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## ***Health Professions Act – BYLAWS***

### **SCHEDULE F**

#### **PART 1 - Community Pharmacy Standards of Practice**

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## Application

1. This Part applies to all registrants providing pharmacy services in a community pharmacy.

## Definitions

2. In this Part:

**“community pharmacy”** has the same meaning as in section 1 of the bylaws of the college under the *Pharmacy Operations and Drug Scheduling Act*;

**“drug therapy problem”** means a potential or actual adverse consequence of drug therapy that interferes with achieving the goals of the drug therapy;

**“final check”** means ensuring that:

- (a) the prescription product and the prescription product label match the prescription information and the information on the manufacturer’s label with respect to:
  - (i) drug,
  - (ii) dosage form,
  - (iii) strength,
  - (iv) quantity, and
  - (v) drug identification number;
- (b) the prescription product label matches the prescription information with respect to the matters set out in section 6(2)(a) to (g);
- (c) the drug has not expired and will not expire within the duration of use; and
- (d) a pharmacist has completed a clinical assessment of the prescription after reviewing the patient profile.

**“incentive”** means money, gifts, discounts, rebates, refunds, customer loyalty schemes, coupons, goods or rewards;

**“patient representative”** means a person who is authorized to act on a patient’s behalf;

**“personal health number”** means a unique numerical lifetime identifier used in the specific identification of an individual patient who has any interaction with the BC health system;

**“prescription copy”** means a copy of a prescription given to a patient by a registrant for information purposes only;

**“prescription transfer”** means the transfer via direct communication from a registrant to another registrant of all remaining refill authorizations for a particular prescription to a requesting community pharmacy;

**“refill”** means verbal or written approval from a practitioner authorizing a registrant to dispense additional quantities of drug(s) pursuant to a prescription;

**“renewal”** means authorization by a full pharmacist to dispense additional quantities of drug(s) pursuant to a previously dispensed prescription, in accordance with section 25.92 of the *Act*;

**“Residential Care Facilities and Homes Standards of Practice”** means the standards, limits and conditions for practice established in Part 3 of this Schedule.

### **Patient Choice**

3. Registrants, owners and directors must not enter into agreements with patients, patient’s representatives, practitioners, corporations, partnerships, or any other person or entity, that limit a patient’s choice of pharmacy, except as required or permitted under the bylaws.

### **Community Pharmacy Technicians**

4. (1) Pharmacy technicians in a community pharmacy may prepare, process and compound prescriptions, including
  - (a) receiving and transcribing verbal prescriptions from practitioners,
  - (b) ensuring that a prescription is complete and authentic,
  - (c) transferring prescriptions to and receiving prescriptions from other pharmacies,
  - (d) ensuring the accuracy of a prepared prescription,
  - (e) performing the final check of a prepared prescription, and
  - (f) ensuring the accuracy of drug and personal health information in the PharmaNet patient record.
- (2) Despite subsection (1), a pharmacy technician in a community pharmacy may dispense a drug but must not
  - (a) perform the task of ensuring the pharmaceutical and therapeutic suitability of a drug for its intended use, or
  - (b) do anything described in
    - (i) sections 6(5), 6(10), 10(2), 11(3), 11(4), 12, 13(2), 13(3) or 13(4) of this Part, or
    - (ii) Part 4 of this Schedule

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- (c) dispense a drug pursuant to HPA Bylaws Schedule F, Part 5
- (3) A pharmacy technician must identify his or her registrant class in any interaction with a patient or a practitioner.

