.
- (2) Schedule II drugs must be displayed in and distributed from the dispensary or an immediately adjacent professional services area from which there is no opportunity for patient self-selection. Intervention by a pharmacist, or by a student or qualifying candidate under the direct supervision of a pharmacist, at the time of sale is required in order to ensure provision of cautions and advice for proper use.
- (3) Schedule III drugs must be located in and distributed from the professional products area and be under direct visual and audible supervision from the dispensary in order to provide the opportunity for pharmacist/patient dialogue.
- (4) Only a pharmacist, or a student or qualifying candidate under the direct supervision of a pharmacist, may consult with a patient regarding the selection and use of a Schedule II or III drug.
- (5) The pharmacist must be accessible and approachable to consult with the patient who is seeking to self-medicate with a Schedule II or III drug.

* Denotes amendment

BYLAW 6 - PHARMANET

Definitions

46. In bylaw 6:
- "**database**" means those portions of the provincial computerized pharmacy network and database referred to in section 37 of the Act, containing patient records and general drug information;
 - "**HealthNet/BC Professional and Software Compliance Standards**" means the document, jointly approved by the College and the Pharmacare division of the provincial Ministry of Health, which specifies the requirements to be met by an in-pharmacy computer system in order to connect to PharmaNet;
 - "**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 pharmacist;
 - "**PharmaNet patient record**" means the patient record referred to in section 43 and is the record of information referred to in the *HealthNet/BC Professional and Software Compliance Standards* as the "patient profile;"
 - "**terminal**" means any electronic device connected to a computer system, which allows input or display of information contained within that computer system.

Responsibilities of the pharmacy manager and pharmacy owner

47. (1) At such time as PharmaNet connection is available to a pharmacy, the pharmacy manager and the pharmacy owner must
- (a) equip the pharmacy with an in-pharmacy computer system which meets the requirements set out in the current *HealthNet/BC Professional and Software Compliance Standards*,
 - (b) install any terminal capable of accessing and displaying patient records, in an area of the pharmacy which
 - (i) is only accessible to registrants and support persons, and
 - (ii) is under the direct supervision of a pharmacist,
 - (c) connect the system to PharmaNet,
 - (d) upgrade computer software as needed to comply with changes to the *HealthNet/BC Professional and Software Compliance Standards*,
 - (e) require all registrants, nonpharmacist owner managers/directors, pharmacy support persons and computer software programmers or technicians who will access the in-pharmacy computer system, to sign an undertaking, in a form approved by the Council, to maintain the confidentiality of patient record information, and
 - (f) maintain in the pharmacy for a period of two years after employment has ended, the undertakings referred to in subsection 47 (1) (e).
- (2) A pharmacy manager or the pharmacy owner must display and make available to the public, information endorsed from time to time by the College, pertaining to the collection, retention, maintenance, use and confidentiality of patient record information.

Collection of information for the PharmaNet database

48. (1) A pharmacist must keep the PharmaNet patient record current.
- (2) A pharmacist must reverse information in the PharmaNet database, pertaining to drugs not released to the patient or the patient's representative and record the reason for the reversal within thirty days of the original entry of the information on PharmaNet.
- (3) A pharmacist must revise information in the PharmaNet database pertaining to corrected billings for prescriptions billed to a payment agency other than Pharmacare or the patient and record the reason for the revision within 90 days of the original entry on PharmaNet.
- (4) At the request of the patient, a pharmacist must establish, delete or change the patient keyword.
- (5) Where a patient or patient's representative requests an alteration to be made to the PharmaNet information, the pharmacist may
- (a) correct the information on record, or
 - (b) if the pharmacist refuses to alter the PharmaNet information, he or she must inform the person requesting the change of his or her right to request correction under section 29 of *The Freedom of Information and Protection of Privacy Act (1996)*.

Confidentiality

49. (1) Except as otherwise required by law, only the following persons may access a patient's PharmaNet record
- (a) the patient,
 - (b) the patient's representative,
 - (c) a registrant,
 - (d) support person(s) on the pharmacy staff, and
 - (e) computer software vendors and computer technicians during the installation and maintenance of the in-pharmacy system.
- (2) A pharmacist must take all reasonable steps to positively identify a patient, patient's representative(s), pharmacist and practitioner in compliance with College guidelines, before complying with a request to
- (a) establish a patient record,
 - (b) update a patient's clinical information,
 - (c) provide a printout of an in-pharmacy or PharmaNet patient record,
 - (d) establish, delete, or change a keyword,
 - (e) view a patient record,

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- (f) answer questions regarding the existence and content of a patient record,
 - (g) correct information,
 - (h) disclose relevant patient record information to another pharmacist for the purpose of dispensing a drug or device, and/or
 - (i) disclose relevant patient record information to another pharmacist or practitioner for the purpose of monitoring drug use.
- (3) A registrant must report any violation of confidentiality to the College immediately.

Applications for disclosure of information

50. (1) A request for the disclosure of patient information from a federal or provincial government payment agency or an insurer that reimburses the cost of prescribed drugs must be submitted in writing to the pharmacy manager.
- (2) On being satisfied that the patient has consented to the disclosure in subsection 50 (1), the pharmacist may release the information.
- (3) Requests for patient information from PharmaNet submitted to the PharmaNet Committee by the Minister of Health or designate, regulatory bodies for practitioners, or researchers must be submitted in writing on the form approved by Council and must be accompanied by an application fee in the amount specified in the Fee Schedule attached to these bylaws.
- (4) Before releasing patient information from PharmaNet, where the PharmaNet Committee has approved the request, the applicant must pay a processing fee specified in the Fee Schedule attached to these bylaws.

PharmaNet Committee

51. (1) In accordance with the Act, Council appoints members of the PharmaNet Committee for terms of up to three years, and the members may be eligible for reappointment. Council may revoke an appointment at any time, for cause.
- (2) The committee members must elect a chair from amongst themselves. The chair may serve a two-year term, and be eligible for a maximum of six years' continuous service.
- (3) If the chair resigns or is unable to continue in that capacity, the committee may elect one of its members to act as chair.
- (4) Where a vacancy occurs on the PharmaNet Committee, the President of the College may appoint a replacement to act until the next meeting of Council, when Council must appoint a replacement for the remainder of the term.
- (5) The chair of the PharmaNet Committee may appoint a panel of three or more members of the committee in compliance with section 38 (4) of the Act to conduct committee business. The chair of the PharmaNet Committee must designate a member of the panel to act as chair.
- (6) If panels of the PharmaNet Committee are used, at least one member of any panel must not be a registrant, a former registrant, an owner of a pharmacy or a director of a corporation that owns a pharmacy.
- (7) The chair of the PharmaNet Committee may terminate an appointment to the panel for cause and may fill a vacancy on a panel.
- (8) The PharmaNet Committee chair must keep a record of
- (a) all matters coming before the committee,
 - (b) referrals made to other College committees, agencies or persons, and
 - (c) the outcome of all committee activities.
- (9) The chair must submit to the Council annually a summary of the matters dealt with by the PharmaNet Committee.

