

# **HEALTH PROFESSIONS AND OCCUPATIONS ACT**

## **BYLAWS**

### **Contents**

#### **Part 1 – Interpretation**

- 1 [General definitions](#)
- 2 [Definitions for conflict of interest](#)

#### **Part 2 – Board**

- 3 [Appointment of board chair and board vice chair](#)
- 4 [Powers and duties of board chair and board vice chair](#)
- 5 [Board member remuneration and expenses](#)
- 6 [Board member conflict of interest](#)
- 7 [Scheduling of board meetings](#)
- 8 [Format of board meetings](#)
- 9 [Notice of board meetings](#)
- 10 [Attendance at board meetings](#)
- 11 [Quorum at board meetings](#)
- 12 [Decision-making at board meetings](#)
- 13 [Board resolutions approved in writing](#)
- 14 [Minutes of board meetings](#)
- 15 [Board policies and procedures](#)
- 16 [Advice and consultation when making bylaws](#)
- 17 [Bylaw schedules](#)
- 17.1 [Transitional – amendments to these bylaws](#)

#### **Part 3 – Committees**

- 18 [Licence committee](#)
- 19 [Investigation committee](#)

- 20 [Finance and audit committee](#)
- 21 [Governance committee](#)
- 22 [Registrar evaluation and succession planning committee](#)
- 23 [Appointment of committee members](#)
- 24 [Appointment of committee chairs and committee vice chairs](#)
- 25 [Powers and duties of committee chairs and committee vice chairs](#)
- 26 [Committee member remuneration and expenses](#)
- 27 [Committee member conflict of interest](#)
- 28 [Committee panels](#)
- 29 [Committee panel chairs](#)
- 30 [Scheduling of committee and panel meetings](#)
- 31 [Format of committee and panel meetings](#)
- 32 [Attendance at committee and panel meetings](#)
- 33 [Quorum at committee and panel meetings](#)
- 34 [Decision-making at committee and panel meetings](#)
- 35 [Minutes of committee and panel meetings](#)
- 36 [Committee policies and procedures](#)

#### **Part 4 – College Administration**

- 37 [Registrar and chief executive officer](#)
- 38 [Deputy registrars](#)
- 39 [Legal counsel](#)
- 40 [Fiscal year](#)
- 41 [Budgets and commitments](#)
- 42 [Administrative fees and interest rates](#)
- 43 [Licence application fee refunds](#)
- 44 [Banking, borrowing, and investments](#)
- 45 [Auditor](#)
- 46 [Employee conflict of interest](#)

- 47 [Notice by the College](#)
- 48 [QA assessor reports on general performance issues](#)
- 49 [Advisory working groups](#)

## **Part 5 – College Records and Information**

- 50 [Head of the College for FIPPA purposes](#)
- 51 [Protection of personal information](#)
- 52 [Records management](#)
- 53 [College registry](#)
- 54 [Disclosure of unauthorized practice information](#)
- 55 [Disclosure of licence status](#)

## **Part 6 – Professional Licensing and Certification**

### **Division 1 – Definitions and Procedures**

- 56 [Definition for Part](#)
- 57 [Publication of application procedures](#)
- 58 [Validity of licence applications](#)
- 59 [Commemorative certificate and licence card](#)

### **Division 2 – General Requirements for Licences**

- 60 [General eligibility standards](#)
- 61 [Eligibility standards for Canadian labour mobility applicants](#)
- 62 [Recognition of education credentials and programs](#)
- 63 [Equivalency evaluators](#)
- 64 [Equivalency determinations](#)
- 65 [Periodic review of measures imposed on extrajurisdictional applicants](#)
- 66 [Examinations](#)
- 67 [Changes in applicant information](#)

### **Division 3 – Licensee Classes and Eligibility Standards**

- 68 [Classes of licensees](#)

- 69 [Eligibility standards for full pharmacist licences](#)
- 70 [Reinstatement of full pharmacist licences](#)
- 71 [Eligibility standards for provisional pharmacist licences](#)
- 72 [Eligibility standards for temporary pharmacist licences](#)
- 73 [Eligibility standards for student pharmacist licences](#)
- 74 [Eligibility standards for pharmacy technician licences](#)
- 75 [Reinstatement of pharmacy technician licences](#)
- 76 [Eligibility standards for provisional pharmacy technician licences](#)
- 77 [Eligibility standards for temporary pharmacy technician licences](#)
- 78 [Non-practising registrants under the former Act](#)

#### **Division 4 – Licensee Class Limitations**

- 79 [Provisional pharmacists](#)
- 80 [Temporary pharmacists](#)
- 81 [Student pharmacists](#)
- 82 [Pharmacy technicians](#)
- 83 [Provisional pharmacy technicians](#)
- 84 [Temporary pharmacy technicians](#)

#### **Division 5 – Certification for Drug Administration**

- 85 [Certification of practising pharmacists](#)
- 86 [Intranasal drug administration](#)

#### **Division 6 – Licence Expiry and Renewal**

- 87 [Expiry and renewal of full pharmacist and pharmacy technician licences](#)
- 88 [Expiry and renewal of provisional licences](#)
- 89 [Expiry and renewal of UBC student pharmacist licences](#)
- 90 [Expiry and renewal of other student pharmacist licences](#)
- 91 [Expiry and renewal of temporary licences](#)

#### **Division 7 – Decisions by Registrar**

- 92 [Registrar authorized to act](#)

- 93 [Authority of registrar to investigate before decision](#)
- 94 [Notice of administrative refusal](#)
- 95 [Reconsideration of administrative refusal](#)

#### **Division 8 – Decisions by Licence Committee**

- 96 [Authority of licence committee to investigate before decision](#)
- 97 [Hearing process for adverse application decision by licence committee](#)
- 98 [Notice of adverse application decision by licence committee](#)

#### **Division 9 – Licence Limits, Conditions, and Revocation**

- 99 [Imposition of limits or conditions by registrar or licence committee](#)
- 100 [Application to vary limits or conditions on licences](#)
- 101 [Revocation of licence](#)
- 102 [Revocation of licence due to material misrepresentation or omission](#)

#### **Part 7 – Continuing Professional Development**

- 103 [Definitions for Part](#)
- 104 [Mandatory CPD program](#)
- 105 [Indigenous cultural safety and Indigenous-specific anti-racism learning](#)
- 106 [Duty to maintain learning activity records](#)
- 107 [Verification of learning activities](#)

#### **Part 8 – Quality Assurance**

- 108 [Definitions for Part](#)
- 109 [Mandatory QA program](#)
- 110 [Qualifications of QA assessors](#)
- 111 [Grounds for QA assessment](#)
- 112 [Methods of QA assessment](#)
- 113 [Conduct of QA assessments](#)
- 114 [Duty to maintain QA activity records](#)
- 115 [Verification of QA activities](#)

## **Part 9 – Professional Responsibilities**

- 116 [Ethics standards](#)
- 117 [Practice standards](#)
- 118 [Generally accepted professional standards](#)
- 119 [Permitted uses of reserved titles](#)
- 120 [Use of pharmacist titles](#)
- 121 [Use of student pharmacist titles](#)
- 122 [Use of pharmacy technician titles](#)
- 123 [Duty to maintain professional liability insurance](#)
- 124 [Duty to report changes in personal and contact information](#)
- 125 [Duty to report criminal charges and disciplinary proceedings](#)
- 126 [Duty on return to practice in British Columbia](#)

## **Part 10 – Delegation**

- 127 [General requirements for delegation](#)
- 128 [Delegation by pharmacists](#)
- 129 [Delegation by pharmacy technicians](#)

## **Part 11 – Public Protection**

### **Division 1 – Discipline for Administrative Matters**

- 130 [Registrar's authority](#)
- 131 [Monetary penalty for administrative matters](#)
- 132 [Information to respondent](#)
- 133 [Information to investigation committee](#)
- 134 [Review of disciplinary order](#)

### **Division 2 – Monitoring Licensee Compliance**

- 135 [Licensee practice monitoring program](#)
- 136 [Duty to participate in compliance audits](#)
- 137 [Compliance audit process](#)

### **Division 3 – Reports, Complaints, and Initiating Investigations**

- 138 [Requirements for regulatory reports](#)
- 139 [Requirements for regulatory complaints by registrar](#)
- 140 [Requirements for regulatory complaints by others](#)
- 141 [Registrar assessment](#)

### **Division 4 – Investigations of Fitness and Misconduct**

- 142 [Misconduct under other enactments](#)
- 143 [Reconsideration of notice of intent or termination order](#)
- 144 [Competence assessments](#)
- 145 [Final investigation reports](#)

### **Division 5 – Capacity Evaluations**

- 146 [Definition for Division](#)
- 147 [Registrar as capacity officer](#)
- 148 [Identification of capacity officer and appointment of assessors](#)
- 149 [Notice of capacity evaluation order to respondent](#)
- 150 [Assessor's report to capacity officer on failure to cooperate](#)
- 151 [Capacity officer's report to registrar on failure to cooperate](#)
- 152 [Capacity officer's report to investigation committee on risk to public](#)
- 153 [Assessor's final report to capacity officer](#)
- 154 [Notice of capacity officer's assessment to respondent](#)
- 155 [Notice of continuing practice order or revocation order to respondent](#)
- 156 [Reconsideration of continuing practice order or revocation order](#)

