



College of Pharmacists  
of British Columbia

**Board Resolution**  
**Sent via email July 22<sup>nd</sup>, 2016**  
**By Registrar Bob Nakagawa**

**MINUTES**

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The following resolutions of the Board of the College of Pharmacists of British Columbia are valid and binding as per section 13(12) of the *Health Professions Act-Bylaws*, and have been signed by the following Board members:

Blake Reynolds, Chair & District 4 Board Member  
Anar Dossa, Vice-Chair & District 6 Board Member  
Mona Kwong, District 1 Board Member  
Ming Chang, District 2 Board Member  
Tara Oxford, District 3 Board Member  
Frank Lucarelli, District 5 Board Member  
Arden Barry, District 7 Board Member  
Sorell Wellon, District 8 Board Member  
Norman Embree, Public Board Member  
Kris Gustavson, Public Board Member  
Jeremy Walden, Public Board Member  
George Walton, Public Board Member

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

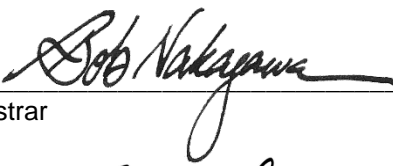
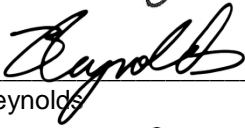


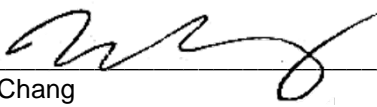
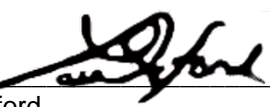

*The Board requests that the bylaw amendments come into force on July 29, 2016.*


<b>Appendix</b>	
1	Signed Board Resolution
2	Board Resolution Briefing Note

**Resolution of the Board of the College of Pharmacists of British Columbia made in accordance with section 13(12) of the *Health Professions Act* – Bylaws.**


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

Certified a true copy

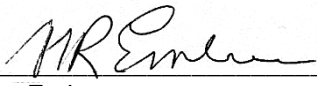
 _____ Registrar	_____ Date July 28, 2016
 _____ Blake Reynolds	_____ Date July 24, 2016
 _____ Anar Dossa	_____ Date July 26, 2016
 _____ Mona Kwong	_____ Date July 25, 2016
 _____ Ming Chang	_____ Date July 25, 2016
 _____ Tara Oxford	_____ Date July 22, 2016
 _____ Frank Lucarelli	_____ Date July 24, 2016

  
Sorell Wellon

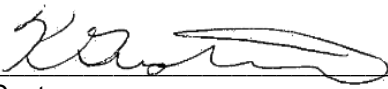
July 22, 2016  
Date

  
Arden Barry

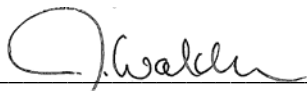
July 25, 2016  
Date

  
Norman Embree

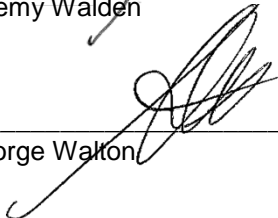
July 26, 2016  
Date

  
Kris Gustavson

July 27, 2016  
Date

  
Jeremy Walden

July 25, 2016  
Date

  
George Walton

July 25, 2016  
Date



College of Pharmacists  
of British Columbia

## Board Decision July 22, 2016

### Medical Assistance in Dying (MAID)

## DECISION REQUIRED

### Recommended Board Motion:

*Approve the following resolution:*

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

*The Board requests that the bylaw amendments come into force on July 29, 2016.*

### Purpose

To seek Board approval for filing with the Minister of Health, the proposed amendments to the *Health Professions Act* (HPA) - Bylaws listed below:

- HPA Bylaws, Schedule F, Part 5 – Dispensing Drugs for the Purposes of Medical Assistance in Dying - Standards, Limits and Conditions (hereinafter referred to as Part 5).

### Background

The Board approved the filing of the newly developed Part 5 on June 3, 2016 via an extraordinary Board teleconference meeting. The amendments were subsequently filed with the Ministry of Health and came into force on June 6, 2016. The development of Part 5 was to address the Supreme Court of Canada (SCC) ruling on the decriminalization of Medical Assistance in Dying (MAID) – formerly known as physician-assisted dying. The SCC ruling took effect on June 6, 2016, albeit in a context of no federal and/or provincial legal framework.