BYLAW 7 - RESIDENTIAL CARE FACILITIES AND HOMES

Definitions

52. In bylaw 7:
- "medication"** in bylaw 7 has the same meaning as drug;
- * **"medication safety and advisory committee"** means a committee consisting of, but not limited to, the manager of the residential care facility, the pharmacist appointed by the licensee and the manager of care or the health care professional responsible for immediate supervision of all health care services in the facility and mandated according to *The Community Care Facility Act*, *Adult Care Regulations* or *Child Care Regulations* to make policy recommendations for all matters relating to the use of medications in the facility;
- "resident"** means a person who lives in and receives care in a residential care facility or home or an extended-care or long-term care unit;
- "residential care facility"** means a residence licensed under *The Community Care Facility Act* to provide care to seven or more persons;
- "residential care home"** means a residence licensed under *The Community Care Facility Act* to provide care to three to six persons.

Supervision of pharmacy services

53. (1) No pharmacist may provide pharmacy services to a residential care facility or home or to a resident thereof unless the pharmacist has been appointed by the licensee of that facility or home.
- (2) A pharmacist must not allow any person to interfere with his or her professional duties, as specified in the Act and these bylaws.
- * (3) The pharmacist must facilitate the implementation of this bylaw and must confirm ongoing compliance with the bylaw by visiting and auditing a residential care facility at least every three months and a residential care home at least once every year. A record of these audits must be maintained in the pharmacy for a period of three years.

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- (4) The pharmacist must advise in the development of policies and procedures for
 - (a) safe and effective distribution, administration and control of medications within the residential care facility or home,
 - (b) reporting medication incidents, and
 - (c) monitoring therapeutic outcomes and reporting adverse drug reactions.
 These policies and procedures must be available in a policy and procedure manual in the residential care facility or home.
- (5) The pharmacist must ensure that all medications are stored in a separate and locked area within the residential care facility or home. This medication storage area must not be used for any other purpose and must be inspected by the pharmacist during onsite audits.
- (6) The pharmacist must ensure that a copy of this bylaw is available in the residential care facility or home.

Quality management

54. (1) A pharmacy providing services to a residential care facility or home must have a documented ongoing quality management program that monitors the pharmacy services provided. The program must include a process for the reporting and documentation of medication incidents and discrepancies and their follow-up.

Prescription authorizations

55. (1) A pharmacist must only dispense a medication to a resident upon the receipt of an authorization from a practitioner.
- (2) When the resident is readmitted to a facility or home following a period of hospitalization, new prescription authorizations must be received from a practitioner before the resumption of medication administration.
- (3) A prescription authorization may be transmitted from the practitioner to the pharmacy servicing the residential care facility or home verbally, electronically or in written form.
- (4) If a prescription authorization is transmitted verbally, the pharmacist must immediately reduce the authorization to written form and keep it as a hard copy.
- (5) If a prescription authorization is transmitted electronically, the pharmacist may use the facsimile hard copy as the permanent written record for dispensing, numbering, initialing and filing.
- (6) A prescription authorization, written and signed by a practitioner on a resident's health record at a residential care facility or home, may be electronically transmitted to the pharmacy and the pharmacist may dispense the medication.

Dispensing

56. (1) A blister-packaged, monitored dosage system must be used except where the form of the medication does not permit such packaging. Each package must contain no less than a one-day and no more than a 35-day supply of medication.
- (2) Where directions for the use of a medication are changed by the practitioner, the pharmacist must, following receipt of the required confirmation, initiate and dispense a new prescription.

Contingency medications

57. (1) The pharmacist may establish a supply of contingency medications at a residential care facility or home to permit the commencement of therapy upon receipt of a prescription authorization and to continue the regimen until the medication supply arrives from the pharmacy.
- (2) Contingency medications must be prepared by the pharmacy and dispensed in a blister-packaged monitored dosage system, where applicable.
- (3) A list of the contingency medications stocked must be available in the residential care facility or home and in the pharmacy.
- (4) Records of use of contingency medications must be kept in the residential care facility or home and must include
 - (a) date(s) and time(s) the medication was used,
 - (b) name, strength and quantity of the medication used,
 - (c) name of the resident for whom the medication was prescribed,
 - (d) name or initials of the person who administered the medication, and
 - (e) name of the practitioner.

Standing orders

58. (1) Standing orders for Schedule II and III medications and for unscheduled drugs that are administered for common, self-limiting conditions may be established by the medication safety and advisory committee for a residential care facility or home.
- (2) Standing order medications for a resident must be authorized by a practitioner. Reorders must be authorized and signed by a practitioner on an annual basis. Signed standing orders must be available at the residential care facility or home, both for staff to consult and for inspection.
- (3) Records of use of standing order medications are not required; however, medication administration must be recorded on the resident's medication administration record.

Returned medications

59. (1) The pharmacist must provide for the return of all discontinued medications to the pharmacy at the time of the next scheduled medication delivery.

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- (2) All previously dispensed medications must not be redispensed unless returned to the pharmacy in a sealed dosage unit or container as originally dispensed and where the labelling is intact and the labelling includes the medication lot number and expiry date.
- (3) If the pharmacist cannot confirm the integrity of the medication that has been returned, the medication must not be redispensed.
- (4) Policies and procedures must be in place to ensure that following the hospitalization of a resident, the resident's medications are returned to the pharmacy.

Medication containers and prescription labels

60. (1) The pharmacist must be responsible for the labelling of all medications. Where a resident has obtained a supply of a Schedule II or III medications from an external source, the medications must be sent to the pharmacy for
- (a) identification,
 - (b) repackaging in a blister-package if applicable,
 - (c) labelling, and
 - (d) inclusion on the patient record and subsequent medication administration record.
- (2) All prescribed medications must be labelled with a typed or machine printed label that contains the following
- (a) name, address and phone number of the pharmacy,
 - (b) prescription number and current dispensing date,
 - (c) name of the resident,
 - (d) name of the practitioner,
 - (e) for single-entity products, the generic name of drug followed by the brand name or the manufacturer name or the Drug Identification Number,
 - (f) for multiple-entity products, the brand name or all ingredients listed followed by the manufacturer name or the Drug Identification Number,
 - (g) for compounded preparations, all ingredients where possible,
 - (h) strength of the medication,
 - (i) practitioner's directions for use which must include specific dosing frequency or interval,
 - (j) route of administration,
 - (k) medical indication for use for all "as required" prescription authorizations, and
 - (l) accessory or cautionary statements as indicated.
- (3) If labels are produced for intended application to a resident's medication administration record, the label must indicate "for MAR."
- (4) Blister-packages and all other repackaged medications must be labelled with the medication expiry date and manufacturer lot number.
- (5) A pharmacist may not delegate the labelling of medication containers or blister-packages to an employee of a residential care facility or home.

