PHARMACY OPERATIONS AND DRUG SCHEDULING ACT

BYLAWS

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PART 1 – INTERPRETATION

General definitions

1 In these bylaws:

"Act" means the *Pharmacy Operations and Drug Scheduling Act*, S.B.C. 2003, c. 77;

"attestation" means the attestation referred to in section 2(2)(d)(ii) of the Act;

"BC Annual Report" means an annual report filed with the BC Registry Services under section 51 of the *Business Corporations Act*, S.B.C. 2002, c. 57;

"British Columbia Company Summary" means a summary issued by the BC Registry Services;

"CDSA" means the *Controlled Drugs and Substances Act*, S.C. 1996, c. 19;

"CDSA Exemption" means an exemption granted under section 56(1) of the CDSA;

"CDSA Regulations" means the Controlled Substances Regulations, SOR/2025-242, made under the CDSA;

"central pharmacy" means a community pharmacy

(a) that is owned by a direct owner who also holds one or more telepharmacy licences associated with that community pharmacy, and

(b) from which a supervising pharmacist exercises direct supervision of persons performing pharmacy services at one or more of those associated telepharmacies;

"Central Securities Register" means the register maintained by a company under section 111(1) of the *Business Corporations Act*, S.B.C. 2002, c. 57;

"client" has the same meaning as "patient" in the HPOA;

"client's representative" means a person who is authorized to act on a client's behalf;

"community pharmacy" means a pharmacy that is licensed under the Act to sell or dispense drugs to the public, but does not include a telepharmacy;

"*Community Pharmacy Practice Standards*" means Schedule E.1 of the HPOA Bylaws;

"controlled drug substance" means the following:

(a) until October 1, 2026, a drug which is or includes a substance listed in

(i) the Schedules to the regulations made under the CDSA, or

(ii) the Schedule to Part G of the *Food and Drug Regulations* (Canada);

(b) on and after October 1, 2026, a drug which is or includes a substance listed in the Schedules to the CDSA Regulations;

"controlled prescription program" means a program established by the board for the purposes of preventing prescription forgery and reducing inappropriate prescribing of specified controlled drug substances;

"criminal record history" means a person's history of charges and convictions;

"direct supervision", in relation to a central pharmacy and its associated telepharmacies, means real time audio and visual observation by a full pharmacist of pharmacy services performed at a telepharmacy consistent with a manager's responsibilities as set out in section 18(2) *[Responsibilities of managers, direct owners, and indirect owners]*;

"dispensary" means the area within a community pharmacy or telepharmacy that contains Schedule I and Schedule II drugs;

"full pharmacist" has the same meaning as in the HPOA Bylaws;

"health authority" means

(a) a regional health board designated under the *Health Authorities Act*,

(b) the Provincial Health Services Authority,

(c) the First Nations Health Authority, or

(d) the Providence Health Care Society;

"hospital pharmacy" means a pharmacy that is licensed under the Act to operate in or for a hospital;

"hospital pharmacy satellite" means a physically separate area on or outside the hospital premises which is used for the provision of pharmacy services and is dependent upon support and administrative services from the hospital pharmacy;

"*Hospital Pharmacy Practice Standards*" means Schedule E.2 of the HPOA Bylaws;

"HPOA" means the *Health Professions and Occupations Act*, S.B.C. 2022, c. 43;

"HPOA Bylaws" means the bylaws of the College made under the HPOA;

"incentive" has the same meaning as in the *Community Pharmacy Practice Standards;*

"*MAiD Practice Standards*" means Schedule E.5 of the HPOA Bylaws;

"NAPRA" means the National Association of Pharmacy Regulatory Authorities;

"outsource prescription processing" means to request another pharmacy to prepare or process a prescription drug order;

"Pharmacists Regulation" means the Pharmacists Regulation, B.C. Reg. 135/2025;

"pharmacy assistant" has the same meaning as "support person" in the Act;

"pharmacy education site" means a pharmacy

(a) in which no controlled drug substances are stored,

(b) that is licensed under the Act solely for the purpose of pharmacy education, and

(c) from which no pharmacy services are provided to any person;

"pharmacy security" means

(a) measures to prevent unauthorized access to, or loss of, Schedule I, Schedule IA, Schedule II and Schedule III drugs, and controlled drug substances,

(b) measures providing for periodic and post-incident review of pharmacy security, and

(c) measures to protect against unauthorized access, collection, use, disclosure or disposal of personal health information;

"pharmacy services" has the same meaning as in the HPOA Bylaws;

"pharmacy technician" has the same meaning as in the HPOA Bylaws;

"prescription drug" means a drug referred to in a prescription;

"professional ethics and practice standards" means the ethics standards and practice standards established or adopted by the board under the HPOA respecting the practice of the designated profession of pharmacy;

"professional licensee" has the same meaning as "licensee" in the Act;

"professional products area" means the area within a community pharmacy or telepharmacy that contains Schedule III drugs;

"professional service area" means the area within the dispensary of a community pharmacy or telepharmacy that contains Schedule II drugs;

"proof of eligibility" means the proof of eligibility referred to in section 2(2)(d)(i) of the Act;

"record" has the same meaning as in the *Freedom of Information and Protection of Privacy Act*;

"*Residential Care Facility Practice Standards*" means Schedule E.3 of the HPOA Bylaws;

"rural and remote community" means a community set out in Schedule E;

"Schedule I", **"Schedule IA, "Schedule II"** or **"Schedule III"**, as the case may be, refers to drugs listed in Schedule I, Schedule IA, Schedule II or Schedule III of the Drug Schedules Regulation, B.C. Reg. 9/98, as applicable;

"signature" has the same meaning as in the HPOA Bylaws;

"supervising pharmacist", in relation to a central pharmacy and its associated telepharmacies, means

(a) the central pharmacy's manager,

(b) a full pharmacist who is employed at the central pharmacy and responsible for providing direct supervision of pharmacy services in an associated telepharmacy, or

(c) a full pharmacist who is physically present and on duty at an associated telepharmacy;

"telepharmacy" means a pharmacy that is

(a) located in a rural and remote community, and

(b) licensed under the Act to provide pharmacy services without a full pharmacist being physically present in the pharmacy.

References to "patient" in the Act

1.1 For the purposes of the Act and these bylaws, "patient" in the Act is deemed to have the same meaning as "patient" in the HPOA.

PART 2 – PHARMACY LICENSING

Pharmacy licence types

2 A licence may be issued, renewed or reinstated under the Act for any of the following types of pharmacies:

(a) a community pharmacy;

(b) a hospital pharmacy;

(c) a pharmacy education site;

(d) a telepharmacy.

New community pharmacy licence

3 (1) Applicants for a new community pharmacy licence must submit an application consistent with the type of ownership under section 5(2) of the Act.

(2) A direct owner may apply for a new community pharmacy licence by submitting all of the following:

(a) an application in the form established by the registrar for this purpose and containing the information required by the registrar;

(b) the applicable fees specified in Schedule A;

(c) a diagram professionally drawn to scale, including the measurements and entrances of the pharmacy, demonstrating compliance with the applicable physical requirements

established in or under these bylaws, and clearly delineating the area of the premises that is to be licensed under the *Act*;

(d) a community pharmacy pre-opening inspection report in the form established by the registrar for this purpose and containing the information required by the registrar;

(e) photographs or video recordings demonstrating compliance with the applicable physical requirements established in or under these bylaws;

(f) a copy of the valid business licence issued in respect of the pharmacy to a direct owner by the jurisdiction in which the pharmacy is located, if applicable.

(3) In addition to the requirements in subsection (2), a direct owner described in section 5(2)(b) or (c) of the Act must submit all of the following:

(a) an email address for each indirect owner;

(b) a copy of the power(s) of attorney, if applicable;

(c) a copy of the current British Columbia Company Summary;

(d) a certified true copy of the Central Securities Register if a direct owner is or includes a corporation that is not traded publicly.

(4) If an indirect owner is a company incorporated under the *Company Act* or the *Business Corporations Act* that is not traded publicly, all of the following must be submitted for that company:

(a) an email address for each indirect owner;

(b) a copy of the power(s) of attorney, if applicable;

(c) a copy of the current British Columbia Company Summary;

(d) a certified true copy of the Central Securities Register.

(5) Proof of eligibility in the form established by the registrar for this purpose and containing the information required by the registrar, and a criminal record history in accordance with section 14 *[Criminal record histories]*, must be submitted by all of the following:

(a) any professional licensee who is a direct owner described in section 5(2)(a) of the Act;

(b) any indirect owners;

(c) the person who is to be the pharmacy's manager.

Community pharmacy licence renewal

4 (1) A direct owner may apply to renew a community pharmacy licence no later than 30 days before the expiry of the existing pharmacy licence by submitting all of the following:

(a) a community pharmacy renewal application in the form established by the registrar for this purpose and containing the information required by the registrar;

(b) the applicable fees specified in Schedule A;

(c) a copy of the valid business licence issued in respect of the pharmacy to a direct owner by the jurisdiction in which the pharmacy is located, if applicable;

(d) a copy of the current British Columbia Company Summary or the most recently filed BC Annual Report, if a direct owner is or includes a corporation.

(2) At the time of the renewal application, an attestation in the form established by the registrar for this purpose must be submitted by all of the following:

(a) any professional licensee who is a direct owner described in section 5(2)(a) of the Act;

(b) any indirect owners;

(c) the pharmacy's manager.

(3) A renewal application submitted later than 30 days before the expiry of the pharmacy licence is subject to the applicable late fees specified in Schedule A.

Community pharmacy licence reinstatement

5 (1) A direct owner may apply to reinstate a community pharmacy licence that has been expired for 90 days or less by submitting all of the following:

(a) a community pharmacy reinstatement application in the form established by the registrar for this purpose and containing the information required by the registrar;

(b) the applicable fees specified in Schedule A;

(c) a copy of the valid business licence issued in respect of the pharmacy to a direct owner by the jurisdiction in which the pharmacy is located, if applicable;

(d) a copy of the current British Columbia Company Summary, if a direct owner is or includes a corporation.

(2) At the time of the reinstatement application, an attestation in the form established by the registrar for this purpose must be submitted by all of the following:

(a) any professional licensee who is a direct owner described in section 5(2)(a) of the Act;

(b) any indirect owners;

(c) the person who is to be the pharmacy's manager.

New hospital pharmacy licence

6 (1) Applicants for a new hospital pharmacy licence must submit an application consistent with the type of ownership under section 5(2) of the Act.

(2) A direct owner may apply for a new hospital pharmacy licence by submitting all of the following:

(a) an application in in the form established by the registrar for this purpose and containing the information required by the registrar;

(b) the applicable fees specified in Schedule A;

(c) a diagram professionally drawn to scale, including the measurements and entrances of the pharmacy, demonstrating compliance with the applicable physical requirements established in or under these bylaws, and clearly delineating the area of the premises that is to be licensed under the Act.

(3) The person who is to be the pharmacy's manager must submit an attestation in the form established by the registrar for this purpose and a criminal record history in accordance with section 14 *[Criminal record histories]*.

(4) A proposed pharmacy to be located in a hospital, and which will dispense drugs to staff, outpatients or the public and is not to be owned or operated by a health authority, cannot be licensed as a hospital pharmacy and must only be licensed as a community pharmacy or telepharmacy.

Hospital pharmacy licence renewal

7 (1) A direct owner may apply to renew a hospital pharmacy licence no later than 30 days before the expiry of the existing pharmacy licence by submitting all of

the following:

(a) a hospital pharmacy renewal application in in the form established by the registrar for this purpose and containing the information required by the registrar;

(b) the applicable fees specified in Schedule A.