The overall approach for establishing standards of practice for MAID was to create a new set of standards, limits, and conditions specifically for the purpose of MAID. The intention is to have any additional requirements for MAID as well as exceptions from the usual set of standards of practice (Parts 1-3 of Schedule F) reflected in Part 5.

On June 17, 2016, federal legislation regarding MAID was enacted.<sup>1</sup> Small amendments were required for Part 5 to ensure alignment with the Federal enactments.

A shortened filing period is required to ensure the proposed amendments are filed before or at the same time as the College of Registered Nurses of BC (CRNBC) establish their standards of practice for Nurse Practitioners (NPs) to ensure continuity of patient care.

The Ministry of Health has committed to a shortened filing period in an effort to enable NPs to participate as prescribers and administrators for MAID and to ensure clarity for registrants as this is a legal health service in Canada.

### **Legislative Authority**

The College is invoking Section 13(12) of the HPA-Bylaws to expedite Board approval. It states:

*A written resolution signed by all board members is valid and binding and of the same effect as if such resolution has been duly passed at a board meeting.*

### **Discussion**

The majority of provisions contained in the existing Part 5 align with the recently passed Federal enactments. There are a small number of amendments for Part 5; the significant amendments include the following:

- adding NPs within the same capacity as medical practitioners;
- compelling pharmacists to follow up with the prescriber practitioner within 48 hours of drug administration to confirm that the medication administration record outlines what drugs were consumed and to ensure appropriate return of any unused drugs for disposal; and
- authorizing a pharmacist to delegate preparation duties to a technician (insofar it is within their scope of practice); however, dispensing is limited to pharmacists only.

The Federal enactments state anyone is exempt from criminal liability if they do anything that is intended to help a practitioner provide MAID that is authorized under section 241.2 of the Act. Therefore, pharmacy technicians may participate in MAID within their scope of practice. For clarity, Part 5 limits the dispensing activity to a full pharmacist.

The proposed amendments for Part 5 were sent to the Ministry of Health's Working Group on MAID (members include representatives from each of the health authorities, the College of Physicians and Surgeons of BC, the CRNBC, the Ministry of Health and the Ministry of Justice), and the BC Pharmacy Association. The majority of feedback was supportive of the amendments.

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<sup>1</sup> An Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying) received royal assent on June 17, 2016.

**Recommendation**

The Legislative Review Committee recommends that the Board unanimously approve Part 5 of Schedule F to the HPA Bylaws for filing to the Minister of Health, as circulated, by signing the attached resolution.

<b>Appendix</b>	
1	Resolution
2	Part 5 – clean copy

**Resolution of the Board of the College of Pharmacists of British Columbia made in accordance with section 13(12) of the *Health Professions Act* – Bylaws.**

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

Certified a true copy

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Registrar

\_\_\_\_\_  
Date

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Blake Reynolds

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Date

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Anar Dossa

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Date

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Mona Kwong

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Ming Chang

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Tara Oxford

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Frank Lucarelli

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Norman Embree

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Kris Gustavson

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Jeremy Walden

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Date

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George Walton

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Date



## Schedule of Amendments

Part 5 of Schedule F of the HPA Bylaw is amended to conform with the federal medical assistance in dying amendments to the *Criminal Code* (S.C. 2016, c.3) (“Act”) and to provide more direction for pharmacists as follows:

Current Provision	Proposed Amendment	Rationale
Standards		
1. The physician and the full pharmacist must work in a collaborative team based approach throughout the process.	1. The full pharmacist must work in a collaborative team based approach <u>with the medical practitioner or nurse practitioner</u> throughout the process.	Specifies persons with whom pharmacist must work and adds nurse practitioner in conformity with Act.
2. The full pharmacist must discuss and confirm with the physician: (a) The patient's drug therapy; (b) The patient's eligibility and consent for medical assistance in dying; (c) The protocol selected; (d) The scheduled time and date for the administration of medical assistance in dying; (e) The time required to order and prepare the drugs; (f) Completion of the medication administration record; and (g) The procedures for returning unused drugs to the pharmacy	2. The full pharmacist must discuss and confirm with the <u>attending medical practitioner or nurse practitioner</u> : (a) The patient's drug therapy; (b) The patient's eligibility and consent for medical assistance in dying; (c) The protocol selected; (d) The scheduled time and date for the administration of medical assistance in dying; (e) The time required to order and prepare the drugs; (f) Completion of the medication administration record; and (g) The procedures for returning unused drugs to the pharmacy.	Specifies that it is the attending practitioner and adds nurse practitioner in conformity with Act.
5. The full pharmacist must document on the prescription: (a) The date and time the drugs were dispensed;	5. The full pharmacist must document on the prescription:	Replaces “physician” with “medical practitioner or nurse