Patient record

61. (1) The pharmacist must maintain a patient record for each resident.
- (2) The patient record must include
- (a) resident's full name, personal health number as assigned by the British Columbia Ministry of Health, birth date, gender, practitioner name, the name of the facility and where possible, the resident's location within the facility, diagnoses,
 - (b) presence or absence of known sensitivities and allergies relevant to drugs, and
 - (c) prescription number, names and Drug Identification Numbers of all medications dispensed, directions for use, dosage form, strength, quantity, route of administration, dosage times, dates dispensed and dates and reasons for early discontinuation of therapy.
- (3) Where a medication is to be administered on a "when necessary" basis, the patient record and prescription label must clearly indicate the following
- (a) specific indication for which the medication is to be given, and
 - (b) minimum interval of time to be observed between doses, or
 - (c) maximum number of daily doses to be administered.
- (4) Before dispensing a medication, the pharmacist must review the patient record to identify any
- (a) drug interactions,
 - (b) allergies,
 - (c) therapeutic duplication,
 - (d) contraindicated medications,
 - (e) unintended dosage changes,
 - (f) inappropriate drug therapy,
 - (g) unusual dosages, or
 - (h) any other potential drug-related problems which may adversely affect the resident.

Resident medication administration records

62. (1) The pharmacist must provide a medication administration record for each resident in a residential care facility or home.

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- (2) The medication administration record must be current for each resident based on the information on the patient record and must be sent to the residential care facility or home for each month.
- (3) The resident's medication administration record must include
 - (a) resident's full name,
 - (b) resident's location within the facility or home, where possible,
 - (c) name of the practitioner,
 - (d) allergies,
 - (e) diagnoses,
 - (f) month for which the record is to be used,
 - (g) name and strength of all medications currently being administered, including those to be administered on a "when necessary" basis,
 - * (h) full directions for use.

Medication safety and advisory committee

- 63. (1) A pharmacist who provides pharmacy services to a residential care facility must be a member of that facility's medication safety and advisory committee.
- (2) The pharmacist must ensure that the medication safety and advisory committee meets at least every six months to perform its duties and that each committee member receives a copy of the proceedings.
- * (3) The pharmacist must ensure that a record is kept of the proceedings of the medication safety and advisory committee meetings. This record must be available to the Inspector for a period of three years.

Resident medication review

- 64. (1) At residential care facilities, each resident's medication regimen must be reviewed on site, at least every six months, by the pharmacist, with a practitioner when available and a registered nurse where one is employed. Any other appropriate residential care facility staff member approved by the medication safety and advisory committee may also attend.
- (2) For a medication review at a residential care facility, a record must be maintained of the
 - (a) persons in attendance,
 - (b) date, and
 - (c) recommendations resulting from the review.
 A copy of this record must be maintained in the resident's health record at the residential care facility and in the pharmacy.
- (3) At a residential care facility, where the resident's practitioner does not attend the resident's medication review, the pharmacist must communicate, in writing, verbally or electronically, the review recommendations to the practitioner.
- (4) At residential care homes, each resident's medication regimen must be reviewed at least every six months by the pharmacist and the results documented on a practitioner's authorization letter. Consultation with the practitioner and/or other resident care providers must be done as necessary.
- (5) Authorization to continue dispensing medications for a resident in a residential care facility or home must be received from the resident's practitioner every six months, either by written, verbal or electronic communication.

Resident-oriented pharmacy services

- 65. (1) When a resident is first admitted to a residential care facility or home, the pharmacist must obtain a medication history for the resident. The following information must be obtained if available
 - (a) adverse medication reactions, including allergies,
 - (b) past and present prescribed medication therapy including the medication name, strength, dosage, frequency and duration of therapy,
 - (c) compliance with prescribed medication regimen,
 - (d) Schedule II and III medication use, and
 - (e) laboratory results.
- (2) The pharmacist must routinely initiate the provision of written or verbal drug information relevant to a resident's medications for the medical or nursing or other appropriate residential care facility or home staff.
- (3) Where an adverse drug reaction as defined by the Health Protection Branch, Health Canada, *Guidelines for Reporting Adverse Drug Reactions* is identified, the pharmacist must notify the resident's practitioner, make an appropriate entry on the patient record and report the reaction to the BC Regional Adverse Drug Reaction (ADR) Reporting Centre.
- (4) Where a self-medication program is deemed suitable for selected residents in a residential care facility or home, in compliance with *The Community Care Facility Act, Adult Care Regulations*, the pharmacist must
 - (a) participate in the development of policies and procedures for the program, including appropriate storage and security requirements,
 - (b) ensure medication counselling to the resident occurs,
 - (c) ensure authorization from the resident's practitioner and obtain authorization from the medication safety and advisory committee and the licensing representative for the local medical health officer, and
 - (d) the medication regimen review referred to in section 64(1) must include any drugs in the self-medication program.
- * (5) The medication counselling is provided to a resident who has been authorized for self-medication should include
 - (a) name and strength of medication,

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- (b) purpose of medication and therapeutic goal(s),
- (c) frequency, duration and route of therapy,
- (d) administration and/or use of special dosage forms,
- (e) action to be taken in the event of missed dose(s),
- (f) possible adverse and/or toxic medication reactions, where applicable, and
- (g) other information unique to the specific medication or resident.

Respite care pharmacy services

66. (1) When a resident is admitted to a residential care facility or home for short-stay respite care, the pharmacist must confirm all prescription authorizations with the resident's practitioner.
- (2) Residents receiving respite care will be provided with blister-packaged medications and medication administration records from the pharmacy.
- (3) Emergency stay respite care residents who arrive without reasonable notice may be administered medications from their own supply of medications when it is deemed reasonable and safe to do so.

Leave -of-absence medications

67. (1) There must be a system to ensure that leave-of-absence or other pass medications are prepared correctly. The label must include
- (a) residential care facility or home name,
 - (b) resident name,
 - (c) practitioner name,
 - (d) medication name, strength and complete directions for use,
 - (e) initials of the person preparing the medication, and
 - (f) date of issue.
- (2) All leave-of-absence/pass medications must be documented on the resident's medication administration record.