### **Division 6 – Summary Action or Disposition During Investigation**

- 157 [Summary protection orders](#)
- 158 [Reconsideration of summary protection orders](#)
- 159 [Summary dismissal or summary disposition order processes](#)
- 160 [Dispositions with or without consent](#)
- 161 [Licence under suspension](#)

## **Division 7 – Citations and Investigation Expenses**

- 162 [Considerations for requesting citation](#)
- 163 [Recovery of investigation expenses](#)

## **Division 8 – Review and Enforcement of Discipline Tribunal Orders**

- 164 [Administrative and judicial reviews](#)
- 165 [Enforcement of disciplinary orders](#)

## **Division 9 – Monitoring Unauthorized Practice**

- 166 [Definitions for Division](#)
- 167 [Unauthorized practice monitoring program](#)
- 168 [Preliminary report and other information to the investigation committee](#)

## **Part 12 – Support Programs**

- 169 [Definitions for Part](#)
- 170 [Support programs required](#)
- 171 [Collaboration and shared funding agreements](#)
- 172 [Administrators](#)
- 173 [Support officers](#)
- 174 [Application for support](#)
- 175 [Support officer’s eligibility decision](#)
- 176 [Reconsideration of adverse eligibility decision](#)
- 177 [Administrator’s support determination](#)
- 178 [Reconsideration of adverse support determination](#)
- 179 [Application to change support determination](#)
- 180 [Appointment of support workers](#)
- 181 [Additional powers and duties of administrator and support officer](#)
- 182 [Information services](#)
- 183 [Selecting a service provider for support services](#)
- 184 [Information to support funding for support services](#)
- 185 [Support services program parameters](#)

- 186 [Support worker program parameters](#)
- 187 [Maximum aggregate funding](#)
- 188 [Interest rate for recovered funding amounts](#)

## **SCHEDULES**

- Schedule A – [Board Member Remuneration and Expenses](#)
- Schedule B – [Fees](#)
- Schedule C – [Recognized Education Programs](#)
- Schedule D.1 – [Ethics Standards: Code of Ethics](#)
- Schedule D.2 – [Ethics Standards: Conflicts of Interest](#)
- Schedule D.3 – [Ethics Standards: Client Relations](#)
- Schedule D.4 – [Ethics Standards: Advertising and Marketing](#)
- Schedule E.1 – [Practice Standards: Community Pharmacy Services](#)
- Schedule E.2 – [Practice Standards: Hospital Pharmacy Services](#)
- Schedule E.3 – [Practice Standards: Residential Care Facility Services](#)
- Schedule E.4 – [Practice Standards: Drug Administration](#)
- Schedule E.5 – [Practice Standards: Medical Assistance in Dying](#)
- Schedule E.6 – [Practice Standards: Licensee Records](#)
- Schedule E.7 – [Practice Standards: Indigenous Cultural Safety, Humility and Anti-Racism](#)
- Schedule E.8 – [Practice Standards: Diagnosis and Prescribing](#)
- Schedule E.9 – [Practice Standards: Laboratory Test Ordering](#)
- Schedule E.10 – [Practice Standards: Miscellaneous Dispensing](#)
- Schedule E.11 – [Practice Standards: Adapting Prescriptions](#)
- Schedule E.12 – [Practice Standards: Opioid Agonist Treatment](#)
- Schedule E.13 – [Practice Standards: Hospital Pharmacy Assistant Verification of Non-Sterile Products and Sterile Products](#)
- Schedule E.14 – [Practice Standards: Controlled Drug Substances Delivery](#)
- Schedule F – [Recovery of Investigation Expenses](#)
- Schedule G – [Amendments to these Bylaws](#)

## PART 1 – INTERPRETATION

### General definitions

1 In these bylaws:

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

“**advisory working group**” means an advisory working group described in section 49 [*Advisory working groups*];

“**board**” means the board of the College;

“**board chair**” means the board chair appointed under section 3 [*Appointment of board chair and board vice chair*];

“**board meeting**” means a regular board meeting or a special board meeting;

“**board member**” means a person who is appointed as a member of the board under section 345(1) of the Act or a person who continues to be a board member under section 537(1) of the Act;

“**board vice chair**” means the board vice chair appointed under section 3 [*Appointment of board chair and board vice chair*];

“**business contact information**” has the same meaning as “contact information” in FIPPA;

“**Community Care and Assisted Living Act**” means the *Community Care and Assisted Living Act*, S.B.C. 2002, c. 75;

“**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;

“**child-resistant package**” means a package that complies with the requirements of the Canadian Standards Association Standard CAN/CSA-Z76.1-06, published in 2006, as amended from time to time;

**“client”** has the same meaning as “patient” in the Act;

**“closed board meeting”** means a board meeting, or any part of it, that is closed to the public;

**“College”** means the corporation continued as a college under the name “College of Pharmacists of British Columbia” by section 15.1(4) of the former Act and subsequently continued as a regulatory college under the same name by section 342(2) of the Act and section 3 of the Pharmacists Regulation;

**“College employee”** includes a quality assurance assessor, an investigator, and a capacity officer;

**“College registry”** means the registry for the College required under section 395(1) of the Act;

**“College website”** means the website maintained by the College to meet the requirements of section 397(1) of the Act;

**“committee”**, except in section 49 [*Advisory working groups*], means a committee established or continued as set out in sections 18 [*Licence committee*] to 22 [*Registrar evaluation and succession planning committee*];

**“committee member”** means a person who is appointed by the board as a member of a committee or a person who is an *ex officio* member of a committee;

**“controlled drug substance”** means the following:

- (a) until October 1, 2026, a drug which is or includes a substance set out in
  - (i) the schedules to the regulations made under the CDSA, or
  - (ii) the schedule to Part G of the Food and Drug Regulations, C.R.C., c. 870, made under the *Food and Drugs Act*;
- (b) on and after October 1, 2026, a drug which is or includes a substance set out in the schedules to the Controlled Substances 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;

**“Controlled Substances Regulations”** means the Controlled Substances Regulations, SOR/2025-242, made under the CDSA;

**“Criminal Code”** means the *Criminal Code*, R.S.C. 1985, c. C-46;

**“Criminal Records Review Act”** means the *Criminal Records Review Act*, R.S.B.C. 1996, c. 86;

**“dispense”** has the same meaning as in PODSA;

**“drug”** has the same meaning as in PODSA;

**“electronic signature”** means

- (a) information in electronic form that a person has created or adopted in order to sign a record, other than a prescription signed by a full pharmacist for the purpose of prescribing, that is in, attached to or associated with a record, is secure and is only reproducible and used by that person, and
- (b) with respect to a prescription signed by a full pharmacist for the purpose of prescribing, an electronic signature that meets the requirements of paragraph (a) and is a unique mark personally applied by that full pharmacist;

**“examination”** means a theoretical or practical examination or assessment or any combination of them, given by any method, for the purposes of assessing or measuring a person’s professional knowledge, skills, abilities or judgment or any aspect thereof, and includes a re-examination or re-assessment;

**“FIPPA”** means the *Freedom of Information and Protection of Privacy Act*, R.S.B.C. 1996, c. 165;

**“Food and Drugs Act”** means the *Food and Drugs Act*, R.S.C. 1985, c. F-27;

**“former Act”** means the *Health Professions Act*, R.S.B.C. 1996, c. 183;

**“former HPA Bylaws”** means the former bylaws of the College made under the former Act before the HPOA effective date;

**“full pharmacist”** means a licensee who is licensed in the class of licensees established in section 68(a) [*Classes of licensees*];

**“hospital”** has the same meaning as in the *Hospital Act*, R.S.B.C. 1996, c. 200, except Parts 2 and 2.1 of that Act;

**“HPOA effective date”** means April 1, 2026;

**“in good standing”** in respect of a licensee means

- (a) the licensee’s licence in any class is not suspended under the Act or the former Act,
- (b) the licensee’s certification, if any, is not suspended under the Act, and
- (c) no limits or conditions are imposed on
  - (i) the licensee’s practice of pharmacy under section 20(2.1), 20(3), 32.2, 32.3, 33, 35, 36, 37.1, 38, 39, or 39.1 of the former Act, or
  - (ii) the licensee’s licence, or the management of the licensee’s practice, by a disciplinary order described in section 270(1) of the Act;

**“manager”** has the same meaning as in PODSA;

**“medication”** has the same meaning as “drug”;

**“NAPRA”** means the National Association of Pharmacy Regulatory Authorities;

**“open board meeting”** means a board meeting, or any part of it, that is open to the public;

**“panel”** means a panel described in section 28(3) [*Committee panels*].

**“PEBC”** means the Pharmacy Examining Board of Canada;

**“personal information”** has the same meaning as in FIPPA;

**“Pharmacists Regulation”** means the Pharmacists Regulation, B.C. Reg. 135/2025;

**“pharmacy assistant”** has the same meaning as “support person” in PODSA;

**“pharmacy services”** means the services a licensee is authorized under the Act to provide;

**“pharmacy technician”** means a licensee who is licensed in the class of licensees established in section 68(e) [*Classes of licensees*];

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

**“PODSA Bylaws”** means the bylaws of the College made under PODSA;

**“practice of pharmacy”** means practice of the designated health profession of pharmacy;

**“practising pharmacist”** means a full pharmacist, temporary pharmacist, or student pharmacist;

**“practitioner”** has the same meaning as in PODSA;

**“prescription”** has the same meaning as in PODSA;

**“profession of pharmacy”** means the designated health profession of pharmacy;

**“provisional pharmacist”** means a licensee who is licensed in the class of licensees established in section 68(b) [*Classes of licensees*];