<p>(b) The name and signature of the physician the drugs were dispensed to; and  (c) If the physician is not known to the pharmacist, that the pharmacist confirmed the physician’s identity by means of photo identification.</p>	<p>(a) The date and time the drugs were dispensed;  (b) The name and signature of the <u>medical practitioner or nurse practitioner</u> to whom the drugs were dispensed; and  (c) If the <u>medical practitioner or nurse practitioner to whom the drugs were dispensed</u> is not known to the pharmacist, that the pharmacist confirmed the <u>prescribing medical practitioner’s or nurse practitioner’s</u> identity by means of photo identification.</p>	<p>practitioner” in conformity with Act.</p>
<p>6. The full pharmacist must follow up with the physician within 48 hours of the scheduled date and time for administration of the drugs to ensure appropriate return of unused medications for disposal.</p>	<p>6. The full pharmacist must contact the <u>prescribing medical practitioner or nurse practitioner</u> within 48 hours of the scheduled date and time of drug administration to <u>confirm that the medical administration record documents what drugs were consumed and to ensure</u> appropriate return of any unused medications for disposal.</p>	<p>Replaces “physician” with “medical practitioner or nurse practitioner” in conformity with Act.</p> <p>Adds obligation for pharmacist to confirm documentation of consumed drugs.</p>
<p>7. The following Standards of Practice do not apply to medical assistance in dying:  (a) Sections 6(5) (c) and (e), 6(6), 11(4)(f) and (g), and 12 of the Health Professions</p>	<p>7. The following Standards of Practice do not apply to medical assistance in dying:  (a) Sections 6(5) (c) and (e), 6(6), <u>10 (1) and (2)</u>, 11(4)(f) and (g), and 12 of the Health Professions Act</p>	<p>Additional sections excluded to provide clearer direction to pharmacists.</p>

<p>Act Bylaws, Schedule F, Part 1; and (b) Section 13(5) of the Health Professions Bylaws, Schedule F, Part 2.</p>	<p>Bylaws, Schedule F, Part 1; (b) Sections 13(5) <u>and (8)</u> of the Health Professions Bylaws, Schedule F, Part 2; <u>and</u> (c) <u>Sections 8 and 9 of the Health Professions Act Bylaws, Schedule F, Part 3.</u></p>	
Limits		
<p>2. A full pharmacist cannot delegate any aspect of the dispensing of drugs for the purposes of medical assistance in dying.</p>	<p>2. A full pharmacist <u>may delegate to a pharmacy technician</u> any aspect of the <u>preparation</u> of drugs for the purposes of medical assistance in dying <u>that is within a pharmacy technician’s scope of practice.</u></p>	<p>Authorizes pharmacy technician’s participation in conformity with Act.</p>
<p>3. A full pharmacist must only dispense the drugs for medical assistance in dying directly to the physician.</p>	<p>3. A full pharmacist must only dispense the drugs for medical assistance in dying directly to the <u>prescribing medical practitioner or nurse practitioner.</u></p>	<p>Replaces “physician” with “medical practitioner or nurse practitioner” in conformity with Act.</p>
<p>4. A full pharmacist must not dispense a drug to a physician for medical assistance in dying unless the prescription is in writing and includes confirmation that it is for medical assistance in dying.</p>	<p>4. A full pharmacist must not dispense a drug to a prescribing medical practitioner or nurse practitioner for medical assistance in dying unless the prescription is in writing and includes confirmation that it is for medical assistance in dying.</p>	<p>Replaces “physician” with “medical practitioner or nurse practitioner” in conformity with Act.</p>
<p>6. A full pharmacist must not perform any activity that may imply he or she is leading the medical assistance in dying process, and may not:</p>	<p>6.A full pharmacist must not perform any activity that may imply he or she is leading the medical assistance in dying process, and may not: (a) Assess whether a person satisfies the criteria for medical</p>	<p>Deletes lapsed provisions to reflect enactment of Act.</p>