(2) At the time of the renewal application, the pharmacy's manager must submit an attestation in the form established by the registrar for this purpose.

(3) A renewal application submitted later than 30 days before the expiry of the pharmacy licence is subject to the applicable fees specified in Schedule A.

Hospital pharmacy licence reinstatement

8 (1) A direct owner may apply to reinstate a pharmacy licence that has been expired for 90 days or less by submitting all of the following:

(a) a hospital pharmacy reinstatement application in the form established by the registrar for this purpose and containing the information required by the registrar;

(b) the applicable fees specified in Schedule A.

(2) At the time of the reinstatement application, the person who is to be the pharmacy's manager must submit an attestation in the form established by the registrar for this purpose.

New pharmacy education site licence

9 (1) Applicants for a new pharmacy education site licence must submit an application consistent with the type of ownership under section 5(2) of the Act.

(2) A direct owner may apply for a new pharmacy education site licence by submitting all of the following:

(a) an application in the form established by the registrar for this purpose and containing the information required by the registrar;

(b) the applicable fees specified in Schedule A.

(3) The person who is to be the pharmacy's manager must submit an attestation in in the form established by the registrar for this purpose and a criminal record history in accordance with section 14 *[Criminal record histories]*.

Pharmacy education site licence renewal

10 (1) A direct owner may apply to renew a pharmacy education licence no later than 30 days before the expiry of the existing pharmacy licence by submitting all of the following:

(a) a pharmacy education site renewal application in the form established by the registrar for this purpose and containing the information required by the registrar;

(b) the applicable fees specified in Schedule A.

(2) At the time of the renewal application, the pharmacy's manager must submit an attestation in the form established by the registrar for this purpose.

(3) A renewal application submitted later than 30 days before the expiry of the pharmacy licence is subject to the applicable fees specified in Schedule A.

Pharmacy education site licence reinstatement

11 (1) A direct owner may apply to reinstate a pharmacy education site licence that has been expired for 90 days or less by submitting all of the following:

(a) a pharmacy education site reinstatement application in the form established by the registrar for this purpose and containing the information required by the registrar;

(b) the applicable fees specified in Schedule A.

(2) At the time of the reinstatement application, the person who is to be the pharmacy's manager must submit an attestation in the form established by the registrar for this purpose.

New telepharmacy licence

12 (1) Applicants for a new telepharmacy licence must submit an application consistent with the type of ownership under section 5(2) of the Act.

(2) A direct owner of a community pharmacy may apply for a new telepharmacy licence by submitting all of the following:

(a) an application in the form established by the registrar for this purpose and containing the information required by the registrar;

(b) the applicable fees specified in Schedule A;

(c) a diagram professionally drawn to scale, including the measurements and entrances of the pharmacy, demonstrating compliance with the applicable physical requirements

established in or under these bylaws, and clearly delineating the area of the premises that is to be licensed under the Act;

(d) a telepharmacy pre-opening inspection report in the form established by the registrar for this purpose and containing the information required by the registrar;

(e) photographs or video recordings demonstrating compliance with the applicable physical requirements established in or under these bylaws;

(f) a copy of the valid business licence issued in respect of the pharmacy to a direct owner by the jurisdiction in which the pharmacy is located, if applicable.

Conditions for telepharmacy licence

12.1 (1) The registrar must not issue a telepharmacy licence to a direct owner of a community pharmacy that will be the central pharmacy for the proposed telepharmacy unless

(a) the proposed telepharmacy will be the only telepharmacy or community pharmacy located in the rural and remote community,

(b) the proposed telepharmacy is located at least 25 kilometers of driving distance away from the location of any other telepharmacy or community pharmacy,

(c) the proposed name on the external signage of the telepharmacy described in section 18(2)(r) *[Responsibilities of managers, direct owners, and indirect owners]* includes the word "telepharmacy",

(d) except for a pharmacy located at an address listed in Schedule C, the proposed telepharmacy location is not also licensed as a community pharmacy,

(e) the central pharmacy and the telepharmacy will have the same direct owner, and

(f) the central pharmacy is in compliance, and the telepharmacy will be in compliance, with Part 6 *[Telepharmacy Operations]*.

(2) A telepharmacy licence issued under subsection (1) is valid only for the location stated on the telepharmacy licence.

Telepharmacy licence renewal

13 (1) A direct owner may apply to renew a telepharmacy licence no later than 30

days before the expiry of the existing telepharmacy licence by submitting all of the following:

(a) a telepharmacy renewal application in the form established by the registrar for this purpose and containing the information required by the registrar;

(b) the applicable fees specified in Schedule A;

(c) a copy of the valid business licence issued in respect of the pharmacy to a direct owner by the jurisdiction in which the pharmacy is located, if applicable.

(2) A renewal application submitted later than 30 days before the expiry of the telepharmacy licence is subject to the applicable fees specified in Schedule A.

Telepharmacy licence reinstatement

13.1 A direct owner may apply to reinstate a telepharmacy licence that has been expired for 90 days or less by submitting all of the following:

(a) a telepharmacy reinstatement application in the form established by the registrar for this purpose and containing the information required by the registrar;

(b) the applicable fees specified in Schedule A;

(c) a copy of the valid business licence issued in respect of the pharmacy to a direct owner by the jurisdiction in which the pharmacy is located, if applicable.

Criminal record histories

14 A criminal record history required under section 5.1 of the Act must be provided

(a) by a person retained by the registrar from time to time for this purpose, and

(b) in the form established or required by, or acceptable to, the registrar for this purpose, and must include the results of a criminal record search of Royal Canadian Mounted Police and local police databases.

Exceptions

15 (1) Pursuant to section 7(1) of the Act, persons who are within a class of persons

specified in Schedule B are authorized to own, operate or manage the area of a premises where drugs or devices are

(a) stored, or

(b) dispensed or sold to the public.

(2) [repealed]

(3) [repealed]

Change in direct owner, indirect owner or manager

16 (1) If there is a change in a pharmacy's direct owner,

(a) the notice required under section 7.1(2)(b) of the Act must be submitted in the form established by the registrar for this purpose and must contain the information required by the registrar, and

(b) the new direct owner may apply for a new pharmacy licence of the same type for the pharmacy, and for a new telepharmacy licence if applicable, by submitting all of the following:

(i) an application for change of direct owner in the form established by the registrar for this purpose and containing the information required by the registrar;

(ii) the applicable fees specified in Schedule A;

(iii) a copy of the valid business licence issued in respect of the pharmacy to the new direct owner by the jurisdiction in which the pharmacy is located, if applicable;

(iv) the information and records described in section 3(3) to (5) *[New community pharmacy licence]*, as applicable.

(2) If there is a change in a pharmacy's indirect owners, all of the following must be submitted by the direct owner:

(a) the notice required under section 7.1(2)(b) of the Act, in the form established by the registrar for this purpose and containing the information required by the registrar,

(b) an application for change of indirect owner in the form established by the registrar for this purpose and containing the information required by the registrar;

(c) the applicable fees specified in Schedule ;

(d) a Notice of Change of Directors, if applicable;

(e) a certified true copy of the Central Securities Register, if there is a change of shareholder(s) of a non-publicly traded corporation;

(f) the information and records described in section 3(3) to (5) *[New community pharmacy licence]* as applicable.

(3) If the change referred to in subsection (2) includes a new indirect owner, proof of eligibility in the form established by the registrar for this purpose and containing the information required by the registrar, and a criminal record history in accordance with section 14 *[Criminal record histories]*, must be submitted by the new indirect owner.

(4) If there is a change in a pharmacy's manager,

(a) the notice required under section 7.1(2)(a) of the Act must be submitted in the form established by the registrar for this purpose and must contain the information required by the registrar, and

(b) the direct owner may apply for a new pharmacy licence of the same type for the pharmacy, and a new telepharmacy licence if applicable, by submitting all of the following:

(i) an application for change of manager in the form established by the registrar for this purpose and containing the information required by the registrar;

(ii) the applicable fees specified in Schedule A;

(iii) proof of eligibility in in the form established by the registrar for this purpose and containing the information required by the registrar, and a criminal record history in accordance with section 14 *[Criminal record histories]*, submitted by the new manager.

Change in direct owner eligibility

16.1 (1) A notice required under section 7.1(2)(c) or (3) of the Act must be submitted in the form established by the registrar for this purpose and must contain the information required by the registrar.

(2) On receiving a notice referred to in subsection (1), the registrar must refer the matter to the application committee.

(3) On receiving a referral under subsection (2),

(a) the application committee must act under section 4(3) to (5) of the Act as if the matter were a referral received under section 4(2)

of the Act in respect of an application for a new pharmacy licence, and

(b) the existing pharmacy licence is cancelled immediately on the application committee issuing its determination under section 4 of the Act in respect of the matter.

(4) Pursuant to section 7(3) of the Act and subject to subsection (5), on receiving a notice referred to in subsection (1), the registrar may authorize the direct owner, an indirect owner or the pharmacy's manager, or any full pharmacist, to continue the operation of the pharmacy for a period not exceeding 90 days, for the limited purpose of transferring drugs and personal health information on the premises to another pharmacy.

(5) On receiving a referral under subsection (2), the application committee may, on application by the direct owner, an indirect owner or the pharmacy's manager, authorize the direct owner, an indirect owner or the pharmacy's manager, or any full pharmacist, to continue the operation of the pharmacy, with or without conditions and pending a determination under section 4 of the Act respecting the referral, if the application committee is satisfied that there is minimal risk to the public.

(6) If the direct owner, an indirect owner or the pharmacy's manager does not apply under subsection (5) concurrently with the notice referred to in subsection (1), or the application committee does not authorize the continued operation of the pharmacy under subsection (5), the existing pharmacy licence is suspended, subject to subsection (4), until the earlier of the following:

(a) the application committee authorizes the continued operation of the pharmacy under subsection (5), or

(b) the application committee issues its determination under section 4 of the Act in respect of the matter.

Change to pharmacy name or premises

17 (1) If there is a change in the name of a corporation that is a direct owner, the registrar may amend the pharmacy licence, and telepharmacy licence if applicable, upon receipt of all of the following from the direct owner:

(a) an application for change of corporation name in the form established by the registrar for this purpose and containing the information required by the registrar;

(b) the applicable fees specified in Schedule A;

(c) a copy of the valid business licence, showing the new name of the corporation, issued in respect of the pharmacy to a direct owner by the jurisdiction in which the pharmacy is located , if applicable;

(d) a copy of the Alteration to the Notice of Articles.

(2) If there is a change in the name of a corporation that is an indirect owner, all of the following must be submitted by the direct owner:

(a) an application for change of corporation name in the form established by the registrar for this purpose and containing the information required by the registrar;

(b) the applicable fees specified in Schedule A;

(c) a copy of the Certificate of Change of Name, Notice of Alteration, or Notice of Articles, as applicable, reflecting the new corporation name.

(3) If there is a change in the name on the external signage described in section 18(2)(q) or (r) *[Responsibilities of managers, direct owners, and indirect owners]*, or in the operating name of the pharmacy, the registrar may amend the pharmacy or telepharmacy licence upon receipt of all of the following from the direct owner:

(a) an application for change of operating name in the form established by the registrar for this purpose and containing the information required by the registrar;

(b) the applicable fees specified in Schedule A;

(c) for a change of operating name, a copy of the valid business licence, showing the new operating name, issued in respect of the pharmacy to a direct owner by the jurisdiction in which the pharmacy is located, if applicable;

(d) for a change of the name on the external signage, photographs or video recordings demonstrating compliance with section 18(2)(q) or (r) *[Responsibilities of managers, direct owners, and indirect owners]*.