BYLAW 8 - HOSPITAL PHARMACY

Definitions

68. In bylaw 8:
- "bulk/batch medication repackaging"** means the repackaging of multiple units, not for immediate use, in a single process, in accordance with a standardized batch preparation procedure;
- "bulk compounding"** means the compounding of multiple units, not for immediate use, in a single process, in accordance with a standardized bulk preparation procedure;
- "hazardous medications"** means pharmaceutical preparations in which the concentration, toxicity, environmental persistence, degradation characteristics or products, flammability, corrosiveness, or reactivity represents a risk to the health of humans and/or other living organisms;
- "hospital pharmacy"** means a pharmacy licensed to operate in a hospital;
- "hospital pharmacy satellite"** means any 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;
- "individual patient prescription system"** means a form of medication distribution in which medications are dispensed by the pharmacist in patient-specific labelled medication containers;
- "medication"** in bylaw 8 has the same meaning as drug;
- "pharmacy and therapeutics committee"** means a committee composed of representatives from pharmacy, medicine, nursing and other disciplines which serves to make policy recommendations for all matters relating the use of medications in the hospital;
- "unit dose distribution"** means a form of medication distribution in which orders for each patient are dispensed individually and packaged in unit-of-use packages. Each package contains one dose and not usually more than a 24-hour supply of doses is available in the patient care area at any time;
- "ward stock"** means those medications which are stocked in the patient care area at all times and are not individually labelled for a specific patient's use.

Responsibilities of the hospital pharmacy manager

69. (1) The hospital pharmacy manager must
- (a) actively participate in the day-to-day management of the pharmacy,
 - (b) as part of a quality management program, develop, maintain and enforce policies and procedures to comply with the standards of practice as stated within current pharmacy legislation,
 - (c) confirm that the staff members who present themselves as pharmacists and who are employed to practise as pharmacists hold valid licences to practise,
 - (d) notify the Registrar in writing of the appointments and resignations of pharmacists to the pharmacy staff as they occur,
 - (e) respond in writing to the Registrar's queries regarding pharmacy practice situations and, where applicable, identify the registrant(s) involved in any matter under review,
 - (f) advise the Registrar in writing of the termination of a registrant's employment for cause including professional practice problems, theft, or medication or alcohol abuse,

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- (g) ensure that pharmacist and pharmacy support person staffing levels are commensurate with the workload volume and patient care requirements at all times,
- (h) ensure that information directed to the pharmacy pertaining to medications, devices and diversion tactics is adequate and accessible and that the registrants are informed of its location in the pharmacy,
- (i) establish policies and procedures to specify the duties to be performed by pharmacy technicians and other pharmacy support persons,
- (j) be responsible for medication product selection, inventory management and procedures for proper destruction of unusable medications and devices,
- (k) ensure that medication purchase records for narcotic and controlled drugs are signed by a pharmacist,
- (l) ensure responsibility for the appropriate security and storage of all Schedule I, II, and III drugs,
- (m) ensure that confidentiality is maintained with respect to all pharmacy and patient records,
- (n) unless there are extenuating circumstances, notify the Registrar, in writing at least thirty days before relinquishing an appointment as pharmacy manager,
- (o) ensure the correct and consistent use of the pharmacy operating name as it appears on the pharmacy licence for all pharmacy identification on labels and packaging,
- (p) submit to the Registrar a diagram of the pharmacy premises and apprise the Registrar in writing of proposed pharmacy design changes or structural renovations and submit a new pharmacy diagram for approval before the commencement of construction or other related activities,
- (q) in collaboration with medical, nursing and administrative staff, ensure that rational medication therapy is promoted, and
- (r) establish policies and procedures for medication use control and patient-oriented pharmacy services and update them in collaboration with the medical, nursing and administrative person(s), subject to approval by the pharmacy and therapeutics committee and/or other appropriate committee(s).

Hospital pharmacy licence

70. (1) Hospital pharmacy satellite(s) within the same physical complex as the supporting hospital pharmacy (sharing the same address) must be listed on the hospital pharmacy licence issued to the supporting hospital pharmacy. Diagrams of all satellites involved in any aspect of the medication distribution process must be included in the hospital licence application.
- (2) Hospital pharmacy satellite(s) not within the same physical complex as the supporting hospital pharmacy
- (a) which only receive support in terms of management and/or inventory control services, must be issued a separate hospital pharmacy licence and be charged a separate licence fee specified in the Fee Schedule attached to these bylaws, or
 - (b) which receive support in any area other than management and/or inventory control services, must be listed as a satellite pharmacy on the supporting hospital pharmacy licence and must be charged a separate licence fee specified in the Fee Schedule attached to these bylaws.
- Where a pharmacist other than the manager of the supporting hospital pharmacy is directly responsible for the supervision of the satellite, his or her name, along with the name of the supporting hospital pharmacy manager, must appear on the licence.
- (3) A hospital pharmacy satellite which dispenses medications to staff, outpatients and/or the general public must comply with the standards set out in bylaw 5.
- (4) A hospital pharmacy which dispenses medication
- (a) in small quantities to a discharged or emergency outpatient until the patient can obtain a supply from a community pharmacy, or
 - (b) for patients on pass or other short leaves-of-absence, or
 - (c) for patients who are admitted in an outpatient program,
- will not require a separate licence for these functions but must ensure that the standards set out in bylaw 5 are met.
- (5) A pharmacy located in a hospital which dispenses medication to staff, outpatients and/or the general public and which is not owned or operated by the hospital must maintain a valid community pharmacy licence and must comply with the standards set out in bylaw 5.

Quality management

71. (1) The hospital pharmacy must have an ongoing quality management program, including risk management, continuous quality improvement and utilization review, appropriate for the level of pharmacy services provided. The quality management program must monitor pharmacy staff, performance, equipment, facilities, services and patient care.
- (2) The quality management program should include but is not limited to
- (a) a process for the reporting and documentation of medication incidents/discrepancies and their follow-up,
 - (b) documentation of periodic audits of the medication distribution process,
 - (c) appropriateness and consequence of patient-oriented recommendations,
 - (d) a process to review the indication, content, format and appropriateness of individual pharmacist documentation notes in the medical record, and
 - (e) a process to evaluate medication use relative to predetermined criteria, to correct inappropriate medication use and assess follow-up.

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Hospital pharmacy premises

72. (1) The hospital pharmacy manager must submit to the Registrar a diagram(s) to scale, including measurements, of the pharmacy area(s) within the institution. The diagram(s) must include all satellite pharmacies and medication storage or packaging areas.
- (2) The Registrar must approve the diagram(s) before issuance of the hospital pharmacy licence. A copy of the diagram(s) must be returned to the hospital pharmacy manager, who is responsible for reporting any changes to the Registrar.
- (3) A hospital pharmacy, all hospital pharmacy satellite(s), and outpatient services area(s) must be of sufficient size to allow for safe and proper storage of pharmaceuticals, for compounding, preparation and/or dispensing of medication orders and for provision of patient-oriented and administrative pharmacy services.
- (4) All areas of the hospital pharmacy must be dry, well-lighted, well-ventilated and maintained in a clean and orderly condition. Registrants must prepare, compound, dispense, package and store all medications under sanitary conditions.
- (5) Each hospital pharmacy employee must wear a badge which clearly identifies him or her as a pharmacist or support person.
- (6) Each pharmacist, while on duty, is responsible for the security of the hospital pharmacy including provision for effective control against theft or diversion of medications.
- (7) After hospital pharmacy hours, all hospital pharmacy premises must be secured with suitable locks and alarms to detect unauthorized entry.