**“provisional pharmacy technician”** means a licensee who is licensed in the class of licensees established in section 68(f) [*Classes of licensees*];

**“Public Health Act”** means the *Public Health Act*, S.B.C 2008, c. 28;

**“public representative”**, in relation to a committee, means a person

- (a) who, at the time of the person's appointment as a committee member,

- (i) did not exercise powers or perform duties for the College or the discipline tribunal, and
  - (ii) was not an employee of, and did not otherwise provide services to, the College or the discipline tribunal,
- (b) who is not
- (i) a licensee or former licensee under the Act,
  - (ii) a former registrant under the former Act,
  - (iii) a person who is or was authorized to practise a health profession equivalent to the profession of pharmacy in a jurisdiction outside British Columbia, or
  - (iv) a “direct owner” or an “indirect owner”, within the meaning of PODSA, and does not hold an equivalent position in respect of a corporation established in a jurisdiction outside British Columbia, and
- (c) who has no close family or business relationship with a person described in paragraph (b);

**“record”** has the same meaning as in FIPPA;

**“reserved title”** means a title that licensees of the College practising the profession of pharmacy may use exclusively under the Pharmacists Regulation;

**“service provider”** has the same meaning as in FIPPA;

**“signature”** on a record means either an original handwritten signature in ink or an electronic signature;

**“statutory committee”** means the licence committee or the investigation committee;

**“student pharmacist”** means a licensee who is licensed in the class of licensees established in section 68(d) [*Classes of licensees*];

**“temporary pharmacist”** means a licensee who is licensed in the class of licensees established in section 68(c) [*Classes of licensees*];

**“temporary pharmacy technician”** means a licensee who is licensed in the class of licensees established in section 68(g) [*Classes of licensees*].

## Definitions for conflict of interest

2 In sections 6 [*Board member conflict of interest*], 27 [*Committee member conflict of interest*] and 46 [*Employee conflict of interest*]:

**“actual conflict of interest”** means, for the purpose of the definition of “conflict of interest” in section 1 of the Act, the existence of a private interest which may materially affect or influence a responsible person’s exercise of regulatory authority;

**“perceived conflict of interest”** means, for the purpose of the definition of “conflict of interest” in section 1 of the Act, a reasonably well-informed person would conclude that there is a substantial risk that a private interest may materially affect or influence a responsible person’s exercise of regulatory authority;

**“potential conflict of interest”** means, for the purpose of the definition of “conflict of interest” in section 1 of the Act, the existence of a substantial risk that a private interest may materially affect or influence a responsible person’s exercise of regulatory authority;

**“private interest”** includes a responsible person’s

- (a) personal interests, including any familial relationship, affiliation, or association,
- (b) direct and indirect financial interests,
- (c) professional interests, including any employment, consulting, advisory, or contractual relationship with a person, organization or group, subject to regulation, oversight, or decision-making by the board, and
- (d) interest arising from loyalties, duties or obligations to persons or organizations in close proximity to them,

but does not include an interest arising from an exercise of a power or performance of a duty that affects the responsible person as a licensee or one of a class of licensee, or in the case of a board member, that concerns remuneration or

reimbursement under section 5 [*Board member remuneration and expenses*];

**“responsible person”** means a board member, committee member, or College employee, as applicable;

## **PART 2 – BOARD**

### **Appointment of board chair and board vice chair**

- 3** (1) At the last regular board meeting in each fiscal year, the board members in attendance must appoint a board chair and a board vice chair, in that sequence, from among their own members in accordance with the following procedures:
- (a) the chair for the meeting must call for nominations for the office;
  - (b) no nomination needs to be seconded;
  - (c) a board member may nominate themselves;
  - (d) if there is only one nominee at the close of nominations, the nominee is appointed to the office by acclamation;
  - (e) if there is more than one nominee at the close of nominations,
    - (i) the chair for the meeting must conduct a vote and the nominee receiving a majority vote is appointed to the office, and
    - (ii) if no nominee receives a majority vote under subparagraph (i), the chair for the meeting must conduct a second vote and the nominee receiving the most votes is appointed to the office, unless there is a tie vote between the nominees receiving the most votes in which case the successful nominee must be selected by random draw between those tied nominees;
  - (f) if at any time after the close of nominations there is only one nominee remaining in contention for an office, the nominee is appointed to the office by acclamation;
  - (g) if at any time after the close of nominations there ceases to be any nominees remaining in contention for an office, the chair for

the meeting must again call for nominations for the office and the procedure set out in this subsection must be followed.

- (2) A person's term of office as board chair or board vice chair, as applicable, commences upon being appointed under subsection (1).
- (3) A person ceases to hold office as board chair or board vice chair
  - (a) upon the appointment of a new board chair or board vice chair, as applicable, under subsection (1), or
  - (b) if the person
    - (i) ceases to be a board member,
    - (ii) resigns from office as board chair or board vice chair under subsection (4),
    - (iii) is removed from office as board chair or board vice chair under subsection (5), or
    - (iv) dies.
- (4) A person may resign from office as board chair or board vice chair by giving a written notice of resignation to the registrar, and the resignation is effective
  - (a) on the effective date specified in the notice, unless the notice is withdrawn by the person in writing before that date, or
  - (b) if no effective date is specified in the notice, on receipt of the notice by the registrar.
- (5) Subject to subsection (6), the board members in attendance at a board meeting may remove a person from office as board chair or board vice chair in accordance with the following procedures:
  - (a) with or without notice, any board member may move that the person be removed from office as board chair or board vice chair due to a loss of confidence in the person's ability to exercise the powers or perform the duties of the board chair or board vice chair, as applicable;
  - (b) a motion under paragraph (a) must be seconded;
  - (c) the board members must attempt to reach consensus on removal of the person from office;

- (d) if consensus is reached under paragraph (c) that the person should be removed from office, the chair for the meeting must conduct a confirming vote and the person is removed from office by consensus;
  - (e) if consensus cannot be reached under paragraph (c) that the person should be removed from office, the chair for the meeting must conduct a vote by secret ballot, and
    - (i) if the motion passes by majority vote the person is removed from office, or
    - (ii) if the motion does not pass by majority vote, the person is not removed from office and no further motion may be made under subsection (a) in respect of the person at the meeting.
- (6) If a motion under subsection (5)(a) is for removal of a person from office as board chair, the board vice chair must immediately assume the role of chair for the meeting unless the board vice chair is absent from, or unable to act at, the meeting for any reason, in which case an acting chair for the meeting must be appointed immediately using the process set out in section 4(3) [*Powers and duties of board chair and board vice chair*] and the board member so appointed must chair the meeting for the duration of the process under subsection (5).
- (7) As soon as practicable after a person ceases, under subsection (3)(b), to hold office as board chair or board vice chair, the board members in attendance at a board meeting must appoint a board member to fill the vacant office in accordance with the procedures set out in subsection (1)(a) to (g), and the board member appointed to fill the vacant office is deemed for all purposes to be appointed under subsection (1).
- (7.1) Despite subsection (1),
- (a) if the person who held office as chair of the board under the former HPA bylaws immediately before the HPOA effective date continues to be a board member on that date, the person also continues to hold office as board chair under these bylaws and is deemed for all purposes to be appointed to that office under subsection (1), and
  - (b) if the person who held office as vice chair of the board under the former HPA bylaws immediately before the HPOA effective date continues to be a board member on that date, the person also

continues to hold office as board vice chair under these bylaws and is deemed for all purposes to be appointed to that office under subsection (1).

- (7.2) Despite subsection (1) and section 7 [*Scheduling of board meetings*], if the office of board chair or board vice chair is vacant for any reason as of the HPOA effective date,
- (a) the office is deemed to have become vacant under subsection (3)(b) on that date,
  - (b) subsection (6) applies, and
  - (c) if both offices are vacant, the registrar must schedule and convene a special board meeting for the purpose of subsection (6).

#### **Powers and duties of board chair and board vice chair**

- 4** (1) The board chair must
- (a) preside at all board meetings,
  - (b) act as the main point of contact and communication between the board and the registrar regarding board decision-making,
  - (c) work with the registrar to ensure the board maintains appropriate and effective strategic oversight of the conduct of governance activities of the College,
  - (d) act generally in accordance with the requirements of the office of board chair to ensure the proper carrying out of the responsibilities of the board as set out in section 344 of the Act, and
  - (e) act on behalf of the board whenever it must do the things required under section 352(1)(b) of the Act.
- (2) If the board chair is absent or unable to act for any reason, the board vice chair may exercise the powers and must perform the duties of the board chair.
- (3) If both the board chair and the board vice chair are absent from, or unable to act at, a board meeting for any reason, the board members in attendance at the meeting must appoint an acting chair for the meeting

from among their own members by consensus or, if consensus cannot be reached, by majority vote.

- (4) If either or both of the board chair and the board vice chair are or will be absent or unable to act for any reason between board meetings, the board members may
  - (a) appoint an acting board chair or acting board vice chair, or both, from among their own members by consensus or, if consensus cannot be reached,
    - (i) by majority vote of the board members in attendance, if the appointment is made at a board meeting, or
    - (ii) otherwise by majority vote of all board members, and
  - (b) may make any such appointment subject to any terms, limits or conditions the board members consider necessary or appropriate in the circumstances.