(4) If there is a change in location of the pharmacy,

(a) the notice required under section 7.1(2)(a) of the Act must be submitted in the form established by the registrar for this purpose and must contain the information required by the registrar, and

(b) the direct owner may apply for a new pharmacy licence of the same type for the pharmacy, and a new telepharmacy licence if applicable, by submitting all of the following

(i) an application for change of location in the form established by the registrar for this purpose and containing the information required by the registrar;

(ii) the applicable fees specified in Schedule A;

(iii) the requirements in section 3(2)(c) to (e) *[New community pharmacy licence]*, for a community pharmacy, or

(iv) the requirements in section 6(2)(c) *[New hospital pharmacy licence]*, for a hospital pharmacy;

(v) a copy of the valid business licence, showing the address of the new location, issued in respect of the pharmacy to a direct owner by the jurisdiction in which the pharmacy is located, if applicable;

(vi) photographs or video recordings demonstrating compliance with section 17.1(1.1)(i) *[Permanent pharmacy closure]*.

(5) If there is a change in layout of the pharmacy, the direct owner must submit all of the following:

(a) an application for change of layout in the form established by the registrar for this purpose and containing the information required by the registrar;

(b) the applicable fees specified in Schedule A;

(c) a diagram, photographs, or video recordings to demonstrate the changes in layout in accordance with section 3(2)(c) to (e) *[New community pharmacy licence]*, for a community pharmacy;

(d) a diagram to demonstrate the changes in layout in accordance with section 6(2)(c) *[New hospital pharmacy licence]*, for a hospital pharmacy;

(e) a diagram, photographs, or video recordings to demonstrate the changes in layout in accordance with section 12(2)(c) to (e) *[New telepharmacy licence]*, for a telepharmacy.

Permanent pharmacy closure

17.1 (1) A direct owner of a pharmacy that is permanently closing must submit to the

registrar all of the following:

(a) an application for permanent pharmacy closure in the form established by the registrar for this purpose and containing the information required by the registrar, at least 30 days before closure;

(b) the applicable fees specified in Schedule A, at least 30 days before closure;

(c) documents demonstrating compliance with subsection (1.1)(e) to (h), within 14 days after closure;

(d) photographs or video recordings demonstrating compliance with subsection (1.1)(i), within 14 days after closure.

(1.1) The manager of a pharmacy that is permanently closing must do all of the following:

(a) notify clients, the public, and local prescribers of the permanent closure at least 30 days before the closure, including without limitation by posting signage at the store entrance with information on the upcoming closure,

(b) document steps taken to comply with these bylaws as they apply to permanent closures,

(c) where possible, contact all clients whose prepared prescriptions are ready for pick-up to advise of the closure and provide them with the opportunity to obtain their prepared prescriptions before the closure date;

(d) where possible, notify clients, the public, and local prescribers of alternate means of obtaining essential pharmacy services;

(e) provide for the safe and secure transfer and appropriate storage of all Schedule I, Schedule II, and Schedule III drugs and controlled drug substances;

(f) advise the registrar in writing of the disposition of all drugs and prescription records at the time of closure, in the form established by the registrar for this purpose and containing the information required by the registrar;

(g) provide the registrar with a copy of the return invoice and any other documentation sent to Health Canada in respect of a loss or theft of any narcotic;

(h) arrange for the secure transfer and continuing availability of the prescription records at another pharmacy, or at a storage facility that is monitored and secured from unauthorized access;

(i) remove all signs and advertisements from the closed pharmacy premises.

(2) The manager of the pharmacy receiving drugs, medical devices, or client and prescription records from the closing pharmacy must submit information required by the registrar about those things, in the form established by the registrar for this purpose, within 14 days of receiving them.

(3) In this section, **"permanently closing"** includes an anticipated temporary closure of more than 14 consecutive days.

PART 3 – ALL PHARMACY OPERATIONS

Responsibilities of managers, direct owners, and indirect owners

18 (1) A full pharmacist may not be appointed or act as manager of more than one pharmacy, unless each pharmacy of which the full pharmacist is manager is

(a) a community pharmacy and an associated telepharmacy,

(b) a hospital pharmacy and an associated hospital pharmacy satellite, or

(d) a pharmacy education site.

(2) A pharmacy's manager must do all of the following:

(a) personally manage and be responsible for the daily operation of the pharmacy;

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

(c) establish policies and procedures

(i) to specify the duties to be performed by professional licensees and pharmacy assistants,

(ii) for inventory management, product selection, and proper destruction of non-usable drugs and devices,

(iii) for pharmacy security,

(iv) for emergency preparedness, and

(v) for drug recall of pharmacy inventory;

(d) ensure all policies and procedures are in writing and regularly updated;

(e) ensure that pharmacy staff are trained in policies and procedures;

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

(g) ensure that all individuals working in the pharmacy who present themselves as professional licensees have been granted and maintain professional licensing by the College, in accordance with section 23.91 *[Professional staff identity verification]*;

(h) notify the registrar of any appointments, resignations, or terminations of professional licensees employed at the pharmacy as those changes occur;

(i) cooperate with investigators acting under the Act or the HPOA;

(j) ensure that

(i) professional licensee and pharmacy assistant staff levels are commensurate with workload volumes and client care requirements are met at all times in accordance with these bylaws and the professional ethics and practice standards, and

(ii) meeting quotas, targets or similar measures does not compromise client safety or compliance with these bylaws and the professional ethics and practice standards;

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

(l) ensure safe and secure storage of all Schedule I, Schedule II, and Schedule III drugs and controlled drug substances for all aspects of pharmacy practice, in accordance with all applicable requirements established in or under these bylaws;

(m) ensure that pharmacy records containing personal health information about clients are secure from unauthorized access, use, disclosure, modification, and destruction;

(n) ensure that each individual working in the pharmacy presents themselves to the public in a manner that clearly identifies their licensee class;

(o) ensure that professional licensees identify themselves in a manner that clearly differentiates them from other individuals working in the pharmacy who are not professional licensees;

(p) immediately notify the registrar in writing of ceasing to be the pharmacy's manager;

(q) ensure that at a minimum, the name on the external signage of a community pharmacy is correctly and consistently used on labels and directory listings;

(r) if the pharmacy is a central pharmacy, ensure that at a minimum, the name on the external signage of a telepharmacy is correctly and consistently used on labels and directory listings;

(s) ensure that narcotic reconciliation is performed in accordance with section 23.8 *[Narcotic counts and reconciliation]*;

(t) notify the registrar, in the form and manner required by the registrar for this purpose and containing the information required by the registrar, of any incident of loss or theft of narcotic and controlled drug substances within 24 hours of discovering the incident;

(u) advise the registrar if the pharmacy is providing pharmacy services over the internet, and provide to the registrar the internet address of every website operated or used by the pharmacy;

(v) ensure the pharmacy contains the applicable reference materials set out in a list of required reference materials that is

(i) established and maintained by the registrar for the purpose of this paragraph, as amended from time, and

(ii) published on the College website;

(v.1) ensure the pharmacy contains the equipment required under section 23.6 *[Pharmacy equipment]*;

(w) require anyone who will access the in-pharmacy computer system to sign an undertaking in a form approved by the registrar to maintain the confidentiality of client personal health information;

(x) retain the undertakings referred to in subsection (w) in the pharmacy records for at least three years after employment or any contract for services has ended;

(y) provide the registrar with access to the pharmacy and premises as defined in section 20(1) *[Drug procurement and inventory management]* in cases where a pharmacy licence has been cancelled or suspended due to loss of eligibility under section 3 of the Act;

(z) ensure that no incentive is provided to a client or client's representative for the purpose of inducing the client or client's representative to

(i) deliver a prescription to a particular professional licensee or pharmacy for dispensing of a drug or device specified in the prescription, or

(ii) obtain any other pharmacy service from a particular professional licensee or pharmacy;

(aa) notify the registrar of persistent non-compliance by a direct owner or an indirect owner with their obligations under these bylaws;

(bb) notify the registrar of any change of telephone number, fax number, electronic mail address, or any other information previously provided to the registrar;

(cc) [repealed]

(dd) [repealed]

(ee) [repealed]

(3) [repealed]

(4) Subsection (2)(z) does not prevent a manager, direct owner, or any indirect owner from

(a) providing free or discounted parking to clients or client's representatives,

(b) providing free or discounted delivery services to clients or client's representatives, or

(c) accepting payment for a drug or device by a credit or debit card that is linked to an incentive.

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

(6) A pharmacy education site's manager must

(a) ensure that only professional licensees and instructors are present in the pharmacy education site,

(b) despite subsection (2), comply with subsection (2)(a), (b), (c)(ii), (d), (e), (i), and (p) only, and

(c) comply with section 17.1(1.1)(e) and (f) *[Permanent pharmacy closure]*.

(7) In respect of each pharmacy, the direct owner and all indirect owners must do all of the following:

(a) ensure compliance with subsection (2)(c)(i) and (iii) to (v), (i), (j), (l), (q), (r), (y) and (z);

(b) ensure that the requirements that must be met to hold a pharmacy licence under the Act are met at all times;

(c) notify the registrar of any change of name, address, telephone number, electronic mail address or any other information previously provided to the registrar;

(8) In respect of each pharmacy, shareholders who are indirect owners must comply with subsections (2)(i) and (7)(c).

(9) [repealed]

Temporary pharmacy closure

18.1 (1) A pharmacy's manager must do all of the following:

(a) in the event of an anticipated temporary closure, which is permitted for no more than 14 consecutive days,

(i) notify clients and the public of the anticipated temporary closure at least 30 days before the start of the closure, including without limitation by posting signage at the store entrance with information on the upcoming closure,

(ii) contact all clients whose prepared prescription products are ready for pick-up to advise of the closure and provide them with the opportunity to obtain their prepared prescription products before the closure start date,

(iii) make alternate arrangements with local prescribers, as appropriate,

(iv) at the time of closure, post signage at the store entrance and provide a telephone answering machine message

advising the public about the closure including information on duration of closure, the location of the nearest pharmacy, and other information to assist with obtaining necessary pharmacy services during the closure period,

(v) return any prepared prescription products in the pharmacy to inventory and reverse those prescription products in PharmaNet, and

(vi) document steps taken to comply with these bylaws as they apply to anticipated temporary closures, and ensure the documentation is retained in the pharmacy records for at least three years after the closure has ended;

(b) in the event of an unanticipated temporary closure due to unforeseen circumstances, which is permitted for no more than 90 consecutive days,

(i) submit a completed notice of unanticipated temporary closure to the registrar, in the form and manner established by the registrar for this purpose and containing the information required by the registrar, of closures of 15 to 90 days,

(ii) where possible, contact all clients whose prescription products are ready for pick-up to advise of the closure and provide them with the opportunity to obtain their prepared prescription products,

(iii) where possible and as soon as possible, notify clients, the public, and local prescribers of the closure and alternate means of obtaining essential pharmacy services during the closure period, including without limitation by posting signage at the store entrance and providing a telephone answering machine message advising the public about the closure including information on duration of closure, the location of the nearest pharmacy, and other information to assist with obtaining necessary pharmacy services during the closure period,

(iv) return any prepared prescription products in the pharmacy to inventory and reverse those prescription products in PharmaNet,

(v) at least five days before the pharmacy re-opens, submit a completed re-opening notice to the registrar, in the form and

manner established by the registrar for this purpose and containing the information required by the registrar,

(vi) document steps taken to comply with these bylaws as they apply to unanticipated temporary closures, and ensure the documentation is retained in the pharmacy records for at least three years after the closure has ended, and

(vii) apply for a new pharmacy licence if the closure will exceed 90 consecutive days.