Equipment and references

73. (1) The hospital pharmacy and all 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.
- (2) The hospital pharmacy and all hospital pharmacy satellites must be equipped with a reference library of current references relevant to medication compounding, dispensing and/or preparation of medication orders, and current patient-oriented references for the provision of patient-oriented pharmacy services.

Medication distribution

74. (1) The pharmacy manager must ensure that a safe and effective medication distribution system is provided. This system must
 - (a) provide medication in identified dosage units ready for administration, whenever possible and practical,
 - (b) protect the medication from contamination,
 - (c) provide a method of recording medications at the time of administration, and
 - (d) eliminate or reduce the need to maintain ward stock.
- (2) A unit dose, monitored dose, or individual patient prescription medication distribution system must be used for dispensing medication.
- (3) Where sterile products are prepared, there must be policies and procedures to ensure the sterility of the final products. Policies and procedures must be in accordance with relevant published standards.
- (4) Hazardous medications must be handled and prepared in accordance with relevant published standards and, where applicable, the *Workers' Compensation Board of British Columbia's Requirements for the Safe Handling of Antineoplastic Agents in Health Care Facilities*.
- (5) All parenteral syringes containing vinca alkaloids (including vinblastine, vincristine, vindesine, vinorelbine and any others) must be labelled directly on the syringe barrel with a prominent warning label containing the words: Warning: Fatal if given intrathecally.
- (6) The pharmacist must be responsible for medication order review and verification of the accuracy of the dispensed medication before administration.
- (7) Ward stock medications must include only those medications prescribed
 - (a) on an urgent or when-needed basis, or
 - (b) for use in routine patient care and which do not have a high potential for toxicity.
- (8) A stop-order procedure must be in effect when a definite number of doses or a time limitation for administration of the medication has not been stipulated by the practitioner.
- (9) Medications must be delivered safely, promptly and intact and must be placed in proper storage areas upon arrival in patient care areas.
- (10) The use of sample medications is forbidden unless the samples are controlled and distributed by the hospital pharmacy.

After hours service

75. (1) If 24-hour hospital pharmacy service is not available, arrangements must be made in advance by the hospital pharmacy manager for provision of urgently needed medications and patient-oriented pharmacy services while the hospital pharmacy is closed.
- (2) The pharmacy must provide a night cabinet which must
 - (a) be a locked cabinet or other secure enclosure located outside of the hospital pharmacy, to which only specifically authorized persons may obtain access,
 - (b) be stocked with a minimum supply of medications most commonly required for immediate use,
 - (c) not contain narcotic and controlled drugs, and
 - (d) contain medications packaged to ensure the integrity of the medication and labelled with the medication name, strength, quantity, expiry date and lot number.
- (3) Where a night cabinet has been provided, all withdrawals from the night cabinet must be documented.

* Denotes amendment

Prescription label

76. (1) A standardized label format, terminology, metric units, and generic nomenclature must be used for all medication labels.
- (2) Only hospital-approved abbreviations and symbols must be used.
- (3) Medication labels must be machine printed or typed, must be free from erasures and strikeovers and must be firmly affixed to the container.
- (4) Only hospital pharmacy staff may alter medication container labels.
- (5) Inpatient prescription labels must include
 - (a) unique patient identifier,
 - (b) medication name(s) and parenteral vehicle, if applicable,
 - (c) medication strength(s),
 - (d) dosage, if information about current dose not supplied on medication administration record,
 - (e) frequency, if applicable,
 - (f) route of administration or dosage form as appropriate,
 - (g) auxiliary or cautionary statements, if applicable, and
 - (h) date dispensed.
- (6) All medications dispensed to staff, outpatients and/or the general public must be labelled/dispensed according to the standards of practice for community pharmacy.

Returned medications

77. (1) Medications dispensed for administration, but not used, must be returned to the hospital pharmacy.
- (2) All previously dispensed medication must not be redispensed unless returned to the hospital pharmacy in a sealed dosage unit or container as originally dispensed and where the labelling is intact.
- (3) If the pharmacist cannot confirm the integrity of the medication that has been returned, the medication must not be redispensed.

Medication procurement/inventory management

78. (1) The hospital pharmacy manager is responsible for medication product selection and inventory management.
- (2) Medication storage and security within the hospital pharmacy and throughout the hospital is the responsibility of the hospital pharmacy manager.
- (3) A pharmacist who supplies a Schedule I drug to another pharmacist or practitioner must retain documentation of the transaction.
- * (4) All medication shipments must be delivered unopened to the hospital pharmacy or a designated secure storage area.
- (5) There must be a medication recall procedure. The results of any recall must be documented.
- (6) Nonusable and expired medications must be stored in a separate area in the hospital pharmacy until final disposal. Disposal must be in accordance with professional standards and legal requirements.

Inpatient pass medications

79. (1) There must be a system to ensure that leave-of-absence or other pass medications are prepared correctly. The label must include the
 - (a) hospital name,
 - (b) patient name,
 - (c) practitioner name,
 - (d) medication name, strength and complete directions for use,
 - (e) identification of the person preparing the medication, and
 - (f) date medication issued.
- * (2) The medications must be dispensed in a child-resistant container unless:
 - (a) otherwise specified by the patient, or
 - (b) in the professional judgement of the pharmacist, it is advisable not to use a child-resistant container in that particular circumstance.
- (3) All leave-of-absence/pass medications must be documented.

Emergency department medications

80. (1) If an emergency department short-stay patient urgently requires medication and is unable to have the medication(s) dispensed at a community pharmacy within a reasonable time frame, there must be a system to provide a small quantity of medication to the patient. The label must include the
 - (a) hospital name,
 - (b) patient name,
 - (c) practitioner name,
 - (d) medication name, strength and directions for use,
 - (e) identification of the person preparing the medication, and
 - (f) date issued.
- (2) The medication must be contained in a child-resistant container.
- (3) All medications issued from the emergency department must be authorized by a practitioner and documented in the patient's health record.

* Denotes amendment

- (4) Written prescription narcotic drugs and triplicate/duplicate prescription drugs must not be dispensed as take-home medications.

Investigational/emergency release medications

81. (1) The pharmacist is responsible for the storage and distribution of all investigational and emergency release medications used for inpatients and outpatients of the hospital.
- (2) Investigational medications must be used only under the direct authorization of the principal investigator.