#### **Board member remuneration and expenses**

- 5 (1) Board members are entitled to receive
  - (a) remuneration for time spent on College business, and
  - (b) reimbursement for reasonable travel and other expenses necessarily incurred in performing College business,as set out in Schedule A [*Board Member Remuneration and Expenses*] and in accordance with the policies and procedures established or adopted by the board for the purpose of this section.
- (2) The registrar must publish on the College website the policies and procedures that are in effect under subsection (1).

#### **Board member conflict of interest**

- 6 (1) The board must establish and maintain written policies and procedures for identifying and addressing board member conflicts of interest, which must address the following matters:
  - (a) information and guidance to assist board members in understanding the basic law and fundamental principles of what may constitute a conflict of interest;

- (b) examples and descriptions of the types of interests that commonly give rise to a conflict of interest;
- (c) the relationship between the board member's privacy interests and their duty to disclose conflicts in their role as a board member, including how much information must be disclosed to meet the requirement to disclose the general nature of a conflict under section 352(1) (a) of the Act;
- (d) requirements to attend and participate in all board training and education sessions about conflict of interest;
- (e) the seeking of independent legal advice by the board member about their circumstances in relation to conflicts of interest;
- (f) the enumeration and description of the circumstances in which section 352 of the Act applies;
- (g) a description of the process by which a board member may discharge the obligation to disclose under section 352(1)(a) of the Act;
- (h) a description of the process by which a board member may bring to the board's attention that another board member has or may have a conflict of interest that has not been disclosed to the board;
- (i) a description of the process that the board must follow in determining whether a board member who discloses under section 352(1)(a) of the Act, or who another board member believes has or may have an undisclosed conflict of interest, either does or does not have a conflict of interest in the circumstances disclosed or alleged;
- (j) subject to the Act and the regulations under the Act, the directions that the board may give to a board member who the board finds is in a conflict of interest;
- (k) the enumeration and description of the circumstances in which a request under section 354 of the Act may be made and the process for bringing such a request before the board including without limitation giving the board member who is the subject of the request an opportunity to be heard before the request is submitted to the superintendent.

- (2) The board must not presume any conflict of interest for any board member based solely on the member's Indigenous identity, race, colour, ancestry, place of origin, religion, marital status, family status, physical or mental disability, sex, sexual orientation, gender identity or expression, or age.
- (3) Without limiting subsection (2), the board must not presume any conflict of interest for any board member who is an Indigenous person in relation to any matter before the board involving Indigenous governing bodies, Indigenous peoples, or Indigenous practices, based solely on the board member's Indigenous identity or their general interest in Indigenous matters.

### **Scheduling of board meetings**

- 7 (1) The board must convene one regular board meeting in each quarter of a fiscal year.
- (2) Every board meeting other than a regular board meeting is a special board meeting.
- (3) No later than the regular board meeting in the third quarter of each fiscal year, the board must confirm the planned schedule of its quarterly regular board meetings for the next fiscal year.
- (4) The registrar may recommend to the board chair that a special board meeting be convened.
- (5) Whether or not the registrar has made a recommendation under subsection (4), the board chair may decide if convening a special board meeting is necessary or appropriate in any circumstances except where the registrar has received a request under subsection (7)(b).
- (6) The board chair must consult with the registrar before making a decision under subsection (5), unless such consultation is clearly inappropriate in the circumstances.
- (7) The registrar must schedule a special board meeting
  - (a) at the direction of the board chair, if such direction is given in accordance with subsections (5) and (6), or
  - (b) on receipt of a request for a special board meeting signed or approved by a majority of the board members in writing,

including by mail, facsimile, or electronic mail, if such request states the nature of the business proposed to be conducted at the meeting.

- (8) Despite any other provision of this section, the registrar must schedule and convene a special board meeting for the purpose of section 3(6) *[Appointment of board chair and board vice chair]* if the offices of board chair and board vice chair are both vacant.

### **Format of board meetings**

- 8 The board may meet and conduct business in person or by telephone, teleconference, video conference, or any other method of telecommunication that allows all board members in attendance at the board meeting to hear, or see and hear, and interact with each other, including in a hybrid format using more than one of those methods simultaneously.

### **Notice of board meetings**

- 9 (1) The registrar must provide reasonable advance notice of a board meeting to board members and the public.
- (2) The registrar may provide notice to the public under subsection (1) by publishing on the College website a notice that includes
  - (a) the date, time, and place or format of the meeting,
  - (b) if applicable, a statement that part or all of the meeting will be a closed board meeting, and
  - (c) information on how to observe an open board meeting.
- (3) Despite subsection (1), advance notice to the public is not required if the only purpose of the board meeting is
  - (a) to conduct urgent business, or
  - (b) to conduct business in a closed meeting as permitted under section 10(2) *[Attendance at board meetings]*.
- (4) The failure to provide notice of a board meeting to, or the non-receipt of a notice by, any person entitled to receive such notice does not invalidate proceedings at that board meeting.

- (5) Subject to subsection (6), the registrar must provide to any person, on request, a copy of the agenda for a board meeting.
- (6) Before a copy of the agenda is provided under subsection (5), the copy must be redacted to remove information about any matter referred to in section 10(2) [*Attendance at board meetings*], and the bylaw authority for removing that information must be cited in the redacted copy as provided.

### **Attendance at board meetings**

- 10** (1) Subject to subsections (2) to (7), a board meeting must be open to the public.
- (2) A board meeting or part of a board meeting may be closed to the public, including without limitation all licensees who are not board members, if the board is satisfied that the subject matter being considered relates to or is one or more of the following:
  - (a) personnel matters, including without limitation the registrar's performance or employment contract;
  - (b) any communications to or from legal counsel for the College, the board or a committee of the College, and any other information that is or may be subject to legal advice privilege, litigation privilege, settlement privilege, or any other type of privilege that is or may be recognized under Canadian law;
  - (c) property acquisitions or dispositions;
  - (d) communications with the Office of the Ombudsperson;
  - (e) information relating to
    - (i) the contents of an examination or assessment related to eligibility standards or determinations of whether applicants meet eligibility standards,
    - (ii) the scoring or results of an examination or assessment related to eligibility standards or determinations of whether applicants meet eligibility standards, or
    - (iii) any information related to an examination or assessment related to eligibility standards, or a determination of whether an applicant meets eligibility standards, that

would constitute an unreasonable invasion of an individual's personal privacy;

- (f) information relating to
  - (i) consideration of whether an education credential, program or institution will be recognized by the College for the purposes of licensing or certification,
  - (ii) an individual's application for a licence, reinstatement or renewal of a licence, or certification, under the Act,
  - (iii) a person's application for a pharmacy licence, or reinstatement or renewal of a pharmacy licence, under PODSA,
  - (iii) a criminal, civil, or administrative proceeding the disclosure of which would be an unreasonable invasion of the individual's personal privacy,
  - (iv) regulatory complaints or investigations about an identifiable individual, or
  - (v) superintendent oversight processes conducted in respect of the College or regulatory colleges generally;
- (g) "protected information" as defined in section 242(1) of the Act;
- (h) an assessment of professional performance of a licensee for quality assurance purposes, or the licensee's compliance with competency or quality assurance requirements established under Part 8 [*Quality Assurance*], the disclosure of which would be an unreasonable invasion of the individual's personal privacy;
- (i) a person who is involved in a criminal, civil or administrative proceeding may be prejudiced;
- (j) information that the College or another public body would be required or authorized to refuse to disclose to an applicant making a request for records under Part 2 of FIPPA;
- (k) without limiting paragraph (j), information that is prohibited, or information that if it were presented in a record would be prohibited, from disclosure under section 18.1 of FIPPA;

- (l) without limiting any other provision of this subsection, information that the College is required by law or court order to keep confidential;
  - (m) strategic planning discussions by, or educational activities for, board members;
  - (n) the board's self-assessment of its performance or the board's assessment of a committee's performance;
  - (o) an internal board conflict resolution process;
  - (p) financial, personal or other matters of such nature that the interest of any affected person or the public interest in avoiding public disclosure of those matters outweighs the public interest in open board meetings;
  - (q) the consideration of whether a meeting should be closed under a provision of this subsection;
  - (r) the consideration of whether authority under subsections (3) to (8) should be exercised in relation to a meeting.
- (3) If all or part of a meeting is closed to the public, the board may allow one or more College employees to attend or exclude them from attending, as the board considers appropriate.
- (4) If all or part of a meeting is closed to the public, the board may allow one or more persons other than College employees to attend, as the board considers necessary and if each such person has signed a confidentiality agreement acceptable to the registrar.
- (5) The board may exclude any person who is neither a board member nor the registrar from any board meeting or part of a board meeting, if the board is satisfied the person's attendance is disruptive.
- (6) A board member must not be excluded from any board meeting or part of a board meeting, except while the board member is prohibited under section 352 or 353 of the Act from being present at the board meeting due to having a conflict of interest or being the subject of a regulatory complaint.

- (7) Despite subsection (3), the registrar must not be excluded from any board meeting or part of a board meeting, except when the subject matter being considered relates to or is one or more of the following:
  - (a) the registrar's performance or employment contract;
  - (b) a regulatory complaint or investigation of which the registrar is the subject;
  - (c) the board's self-assessment of its performance;
  - (d) an internal board conflict resolution process.
- (8) For certainty, subsection (7) permits but does not require the registrar to be excluded from a board meeting or part of a board meeting when a matter referred to in subsection (7)(a) to (d) is being considered.