(2) In the event of a suspension of a pharmacy's licence for a period of more than 14 days,

(a) the pharmacy's manager and the direct owner must submit a completed suspension closure notice to the registrar, in the form and manner established by the registrar for this purpose and containing the information required by the registrar, and

(b) the registrar may direct the pharmacy's manager to do anything set out in section 17.1(1.1)(e), (g) or (h) *[Permanent pharmacy closure]*.

Sale and disposal of drugs

19 (1) Schedule I, Schedule II, and Schedule III drugs and controlled drug substances must only be sold or dispensed from a pharmacy.

(2) A professional licensee must not sell or dispense a quantity of a drug that will not be used completely before the manufacturer's expiry date, if used according to the directions on the label.

(3) If the manufacturer's expiry date states the month and year but not the date, the expiry date is the last day of the month indicated.

(4) Every professional licensee practising in a pharmacy is responsible for the protection from loss, theft or unlawful sale or dispensing of all Schedule I, Schedule II, and Schedule III drugs and controlled drug substances in or from the pharmacy.

(5) A professional licensee must not sell, dispense, dispose of or transfer a Schedule I drug except

(a) on the prescription or order of a practitioner,

(b) for an inventory transfer to a pharmacy by order of a professional licensee in accordance with all applicable legislation and any

additional requirements approved by the board from time to time for the purpose of this paragraph,

(c) by return to the manufacturer or wholesaler of the drug, or

(d) by destruction, in accordance with all applicable legislation and any additional requirements approved by the board from time to time for the purpose of this paragraph.

(6) Subject to subsections (6.1) and (6.2), drugs included in the controlled prescription program must not be sold or dispensed unless

(a) the professional licensee has received the prescription on the prescription form approved by both the board and the College of Physicians and Surgeons of British Columbia, and

(b) the prescription form is signed by the client or the client's representative upon receipt of the dispensed drug.

(6.1) A professional licensee may dispense drugs included in the controlled prescription program upon receipt of a verbal prescription from a practitioner if doing so is permitted under a CDSA Exemption or the CDSA Regulations, provided that the pharmacy must receive the original prescription form, or a copy of the completed form transmitted by facsimile, from the practitioner as soon as reasonably possible.

(6.2) Subsection (6) does not apply to prescriptions issued for

(a) residents of a facility that is subject to the requirements of the *Residential Care Facility Practice Standards*, or

(b) individuals admitted to a hospital as a patient.

(7) A new prescription from a practitioner is required each time a drug is dispensed, except for

(a) a part-fill,

(b) a prescription authorizing repeats,

(c) a full pharmacist-initiated renewal or adaptation, or

(d) an emergency supply for continuity of care.

(8) [repealed]

Drug procurement and inventory management

20 (1) In this section, **"premises"** means

(a) a hospital, and

(b) if paragraph (a) does not apply, the building or part of the building within which the pharmacy is located, and includes loading spaces and excludes other businesses in the building.

(2) A full pharmacist may authorize the purchase of Schedule I, Schedule II, or Schedule III drugs or controlled drug substances only from

(a) a wholesaler or manufacturer licensed to operate in Canada, or

(b) another pharmacy in accordance with all applicable legislation and any additional requirements approved by the board from time to time for the purpose of this paragraph.

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

(4) All drug shipments must be delivered unopened to

(a) the pharmacy, or

(b) an area of the premises other than the pharmacy if the storage of the drug shipment is temporary, safe, and secure.

(5) Non-usable and expired drugs must be stored in the pharmacy in an area separate from other pharmacy stock or drug products until final disposal.

(6) A full pharmacist must not purchase Schedule I, Schedule II or Schedule III drugs or controlled drug substances, unless they are for sale or dispensing in or from a pharmacy.

Interchangeable drugs

21 When acting under section 13(d) of the Pharmacists Regulation, a full pharmacist must determine interchangeability of drugs by reference to Health Canada's Declaration of Equivalence, indicated by the identification of a Canadian Reference Product in a Notice of Compliance for a generic drug.

Returned drugs

22 No professional licensee may accept for return to stock or reuse any drug previously dispensed except in accordance with section 14(3) of the

Residential Care Facility Practice Standards, section 7(2) of the *Hospital Pharmacy Practice Standards,* or section 7 of the *MAiD Practice Standards*.

Records retention

23 (1) All prescriptions, client records, invoices and documentation in respect of the purchase, receipt or transfer of Schedule I, Schedule II and Schedule III drugs and controlled drug substances must be retained in the pharmacy records for at least three years after the date

(a) a drug referred to in a prescription was last dispensed, or

(b) an invoice was received for pharmacy stock.

(2) Despite subsection (1), a professional licensee must not destroy prescriptions, client records, invoices and documentation as described in subsection (1) before the completion of any audit or investigation for which the professional licensee has received notice.

(3) [repealed]

(4) With respect to prescriptions for drugs included in the controlled prescription program, the original prescription form or a paper copy of the completed form transmitted by facsimile must be retained, regardless of whether or not such prescription form has also been stored electronically.

Records retrievability

23.1 (1) All records required to be kept under the bylaws of the College or other legislation that regulates the practice of pharmacy must be readable, complete, filed systematically and maintained in a manner that is secure, auditable and allows for easy retrieval.

(2) Despite subsection (1), a prescription record that is valid must be retrievable immediately.

(3) For the purpose of subsection (2),

(a) a prescription is valid for a period of up to two years from the prescribing date, unless the prescription is for a benzodiazepine or other targeted substance, in which case the prescription is valid for a period of up to one year from the prescribing date, and

(b) despite paragraph (a), a prescription for a benzodiazepine or other targeted substance is valid for a period of up to two years from the prescribing date, if permitted under a CDSA Exemption or the CDSA Regulations.

(4) [repealed]

(5) [repealed]

Records management policies

23.2 (1) A pharmacy's manager must ensure that a policy is in place that

(a) describes the pharmacy's records filing system, the records format and the method and system for storing records,

(b) is compliant with the requirements of sections 23.1 *[Records retrievability]*, 23.2 *[Records management policies]* and 23.3 *[Electronic records]*, and

(c) is readily accessible to and understood by pharmacy staff.

(2) With respect to electronic records, the policy must include a description of the process for the preservation, storage and backing up of records that meets the requirements of section 23.3 *[Electronic records]*.

Electronic records

23.3 (1) A pharmacy may maintain electronic records containing personal health information if the pharmacy has the equipment, software and systems necessary for the input, storage, use, protection and retrieval of records that are required to be kept under bylaws of the College or other legislation that regulates the practice of pharmacy.

(2) For purposes of subsection (1), the equipment, software and systems must

(a) be capable of storing the electronic records for the periods required by applicable law,

(b) keep the records secure from unauthorized access, use, disclosure, modification, and destruction,

(c) for audit purposes, be capable of uniquely identifying each time an electronic record is accessed and modified,

(d) be capable of restricting the functions that may be used by an authorized person,

(e) be capable of tracing alterations to records by identifying the original entry, the identity of the individual who made the alteration and the date of the alteration,

(f) be capable of searching and sorting electronic prescription records chronologically, and by drug name, drug strength, client, prescriber, prescription number, and transaction number,

(g) ensure that electronic records can be stored, backed up, and recovered in accordance with subsection (3), and

(h) provide for a deliberate and auditable procedure to be carried out by the pharmacy's manager or by an authorized person before the destruction of any electronic record that includes information identifying the pharmacy's manager or authorized person who destroyed the record and the date, time and reason for its destruction.

(3) A pharmacy's manager must ensure that electronic records are preserved and backed up at least once daily and that such electronically preserved and backed up records are stored

(a) in a location resistant to environment perils including but not limited to fires and floods,

(b) so that they are secure from unauthorized access, use, modification, destruction, and disclosure, and

(c) in a manner that would enable the backed up records, once restored, to be compliant with section 23.1(1) *[Records retrievability]* requirements.

(4) [repealed]

(5) Prescriptions stored electronically must accurately reflect the original prescription, including the original colour composition of that prescription.

Signage within the pharmacy

23.4 (1) A pharmacy must clearly display, within the pharmacy, the signage provided by the College for the purpose of this section.

(2) The signage referred to in subsection (1) may be placed within the dispensary but in any case must, at all times when clients or the public may be present in the pharmacy,

(a) be placed in a manner and location that makes it

(i) clearly visible and readable to members of the public from every consultation area or counter where a member of the public can obtain a full pharmacist's advice, and

(ii) visually distinctive from other signage.

(b) be in good condition or be displayed on an electronic sign that is in good working condition, and

(c) comply with any applicable colour or minimum size requirements or other technical specifications, or additional criteria respecting manner or location of placement, approved by the board from time to time for the purpose of this section.

(3) The following pharmacies are exempt from the requirements in subsections (1) and (2):

(a) a community pharmacy or telepharmacy, if it is never open to the public and has no external signage identifying it as a pharmacy;

(b) a hospital pharmacy, if pharmacy services are never provided in or from it on an outpatient basis;

(c) a pharmacy education site.

Automated pharmacy dispensing systems

23.5 (1) An automatic counting device that is capable of recording data and producing printed reports may be replenished without completely emptying the container only under the following criteria:

(a) the dispensing device records all lot numbers and expiry dates and is capable of printing a report of that information for a professional licensee's review;

(b) the pharmacy's manager ensures that all appropriate reports are printed and reviewed at least monthly to ensure that inventory is well within the "use-by" date;

(c) the reports are retained and available for review for one year;

(d) if a drug recall occurs, the entire contents of the affected drug's cassette are removed and returned or destroyed if the affected lot number has been used at any time since the last complete emptying and cleaning of the cassette.

(2) An automated dispensing device that is not capable of recording data and printing reports must be operated and replenished under the following conditions:

(a) the cell or cassette must be identified with the drug name, strength, Drug Identification Number, lot number and expiry date of the stock currently contained in the cell;

(b) the replenishment of the cells and cassettes must occur only when they are completely empty of stock before having stock added to them;

(c) the replenishment of cells and cassettes must be checked by a professional licensee;

(d) an accountability record must be maintained, including the replenishment date for each cell and the handwritten identification of the professional licensee who checked the stock.

Pharmacy equipment

23.6 For the purpose of section 18(2)(v.1) *[Responsibilities of managers, direct owners, and indirect owners]*,

(a) the dispensary of all community pharmacies or telepharmacies at a minimum must have the following equipment:

(i) telephone;

(ii) fax machine or other equipment with fax capability;

(iii) digital prescription balance with a readability of 0.01g or smaller, and associated calibration tools;

(iv) at least one 10mL graduated cylinder;

(v) mortar and pestle;

(vi) spatula;

(vii) funnel;

(viii) stirring rod;

(ix) ointment slab or parchment paper;

(x) counting tray;

(xi) soap in a dispenser;

(xii) paper towels in a dispenser;

(xiii) plastic or metal garbage containers to be used with plastic liners,

(b) all hospital pharmacies and hospital pharmacy satellites must be adequately equipped to provide safe and proper medication compounding, dispensing or preparation of medication orders, and for the provision of client-oriented and administrative pharmacy services, and

(c) pharmacy equipment must be clean and sanitary, well-maintained, and properly functioning.

Pharmacy compounding

23.7 In respect of each pharmacy, the direct owner, the manager, and all indirect owners must ensure compliance with the following standards produced by NAPRA:

(a) "Model Standards for Pharmacy Compounding of Non-hazardous Sterile Preparations", as amended from time to time;

(b) "Model Standards for Pharmacy Compounding of Hazardous Sterile Preparations", as amended from time to time.