Medication repackaging and compounding

82. (1) All bulk/batch medication repackaging and all medication preparation or compounding, where appropriate, of those dosage forms, dosage strengths, and sterile medications required to meet the anticipated needs of a patient must be conducted under the supervision of a pharmacist.
- (2) Bulk/batch medication repackaging records must be kept for all repackaged medications for two years after the repackaged medication expiry date.
- (3) A master formula record must be kept for each bulk compounded/prepared medication product.
- (4) A separate production record must be used for each product batch compounded/prepared.
- (5) Production records must be kept for a period of two years after the expiry date of the compounded/prepared batch.
- (6) The label of the finished bulk/batch repackaged or bulk compounded medication must be permanent and must contain descriptive information including
 - (a) generic name(s),
 - (b) strength(s),
 - (c) dosage form,
 - (d) amount, if applicable,
 - (e) expiry date,
 - (f) manufacturer identification and lot number or hospital pharmacy control number,
 - (g) storage conditions, if applicable,
 - (h) auxiliary labels, if applicable, and
 - (i) hospital identification.

Function of hospital pharmacy support persons

83. (1) Specific functions may be delegated to a pharmacy support person after a pharmacist has established written procedures for performing the functions.
- (2) Procedures must specifically define the interim and final checks required, including responsibility and documentation required. While continual checks for specific functions may not be necessary, the pharmacist must periodically verify that functions are performed according to procedures.
- (3) When pharmacy support persons are performing delegated functions, a pharmacist must be readily available to answer questions and provide direction and supervision.
- (4) A pharmacist may delegate to a pharmacy support person(s) in a hospital pharmacy the following activities
 - (a) repackaging and labelling medications,
 - (b) counting, pouring, and labelling medications under a written order including selecting and applying auxiliary labels according to an approved list,
 - (c) filling unit dose carts according to a manual or computerized fill list,
 - (d) restocking nursing unit cupboards or exchange carts according to an approved list,
 - (e) reconstituting or diluting sterile and nonsterile medications, including checking diluent and volumes according to an approved list,
 - (f) preparing and labelling products requiring specialized techniques in accordance with approved procedures including parenteral admixtures, compounded products, total parenteral nutrition and chemotherapy,
 - (g) performing bulk compounding in accordance with approved procedures when specific formulation and method of preparation are provided in writing for the individual product,
 - (h) verifying the contents of a container of medications to be dispensed against the original container and the new container label or list; this function includes verification of accuracy of unit dose cart fills,
 - (i) checking and restocking emergency boxes, cardiac arrest kits and night cabinet supplies according to an approved list,
 - (j) returning serviceable medication to active stock,
 - (k) delivering narcotic and controlled drugs to patient care areas, obtaining signatures of authorized persons as proof of receipt, maintaining records accordingly,
 - (l) manually transcribing or making computer entries of written medication orders (a pharmacist must verify accuracy of the copy or entry),
 - (m) disposing or destroying of unserviceable medications, except narcotic and controlled drugs, according to approved procedures,
 - (n) maintaining inventory, including ordering of stock, receiving and checking receipts, pricing items, issuing stock from the storeroom to other areas of the institution, and maintaining all inventory records,
 - (o) delivering medications to authorized areas in the institution,
 - (p) maintaining the workplace (including equipment) according to established standards of cleanliness,

* Denotes amendment

- (q) checking medication stock for excess and short-dated or expired medications,
- (r) filing general information, medication information and patient information,
- (s) recording workload measurement data,
- (t) performing quality management activities on support functions or activities, and
- (u) performing inspections or audits of all areas of the institution where medications are stored in accordance with established procedures and written standards.

Patient record and medication order review

84. (1) The pharmacist must ensure the preparation and maintenance of patient records for each patient for whom medication is prescribed, except for patients admitted for less than 24 hours to specified diagnostic or treatment areas such as
- (a) surgical day care,
 - (b) ambulatory care,
 - (c) emergency short-stay, and
 - (d) other short-stay diagnostic or treatment units.
- (2) The pharmacist must maintain complete, current and accurate patient records.
- (3) The patient record information must include, but not be limited to the following
- (a) patient full name, hospital number, location,
 - (b) admission date,
 - (c) attending practitioner name,
 - (d) date of birth,
 - (e) gender,
 - (f) weight and height if applicable to therapy,
 - (g) allergies, adverse drug reactions, sensitivities,
 - (h) diagnoses,
 - (i) chronological list of medications which have been prescribed since admission to hospital, or, if admission is prolonged, for a minimum period of two years,
 - (j) list of all current medication orders, including total parenteral nutrition orders, ward or floor stock medications and controlled medications (nonformulary, investigational, emergency release, etc.); with medication name, strength, dosage, route, dosage form, intravenous dilution if applicable, directions for use, administration time or frequency and attending practitioner,
 - (k) quantity of medication dispensed,
 - (l) start and stop date of the medication, or length of therapy, and
 - (m) date medication dispensed, refilled and discontinued.
- (4) During pharmacy hours, the pharmacist must review the medication order before the medication is dispensed.
- (5) The pharmacist must check the medication order for
- (a) patient name, hospital number and location,
 - (b) signature of authorized practitioner,
 - (c) name of the medication and formulary status,
 - (d) dosage form and strength,
 - (e) route and frequency of administration,
 - (f) duration of treatment, if limited,
 - (g) complete directions to ensure appropriate medication use,
 - (h) date and time order was written, and
 - (i) for verbal and/or telephone orders, the name and signature of the person who received the order.
- (6) The pharmacist must review the patient record before dispensing the patient's medication in order to identify and take appropriate action, where applicable for
- (a) appropriateness of therapy,
 - (b) drug interactions,
 - (c) allergies,
 - (d) therapeutic duplication,
 - (e) duration of therapy,
 - (f) correct dosage, route and frequency of administration and dosage form,
 - (g) intravenous administration problems including potential incompatibilities, medication stability, dilution volume and rate of administration, and
 - (h) any other deviation from contemporary pharmaceutical care which may adversely affect the patient.
- (7) If the medication is a ward or floor stock item, the pharmacist must notify the patient's nursing staff immediately of a problem to prevent the medication from being administered before resolution of the problem.

Medication administration

85. (1) The pharmacist must collaborate with nursing and medical staff to develop written policies and procedures to govern the safe administration of medications.
- (2) A medication administration record of all prescribed medications for each patient must be produced from the pharmacy-maintained patient record.
- (3) The medication administration record must include

* Denotes amendment

- (a) patient full name and identification number,
 - (b) patient location,
 - (c) presence or absence of known allergies and/or sensitivities,
 - (d) date or period for which the medication administration record is to be used,
 - (e) name, dosage and form of all medications currently ordered,
 - (f) complete directions for use for all medications,
 - (g) stop or expiry dates for medication orders for which there is an automatic stop policy (if not reported by another means), and
 - (h) predetermined, standard medication administration times for regularly scheduled medications.
- (4) Policies and procedures must be in place for updating the medication administration record when medication orders are changed.