<p>(a) Prior to the proclamation of Bill C-14 assess whether an individual is a competent adult person who clearly consents to the termination of life and has a grievous and irremediable medical condition (including an illness, disease or disability) that causes enduring suffering that is intolerable to the individual in the circumstance of his or her condition;</p> <p>(b) Following the proclamation of Bill C-14, assess whether an individual meets the legislated criteria for medical assistance in dying; or</p> <p>(c) Adapt a prescription for medical assistance in dying.</p>	<p>assistance in dying set out in section 241.2 of the Criminal Code; or</p> <p>(b) Adapt a prescription for medical assistance in dying.</p>	
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**HPA BYLAWS SCHEDULE F**  
**Part 5 – DISPENSING DRUGS FOR THE PURPOSES OF MEDICAL ASSISTANCE**  
**IN DYING**  
**STANDARDS, LIMITS AND CONDITIONS**

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**STANDARDS**

1. The full pharmacist must work in a collaborative team based approach with the medical practitioner or nurse practitioner throughout the process.
2. The full pharmacist must discuss and confirm with the prescribing medical practitioner or nurse practitioner:
  - (a) The patient's drug therapy;
  - (b) The patient's eligibility and consent for medical assistance in dying;
  - (c) The protocol selected;
  - (d) The scheduled time and date for the administration of medical assistance in dying;
  - (e) The time required to order and prepare the drugs;
  - (f) Completion of the medication administration record; and
  - (g) The procedures for returning unused drugs to the pharmacy.
3. The full pharmacist must ensure that the drugs dispensed for the purposes of medical assistance in dying are **labeled** as required by the current Standards of Practice and that the drugs are labeled in order of the administration as per the protocol selected.
4. The full pharmacist must **dispense** the drugs:
  - (a) In a sealed tamper proof kit;
  - (b) With a medication administration record listing all of the drugs included in the kit that also identifies the order of their administration; and
  - (c) With the written agreed upon procedures in (2) (g).
5. The full pharmacist must **document** on the prescription:
  - (a) The date and time the drugs were dispensed;
  - (b) The name and signature of the medical practitioner or nurse practitioner to whom the drugs were dispensed; and
  - (c) If the medical practitioner or nurse practitioner to whom the drugs were dispensed is not known to the pharmacist, that the pharmacist confirmed the prescribing medical practitioner's or nurse practitioner's identity by means of photo identification.
6. The full pharmacist must contact the prescribing medical practitioner or nurse practitioner within 48 hours of the scheduled date and time of drug administration to confirm that the medical administration record documents what drugs were consumed and to ensure appropriate return of any unused medications for disposal.
7. The following Standards of Practice do not apply to medical assistance in dying:
  - (a) Sections 6(5) (c) and (e), 6(6), 10 (1) and (2), 11(4)(f) and (g), and 12 of the Health Professions Act Bylaws, Schedule F, Part 1;
  - (b) Sections 13(5) and (8) of the Health Professions Bylaws, Schedule F, Part 2; and
  - (c) Sections 8 and 9 of the Health Professions Act Bylaws, Schedule F, Part 3.
8. Where there is an inconsistency between this Part and any other Part of Schedule F, the provisions of this Part prevail.



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

**LIMITS**

1. Only a full pharmacist may dispense drugs for the purposes of medical assistance in dying.
2. A full pharmacist may delegate to a pharmacy technician any aspect of the preparation of drugs for the purposes of medical assistance in dying that is within a pharmacy technician's scope of practice.
3. A full pharmacist must only dispense the drugs for medical assistance in dying directly to the prescribing medical practitioner or nurse practitioner.
4. A full pharmacist must not dispense a drug to a prescribing medical practitioner or nurse practitioner for medical assistance in dying unless the prescription is in writing and includes confirmation that it is for medical assistance in dying.
5. A full pharmacist must not participate in dispensing drugs intended to provide medical assistance in dying:
  - (a) To themselves or a family member;
  - (b) To someone who has made the pharmacist a beneficiary under the person's will or to someone whom the pharmacist has reason to believe has made them a beneficiary under the person's will; or
  - (c) In circumstances where the pharmacist will receive financial or other material benefit from the person's death, other than the standard compensation for their services relating to the dispensing of drugs.
6. A full pharmacist must not perform any activity that may imply he or she is leading the medical assistance in dying process, and may not:
  - (a) Assess whether a person satisfies the criteria for medical assistance in dying set out in section 241.2 of the Criminal Code; or
  - (b) Adapt a prescription for medical assistance in dying.

**CONDITIONS**

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