Narcotic counts and reconciliation

23.8 (1) For the purposes of sections 18(2)(s) and (t) *[Responsibilities of managers, direct owners, and indirect owners]*, 23.1(1) *[Records retrievability]* and 31(6) *[Telepharmacy operation when full pharmacist not present]*, a pharmacy's manager must ensure compliance with all the requirements set out in this section.

(2) A separate perpetual inventory log for each narcotic drug must be maintained for the pharmacy, telepharmacy, pharmacy satellites and all areas of a facility where narcotics are stored.

(3) A perpetual inventory log may be manual or automated, and must include entries for

(a) purchases,

(b) transfers,

(c) losses,

(d) purchases returned, expired, or destroyed,

(e) quantities dispensed, and

(f) a running balance.

(4) Each entry in the perpetual inventory log must have an associated record, including but not limited to the following:

(a) purchase record;

(b) prescription;

(c) loss and theft reports;

(d) record for purchase returned, expired, transferred, or destroyed.

(5) Any adjustment to an entry in a perpetual inventory log must be documented, including

(a) the reason for the adjustment,

(b) the date adjusted,

(c) the identity of the person who made the adjustment, and

(d) the identity of a full pharmacist authorizing the adjustment.

(6) A pharmacy's manager must ensure that physical inventory counts and reconciliations for each narcotic drug are completed for the pharmacy, telepharmacy, pharmacy satellites and all areas of a facility where narcotics are stored

(a) at a minimum of every three months,

(b) after a change in the pharmacy's manager,

(c) after a break and enter or robbery,

(d) after an identified drug diversion,

(e) when a pharmacy closes and ceases to operate its business, and

(f) after any event where the security of the narcotic drugs may have been compromised.

(7) A physical inventory count for each narcotic drug must be conducted before each inventory reconciliation in accordance with the following requirements:

(a) all inventory must be counted, including

(i) active inventory,

(ii) compounded mixtures, and

(iii) non-usable and expired inventory;

(b) when completing a physical inventory count, the following information must be documented:

(i) the name, strength, quantity, Drug Identification Number, and brand of the drug counted;

(ii) the date and signature of the persons who completed the count;

(iii) the date and signature of the responsible pharmacist;

(c) the count must not be conducted by the same person who enters narcotic purchases into the records.

(8) An inventory reconciliation must include the following components:

(a) the physical inventory count is compared with the perpetual inventory count for accuracy and discrepancies;

(b) associated records of the perpetual inventory log are audited for completeness, accuracy and discrepancies;

(c) discrepancies must be investigated, addressed, and documented on a narcotic incident report together with relevant supporting information.

(9) The completion of each physical inventory count and reconciliation must be verified and signed by the pharmacy's manager.

(10) Entries in a perpetual inventory log must be retained in the log, and the associated record must be retained for each log entry, for at least three years from the date of initial entry.

(11) The physical inventory count and reconciliation documentation must be maintained and retained in chronological order in a separate and dedicated record within the pharmacy records, for at least three years after the inventory count and reconciliation is completed.

(12) If a loss or theft of a narcotic is discovered, the pharmacy's manager must, in addition to notifying the College within 24 hours of the incident in accordance with section 18(2)(t) *[Responsibilities of managers, direct owners, and indirect owners]*,

(a) report the loss or theft to Health Canada within 10 days in accordance with Health Canada's requirements, and

(b) submit to the College a copy of the report sent to Health Canada as described in paragraph (a).

Cold chain management

23.9 (1) In this section:

"drug" means a drug that requires cold chain management according to the required storage temperature range;

"cold chain management" means the processes used to maintain a drug within the required storage temperature range, starting at the manufacturer and ending with release of the drug to the client, which includes transporting, handling and storage of the drug;

"temperature excursion" means an event in which a drug is exposed to a temperature outside of the required storage temperature range;

"cold storage equipment" means a refrigerator or freezer used to maintain a drug within the required storage temperature range.

(2) For the purposes of sections 17.1(1.1)(e) *[Permanent pharmacy closure]*, 18(2)(c)(ii), (e), (l), (v) and (v.1) *[Responsibilities of managers, direct owners, and indirect owners]*, 23.1(1) *[Records retrievability]*, 24(1) *[Community pharmacy's manager - quality management]*, 25(2)(g) *[Community pharmacy and telepharmacy premises]* and 29(1)(a) to (d) *[Hospital pharmacy's manager – quality management]*, the pharmacy's manager must ensure the following for a drug that requires cold chain management:

(a) the drug is maintained in accordance with the manufacturer's requirements and any other applicable requirements;

(b) the pharmacy is equipped with cold storage equipment that

(i) must be purposed for drugs only,

(ii) must maintain only one temperature range enclosed by a door with an air-tight seal that maintains even temperatures,

(iii) is equipped with a digital thermometer or temperature monitoring system, and

(iv) maintains a temperature range between +2 °C to +8 °C, in the case of a refrigerator, and between -25 °C to -10 °C, in the case of a freezer;

(c) temperatures of the cold storage equipment are monitored and recorded

(i) manually at least twice each working day, preferably at opening and closing of the pharmacy, documenting the current temperature, and the minimum and maximum temperatures reached since the last temperature recording, or

(ii) automatically with a temperature monitoring system that

(A) records temperatures at a frequency that can determine current temperatures, and minimum and maximum temperatures reached at least twice a day, and

(B) monitors and notifies pharmacy staff when a temperature excursion occurs;

(d) written policies and procedures are established and maintained that include processes

(i) to ensure proper cold chain management,

(ii) to record temperatures of the cold storage equipment in accordance with paragraph (c),

(iii) to determine and document actions taken when a temperature excursion occurs, and

(iv) for regular maintenance that ensures functionality of cold storage equipment and documenting those processes;

(e) all pharmacy staff are trained on the policies and procedures necessary to maintain cold chain management;

(f) the following documentation is retained in the pharmacy records and easily retrievable, for at least three years after the date of documentation:

(i) the temperature records of the cold storage equipment required by paragraph (c);

(ii) the documentation resulting from

(A) actions taken when a temperature excursion occurs, and

(B) regular maintenance that ensures functionality of the cold chain equipment.

Professional staff identity verification

23.91 For the purpose of section 18(2)(g) *[Responsibilities of managers, direct owners, and indirect owners]*, a pharmacy's manager must

(a) with respect to newly hired professional licensees, at the time of hiring,

(i) confirm identification of the professional licensee upon hiring by viewing a valid and current government-issued photo identification, such as a Canadian driver's licence, passport or Canadian citizenship card,

(ii) use the practitioner ID look up function 'P1' on their local pharmacy system to verify that the College licence number provided by the professional licensee matches the College licence number and licensee name returned by PharmaNet, and

(iii) access the online directory on the College website to

(A) confirm the professional licensee's licence status as a pharmacist or pharmacy technician,

(B) review any limits or conditions on practice published for the pharmacist or pharmacy technician, and

(C) in the case of a pharmacist, confirm whether the pharmacist is authorized to administer a drug by injection or intranasal route, and

(b) with respect to all professional licensee staff, at least annually, access the online directory on the College website to

(i) confirm the professional licensee's licence status as a pharmacist or pharmacy technician,

(ii) review any limits or conditions on practice published for the pharmacist or pharmacy technician, and

(iii) in the case of a pharmacist, confirm whether the pharmacist is authorized to administer a drug by injection or intranasal route.

PART 4 – COMMUNITY PHARMACY OPERATIONS

Community pharmacy's manager – quality management

24 (1) A community pharmacy's manager must establish and maintain written quality management policies and procedures that

(a) ensure pharmacy staff, equipment, and facilities comply with all legislation, bylaws, and policies applicable to the operation of a community pharmacy,

(b) include a process to monitor compliance with the quality management policies and procedures, and

(c) include a process for reporting, documenting, and following up on known, alleged and suspected errors, incidents, and discrepancies.

(2) If a community pharmacy is a central pharmacy, the quality management policies and procedures required by subsection (1) must include and apply to all telepharmacies associated with the central pharmacy and must comply with Part 6 *[Telepharmacy Operations]*.

Community pharmacy and telepharmacy premises

25 (1) If a community pharmacy or telepharmacy does not comprise 100 per cent of the total area of the premises within which the pharmacy is located, the community pharmacy's manager, or the central pharmacy's manager in the case of a telepharmacy, must ensure that

(a) the professional products area extends not more than 25 feet from the perimeter of the dispensary and is visually distinctive from the remaining areas of the premises by signage, and

(b) a sign reading "Medication Information" is clearly displayed to identify a consultation area or counter at which a member of the public can obtain a full pharmacist's advice.

(2) Subject to subsection (3), the dispensary of a community pharmacy or telepharmacy must

(a) be at least 160 square feet,

(b) be inaccessible to the public by means of gates or doors across all entrances,

(c) include one or more dispensing counters that provide a total dispensing counter area of at least 30 square feet of clear working space, in addition to service counters,

(d) contain adequate shelf and storage space that is clean and organized,

(e) contain a double stainless steel sink with hot and cold running water,

(f) contain an adequate stock of drugs to provide full dispensing services, and

(g) contain a refrigerator.

(3) A telepharmacy that was authorized by the registrar to provide pharmacy services as a telepharmacy remote site as of January 1, 2017 is exempt from the requirements in subsection (2)(a) and (c) until such time as it commences a renovation of all or part of the premises.

(4) In all new and renovated community pharmacies or telepharmacies, an appropriate area must be provided for client consultation that

(a) ensures privacy and is conducive to confidential communication, and

(b) includes, but is not limited to, one of the following:

(i) a private consultation room, or

(ii) a semiprivate area with suitable barriers.

Community pharmacy and telepharmacy security

26 (1) A community pharmacy or telepharmacy must

(a) keep Schedule IA drugs in a locked, heavy-duty metal safe inside the dispensary that is secured in place and equipped with a time delay lock set at a minimum of five minutes,

(b) install and maintain a security camera system that

(i) has date and time stamp images that are archived and available for no less than 30 days, and

(ii) is checked daily for proper operation, and

(c) install and maintain motion sensors in the dispensary.

(2) When no full pharmacist is present and the premises in which the pharmacy is located are accessible to persons who are not professional licensees, the pharmacy must be secured as follows:

(a) if the premises in which the pharmacy is located are closed and accessible to staff who are not professional licensees,

(i) the dispensary must be secured by a monitored alarm, and

(ii) Schedule I and Schedule II drugs, controlled drug substances, and personal health information must be secured by physical barriers;

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

(i) the dispensary must be secured by a monitored alarm,

(ii) Schedule I drugs, Schedule II drugs, controlled drug substances, and personal health information must be secured by physical barriers, and

(iii) Schedule III drugs must be inaccessible to anyone other than full pharmacists, temporary pharmacists, and pharmacy technicians.

(2.1) [repealed]

(2.2) For the purposes of subsection (2), a full pharmacist is deemed to be present at a telepharmacy when the full pharmacist is engaged in direct supervision of the telepharmacy in accordance with section 31.5 *[Direct supervision]*.

(2.3) A telepharmacy must have a security system that prevents the public and non-pharmacy staff from accessing the dispensary or any area where personal health information is stored.

(3) Subject to subsection (5), a community pharmacy or a telepharmacy must clearly display at all external entrances that identify the premises as a pharmacy, and at the dispensary counter, signage provided by the College.