### **Pharmacy Assistants**

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

### **Prescription**

- 6. (1) A registrant must ensure that a prescription is authentic.
- (2) A prescription must include the following information:
  - (a) the date of the prescription;
  - (b) the name of the patient;
  - (c) the name of the drug or ingredients and strength if applicable;
  - (d) the quantity of the drug;
  - (e) the dosage instructions including the frequency, interval or maximum daily dose;
  - (f) refill authorization if applicable, including number of refills and interval between refills;
  - (g) in the case of a written prescription, the name and signature of the practitioner;
  - (h) in the case of a written record of a verbal prescription,
    - i. the name of the practitioner and the identification number from the practitioner's regulatory college; and
    - ii. the name, college identification number and signature or initial of the registrant who received the verbal prescription.
- (3) For the purpose of subsection (4), "prescription" includes a new prescription, a refill, a renewal or a balance owing.
- (4) At the time of dispensing, a prescription must include the following additional information:
  - (a) the address of the patient;
  - (b) the identification number from the practitioner's regulatory college;
  - (c) the prescription number;

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- (d) the date on which the prescription was dispensed;
  - (e) the manufacturer's drug identification number or the brand name of the product dispensed;
  - (f) the quantity dispensed;
  - (g) written confirmation of the registrant who
    - (i) verified the patient identification
    - (ii) verified the patient allergy information,
    - (iii) reviewed the personal health information stored in the PharmaNet database in accordance with section 11.4;
    - (iv) performed the consultation,
    - (v) performed the final check including when dispensing a balance owing, and
    - (vi) identified and addressed a drug therapy problem, if any.
- (5) A full pharmacist must
- (a) review prescriptions for completeness and appropriateness with respect to the drug, dosage, route and frequency of administration,
  - (b) review patient personal health information for drug therapy problems, therapeutic duplications and any other potential problems,
  - (c) consult with patients concerning the patient's drug history and other personal health information,
  - (d) consult with practitioners with respect to a patient's drug therapy unless s.25.92(2) of the *Act* applies, and
  - (e) take appropriate action respecting a drug therapy problem.
- (6) A registrant may receive a verbal prescription directly from a practitioner or from a practitioner's recorded voice message.
- (7) A registrant must make a written record of a verbal prescription containing the applicable information in section 6(2).
- (8) A registrant must not dispense a prescription issued for more than one patient.
- (9) For refill authorizations, a registrant
- (a) may accept a refill authorization for Schedule I drugs from a practitioner's agent if confident the agent consulted the practitioner and accurately conveyed the practitioner's direction, and
  - (b) must

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- (i) cancel any unused refill authorizations remaining on any previous prescription if a patient presents a new prescription for a previously dispensed drug,
  - (ii) advise the other pharmacy of the new prescription if unused refills are at another pharmacy, and
  - (iii) create a new prescription number.
- (10) If a full pharmacist authorizes a prescription renewal, he or she must
- (a) create a written record,
  - (b) assign a new prescription number, and
  - (c) use his or her college identification number in the practitioner field on PharmaNet.

### **Transmission by Facsimile**

7. (1) Prescription authorizations may be received by facsimile from a practitioner to a pharmacy, if
- (a) the prescription is sent only to a pharmacy of the patient's choice,
  - (b) the facsimile equipment is located within a secure area to protect the confidentiality of the prescription information, and
  - (c) in addition to the requirements of section 6(2), the prescription includes
    - (i) the practitioner's telephone number, facsimile number and unique identifier if applicable,
    - (ii) the time and date of transmission, and
    - (iii) the name and fax number of the pharmacy intended to receive the transmission.
- (2) Prescription refill authorization requests may be transmitted by facsimile from a pharmacy to a practitioner, if the pharmacy submits refill requests on a form that includes space for
- (a) the information set out in section 6(2),
  - (b) the name, address and 10 digit telephone number of the pharmacy, and
  - (c) the practitioner's name, date and time of transmission from the practitioner to the pharmacy.
- (3) A registrant must not dispense a prescription authorization received by facsimile transmission for a drug referred to on the Controlled Prescription Drug List, except in a public health emergency declared by the provincial health officer. In a public health emergency, the pharmacy must receive

a completed copy of the Controlled Prescription Program form transmitted by facsimile prior to dispensing the medication.