#### **Quorum at board meetings**

- 11**
- (1) A majority of the board members constitutes a quorum at a board meeting.
  - (2) If at any time during a board meeting there ceases to be a quorum present, business then in progress must be suspended until there is a quorum present.
  - (3) No business, other than the adjournment or cancellation of the meeting, may be conducted at a board meeting at a time when a quorum is not present.
  - (4) Except in the case of a special board meeting requested under section 7(7)(b) [*Scheduling of board meetings*],
    - (a) if there is no quorum within 30 minutes from the time appointed for the start of a board meeting, or
    - (b) if there is no quorum within 30 minutes from any time when there is no quorum during a board meeting,

the meeting must be adjourned, and the board chair must consult with the registrar and the board members in attendance on how to proceed.
  - (5) In the case of a special board meeting requested under section 7(7)(b) [*Scheduling of board meetings*],

- (a) if there is no quorum within 30 minutes from the time appointed for the start of the meeting, or
- (b) if there is no quorum within 30 minutes from any time when there is no quorum during the meeting,

the meeting must be adjourned and cancelled, and no further action may be taken in respect of the request under section 7(7)(b) [*Scheduling of board meetings*] for that meeting.

### **Decision-making at board meetings**

- 12**
- (1) Subject to any additional policies and procedures established or adopted under section 15 [*Board policies and procedures*], any board member in attendance, including the chair for the meeting, may move a resolution at a board meeting.
  - (2) Subject to any additional policies and procedures established or adopted under section 15 [*Board policies and procedures*], no resolution proposed at a board meeting need be seconded.
  - (3) The chair for the meeting may
    - (a) speak in debate but not in preference to other board members, and
    - (b) vote on all proposed resolutions but is not required to vote on any proposed resolution.
  - (4) Unless otherwise specified in these bylaws, the board members in attendance at a board meeting must attempt to reach consensus when deciding on all matters of business at the meeting, in accordance with any additional policies or procedures adopted or established by the board under section 15 [*Board policies and procedures*] for the purpose of governing the conduct of board meetings.
  - (5) If consensus is reached on a matter, the chair for the meeting must conduct a confirming vote and the resolution passes by consensus.
  - (6) If consensus cannot be reached on a matter,
    - (a) the chair for the meeting must conduct a vote, and

- (b) a proposed resolution passes if it receives a majority vote of the board members in attendance and eligible to vote on the matter.
- (8) In case of a tie vote on a matter, the chair for the meeting does not have a second vote in addition to the vote to which the chair is entitled as a board member, and the proposed resolution does not pass.
- (9) Unless otherwise specified in these bylaws, the board will not decide matters by secret vote.
- (10) Every resolution passed in accordance with this section or section 13 [*Board resolutions approved in writing*] is a resolution of the board].
- (11) A resolution passed in accordance with this section or section 13 [*Board resolutions approved in writing*] takes effect immediately unless otherwise specified in the resolution.

#### **Board resolutions approved in writing**

- 13** (1) A resolution signed or approved by all board members in writing, including by mail, facsimile, or electronic mail, is valid and binding and of the same effect as if such resolution had been duly passed at a board meeting.
- (2) If necessary to conduct urgent business or business for which a closed meeting would be permitted under section 10(2) [*Attendance at board meetings*], a resolution signed or approved by a majority of the board members in writing, including by mail, facsimile, or electronic mail, is valid and binding and of the same effect as if such resolution had been duly passed at a board meeting.

#### **Minutes of board meetings**

- 14** (1) The registrar must ensure that minutes are taken at each board meeting, except for any part of a closed board meeting from which the registrar is excluded.
- (2) The board chair must ensure that minutes are taken for any part of a closed board meeting from which the registrar is excluded.
- (3) Despite subsections (1) and (2), no minutes need be taken at board meetings, or for parts of board meetings, if the only subject matter being considered relates to or is one or more of the following:

- (a) the board's strategic planning discussions or board member educational activities;
  - (b) the board's self-assessment of its performance or the board's assessment of a committee's performance;
  - (c) an internal board conflict resolution process.
- (4) A resolution passed under section 13 [*Board resolutions approved in writing*] must be recorded in the minutes of the next board meeting at which minutes are taken.
- (5) A notation of a meeting at which, under subsection (3), no minutes are taken must be recorded in the minutes of the next board meeting at which minutes are taken.
- (6) If a board meeting or part of a board meeting is closed to the public, or the board excludes a person from part of a board meeting, its reasons for doing so must be noted in the minutes of the meeting and the notation must cite the bylaw authority relied on for the closure or exclusion.
- (7) Subject to subsection (8), the registrar must publish on the College website a copy of the minutes of each board meeting, within a reasonable period after such minutes are approved by the board.
- (8) Before a copy of the minutes is published under subsection (6), the copy must be redacted to remove information about any matter referred to in section 10(2) [*Attendance at board meetings*], and the bylaw authority for removing that information must be cited in the redacted copy as published.

### **Board policies and procedures**

- 15** (1) The board may establish or adopt additional policies and procedures consistent with the Act, the regulations under the Act, these bylaws, PODSA, the regulations under PODSA, and the PODSA Bylaws, to
- (a) govern and guide the conduct of board meetings and other related processes,
  - (b) provide guidance relating to the roles and responsibilities of board members,

- (c) establish procedures or criteria in relation to the registrar or professional standards advisors, by which the board may
    - (i) establish education, training, experience and other qualifications for those positions,
    - (ii) seek and evaluate candidates for those positions,
    - (iii) make appointments for those positions,
    - (iv) establish general terms and conditions of appointments for those positions,
    - (v) evaluate or assess the performance of individuals in those positions, and
    - (vi) rescind appointments for those positions, and
  - (d) provide guidance to board members or the public respecting any matter for which the board may or must exercise powers or perform duties under an enactment.
- (2) The registrar must publish on the College website any policies or procedures that are in effect under subsection (1).

#### **Advice and consultation when making bylaws**

- 16** (1) Before making, repealing or amending a bylaw, the registrar on behalf of the board must carry out consultations that the board is satisfied are sufficient to permit meaningful participation by the persons referred to in section 384 (2) of the Act, which must include without limitation the following measures:
- (a) the board must specify a reasonable period during which consultations are to be carried out and comments may be submitted to the board, having regard to relevant factors including without limitation the nature and complexity of the proposed change, the degree of potential impact the proposed change may have on licensees or other affected persons, and the nature and extent of any public controversy related to the subject matter of the proposed change;
  - (b) for consultation with the public and persons affected by a proposed bylaw change, the board must direct the registrar to publish a notice of the proposed bylaw change on the College website together with a brief description of the proposed bylaw change, the duration of the consultation period, and information

on how to submit comments or obtain further information about the proposed change;

- (c) for consultation with other regulators, the board must direct the registrar to give the proposed bylaw change to all other regulators and invite written comments;
- (d) for consultation with Indigenous governing bodies or other entities representing Indigenous peoples where a bylaw change is proposed with respect to a matter referred to in section 384(2)(c) of the Act, the board must ensure that consultation is carried out with persons who are nominated for this purpose in accordance with policies and procedures established by the board under section 387(2) of the Act.

- (2) The registrar may recommend to the board that a consultation period specified under subsection (1)(a) be extended or shortened after the consultation period commences, based the volume or nature of comments being received.
- (3) The board may establish or adopt additional policies and procedures consistent with the Act, the regulations under the Act, these bylaws, PODSA, the regulations under PODSA, and the PODSA Bylaws, to govern and guide the carrying out of consultations with persons referred to in section 384 (2) of the Act, including without limitation consultations with Indigenous governing bodies or other entities representing Indigenous peoples when a bylaw change is proposed with respect to a matter not referred to in section 384(2)(c) of the Act.
- (4) The registrar must publish on the College website any policies or procedures that are in effect under this section.

### **Bylaw schedules**

- 17** For certainty, the schedules to these bylaws are included in and form part of these bylaws.

### **Transitional - amendments to these bylaws**

- 17.1** Effective June 1, 2026, these bylaws are amended as set out in Schedule G [*Amendments to these Bylaws*].

## PART 3 – COMMITTEES

### Licence committee

- 18** (1) For certainty, the registration committee of the College, established under the former Act, is continued as the licence committee, as set out in section 541(2) of the Act.
- (2) The licence committee consists of at least six members.
- (3) At least one-half of the members of the licence committee must be 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 licence committee must be public representatives.

### Investigation committee

- 19** (1) For certainty, the inquiry committee of the College, established under the former Act, is continued as the investigation committee, as set out in section 541(3) of the Act.
- (2) The investigation committee consists of at least six members.
- (3) At least one-half of the members of the investigation committee must be 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 investigation committee must be public representatives.

### Finance and audit committee

- 20** (1) The finance and audit committee is established.
- (2) The finance and audit committee consists of at least four and not more than seven members, of whom

- (a) the board chair and board vice chair are voting *ex officio* members,
  - (b) at least one member must be a board member who is a “representative of the public” within the meaning of the Act,
  - (c) not more than five members may be board members, and
  - (d) at least one and not more than two members must be public representatives who are chartered professional accountants in good standing with their respective professional regulatory bodies.
- (3) The responsibilities of the finance and audit committee are to
- (a) advise the board on the needs of the College in regard to the board’s financial oversight of the College and the financial implications of board decisions,
  - (b) advise the board on the application of legislated, regulatory and other financial requirements to the College,
  - (c) recommend to the board financial policies essential to the board’s financial oversight of the College,
  - (d) advise the board on financial and enterprise risk management and audit matters related to the administration of the College,
  - (e) review and report to the board on any financial or enterprise risk management or audit matter referred by the board, and
  - (f) serve as a resource to the board in matters pertaining to College financial oversight, financial and enterprise risk management, and audit.