(4) The manager, direct owner or indirect owner of a community pharmacy or telepharmacy that does not stock Schedule IA drugs must complete a declaration in the form required by the registrar for this purpose, attesting that Schedule IA drugs are never stocked on, or dispensed from, the premises.

(5) A pharmacy that is never open to the public and has no external signage identifying it as a pharmacy is exempt from the requirements in subsection (3).

Community pharmacy operation when full pharmacist not present

27 (1) Except as provided in subsections (2) and (3), a community pharmacy must not operate without a full pharmacist being physically present and on duty at the pharmacy.

(2) A community pharmacy may carry on the activities set out in subsection (3) without a full pharmacist being physically present and on duty at the pharmacy only if all of the following conditions are met:

(a) the registrar is notified of the hours during which a full pharmacist is not physically present;

(b) the pharmacy is secured in accordance with section 26(2) *[Community pharmacy and telepharmacy security]*;

(c) the hours when a full pharmacist is on duty are posted.

(3) Subject to subsection (2), only the following activities may be carried out at a community pharmacy if a full pharmacist is not present and on duty at the pharmacy:

(a) pharmacy technicians may access the dispensary to perform activities set out in section 4 of the *Community Pharmacy Practice Standards* that do not require pharmacist supervision, except if any such activity involves client interaction;

(b) drug shipments may be received under section 20(4) *[Drug procurement and inventory management]*.

(4) Nothing in this section relieves a pharmacy's manager of their responsibilities under section 18(2)(a) *[Responsibilities of managers, direct owners, and indirect owners]*.

Outsourced prescription processing – community

28 (1) A community pharmacy may outsource prescription processing if

(a) all locations involved in the outsourcing are community pharmacies or hospital pharmacies,

(b) all prescriptions dispensed are labeled and include an identifiable code that provides a complete audit trail for the dispensed drug, and

(c) a notice is posted informing clients that the preparation of their prescriptions may be outsourced to another pharmacy.

(2) The manager of an outsourcing community pharmacy must ensure that all applicable professional ethics and practice standards are met in processing prescriptions at all locations involved in the outsourcing.

(3) [repealed]

(4) The parties performing or contracting for outsourced prescription processing services must maintain a policy and procedures manual, along with documentation that implementation is occurring in a manner that must be

made available for inspection and review upon request and that includes, but is not limited to, the following:

(a) a description of how the parties will comply with federal and provincial laws and regulations;

(b) the maintenance of appropriate records to identify the responsible licensees in the various stages of the pharmaceutical care and drug product preparation processes;

(c) the maintenance of a mechanism for tracking the prescription drug order during each step in the pharmaceutical care and drug product preparation processes;

(d) the maintenance of a mechanism to identify on the prescription label all pharmacies involved in dispensing the prescription drug order;

(e) the provision of adequate security to protect the confidentiality and integrity of client information;

(f) the maintenance of a quality assurance program for pharmacy services designed to objectively and systematically monitor and evaluate the quality and appropriateness of client care, pursue opportunities to improve client care, and resolve identified problems.

Community pharmacy manager education

28.1 To ensure that they are aware of, understand, and comply with all of their obligations under the Act and these bylaws, every community pharmacy's manager must successfully complete an educational program approved by the board from time to time for the purpose of this section, and must do so periodically in accordance with the frequency or schedule approved by the board from time to time for the purpose of this section.

PART 5 – HOSPITAL PHARMACY OPERATIONS

Hospital pharmacy's manager – quality management

29 (1) A hospital pharmacy's manager must establish and maintain written quality

management policies and procedures that

(a) ensure pharmacy staff, equipment, and facilities comply with all legislation, bylaws, and policies applicable to the operation of a hospital pharmacy,

(b) include a process to monitor compliance with the quality management policies and procedures,

(c) include a process for reporting, documenting, and following up on known, alleged and suspected errors, incidents, and discrepancies,

(d) document periodic audits of the drug distribution process,

(e) include a process to review client-oriented recommendations,

(f) include a process that reviews a full pharmacist's documentation notes in the hospital's medical records,

(g) include a process to evaluate drug use, and

(h) include policies and procedures for drug use control and client-oriented pharmacy services in collaboration with the medical and nursing staff and appropriate committees.

(2) If sample drugs are used within a hospital, the hospital pharmacy's manager must ensure that the pharmacy oversees the procurement, storage, and distribution of all sample drugs.

(3) Without limiting subsection (1), a hospital pharmacy's manager must have in place all of the following:

(a) organization-specific policies and procedures to ensure client safety and effectiveness of drug delivery systems, drug administration devices, products and services;

(b) organization-specific policies, procedures, training and certification as appropriate, to ensure safety and effectiveness of persons assuming responsibilities for the provision of drug delivery systems, drug administration devices, products and services;

(c) a system to monitor and evaluate the safety and effectiveness of drug delivery systems, drug administration devices, products, personnel and services, including the conduct and documentation of quality assurance checks;

(d) a system to investigate unsafe practices in accordance with professional requirements, that ensures practices resulting in actual or potential risks are stopped immediately.

After hours service

30 (1) If continuous pharmacy services are not provided in a hospital, the hospital pharmacy's manager must ensure that urgently needed drugs and client-oriented pharmacy services are available at all times by

(a) providing a cabinet which must

(i) be a locked cabinet or other secure enclosure located outside of the hospital pharmacy, to which only authorized persons may obtain access,

(ii) be stocked with a minimum supply of drugs most commonly required for urgent use,

(iii) not contain controlled drug substances unless they are provided by an automated dispensing system,

(iv) contain drugs that are packaged to ensure integrity of the drug and labeled with the drug name, strength, quantity, expiry date, and lot number, and

(v) include a log in which drug withdrawals are documented, and

(b) arranging for a full pharmacist to be available for consultation on an on-call basis.

(2) When a hospital pharmacy or hospital pharmacy satellite is closed, the premises must be equipped with a security system that will detect unauthorized entry.

Outsourced prescription processing – hospital

30.1 A hospital pharmacy may outsource prescription processing in accordance with section 28 *[Outsourced prescription processing – community]* as if it were a community pharmacy.

PART 6 – TELEPHARMACY OPERATIONS

Telepharmacy operation when full pharmacist not present

31 (1) A telepharmacy must not operate without a full pharmacist being physically present and on duty at the telepharmacy, unless

(a) a full pharmacist at the telepharmacy's central pharmacy is engaged in direct supervision of the telepharmacy in accordance with this Part, and

(b) subject to subsection (2), a pharmacy technician is physically present and on duty at the telepharmacy.

(2) A telepharmacy located at an address listed in Schedule D is exempt from the requirements in subsection (1)(b).

(3) [repealed]

Prescriptions and labels

31.1 (1) Prescriptions and labels relating to prescriptions dispensed at a telepharmacy must identify the prescription as having been dispensed at that telepharmacy.

(2) Prescriptions and labels relating to prescriptions dispensed at a pharmacy listed in Schedule C must distinguish between those dispensed when it is operating as a telepharmacy and those dispensed when it is operating as a community pharmacy.

Inspections, audits and narcotic counts

31.2 (1) The manager of a central pharmacy, or a full pharmacist designated by the manager, must

(a) inspect and audit its telepharmacy at least four times each year, at intervals of not less than two months,

(b) record each inspection and audit in the prescribed form, and

(c) provide the inspection and audit records to the registrar immediately upon request.

(2) A telepharmacy located at an address listed in Schedule D must perform a monthly count of narcotics at the telepharmacy and retain a record of each monthly count, signed by the supervising pharmacist, in the pharmacy records for at least three years at both the central pharmacy and the

telepharmacy locations, and provide the signed record to the registrar or an investigator immediately upon request.

When operation must cease

31.3 A telepharmacy must not continue to provide pharmacy services for more than 30 days after

(a) its location ceases to be a rural and remote community,

(b) a community pharmacy is established within its community, or

(c) a community pharmacy is established within 25 kilometers of driving distance from the location of the telepharmacy.

Onsite policies and procedures

31.4 (1) In accordance with section 18(2)(c) and (d) *[Responsibilities of managers, direct owners, and indirect owners]*, a telepharmacy must have policies and procedures on site that outline the methods for ensuring the safe and effective distribution of pharmacy products and delivery of pharmaceutical care by the telepharmacy.

(2) All transactions in PharmaNet must be distinguishable between the central pharmacy and telepharmacy.

Direct supervision

31.5 (1) A supervising pharmacist must exercise direct supervision of persons performing pharmacy services at a telepharmacy that is commensurate with the qualifications and expertise of those persons and is of sufficient frequency and duration to satisfy the requirements under section 18(2) *[Responsibilities of managers, direct owners, and indirect owners]*.

(2) A supervising pharmacist must be readily available at all times when a telepharmacy is open to

(a) provide direction and support to persons performing pharmacy services at the telepharmacy, and

(b) provide pharmacist-client consultation.

(3) A supervising pharmacist must be able to engage in direct supervision of the provision of pharmacy services at a telepharmacy independent of any action of or request by persons performing those services.

(4) Subject to subsection (5), telepharmacy staff may only perform the activities described in sections 7 and 8(c) of the Pharmacists Regulation while under

direct, continuous real time audio and visual observation and direction of a supervising pharmacist.

(5) Direct supervision does not require the supervising pharmacist to conduct real time observation of a pharmacy technician performing work within a pharmacy technician's scope of practice.

Receipt of prescriptions and transfer of prescription information

31.6 (1) A prescription that is provided to a central pharmacy, whether electronically, verbally or in physical form, may be designated for pick-up at a telepharmacy whose licence that central pharmacy holds.

(2) An original physical prescription may be submitted to a telepharmacy and, upon receipt, must be marked with the date of receipt and the name of the telepharmacy.

Prescription processing

31.7 (1) All prescription processing must occur at the central pharmacy unless a full pharmacist is physically present on duty at the telepharmacy.

(2) Each telepharmacy and central pharmacy must maintain a secure connection to the central pharmacy for transmission of prescription information and personal health information.

Client consultation

31.8 Unless a full pharmacist is physically present on duty at the telepharmacy, the supervising pharmacist must provide full pharmacist-client consultation by real time audio and visual link and otherwise in accordance with the requirements of the *Community Pharmacy Practice Standards*.

Documentation

31.9 (1) Subject to subsection (2), all prescriptions, client records, invoices and documentation in respect of prescriptions must be stored at the central pharmacy and otherwise in accordance with the requirements of section 23 *[Records retention]*.

(2) The telepharmacy must transfer all original prescriptions, client records, invoices and documentation in respect of prescriptions to the central pharmacy at least on an annual basis.

PART 7 – PHARMANET

Application of Part

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

Definitions for Part

33 In this Part:

"client record" means the "client record" as described in section 13(2) of the *Community Pharmacy Practice Standards* and the "patient record (pharmacy)" as described in the *British Columbia Professional and Software Conformance Standards, Electronic Health Information Exchange – Glossary of Terms*";

"**PharmaNet**" has the same meaning as in the Information Management Regulation, B.C. Reg. 328/2021.

PharmaNet connection required

34 A pharmacy must connect to PharmaNet.

Data collection, transmission of and access to PharmaNet data

35 (1) A professional licensee must enter the prescription information and record it in PharmaNet at the time of dispensing and keep the client record current.

(2) A professional licensee may collect and record client information in PharmaNet, or access, use and disclose a client's PharmaNet record only for the purposes of

(a) dispensing a drug,

(b) providing client consultation,

(c) evaluating a client's drug usage,

(d) claims adjudication and payment by an insurer, or

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

(3) A professional licensee must revise information in PharmaNet pertaining to corrected billings for prescriptions billed to the client or a payment agency other than PharmaCare and record the reason for the revision within 120 days of the original entry in PharmaNet.