- (4) Prescription transfers may be completed by facsimile transmission if
  - (a) the transferring registrant includes his or her name and the address of the pharmacy with the information required in section 8(4), and
  - (b) the name of the registrant receiving the transfer is known and recorded on the document to be faxed.

### **Prescription Copy and Transfer**

- 8. (1) If requested to do so, a registrant must provide a copy of the prescription to the patient or the patient's representative, or to another registrant.
- (2) A prescription copy must contain
  - (a) the name and address of the patient,
  - (b) the name of the practitioner,
  - (c) the name, strength, quantity and directions for use of the drug,
  - (d) the dates of the first and last dispensing of the prescription,
  - (e) the name and address of the community pharmacy,
  - (f) the number of authorized refills remaining,
  - (g) the signature of the registrant supplying it, and
  - (h) an indication that it is a copy.
- (3) Upon request, a registrant must transfer to a pharmacy licenced in Canada a prescription for a drug if
  - (a) the drug does not contain a controlled drug substance, and
  - (b) the transfer occurs between a registrant and another registrant or an equivalent of a registrant in another Canadian jurisdiction.
- (3.1) Despite section 3(a), a registrant may transfer a prescription for a controlled drug substance if the transfer is permitted under a section 56 exemption to the Controlled Drugs and Substances Act.
- (4) A registrant who transfers a prescription to another registrant under subsection (3) must
  - (a) enter on the patient record
    - (i) the date of the transfer,
    - (ii) the registrant's identification,

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- (iii) identification of the community pharmacy to which the prescription was transferred, and
    - (iv) identification of the person to whom the prescription was transferred, and
  - (b) transfer all prescription information listed in subsection (2) (a) to (f).
- (5) A registrant must make prescriptions available for review and copying by authorized inspectors of Health Canada.

### **Prescription Label**

- 9. (1) All drugs dispensed pursuant to a prescription or a full pharmacist-initiated adaptation must be labeled.
- (2) The label for all prescription drugs must include
  - (a) the name, address and telephone number of the pharmacy,
  - (b) the prescription number and dispensing date,
  - (c) the full name of the patient,
  - (d) the name of the practitioner,
  - (e) the quantity and strength of the drug,
  - (f) the practitioner's directions for use, and
  - (g) any other information required by good pharmacy practice.
- (3) For a single-entity product, the label must include
  - (a) the generic name, and
  - (b) at least one of
    - (i) the brand name,
    - (ii) the manufacturer's name, or
    - (iii) the drug identification number.
- (4) For a multiple-entity product, the label must include
  - (a) the brand name, or
  - (b) all active ingredients, and at least one of
    - (i) the manufacturer's name, or
    - (ii) the drug identification number.
- (5) For a compounded preparation, the label must include all active ingredients.



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- (6) If a drug container is too small to accommodate a full label in accordance with subsection (2),
  - (a) a trimmed prescription label must be attached to the small container,
  - (b) the label must include
    - (i) the prescription number,
    - (ii) the dispensing date,
    - (iii) the full name of the patient, and
    - (iv) the name of the drug, and
  - (c) the complete prescription label must be attached to a larger container and the patient must be advised to keep the small container inside the large container.
  
- (7) All required label information must be in English, but may contain directions for use in the patient's language following the English directions.

### **Preparation of Prescription Product**

- 9.1 (1) A registrant who prepares a prescription product must ensure that:
  - (a) the prescription product label matches the prescription information and the information on the manufacturer's label with respect to:
    - (i) drug,
    - (ii) dosage form,
    - (iii) strength,
    - (iv) quantity,
    - (v) drug identification number;
  - (b) the prescription product label matches the prescription information with respect to the matters set out in section 6(2)(a) to (g);
  - (c) the drug is not expired and will not expire within the duration of use; and
  - (d) his or her identity is documented in writing.
  
- (2) A pharmacy manager must ensure that the record in paragraph (1)(d) is readily available and is retained for at least three years from the date on which the prescription product was last dispensed.