### **Governance committee**

- 21** (1) The governance committee is established.
- (2) The governance committee consists of at least three and not more than five members, of whom
- (a) all members must be board members, and

- (b) at least one member must be a board member who is a “representative of the public” within the meaning of the Act.
- (3) Subject to any directions given by the board, the responsibilities of the governance committee are to
- (a) review and recommend to the board the education, training, experience and competencies expected of individuals who wish to be appointed as board chair or board vice chair, appointed to a committee, or appointed as the chair or a vice chair of a committee or its panels, as applicable,
  - (b) oversee and report or make recommendations to the board on board, board member, committee and committee member evaluations,
  - (c) oversee and report or make recommendations to the board on board member orientation and education,
  - (d) ensure that board-approved governance policies, including without limitation the policies approved under section 23(5) [*Appointment of committee members*] and section 24(4) [*Appointment of committee chairs and committee vice chairs*] are reviewed, and appropriate revisions are recommended to the board, regularly and as required,
  - (e) review and report to the board on any governance matter referred by the board,
  - (f) serve as a resource to the board in matters pertaining to College governance, and
  - (g) for each committee, and having regard to the policies approved under section 23(5) [*Appointment of committee members*] and section 24(4) [*Appointment of committee chairs and committee vice chairs*],
    - (i) in consultation with each other committee as the governance committee considers necessary or appropriate, identify the competencies needed from time to time in prospective candidates for membership of each committee and, in collaboration with the registrar, ensure information about those needed competencies is

disseminated to licensees, non-licensees and the public during committee membership recruitment processes,

- (ii) use reasonable efforts to identify and recruit prospective candidates for membership on each committee who have the needed competencies,
- (iii) determine whether expressions of interest received comply with all applicable eligibility requirements under these bylaws, and
- (iv) to the extent the governance committee determines is possible, recommend to the board and registrar
  - (A) at least one candidate for each committee member office to be filled from time to time, and
  - (B) at least one candidate for each committee chair office or committee vice chair office to be filled from time to time.

#### **Registrar evaluation and succession planning committee**

- 22**
- (1) The registrar evaluation and succession planning committee is established.
  - (2) The registrar evaluation and succession planning committee consists of five members, of whom
    - (a) all members must be board members,
    - (b) the board chair and board vice chair are voting *ex officio* members, and
    - (c) at least one member must be a board member who is a “representative of the public” within the meaning of the Act.
  - (3) Subject to any directions given by the board, the responsibilities of the registrar evaluation and succession planning committee are to
    - (a) oversee, facilitate and report to the board on registrar performance reviews,
    - (b) oversee, facilitate and report to the board on registrar compensation reviews,

- (c) consider and make recommendations to the board on emergency and long-term registrar succession planning,
- (d) review and report to the board on any registrar performance or compensation matter referred by the board, and
- (e) serve as a resource to the board in matters pertaining to registrar evaluation and succession planning.

### **Appointment of committee members**

- 23** (1) Subject to the Act, the regulations under the Act, and these bylaws, the board may appoint any person other than a board member to a committee.
- (2) All members of a committee must be appointed by resolution of the board in accordance with section 12 [*Decision-making at board meetings*] or section 13 [*Board resolutions approved in writing*], except where the membership is *ex officio*.
- (3) Subject to subsection (1), a person may be appointed to more than one committee concurrently.
- (4) Before appointing a person to a committee, the board must be satisfied, having regard to the policy established or adopted under subsection (5) and the recommendations, if any, of the governance committee under section 21(3)(g)(iv)(A) [*Governance committee*], that the person possesses the education, training, experience and competencies the board considers necessary to ensure the person may fulfil their responsibilities as a member of the committee effectively and in accordance with the guiding principles under the Act.
- (5) The board must establish or adopt a policy setting out the education, training, experience and competencies expected of persons who wish to be appointed to a committee.
- (6) The registrar must publish on the College website the policy that is in effect under subsection (5).
- (7) A person who is appointed to a committee may serve a term of office specified by the board not exceeding three years.

(7.1) Despite subsection (7), a person who is appointed to a committee may serve a term of office specified by the board not exceeding 39 months, if the term of office starts

(a) on or after the HPOA effective date, and

(b) no later than July 1, 2026.

(7.2) Despite subsection (7), if a person is a member of a statutory committee on the HPOA effective date and the person's term of office as a member of the statutory committee started under the former Act before that date, the term of office is deemed to be extended by two months from the date it would otherwise expire.

(8) Subject to subsection (9), the members and former members of a committee are eligible for reappointment to the committee at any time.

(9) A person who

(a) completes six consecutive years of serving as a member of a committee, or

(b) ceases to hold office as a member of a committee under subsection (10)(b)(iii) or (iv),

is not eligible for reappointment to the committee until one year has elapsed since the date of the event referred to in paragraph (a) or (b), unless the board is satisfied there are exceptional circumstances, including without limitation any public interest in retaining the knowledge and experience of an Indigenous committee member or a committee member from another equity-denied community.

(9.1) Despite subsection (9), a person's time served as a member of a committee, other than a statutory committee, before July 1, 2026, must be excluded when calculating whether the person has completed six consecutive years of serving as a member of the committee.

(9.2) Despite subsection (9), a person's time served as a member of a statutory committee must be excluded as follows, when calculating whether the person has completed six consecutive years of serving as a member of the statutory committee:

- (a) if the person was initially appointed to the committee in 2021, any time served as a member of the committee before July 1, 2021;
- (b) if the person was initially appointed to the committee in 2022, any time served on the committee before July 1, 2022;
- (c) if the person was initially appointed to the committee in 2023, any time served on the committee before July 1, 2023;
- (d) if the person was initially appointed to the committee in 2024, any time served on the committee before July 1, 2024;
- (e) if the person was initially appointed to the committee in 2025, any time served on the committee before July 1, 2025;
- (f) if the person was initially appointed to the committee in 2026, any time served on the committee before July 1, 2026.

(10) A person ceases to hold office as a member of a committee

- (a) upon expiry of their term of office as a member of the committee, or
- (b) if the person
  - (i) ceases to be a licensee, or be in a particular class of licensee, where eligibility for the office requires the person to be a licensee or in the class of licensee,
  - (ii) ceases to be a board member, where eligibility for the office requires the person to be a board member,
  - (iii) resigns from office as a member of the committee under subsection (11),
  - (iv) is removed from office as a member of the committee under subsection (12), or
  - (v) dies.

(11) A person may resign from office as a member of a committee by giving a written notice of resignation to the registrar, and the resignation is effective

- (a) on the effective date specified in the notice, unless the notice is withdrawn by the person in writing before that date, or

- (b) if no effective date is specified in the notice, on receipt of the notice by the registrar.
- (12) At any time, a person may be removed from office as a member of a committee by resolution of the board in accordance with section 12 *[Decision-making at board meetings]* or section 13 *[Board resolutions approved in writing]*, except where the membership is *ex officio*.
- (13) Despite subsections (1) to (12), a person who ceases to hold office as a member of a statutory committee or, as applicable, a member of a panel of the committee, may be reappointed at any time and continue to serve as a member of the committee and, as applicable, a member of the panel to complete work of the committee or panel that began before the person ceased to hold office as a member of the committee or panel.

#### **Appointment of committee chairs and committee vice chairs**

- 24**
- (1) Each committee must have one chair of the committee and at least one vice chair of the committee, all of whom must be appointed from among the members of the committee by resolution of the board in accordance with section 12 *[Decision-making at board meetings]* or section 13 *[Board resolutions approved in writing]*.
  - (2) A person may be appointed as the chair or a vice chair of more than one committee concurrently.
  - (3) Before appointing a person as the chair or a vice chair of a committee, the board must be satisfied, having regard to the policy established or adopted under subsection (4) and the recommendations, if any, of the governance committee under section 21(3)(g)(iv)(B) *[Governance committee]*, that the person possesses the education, training, experience and competencies the board considers necessary to ensure the person may fulfil their responsibilities as the chair or a vice chair of the committee effectively and in accordance with the guiding principles under the Act.
  - (4) The board must establish or adopt a policy setting out the education, training, experience and competencies expected of persons who wish to be appointed as the chair or a vice chair of a committee.
  - (5) The registrar must publish on the College website the policy that is in effect under subsection (4).

- (6) A person who is appointed as the chair or a vice chair of a committee may serve a term of office specified by the board not exceeding one year.
- (6.1) Despite subsection (6), a person who is appointed as the chair or a vice chair of a committee may serve a term of office specified by the board to expire no later than July 1, 2027, if the person is appointed as the chair or a vice chair of the committee before that date.
- (7) The members of a committee are eligible for reappointment as the chair or a vice chair of the committee at any time.
- (8) A person ceases to hold office as the chair or a vice chair of a committee
- (a) upon expiry of their term of office as the chair or a vice chair of the committee, or
  - (b) if the person
    - (i) ceases to be a member of the committee,
    - (ii) resigns from office as the chair or a vice chair of the committee under subsection (9),
    - (iii) is removed from office as the chair or a vice chair of the committee under subsection (10), or
    - (iv) dies.
- (9) A person may resign from office as the chair or a vice chair of a committee by giving a written notice of resignation to the registrar, and the resignation is effective
- (a) on the effective date specified in the notice, unless the notice is withdrawn by the person in writing before that date, or
  - (b) if no effective date is specified in the notice, on receipt of the notice by the registrar.
- (10) At any time, a person may be removed from office as the chair or a vice chair of a committee by resolution of the board in accordance with section 12 [*Decision-making at board meetings*] or section 13 [*Board resolutions approved in writing*].
- (11) If a person ceases to hold office as the chair of a committee, the board must, as soon as practicable, appoint another member of the committee to fill the vacant office.