(4) A professional licensee must reverse information in PharmaNet, for any drug that is not released to the client or the client's representative, and record the reason for the reversal no later than 30 days from the date of the original entry of the prescription information in PharmaNet.

(5) If a professional licensee is unable to comply with the deadlines in subsection (3) or (4), the professional licensee must provide the information required to make the correction to the Ministry of Health as soon as possible thereafter.

PART 8 – CLIENT VERIFICATION AND CONFIDENTIALITY

Client identity verification

36 A professional licensee must take reasonable steps to confirm the identity of a client, client's representative, other professional licensee, or practitioner before providing any pharmacy service that requires accessing, using or disclosing client personal health information.

Client identity protection

36.1 Professional licensees, pharmacy assistants, managers, direct owners, and indirect owners must not, for commercial purposes, disclose or permit the disclosure of information or an abstract of information obtained from a prescription or client record which would permit the identity of the client, client's representative, other professional licensee, or practitioner to be determined.

PART 9 – ADMINISTRATIVE MATTERS

Forms

37 The registrar may establish forms for the purposes of the Act and may require their use for the purposes of the Act, the regulations under the Act, and these bylaws.

Use, disclosure and retention of criminal record history information

38 (1) The registrar may disclose criminal record history information only for the purpose of licensing pharmacies or for the purposes of licensing, investigating and disciplining professional licensees, direct owners, and

indirect owners.

(2) The College may retain criminal record history information only for so long as is permitted by the applicable College records retention and disposal provisions established by the registrar for this purpose.

Application committee

39 (1) The application committee of the College, established under the former *Health Professions Act*, R.S.B.C. 1996, c. 183,

(a) continues under the Act as the application committee of the College, and

(b) may continue to exercise powers and perform duties as provided for under section 39.1 *[Transitional - applications for pharmacy licence]*, with respect to an application for a pharmacy licence made before the date that this section comes into force.

(2) The application committee consists of at least six members.

(3) At least one-half of the members of the application committee must be professional licensees, of whom

(a) at least two members must be full pharmacists, and

(b) at least one member must be a pharmacy technician.

(4) At least one-third of the members of the application committee must be "public representatives" within the meaning of the HPOA Bylaws.

(5) The application committee may meet in panels.

(6) Sections 22 to 35 of the HPOA Bylaws apply in respect of the application committee as if the committee were

(a) a committee established or continued under the HPOA, and

(b) a "statutory committee" within the meaning of the HPOA Bylaws.

Transitional – applications for pharmacy licence

39.1 (1) In this section, **"application"** means an application

(a) for a new pharmacy licence or to renew or reinstate a pharmacy licence, made under section 2 of the Act, and

(b) with respect to which no final decision has been made under section 4 of the Act as of the date that section 39 *[Application*

committee] comes into force.

(2) If an application has not been referred to the application committee, the Act applies with respect to the application as if it had been made under the Act on the date that section 39 *[Application committee]* comes into force.

(3) If an application has been referred to the application committee, the application committee may

(a) refer the application back to the registrar, in which case subsection (2) applies with respect to the application as if it had not been referred to the application committee, or

(b) make a final determination on the application, in which case the application committee may continue to exercise powers and must perform duties with respect to the application under the Act as it read immediately before the date that section 39 *[Application committee]* comes into force.

Transitional – amendments to these bylaws

39.2 These bylaws are amended as set out in Schedule F of these bylaws, effective June 1, 2026.

SCHEDULE A – FEES

APPLICATION AND LICENSING FEES

Community Pharmacy Licence	Annual licence fee.	$ 4 ,193.00
Hospital Pharmacy Licence	Annual licence fee.	$ 4 ,193.00
Pharmacy Education Site Licence	Annual licence fee.	$ 568.00
Telepharmacy	Annual licence fee.	$ 4 ,193.00
Hospital Pharmacy Satellite	Annual fee for each satellite site, to be charged to Hospital Pharmacy.	$ 567.50
Application for New Pharmacy Licence (Community, Hospital and Telepharmacy)	Application valid for up to three years. Includes change of ownership.	$ 1,341.00
Reinstatement of Pharmacy Licence	For reinstatement of a pharmacy licence that has been expired for 90 days or less.	$ 1,341.00
Change of direct owner	Annual licence fee + application for new pharmacy.	$ 5,534.00
Change of indirect owner		$ 0.00
Change of manager		$ 0.00
Change in corporation name		$ 0.00
Change in operating name of the pharmacy		$ 0.00
Change in location of the pharmacy		$ 1,341.00
Change in layout of the pharmacy		$ 0.00
Criminal Record History (CRH)	Fee charged by Sterling BackCheck.	--
Special Application Fee 2026/27	• Charged for the following applications (except as noted below): - New Community Pharmacy Licence - New Hospital Pharmacy Licence - New Telepharmacy Licence - Renewal of Community Pharmacy Licence - Renewal of Hospital Pharmacy Licence - Renewal of Telepharmacy Licence - Reinstatement of Community Pharmacy Licence - Reinstatement of Hospital Pharmacy Licence - Reinstatement of Telepharmacy Licence - Change of direct owner • Not applicable to the following applications: - Change of manager - Change in location of the pharmacy - Second or subsequent reinstatement • Not applicable to Hospital Pharmacy Satellites • Payable in addition to any other application fee or annual licence fee specified in this Schedule.	$ 700.00

OTHER FEES

Inspection Fee: Follow-up site review(s)	Where three or more site reviews are required to address deficiencies. From third visit onwards, this fee applies for each additional visit.	$ 1,824.00
Administrative Fee		$ 568.00

NOTES:

1) Fees are non-refundable.

2) Fees are subject to GST.

3) Annual renewal notices sent at least 60 days prior to licence expiry date.

SCHEDULE B – EXCEPTIONS

1. The following classes of health professionals licensed under the *Health Professions and Occupations Act* are specified for the purpose of section 15(1) of these bylaws:

Dental Hygienists
Dentists
Dietitians
Medical Practitioners
Midwives
Naturopathic Physicians
Licenced Practical Nurses
Registered Nurses and Nurse Practitioners
Registered Psychiatric Nurses
Optometrists
Podiatrists
Speech and Hearing Pathologists

2. The following classes of persons are specified for the purpose of section 15(1) of these bylaws:

"veterinary drug dispensers" under the *Veterinary Drugs Act*, R.S.B.C. 2018, c.2
“emergency medical assistants” under the *Emergency Health Services Act*, R.S.B.C. 1996, c.182

SCHEDULE C – TELEPHARMACY/COMMUNITY LICENSED SITES

Telepharmacy Address
317 Main Street Sicamous British Columbia V0E 2V0
4480 Barriere Town Road Barriere British Columbia V0E 1E0
108 Chartrand Avenue Logan Lake British Columbia V0K 1W0
612 - 6th Avenue Midway British Columbia V0H 1M0

SCHEDULE D – TELEPHARMACY STAFF EXEMPTED SITES

Telepharmacy Address
7171 Highway #37 Dease Lake British Columbia V0C 1L0
10309 Kyllo Street Hudson's Hope British Columbia V0C 1V0
2520 Harrison Ave. Masset BC V0T 1M0
C/o Nisga'a Valley Health Authority 4920 Tait Avenue New Aiyansh British Columbia V0J 1A0
375 Nimpkish Dr Village Square Shopping Ctre Gold River British Columbia V0P 1G0
411 Main Street McBride British Columbia V0J 2E0
1214 5th Ave Valemount British Columbia V0E 2Z0
317 Main St. Sicamous British Columbia V0E 2V0
4480 Barriere Town Rd Barriere British Columbia V0E 1E0
108 Chartrand Ave. Logan Lake British Columbia V0K 1W0
612 - 6th Avenue Midway British Columbia V0H 1M0
309 6 Ave New Denver British Columbia V0G 1S0

SCHEDULE E – TELEPHARMACY RURAL AND REMOTE COMMUNITIES

"A" Designated Community under the Rural Practice Subsidiary Agreement between the Government of BC, Doctors of BC, and the Medical Services Commission, as of April 1, 2016	100 Mile House	Fort Nelson	Lytton	Sayward
	Ahousat	Fort St. James	Mackenzie	Seton Portage
	Alert Bay	Fort St. John/Taylor	Masset	Sirdar
	Alexis Creek	Fort Ware	McBride	Skin Tyee
	Anahim Lake	Fraser Lake	Miocene	Smithers
	Ashcroft/Cache Creek	Gold Bridge/Bralorne	Moricetown	Sointula
	Atlin	Gold River	Nadleh	Sparwood
	Bamfield	Golden	Nakusp	Spences Bridge
	Bella Bella/Waglisla	Granisle	Nee Tahi Buhn	Stellat'en
	Bella Coola	Greenwood/Midway/Rock Creek	Nemaiah Valley	Stewart
	Blueberry River	Halfway River	New Aiyansh	Tachet
	Blue River	Hartley Bay	New Denver	Tahsis
	Bridge Lake	Hazelton	Ocean Falls	Takla Landing
	Burns Lake	Holberg	Port Alice	Tatla Lake
	Canal Flats	Hornby Island	Port Clements	Tatlayoko Lake
	Canoe Creek/Dog Creek	Hot Springs Cove	Port Hardy	Telegraph Creek
	Cheslatta	Houston	Port McNeill	Terrace
	Chetwynd/Saulteau	Hudson's Hope	Port Renfrew	Tofino
	Christina Lake/Grand Forks	Invermere/Windermere	Port Simpson	Tsay Keh Dene
	Clearwater	Kaslo	Prince Rupert	Ts'il Kaz Koh (Burns Lake Band)
	Clinton	Kimberley	Princeton	Tumbler Ridge
	Cortes Island	Kincolith	Quatsino	Ucluelet
	Cranbrook	Kingcome	Queen Charlotte	Valemount
	Creston	Kitimat	Quesnel	Vanderhoof
	Dawson Creek	Kitkatla	Redstone Reserve	Wardner
	Dease Lake	Kitsault	Revelstoke	Wet'suwet'en (Broman
	Doig River	Kitwanga	Rivers Inlet	Winlaw
	Edgewood	Klemtu	Saik'uz	Woss
	Elkford	Kootenay Bay/Riondel	Salmo	Woyenne (Lake Babine)
	Fernie	Kyuquot	Samahquam	Yekooche
	Fort Babine	Lower Post	Savary Island	Zeballos
"B" Designated Community under the Rural Practice Subsidiary Agreement between the Government of BC, Doctors of BC, and the Medical Services Commission, as of April 1, 2016	Balfour	Galiano Island	Pender Island	Teppella
	Barriere	Lillooet	Powell River	Texada Island
	Big White	Mayne Island	Prince George	Trail/Rossland/Fruitvale
	Castlegar	Merritt	Saturna Island	Wasa
	Chase/Scotch Creek	Mount Currie	Skatin	Williams Lake
	Crescent Valley	Nelson	Slocan Park	

"C" Designated Community under the Rural Practice Subsidiary Agreement between the Government of BC, Doctors of BC, and the Medical Services Commission, as of April 1, 2016	Agassiz / Harrison	Enderby	Nitinat	Salmon Arm/Sicamous
	Blind Bay	Gabriola Island	Oliver	Saltspring Island
	Bowen Island	Hope	Osoyoos	Sechelt/Gibsons
	Campbell River	Keremeos	Parksville/Qualicum	Shawnigan Lake
	Chemainus	Ladysmith	Pemberton	Sorrento
	Cobble Hill	Lake Cowichan	Penelakut Island	Sun Peaks
	Courtenay/Comox/ Cumberland	Logan Lake	Port Alberni	Squamish
	Denman Island	Madeira Park	Quadra Island	Whistler
	Duncan / N. Cowichan	Mill Bay		
"D" Designated Community under the Rural Practice Subsidiary Agreement between the Government of BC, Doctors of BC, and the Medical Services Commission, as of April 1, 2016	Armstrong/ Spallumcheen	Lumby		