Patient-oriented pharmacy services

86. (1) The pharmacist must actively monitor medication therapy to ensure that the patient receives safe and appropriate medication therapy and to protect the patient from medication-related problems.
- (2) The pharmacist must actively monitor the progress of the patient's medication therapy at a frequency appropriate for the medical condition(s) treated.
- (3) The pharmacist must take responsibility to detect, resolve and prevent medication-related problems using
- (a) patient record and/or health record,
 - (b) discussion with the patient, practitioner, and/or other appropriate individual, and
 - (c) physical assessment skills, when trained to do so.
- (4) The pharmacist must provide drug information, including patient-specific information to patients and health care personnel.
- (5) The pharmacist must provide information about the assessment, management and prevention of drug poisoning within the hospital.
- (6) When the pharmacist provides medication counselling to a patient, the following aspects of medication use must be discussed when appropriate
- (a) name and strength of medication,
 - (b) purpose of medication and therapeutic goal(s),
 - (c) frequency, duration and route of therapy,
 - (d) administration and/or use of special dosage forms,
 - (e) action to be taken in the event of missed dose(s),
 - (f) possible adverse and/or toxic medication reactions, where applicable,
 - (g) potential medication or food interactions, and
 - (h) other information unique to the specific medication or patient.
- (7) When a pharmacist requests a medication history from a patient or his or her representative, the following information must be obtained
- (a) adverse medication reactions, including allergies,
 - (b) past and present prescribed medication therapy including the medication name, strength, dosage, frequency and duration of therapy,
 - (c) compliance with prescribed drug regimen, and
 - (d) Schedule II and III medication use.

Residential care

87. (1) Hospital pharmacy departments providing pharmacy services to residential care patients must be responsible for the implementation and ongoing compliance with this bylaw.
- (2) A monitored dosage system or unit dose system must be used for dispensing of all medications, unless the medication is in a form which cannot be blister- or unit dose packaged or unless otherwise authorized by the College.
- (3) Ward stock must be restricted to those medications commonly prescribed on a "when needed" basis or are involved in routine patient care and do not have a high potential for toxicity or require complex dosage titration.
- (4) The pharmacist is responsible for maintaining a current patient record for each patient.
- (5) Medication administration records of all current medications must be provided for each patient from the pharmacy-maintained patient record. A medication administration record must be generated for each patient within 72 hours of admission. Subsequent medication administration records must be provided at least monthly for each patient.
- (6) Each patient's medication regimen must be reviewed at least every six months by the pharmacist, preferably in the setting of multidisciplinary rounds with a practitioner, registered nurse and any other appropriate staff.
- (7) The pharmacist must maintain a written record of medication reviews in the patient's permanent health record. The record shall include the date of each review, identified concerns and recommendations resulting from the review.

Documentation

88. (1) The pharmacist must document directly in the patient's permanent health record all activities and information pertaining to the drug therapy of the patient.
- (2) The documentation must include but is not limited to
- (a) actual or potential drug-related problems that warrant monitoring,
 - (b) recommendations for changes in medication selection, dosage, duration of therapy, and route of administration,

* Denotes amendment

- (c) recommendations for monitoring the response to medication therapy,
- (d) notations of consultations provided to other health care professionals about the patient's medication therapy selection and management,
- (e) notations of medication-related patient education and/or counselling provided,
- (f) clarification of medication orders and practitioner's telephone orders received directly by the pharmacist, and
- (g) adverse drug reactions.

BYLAW 9 - GENERAL

Appointment of an auditor

89. (1) The Council must appoint annually an accountant or a firm of accountants who will be the auditor.
- (2) The Registrar must submit the financial statement to the auditor within thirty days of the end of the fiscal year.
- (3) The Council must request the auditor to
- (a) make such examination as will enable him or her to report to the members as required under subsection 89 (3) (b), and
 - (b) make a report to the members on the financial statements including the notes to be laid before the College at any annual or special general meeting during his or her term of office, and must state in the report whether in his or her opinion the financial statements referred to therein presents fairly the financial position of the College and the results of its operations for the period under review in accordance with generally accepted accounting principles applied on a basis period.
- (4) The Council must ensure that the auditor has rights of access at all times to all financial records, documents, books, accounts, and vouchers of the College.
- (5) The members of Council and officers of the College must provide such information and explanation to the auditor as the auditor may believe necessary to enable him or her to report as required by subsection 89 (3) (b).
- (6) The Council must ensure that the auditor is notified and permitted to attend any annual or special general meeting of members of the College and to make any statement or explanation he or she desires with respect to the accounts.
- (7) A copy of the auditor's report must be included in the annual report.
- (8) The College must deliver a copy of the annual report to every registered pharmacist and to a person on request.

Conduct

90. * (1) Conduct unbecoming may include, but is not limited to, the following acts of a registrant
- (a) sexual misconduct,
 - (b) excessive personal use of alcohol or drugs to an extent that renders the registrant unfit to practise,
 - (c) divulging or revealing patient health information or other confidential information to unauthorized persons,
 - (d) obtaining any remuneration by fraud, misrepresentation, or deception,
 - (e) selling, giving away, or otherwise disposing of accessories, chemicals, or drugs found in illegal drug traffic when the pharmacist knows or should have known of their intended use in illegal activities,
 - (f) unreasonably refusing to dispense or compound Schedule I prescription authorizations,
 - (g) contravening a term, condition or limitation imposed on the registrant's registration or licence,
 - (h) impeding a duly authorized inspector, investigator, auditor or assessor,
 - (i) uttering threats to any person,
 - (j) failing to comply with requests for information from the Inquiry Committee, the Registrar or an Inspector engaged in an investigation under section 48 of the Act,
 - (k) cheating on College assessments or assessments required by the College, and/or
 - (l) failing to comply with the Code of Ethics of the College of Pharmacists of British Columbia.
- * (2) Where a respondent is a person named in section 22 (3)(b), (c) or (d) of the Act or a corporation described in section 25 (2) of the Act, conduct unbecoming includes, but is not limited to, causing a pharmacy to operate below acceptable standards of practice set out in the Act and these bylaws.

Disclosure

91. (1) Where an inquiry about the registration status of a person is received by the Council or the Registrar, the Registrar must disclose whether or not
- (a) the person is a registrant,
 - (b) the person has previously been a registrant and whether or not the person's registration was revoked as a result of disciplinary proceedings,
 - (c) the person's registration is suspended,
 - (d) the practice of the registrant is restricted in any way, and
 - (e) there are any conditions attached to the practice of the registrant and the specifics of the conditions.
- (2) The Registrar may disclose whether or not any other penalty under section 54 of the Act has ever been imposed.
- (3) Except with the consent of the person affected, the Registrar must not release the names of complainants, patients, or their families or information which might otherwise enable a person inquiring about the status of a registrant or former registrant to establish the identity of complainants, patients, and their families.