- (12) If a person ceases to hold office as a vice chair of a committee and as a result there is no vice chair of the committee in office, the board must, as soon as practicable, appoint another member of the committee to fill the vacant vice chair office.

### **Powers and duties of committee chairs and committee vice chairs**

- 25** (1) The chair of a committee must
- (a) preside at all meetings of the committee,
  - (b) act generally in accordance with the requirements of the office of chair of the committee to ensure the proper exercise of the powers and performance of the duties of the committee,
  - (c) on behalf of the committee, submit annually to the board, in a form satisfactory to the board and no later than 60 days after the end of each fiscal year, a report on the committee's activities in the fiscal year just ended including without limitation the activities of its panels if any, and
  - (d) otherwise report to the board as and when directed by the board.
- (2) If the chair of a committee is absent or unable to act for any reason, a vice chair of the committee may exercise the powers and must perform the duties of the chair of the committee.
- (3) If the chair and all vice chairs of a committee are absent from, or unable to act at, a meeting of the committee for any reason, the members of the committee in attendance at the meeting must appoint an acting chair for the meeting from among their own members by consensus or, if consensus cannot be reached, by majority vote.

### **Committee member remuneration and expenses**

- 26** (1) Committee members are entitled to receive
- (a) remuneration for time spent on College business, and
  - (b) reimbursement for reasonable travel and other expenses necessarily incurred in performing College business,
- in accordance with the policies and procedures established or adopted by the board for the purpose of this section.

- (2) The registrar must publish on the College website the policies and procedures that are in effect under subsection (1).

### **Committee member conflict of interest**

- 27** Section 6 [*Board member conflict of interest*] and the conflict of interest policies and procedures established under that section apply to committees as if they were the board and to committee members as if they were board members.

### **Committee panels**

- 28** (1) Only a statutory committee may meet in panels.
- (2) Subject to these bylaws and any policies and procedures established by the committee under section 36 [*Committee policies and procedures*], the chair of a statutory committee may
- (a) establish and disestablish panels of the committee, and
  - (b) issue terms of reference for each panel of the committee and may amend or rescind such terms of reference.
- (3) Subject to these bylaws, any policies and procedures established by the committee under section 36 [*Committee policies and procedures*] and any terms of reference issued by the chair of the committee under subsection (3)(b), a panel is delegated, and may exercise and perform, all powers and duties of the committee under the Act, except the powers and duties under subsection (3) and section 36 [*Committee policies and procedures*].
- (4) Each panel must consist of at least three members, all of whom must be appointed by the chair of the committee from among the members of the committee.
- (5) At least one-third of the members of a panel must be public representatives.
- (6) A member of a statutory committee may be appointed to more than one panel of the committee concurrently.
- (7) If

- (a) a panel is to consider an issue or make a decision in the course of exercising or performing a power or duty of the committee under the Act in respect of a particular licensee or applicant, and
- (b) the licensee is a full pharmacist or pharmacy technician, or the applicant is seeking to be licensed as a full pharmacist or pharmacy technician,

at least one member of the panel must be a licensee in the same class as the licensee, or a licensee in the same class in which the applicant is seeking to be licensed, as applicable.

- (8) The chair of a statutory committee must, when selecting members for a panel, make reasonable efforts to ensure the selection provides for a range of perspectives, including the perspectives of Indigenous persons and other persons from equity-denied communities if those perspectives may be relevant to the matters to be considered by the panel.
- (9) The chair of a statutory committee must, when selecting members for a panel to consider a matter involving Indigenous-specific racism or discrimination, or Indigenous practices, make reasonable efforts to ensure the selection provides for the perspectives of Indigenous persons.
- (10) The chair of the investigation committee must make reasonable efforts to appoint at least one Indigenous person to a panel conducting an investigation in which either the complainant, the licensee, or both are Indigenous persons.

### **Committee panel chairs**

- 29** (1) Each panel must have one chair of the panel, who must be appointed by the chair of the committee from among the members of the panel.
- (2) A person may be appointed as the chair or a vice chair of a statutory committee and the chair of a panel of the committee, or as the chair of more than one panel of the committee, concurrently.
- (3) For each panel, the chair of the panel must
  - (a) preside at all meetings of the panel, and
  - (b) act generally in accordance with the requirements of the office of chair of the panel to ensure the proper exercise of the powers and performance of the duties of the panel.

### **Scheduling of committee and panel meetings**

- 30** (1) Subject to these bylaws and any policies and procedures established by the committee under section 36 [*Committee policies and procedures*],
- (a) the chair of a statutory committee may schedule meetings of the committee as required to carry out the responsibilities of the committee, and
  - (b) the chair of a committee other than a statutory committee may, in consultation with the registrar, schedule meetings of the committee as required to carry out the responsibilities of the committee.
- (2) Subject to these bylaws, any policies and procedures established by the committee under section 36 [*Committee policies and procedures*] and any terms of reference issued by the chair of the committee under section 28(3)(b) [*Committee Panels*], the chair of a panel may call meetings of the panel as required to carry out the responsibilities of the panel.

### **Format of committee and panel meetings**

- 31** Section 8 [*Format of board meetings*] applies to each committee and each panel as if it were the board.

### **Attendance at committee and panel meetings**

- 32** (1) Subject to the Act, the regulations under the Act, and these bylaws,
- (a) all meetings of a committee or its panels are closed to the public, including without limitation all licensees who are not members of the committee, and
  - (b) notice to the public of committee meetings or panel meetings is not required.
- (2) A committee or panel, through its chair, may invite any person to attend, or exclude any person from, all or part of a committee meeting or panel meeting as the committee or panel considers necessary or appropriate in the circumstances, and attendance at the meeting may be made subject to any terms or conditions as the committee or panel considers necessary or appropriate in the circumstances.

### **Quorum at committee and panel meetings**

- 33** (1) For each of the following committees, a majority of the members of the committee constitutes a quorum at meetings of the committee as long as at least one-third of the members in attendance are public representatives:
- (a) the licence committee;
  - (b) the investigation committee.
- (2) For each of the following committees, a majority of the members of the committee constitutes a quorum at meetings of the committee as long as at least one of the members in attendance is a board member who is a “representative of the public” within the meaning of the Act:
- (a) the finance and audit committee;
  - (b) the governance committee;
  - (c) the registrar evaluation and succession planning committee.
- (3) If a panel consists of three members, all members of the panel constitute a quorum at meetings of the panel.
- (4) If a panel consists of more than three members, a majority of the members of the panel constitutes a quorum at meetings of the panel as long as not less than one-third of the members in attendance are public representatives.

### **Decision-making at committee and panel meetings**

- 34** Sections 12 [*Decision-making at board meetings*] and 13 [*Board resolutions approved in writing*] apply to each committee and each panel as if it were the board.

### **Minutes of committee and panel meetings**

- 35** (1) The chair of a committee or panel must ensure that minutes are taken at each meeting of the committee or panel.

- (2) Despite subsection (1), no minutes need be taken at meetings of a committee or panel, or for parts of such meetings, if the only subject matter being considered relates to or is one or more of the following:
  - (a) committee or panel member educational activities;
  - (b) the committee's or panel's self-assessment of its performance;
  - (c) an internal committee or panel conflict resolution process.
- (3) Resolutions of a committee or panel passed under section 13 [*Board resolutions approved in writing*] must be included in the minutes of the next committee, or the next panel meeting, if any, at which minutes are taken.

#### **Committee policies and procedures**

- 36** A committee may establish or adopt additional policies and procedures, consistent with the Act, the regulations under the Act, and these bylaws, to govern and guide the conduct of committee meetings and other processes and functions related to carrying out the committee's responsibilities and may amend or rescind such policies and procedures.

### **PART 4 – COLLEGE ADMINISTRATION**

#### **Registrar and chief executive officer**

- 37** In addition to the registrar's powers and duties under the Act, these bylaws, PODSA, and the PODSA Bylaws, the registrar is the chief executive officer of the College and holds final responsibility for all administrative and operational matters for the College.

#### **Deputy registrars**

- 38** (1) In subsection (2), "**registrar**" includes the deputy registrar appointed under section 360(1) of the Act when acting under that subsection.
- (2) Subject to any direction from, or limits or conditions imposed by, the registrar, a deputy registrar appointed under section 360 of the Act is authorized to perform all duties and exercise all powers of the registrar

under the Act, PODSA, other enactments, and any policies established by the board.

### **Legal counsel**

- 39** (1) The registrar or, with the prior approval of the registrar, a committee or panel, may retain legal counsel to assist the board, the registrar, a committee or panel, an advisory working group or College employees with any matter related to the conduct of the College's governance activities.
- (2) The board may retain legal counsel to assist the board with respect to any matter related to the board's ability to properly carry out its responsibilities as set out in section 344 of the Act, including without limitation any circumstances involving an internal board conflict or a board member conflict of interest.

### **Fiscal year**

- 40** The fiscal year of the College commences on April 1 of each year and ends on March 31 of the following year.