SCHEDULE F – AMENDMENTS TO THESE BYLAWS

The bylaws of the College of Pharmacists of British Columbia made under the authority of the *Pharmacy Operations and Drug Scheduling Act* are amended as follows, effective June 1, 2026:

1 Section 18(2) is amended by repealing paragraph (j) and substituting the following:

(j) ensure that

(i) professional licensee and pharmacy assistant staff levels are commensurate with workload volumes and client care requirements are met at all times in accordance with these bylaws and the professional ethics and practice standards,

(ii) adequate and appropriate resources are in place to enable pharmacy staff to devote the time needed to conduct the continuous quality improvement and reporting activities required under section 24 *[Community pharmacy's manager – quality management]* or section 29 *[Hospital pharmacy's manager – quality management]*, as applicable, and

(iii) meeting quotas, targets or similar measures does not compromise client safety or compliance with these bylaws and the professional ethics and practice standards;

2 Section 18(7) is amended by repealing paragraph (a) and substituting the following:

(a) ensure compliance with subsection (2)(c)(i) and (iii) to (v), (i), (j), (l), (q), (r), (y) and (z) and, as applicable, section 24 *[Community pharmacy's manager – quality management]* or section 29 *[Hospital pharmacy's manager – quality management]*;

3 Section 24 is repealed and the following substituted:

Community pharmacy's manager – quality management

24 (1) A community pharmacy's manager must establish and maintain written quality management policies and procedures for the community pharmacy that

(a) ensure pharmacy staff, equipment, and facilities comply with all legislation, bylaws and policies applicable to the operation of a community pharmacy,

(b) include a continuous quality improvement program for the pharmacy,

(c) include a process for reporting, documenting, analyzing, following up on, and learning from medication incidents and near misses in the pharmacy, and

(d) include a process to monitor compliance with the quality management policies and procedures.

(2) The policies and procedures for the program referred to in subsection (1)(b) must include adequate and appropriate processes for

(a) identifying root causes and contributing factors for medication incidents and near misses and performing a root-cause analysis as appropriate,

(b) reviewing and assessing summary reports and analyses of data specific to the pharmacy,

(c) reviewing and assessing objective analyses from available regional-, provincial-, and national-level data,

(d) holding team meetings on a routine basis,

(e) completing safety self-assessments for the pharmacy on a routine basis,

(f) following up with team members involved in medication incidents and near misses and encouraging them to seek peer support when appropriate,

(g) ensuring that pharmacy policies and procedures are reviewed and updated based on the pharmacy's root-cause analyses, safety self-assessments, summary reports and analyses, and

objective analyses from pharmacy-specific data and available regional-, provincial-, and national-level data,

(h) implementing improvements to the pharmacy's procedures in accordance with a continuous quality improvement plan for the pharmacy,

(i) monitoring to determine the efficacy of improvements to the pharmacy's procedures as implemented in accordance with the pharmacy's continuous quality improvement plan, and

(j) implementing further updates to the pharmacy's procedures if previous improvements are not effective,

and, for certainty, those policies and procedures must be consistent with the obligations of professional licensees under section 18 of the *Community Pharmacy Practice Standards* or section 19 of the *Hospital Pharmacy Practice Standards*, as applicable.

(3) A community pharmacy's manager must ensure that an initial team meeting is held for the pharmacy before June 1, 2027, if any of the following circumstances apply:

(a) the pharmacy is operating, or the direct owner of the pharmacy holds a community pharmacy licence for the pharmacy, on June 1, 2026;

(b) the community pharmacy licence for the pharmacy is reinstated on or after June 1, 2026, and before August 31, 2026.

(4) Subject to subsection (5), the manager of a community pharmacy to which subsection (3) does not apply must ensure that an initial team meeting is held for the pharmacy within the one-year period following the date on which the community pharmacy licence for the pharmacy is issued.

(5) The calculation of time for the purpose of subsection (4) is not affected by the issuance within the one-year period of a new community pharmacy licence for the pharmacy as the result of a change in manager.

(6) After the initial team meeting is held for a community pharmacy as required under subsection (3) or (4), the community pharmacy's manager must ensure that further team meetings are held for the pharmacy at least once within each successive one-year period following the date of the

initial team meeting, but in any case, not later than one year after the date of the last preceding team meeting.

(7) A community pharmacy's manager must ensure that that all team meetings held as required under subsections (3) to (6) are adequately documented in the pharmacy's records including documentation of all of the following for each team meeting:

(a) date of the meeting;

(b) names of the pharmacy staff members in attendance;

(c) topics of discussion;

(d) any resulting improvement plans.

(8) A community pharmacy's manager must ensure that an initial safety self-assessment is completed for the pharmacy before June 1, 2027, if any of the following circumstances apply:

(a) the pharmacy is operating, or the direct owner of the pharmacy holds a community pharmacy licence for the pharmacy, on June 1, 2026;

(b) the community pharmacy licence for the pharmacy is reinstated on or after June 1, 2026, and before August 31, 2026.

(9) Subject to subsection (10), the manager of a community pharmacy to which subsection (8) does not apply must ensure that an initial safety self-assessment is completed for the pharmacy within the one-year period following the date on which the community pharmacy licence for the pharmacy is issued.

(10) The calculation of time for the purpose of subsection (9) is not affected by the issuance within the one-year period of a new community pharmacy licence for the pharmacy as the result of a change in manager.

(11) After the initial safety self-assessment is completed for a community pharmacy as required under subsection (8) or (9), the community pharmacy's manager must ensure that further safety self-assessments are completed for the pharmacy at least once within each successive three-year period following the completion date of the initial safety self-assessment, but in any case, not later than three years after the completion date of the last preceding safety self-assessment.

(12) A community pharmacy's manager must ensure that all safety self-assessments required under subsections (8) to (11) are completed using a software tool or platform that is appropriate for the pharmacy's licence type and that has the necessary technical features and capabilities to consistently and reliably generate adequate safety self-assessments for the pharmacy, such as the Medication Safety Self-Assessment solutions offered by Institute for Safe Medication Practices Canada, the Pharmacy Safety Self-Assessment tool within the Pharmapod software solution offered by Think Research Corporation, or an equivalent software tool or platform.

(13) The policies and procedures for the process referred to in subsection (1)(c) must clearly set out

(a) the steps that pharmacy staff must take when a medication incident or near miss occurs, including the steps for disclosure, and

(b) the pharmacy's criteria for determining whether a near miss must be reported to a national database, which at a minimum must include the following criteria:

(i) if the event had reached the client, it is likely that actual harm would have been caused;

(ii) the event has been a recurring problem for the pharmacy;

(iii) the event provides a learning opportunity for the pharmacy specifically or for pharmacy practice in general,

and, for certainty, those policies and procedures must be consistent with the obligations of professional licensees under section 19 of the *Community Pharmacy Practice Standards* or section 19 of the *Hospital Pharmacy Practice Standards*, as applicable.

(14) A community pharmacy's manager must select, implement, and maintain a reporting platform that

(a) has processes in place to de-identify data by removing individual names, PHNs, professional licensee ID numbers and any other individually identifying information from the data before it leaves, or upon leaving, the reporting platform,

(b) is able to integrate with a national database to share de-identified medication incident and near miss reports, and

(c) at a minimum, enables and requires pharmacy staff to enter information for all of the following data fields, and includes all these data fields in all reports submitted to a national database:

(i) date incident occurred;

(ii) type of medication incident;

(iii) incident discovered by (position/job title only);

(iv) medication system stages involved in this incident;

(v) medication(s) involved;

(vi) degree of harm to client due to incident;

(vii) incident description/how the incident was discovered;

(viii) contributing factors of the incident.

(15) If a community pharmacy is a central pharmacy, the quality management policies and procedures required by subsection (1) must include and apply to all telepharmacies associated with the central pharmacy and must comply with Part 6 *[Telepharmacy Operations]*.

(16) In this section:

"contributing factor" means a circumstance, action or influence that is thought to have played a part in the origin or development of a medication incident or near miss, or to increase the risk of a medication incident or near miss;

"de-identify" and **"de-identified"**, in relation to data and reports referred to in this section, means the data or report does not contain any information about an identifiable individual, including the individual who completed or submitted the report, any pharmacy staff involved in the medication incident or near miss, any client or client's representative, or any other individual;

"medication incident" means any preventable event that may cause or lead to inappropriate medication use or client harm that has reached the client and that may be related to professional practice, drug products, procedures, and systems, and includes prescribing, order communication, product labelling/packaging/nomenclature, compounding, dispensing, distribution, administration, education, monitoring, and use;

"national database" means a data repository that

(a) contains de-identified medication incident and near miss reporting data submitted from across Canada,

(b) is appropriate for the pharmacy's licence type, and

(c) is an established component of the collaborative pan-Canadian program for reducing and preventing harmful medication incidents known as the Canadian Medication Incident Reporting and Prevention System (CMIRPS);

"near miss" means an event that could have resulted in unwanted consequences but did not because, either by chance or through timely intervention, the event did not reach the client;

"peer support" means emotional and practical support between two people who share a common experience, such as a mental health challenge or illness;

"reporting platform" means the computer software used by pharmacy staff for recording medication incidents and near misses at the pharmacy level and reporting them to a national database;

"**root cause**" means the most fundamental reason, or one of several fundamental reasons, a suspected failure, a medication incident, a near miss, or a situation in which performance does not meet expectations has occurred;

"**root cause analysis**" means an objective analytical process that can be used to perform a comprehensive, system-based review of critical incidents including without limitation the identification of the root and contributory factors, the determination of risk reduction strategies, and the development of action plans along with measurement strategies to evaluate the effectiveness of the plans;

"**safety self-assessment**" means a process used regularly by pharmacy staff to proactively identify potential safety concerns, which may help decrease the number of medication incidents and near misses and identify opportunities for improvement at a pharmacy in order to mitigate risks to clients;

"team meeting" means a regular meeting of pharmacy staff to proactively review and assess summary reports and analyses of pharmacy-specific data and available summary reports and analyses of

available regional-, provincial-, and national-level data and determine how to address them.

4 Section 29(1) is repealed and the following substituted:

(1) A hospital pharmacy's manager must establish and maintain written quality management policies and procedures for the hospital pharmacy that

(a) ensure pharmacy staff, equipment, and facilities comply with all legislation, bylaws and policies applicable to the operation of a hospital pharmacy,

(b) include a continuous quality improvement program for the pharmacy,

(c) include a process for reporting, documenting, analyzing, following up on, and learning from medication incidents and near misses in the pharmacy,

(d) include a process to monitor compliance with the quality management policies and procedures,

(e) document periodic audits of the drug distribution process,

(f) include a process to review client-oriented recommendations,

(g) include a process that reviews a full pharmacist's documentation notes in the hospital's medical records,

(h) include a process to evaluate drug use, and

(i) include policies and procedures for drug use control and client-oriented pharmacy services in collaboration with the medical and nursing staff and appropriate committees.

(1.1) Section 24(2) to (14) and (16) *[Community pharmacy's manager – quality management]* applies to a hospital pharmacy and the hospital pharmacy's manager as if they were, respectively, a community pharmacy and the community pharmacy's manager.