## Compounding

9.2 A registrant must comply with the National Association of Pharmacy Regulatory Authorities standards as approved by the board from time to time.

## Dispensing

10. (1) A registrant may adjust the quantity of drug to be dispensed if
  - (a) a patient requests a smaller amount,
  - (b) a manufacturer's unit-of-use standard of package size does not match the prescribed quantity,
  - (c) the quantity prescribed exceeds the amount covered by the patient's drug plan, or
  - (d) a trial prescription quantity is authorized by the patient.
- (2) A full pharmacist may adjust the quantity of drug to be dispensed, if
  - (a) he or she consults with a practitioner and documents the result of the consultation, and
  - (b) if
    - (i) a poor compliance history is evident on the patient record,
    - (ii) drug misuse is suspected, or
    - (iii) the safety of the patient is in question due to the potential for overdose.
- (3) If a registrant doubts the authenticity of a prescription, the registrant may refuse to dispense the drug.
- (4) All drugs must be dispensed in a container that is certified as child-resistant unless
  - (a) the practitioner, the patient or the patient's representative directs otherwise,
  - (b) in the registrant's judgment, it is not advisable to use a child-resistant container,
  - (c) a child-resistant package is not suitable because of the physical form of the drug or the manufacturer's packaging is designed to improve patient compliance, or
  - (d) child-resistant packaging is unavailable, or
  - (e) the drugs are prescribed for medical assistance in dying.

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- (5) A registrant
  - (a) must not dispense a prescription more than two years from the prescribing date, and
  - (b) despite paragraph (a), must not dispense a prescription for a benzodiazepine or other targeted substance more than one year from the prescribing date.
- (5.1) Despite subsection (5), a registrant may dispense a prescription for a benzodiazepine or other targeted substance up to two years from the prescribing date, if permitted by a section 56 exemption to the *Controlled Drugs and Substances Act*.
- (6) Before dispensing a prescription product, a registrant must perform a final check and record his or her identity in writing.
- (7) A pharmacy manager must ensure the record in paragraph (6) is readily available and retained for at least three years after the last date on which that prescription product was last dispensed.

#### **Patient Record**

- 11. (1) A patient record must be established and maintained for each patient for whom a Schedule I drug is dispensed.
- (2) For purposes of subsection (1), the patient record must include
  - (a) the patient's full name,
  - (b) the patient's personal health number,
  - (c) the patient's address,
  - (d) the patient's telephone number if available,
  - (e) the patient's date of birth,
  - (f) the patient's gender,
  - (g) the patient's clinical condition, allergies, adverse drug reactions and intolerances if available including the source and date the information was collected,

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- (h) the date the drug is dispensed,
  - (i) the prescription number,
  - (j) the generic name, strength and dosage form of the drug,
  - (k) the drug identification number,
  - (l) the quantity of drug dispensed,
  - (m) the intended duration of therapy, specified in days,
  - (n) the date and reason for discontinuation of therapy,
  - (o) the directions to the patient,
  - (p) the identification of the prescribing practitioner,
  - (q) special instructions from the practitioner to the registrant, if appropriate,
  - (r) past and present prescribed drug therapy including the drug name, strength, dosage, frequency, duration and effectiveness of therapy,
  - (s) the identification of any drug therapy problem and the description of any action taken,
  - (t) the description of compliance with the prescribed drug regimen, and
  - (u) Schedule II and III drug use if appropriate.
- (3) If a full pharmacist obtains a drug history from a patient, he or she must request and if appropriate record the following information on the patient record:
- (a) medical conditions and physical limitations,
  - (b) past and current prescribed drug therapy including the drug name, strength, dosage, frequency, duration and effectiveness of therapy,
  - (c) compliance with the prescribed drug regimen,
  - (d) Schedule II and III drug use.
- (4) A full pharmacist must review the patient's personal health information stored on the PharmaNet database before dispensing a drug and take appropriate action if necessary with respect to any concern regarding the appropriateness of the drug or any drug therapy problem.