IN THE MATTER OF
THE COLLEGE OF PHARMACISTS OF BRITISH COLUMBIA
and
IN A MATTER OF A HEARING PURSUANT TO SECTION 53 OF
THE PHARMACISTS, PHARMACY OPERATIONS AND DRUG SCHEDULING ACT
INTO THE CONDUCT OF
SUBPOENA

TO:

TAKE NOTICE that you are required to attend to testify as a witness at the time, date and place set out below, pursuant to provisions of section 53(5) of *The Pharmacists, Pharmacy Operations and Drug Scheduling Act*. You are also required to bring with you all documents in your possession or power relating to the matters in question in this proceeding.

Please notice the provisions of *The Pharmacists, Pharmacy Operations and Drug Scheduling Act* and the bylaws of the Council of the College of Pharmacists of British Columbia on the back of this Subpoena.

TIME:

DATE:

PLACE:

Dated:

Chair of Discipline Committee
or Chair of Panel of Discipline Committee

Provisions of *The Pharmacists, Pharmacy Operations and Drug Scheduling Act*

Discipline committee hearing

53. (4) At a hearing of the discipline committee
- (a) the testimony of witnesses must be taken on oath, which may be administered by any member of the discipline committee, and
- (b) there must be a full right to cross examine witnesses and call evidence in defense and reply.
- (5) The discipline committee may, by subpoena, in a form set out by bylaw, order a person to attend at the hearing to give evidence or to produce records in the possession or under the control of the person.
- (6) On application by the discipline committee to the Supreme Court, a person who fails to attend or to produce records as required by an order under subsection (5) is liable to be committed for contempt as if in breach of an order or judgment of the Supreme Court.

Provisions of the Bylaws of the Council of the College of Pharmacists of British Columbia

Hearing procedure

20. (2) The chair of the Discipline Committee or the chair of the panel may cause a subpoena in the form appended to these bylaws to be served upon a witness to a discipline hearing.
- (5) Before a witness testifies, the chair of the panel must administer an oath or affirmation to the witness as follows
- (a) oath: "Do you solemnly swear that the evidence you are about to give on this hearing will be the truth, the whole truth and nothing but the truth, so help you God?" or
- (b) affirmation: "Do you solemnly promise, affirm and declare that the evidence you are about to give on this hearing shall be the truth, the whole truth and nothing but the truth?"

* Denotes amendment

Fees are nonrefundable. All fees shall be subject to the Federal Goods and Services Tax.

Late payment fees

Suspended Register to Non-practising Register (i.e., if listed on Suspended Register for more than 90 days)	\$ 125
Suspended Register to Register of Practising Pharmacists (i.e., if listed on Suspended Register for 90 or fewer days)	\$ 125
Pharmacy licence	\$ 125

Transfer fees

Non-practising Register to Register of Practising Pharmacists	\$ 125
Non-practising Register to Register of Qualifying Candidates	\$ 125

Registration and licensure fees

Effective March 1, 2009, the following registration fees are payable to the College in accordance with these bylaws:

Student	\$ 150
* Qualifying Candidate	\$ 300
* Pharmacist (for a term of one year or for renewal of registration for a term of one year, this fee to apply to the first five one-year terms of registration)	\$ 645
* Pharmacist (for a term of one year or for renewal of registration for a term of one year, this fee to apply to terms of registration after the first five one-year terms of registration)	\$ 595
* Community pharmacy (for a term of one year or for renewal of licensure for a term of one year)	\$ 1125
* Hospital pharmacy (for a term of one year or for renewal of licensure for a term of one year)	\$ 1125
* Hospital pharmacy satellite (for a term of one year or for renewal of licensure for a term of one year)	\$ 1125

Notice of the pharmacist and pharmacy licensure fees must be sent sixty days prior to the expiry date of licensure and must describe the consequences of late payment and nonpayment of fees.

Replacement fees

Diploma	\$ 75
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Pharmacy licence replacement fees

* Change of manager	\$100
* Change of director	\$150
* Change of operating name	\$150
* Change of corporate name	\$150
* Change of location	\$150
* New pharmacy application	\$500

Assessment fees

Forensic	\$175
Practical training (internship)	\$ 500

PharmaNet Committee processing fees

Application for data release	\$ 100
Producing a machine readable record:	
Developing computer program to produce record	\$ 110 per hour
Computer time	\$ 0.75 per second CPU time
Preparing a record for disclosure and handling of a record	\$100 per hour
Shipping	Actual costs of chosen shipping method
Photocopies or computer print outs	\$ 0.50 per page
Media (floppy disks, CD-Rom)	\$ 10 per unit

* Denotes amendment

Schedule of Maximum Fees of the Freedom and Information and Protection of Privacy Act

1. For applicants other than commercial applicants:
 - (a) for locating and retrieving a record \$7.50 per ¼ hour after the first 3 hours
 - (b) for producing a record manually \$7.50 per ¼ hour
 - (c) for producing a record from a machine readable record \$16.50 per minute for cost of use of central mainframe processor and all locally attached devices plus \$7.50 per ¼ hour for developing a computer program to produce the record
 - (d) for preparing a record for disclosure and handling a record \$7.50 per ¼ hour
 - (e) for shipping copies Actual costs of shipping method chosen by applicant
 - (f) for copying records
 - (i) photocopies and computer printouts \$0.25 per page (8.5" x 11", 8.5" x 14")
\$0.30 per page (11" x 17")
 - (ii) floppy disks \$10 per disk
 - (iii) computer tapes \$40 per tape, up to 2400 feet
 - (iv) microfiche \$10 per fiche
 - (v) 16 mm microfilm duplication \$25 per roll
 - (vi) 35 mm microfilm duplication \$40 per roll
 - (vii) microfilm to paper duplication \$0.50 per page
 - (viii) photographs (colour or black and white) \$5 to produce a negative
\$12 each for 16" x 20"
\$9 each for 11" x 14"
\$4 each for 8" x 10"
\$3 each for 5" x 7"
 - (ix) photographic print of textual, graphic or cartographic record (8"x 10" black and white) \$12.50 each
 - (x) hard copy laser print, B/W, 300 dots/inch \$0.25 each
 - (xi) hard copy laser print, B/W, 1200 dots/inch \$0.40 each
 - (xii) hard copy laser print, colour \$1.65 each
 - (xiii) photomechanical reproduction of 105 mm cartographic record/plan \$3 each
 - (xiv) slide duplication \$0.95 each
 - (xv) plans \$1 per square metre
 - (xvi) audio cassette duplication \$10 plus \$7 per ¼ hour of recording
 - (xvii) video cassette (1/4" or 8 mm) duplication \$11 per 60 minute cassette plus \$7 per ¼ hour recording and \$20 per 120 minute cassette plus \$7 per ¼ hour of recording
 - (xviii) video cassette (1/2") duplication \$15 per cassette plus \$11 per ¼ hour of recording
 - (xix) video cassette (3/4") duplication \$40 cassette plus \$11 per ¼ hour of recording
2. For commercial applicants for each service listed in Item 1 Actual cost of providing that service

* Denotes amendment