College of Pharmacists
of British Columbia

Resolution of the Board of the College of Pharmacists of British Columbia made the 25th day of April 2025.

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

Certified a true copy

Suzanne Solven, B.Sc.(Pharm.), R.Ph., R.PEBC
Registrar and CEO

April 30, 2025
Date

FILED
MINISTRY OF HEALTH
APR 30 2025
SIGNATURE: Chris Bennett
NAME: Chris Bennett
TITLE: Executive Director, Professional Regulation and Oversight

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

SCHEDULE

The bylaws of the College of Pharmacists of British Columbia made under the authority of the *Health Professions Act* are amended as follows, effective June 1, 2026:

1 Standard 1 of Schedule "A": Code of Ethics – Detailed is amended by adding the following under Guidelines for Application:

(j) In their practice of pharmacy, registrants promote safe care for their patients by

i. promoting continuous quality improvement processes that contribute to patient safety and enhance patient trust in the safety of pharmacy practice,

ii. committing to continuous quality improvement and appropriate handling of medication incidents and near misses, and

iii. contributing to a culture of patient safety and a just culture in the workplace environment.

(k) When serving as pharmacy managers, registrants also promote safe care for their patients

i. through oversight of the continuous quality improvement processes within their pharmacy team and ensuring the competent management of medication incidents and near misses, and

ii. by working with owners, employers, and pharmacy staff to foster a culture of patient safety and a just culture in the workplace environment in order to promote learning and quality improvement that supports patient safety.

(l) In this Standard,

i **"culture of patient safety"** means the component of organizational culture involving the shared beliefs, attitudes, values, norms and behavioural characteristics of employees, and that influences staff member attitudes and behaviours in relation to their organization's ongoing patient safety performance, resulting in an enabling patient safety culture characterized by leadership that leads by example, transparent communication, psychological safety facilitating reporting of errors, patient and family engagement, and a commitment to ongoing improvement, and

ii. **"just culture"** means the environment of a workplace in which consideration is given to wider systemic issues when things go wrong, enabling professionals and those operating the system to learn without fear of retribution, and where, to encourage reporting of safety issues, inadvertent human error, freely admitted, is generally not subject to sanction, but people are held to account where there is evidence of unprofessional conduct or deliberate acts.

2 Part 1 of Schedule "F" – Standards of Practice is amended by adding the following sections:

Continuous Quality Improvement

16. (1) A registrant must incorporate continuous quality improvement within their practice, including by doing the following:

(a) familiarizing themselves with the pharmacy's policies and procedures for continuous quality improvement;

(b) engaging in determining root causes and contributing factors for medication incidents and near misses and in performing a root-cause analysis as appropriate according to the pharmacy's policies and procedures;

(c) engaging in the pharmacy's team meetings;

(d) engaging in the pharmacy's safety self-assessment processes;

(e) engaging in reviewing and updating the pharmacy's policies and procedures in response to the pharmacy's root-cause analyses, safety self-assessments, and summary reports and analyses;

(f) implementing procedural improvements established by the pharmacy manager.

(2) Words and phrases defined in section 24(16) of the bylaws of the College made under the *Pharmacy Operations and Drug Scheduling Act* have the same meaning in this section and section 17.

Medication Incidents and Near Misses

17. (1) A registrant must handle medication incidents openly and transparently according to the established policies and procedures of the pharmacy, including by doing the following:

(a) disclosing the incident to the patient or patient's agent and other health professionals involved in the patient's circle of care, in accordance with a patient-centred approach as appropriate to the patient's needs;

(b) following up with the patient or patient's agent to monitor for effects of the incident on the patient as appropriate;

(c) sharing information about the incident and follow-up plan with other health professionals involved in the patient's circle of care as appropriate;

(d) documenting the incident and follow-up plan and submitting a report to a national database using the pharmacy's reporting platform;

(e) when appropriate, sharing information with the patient or patient's agent about how the pharmacy will improve and how the pharmacy will share learnings to prevent recurrence.

(2) A registrant must handle near misses according to the established policies and procedures of the pharmacy, including by doing the following:

(a) documenting the near miss using the pharmacy's reporting platform;

(b) determining if the near miss must be reported to a national database according to the pharmacy's policies and procedures;

(c) when required, submitting a report of the near miss to a national database using the pharmacy's reporting platform.

3 Part 2 of Schedule "F" – Standards of Practice is amended by adding the following section:

Continuous Quality Improvement and Medication Incidents

18. Sections 16 and 17 of the *Community Pharmacy Standards of Practice* apply to all registrants providing pharmacy services in a hospital pharmacy or a hospital pharmacy satellite as if those registrants were providing pharmacy services in a community pharmacy.