### **Pharmacist/Patient Consultation**

12. (1) Subject to subsection (2), a full pharmacist must consult with the patient or patient's representative at the time of dispensing a new or refill prescription in person or, where not practical to do so, by telephone.

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- (2) Where a patient declines the consultation, the full pharmacist must document that the consultation was offered and declined.
- (3) The full pharmacist must conduct the consultation in a manner that respects the patient's right to privacy.
- (4) The pharmacist/patient consultation for a new prescription must include:
  - (a) confirmation of the identity of the patient,
  - (b) name and strength of drug,
  - (c) purpose of the drug,
  - (d) directions for use of the drug including the frequency, duration and route of therapy,
  - (e) potential drug therapy problems, including any avoidance measures, and action recommended if they occur,
  - (f) storage requirements,
  - (g) prescription refill information,
  - (h) information regarding
    - (i) how to monitor the response to therapy,
    - (ii) expected therapeutic outcomes,
    - (iii) action to be taken in the event of a missed dose, and
    - (iv) when to seek medical attention.
  - (i) issues the pharmacist considers relevant to the specific drug or patient.
- (5) The pharmacist/patient consultation for a refill prescription must include:
  - (a) confirmation of the identity of the patient,
  - (b) name and strength of drug,
  - (c) purpose of the drug,
  - (d) directions for use of the drug including frequency and duration,
  - (e) whether the patient has experienced a drug therapy problem.
- (6) If a drug therapy problem is identified during patient consultation for a new or refill prescription, the full pharmacist must take appropriate action to resolve the problem.
- (7) If an adverse drug reaction as defined by Health Canada is identified, the full pharmacist must notify the patient's practitioner, make an appropriate entry on

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the PharmaNet record and report the reaction to the appropriate department of Health Canada.

### **Schedule II and III Drugs**

13. (1) A registrant must not attribute a new prescription or refill for a Schedule II or Schedule III drug to a practitioner without the authorization of the practitioner.
- (2) A pharmacist must offer to consult with the patient or the patient's representative regarding the selection and use of a Schedule II drug at the time of purchase.
- (3) The pharmacist/patient consultation for a Schedule II drug must include potential drug therapy problems, including any avoidance measures, and action recommended if they occur.
- (4) A pharmacist must be available for consultation with a patient or patient's representative respecting the selection and use of a Schedule III drug.

### **Sole Pharmacy Services Provider**

14. The manager of a pharmacy may enter into an agreement with another person to be the sole provider of pharmacy services in a premise or part of a premise, if
  - (a) pharmacy services are provided in a manner that is consistent with the *Residential Care Facilities and Homes Standards of Practice*,
  - (b) patient therapeutic outcomes are monitored to enhance patient safety, and
  - (c) appropriate provision has been made for safe and effective distribution, administration and control of drugs.

### **Prohibition on the Provision of Incentives**

15. (1) A registrant must not provide or distribute, or be a party to the provision or distribution of, an incentive to a patient or patient's representative for the purpose of inducing the patient or patient's representative to
  - (a) deliver a prescription to a particular registrant or pharmacy for dispensing of a drug or device specified in the prescription, or
  - (b) obtain any other pharmacy service from a particular registrant or pharmacy.
- (2) Subsection (1) does not prevent a registrant from
  - (a) providing free or discounted parking to patients or patient's representatives,

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- (b) providing free or discounted delivery services to patients or patient's representatives, or
  - (c) accepting payment for a drug or device by a credit or debit card that is linked to an incentive.
- (3) Subsection (1) does not apply in respect of a Schedule III drug or an unscheduled drug, unless the drug has been prescribed by a practitioner.

### **Continuous Quality Improvement**

16. (1) A registrant must incorporate continuous quality improvement within their practice, including by doing all of 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(11) 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 all of 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;

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- (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 all of 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.