### **Budgets and commitments**

- 41** The board must, at least once for each fiscal year,
- (a) approve an operating budget and a capital budget and corresponding fees for the fiscal year, and
  - (b) establish contingency reserve funds and limits and conditions for the permissible uses of such funds.

### **Administrative fees and interest rates**

- 42** (1) A person must pay fees for reconsideration and review applications in accordance with Schedule B [*Fees*].
- (2) In addition to the fees required elsewhere in these bylaws and specified in Schedule B [*Fees*], a person must, in any other circumstance specified in that Schedule, pay the corresponding specified administrative fee.

- (3) If not paid on or before the required date, a monetary penalty, hearing costs, investigation expenses, or a refund is subject to interest payable at the rate of 12% per annum, compounded monthly.
- (4) Unless a separate late payment fee is specified elsewhere in these bylaws, the late payment of any fee is subject to interest payable at the rate of 12% per annum, compounded monthly.

### **Licence application fee refunds**

- 43** For the purpose of section 47(3) of the Act, the registrar is authorized to refund to an applicant for a licence any application fee, or portion of such fee, paid in error with respect to the applicant's licence application.

### **Banking, borrowing, and investments**

- 44** (1) The registrar may establish and maintain such accounts, in the name of the College, with a chartered bank, trust company, or credit union as the registrar determines to be necessary or appropriate from time to time.
- (2) The registrar may raise money or guarantee or secure the payment of money, in the name of the College, in any manner the board may direct or authorize from time to time, to conduct the governance activities of the College.
- (3) The registrar may invest funds of the College, in the name of the College, in a manner consistent with sections 15.1 and 15.2 of the *Trustee Act*, R.S.B.C. 1996, c. 464, and otherwise in accordance with any investment policy the board may establish from time to time.

### **Auditor**

- 45** (1) In this section, “**auditor**” means the auditor appointed under subsection (2).
- (2) The board must appoint an auditor for the College from time to time.
- (3) The registrar must, for each fiscal year,
- (a) direct the auditor to conduct an audit of the College's financial statements for the fiscal year, and

- (b) submit the College's financial statements for the fiscal year to the auditor no later than 60 days after the end of the fiscal year.
- (4) A copy of the auditor's report for a fiscal year must be included in the annual report of the board under section 398 of the Act for the fiscal year.

### **Employee conflict of interest**

- 46**
- (1) If a College employee believes they may have a conflict of interest in relation to a matter, or the registrar is satisfied that a College employee may have such a conflict of interest, the College employee must
    - (a) as soon as practicable disclose the general nature of the conflict of interest to the registrar, or to a responsible supervisor the registrar may designate from time to time, and
    - (b) follow the directions given by the registrar or responsible supervisor.
  - (2) If a College employee discloses a conflict of interest under subsection (1), the registrar or responsible supervisor must determine if the disclosing College employee should be directed to refrain from any further involvement in the matter in which they have a conflict of interest.
  - (3) The registrar or responsible supervisor must not presume any conflict of interest for any College employee based solely on the College employee's Indigenous identity, race, colour, ancestry, place of origin, religion, marital status, family status, physical or mental disability, sex, sexual orientation, gender identity or expression, or age.
  - (4) Without limiting subsection (3), the registrar or responsible supervisor must not presume any conflict of interest for any College employee who is an Indigenous person in relation to any matter involving Indigenous governing bodies, Indigenous peoples, or Indigenous practices, based solely on the College employee's Indigenous identity or their general interest in Indigenous matters.
  - (5) If the registrar has a conflict of interest in relation to a matter, the registrar must disclose it as soon as practicable to the deputy registrar appointed under section 360(1) of the Act, or to the College's chief operating officer, who must

- (a) determine if the registrar should be directed to refrain from any further involvement in the matter, and
- (b) provide a written report to the board chair regarding the conflict of interest and any measures taken to address it.

### **Notice by the College**

- 47** Subject to the Act and the regulations under the Act, where the College is required to give a notice, order or other record by personal service
- (a) if the recipient is an individual , a copy of the notice, order or other record must be physically given to them, and
  - (b) if the recipient is a corporation, a copy of the notice, order or other record must be
    - (i) left with a director or officer of the corporation, or
    - (ii) given in the manner provided by the *Business Corporations Act*, S.B.C. 2002, c. 57, or any enactment relating to service of records in legal proceedings, using either the corporation's registered office or the last address provided by the corporation as its registered office.

### **QA assessor reports on general performance issues**

- 48** Reports under section 101(1) of the Act must be made to the registrar.

### **Advisory working groups**

- 49** (1) Subject to subsection (3), the registrar may from time to time
- (a) establish or disestablish one or more committees other than those required under the Act or established in these bylaws, to be known as advisory working groups, and
  - (b) issue terms of reference for each advisory working group and amend or rescind such terms of reference.
- (2) The registrar may establish advisory working groups under subsection (1) for any purpose or function related to the conduct of the College's governance activities.

- (3) The board may direct the registrar to establish an advisory working group under subsection (1) to assist the board with respect to any matter related to the board's ability to properly carry out its responsibilities as set out in section 344 of the Act.
- (4) Except in the case of an advisory working group established on direction of the board under subsection (3), each advisory working group reports to the registrar.
- (5) Subject to any direction from the board under subsection (3), the registrar may determine the composition of an advisory working group.
- (6) Subject to the regulations under the Act and any direction from the board under subsection (3), the registrar may appoint any person other than a board member to an advisory working group, if
  - (a) the registrar is satisfied the person is suitable to be a member of the advisory working group, and
  - (b) if required by the registrar, the person has signed a confidentiality agreement acceptable to the registrar.
- (7) The registrar may set the terms and conditions of an appointment under subsection (6).
- (8) The registrar may determine on a case-by-case basis whether members of an advisory working group are eligible to receive remuneration or reimbursement for travel and other expenses incurred in performing College business, either
  - (a) under section 26 [*Committee member remuneration and expenses*] as if they were committee members, or
  - (b) on another basis determined by the registrar.

## **PART 5 – COLLEGE RECORDS AND INFORMATION**

### **Head of the College for FIPPA purposes**

- 50** The registrar is designated as the head of the College for the purposes of FIPPA.

## Protection of personal information

- 51** (1) The registrar must take reasonable measures to ensure the College's collection, protection, use, disclosure, storage, retention and disposal of personal information complies with
- (a) the Act, the regulations under the Act, and these bylaws, and
  - (b) FIPPA and the regulations under FIPPA.
- (2) Without limiting subsection (1), the registrar must take reasonable measures to ensure that, if personal information in the custody or control of the College is disclosed to any person for processing, storage or destruction, a contract is made with that person which includes terms or conditions to do the following:
- (a) impose an undertaking or obligation that the person will ensure that the privacy and confidentiality of that personal information will be protected in accordance with the requirements of FIPPA;
  - (b) impose an undertaking or obligation that, on termination of the contract, the person will return or destroy all personal information obtained under the contract, as directed by the College, and will provide acceptable evidence to confirm such return or destruction has been carried out;
  - (c) require the person's acknowledgement that they are a "service provider" of the College within the meaning of FIPPA and accept the obligation to comply with Part 3 of FIPPA and, as applicable, agree to ensure the person's employees, and all the person's "associates" within the meaning of FIPPA, comply with the same obligation.

## Records management

- 52** (1) Subject to subsections (2) to (7), the registrar must establish, maintain and implement a records classification and retention schedule applicable to all records of the College.
- (2) The registrar must ensure the following records are retained permanently, in electronic form, or in physical form if the registrar determines that permanent retention in electronic form is not feasible or appropriate in a particular case:

- (a) the complete, unredacted minutes for each board meeting, or part of a board meeting, under the Act where minutes are taken, together with all supporting records submitted for the board meeting;
  - (b) each annual report of the board under section 398 of the Act;
  - (c) for each person issued a licence under the Act, records documenting the following information:
    - (i) a unique identification number assigned to the person by the College;
    - (ii) the person's name and any previous names by which the person was known to the College;
    - (iii) the person's date of birth, place of birth, and sex or gender;
    - (iv) the person's most recent personal contact information and business contact information known to the College;
    - (v) the date on which the person was first issued a licence, the type of licence issued and the period for which it was valid;
    - (vi) each renewal or reinstatement of the person's licence, the type of licence issued and the period for which it was valid;
  - (d) for each person issued a licence under the Act,
    - (i) records that form the person's disciplinary record under section 390(1) of the Act, if any,
    - (ii) records that form the person's capacity record under section 390(2) of the Act, if any, and
    - (iii) copies of any orders that are in the nature of orders referred to in section 390 of the Act and that were made with the person's consent under the former Act or the *Pharmacists, Pharmacy Operations and Drug Scheduling Act*;
  - (e) all records documenting decisions and reasons for decision of the investigation committee and its panels, including without limitation the minutes of meetings of the committee and its panels, under the Act.
- (3) Except as otherwise required by law, all records related to the activities of investigators, capacity officers, the investigation committee and its

panels, or persons acting on behalf of any of them, must be retained in the records of the College for at least 16 years following the later of

- (a) the date an investigation is concluded, and
- (b) the date the complainant or other materially affected person in the matter, if any, reaches 19 years of age.

(4) The registrar must ensure the following records are retained permanently in the College records, in electronic form, or in physical form if the registrar determines that permanent retention in electronic form is not feasible or appropriate in a particular case:

- (a) the complete, unredacted minutes for each board meeting, or part of a board meeting, under the former Act where minutes were taken, together with all supporting records submitted for the board meeting;
- (b) each annual report of the board under section 18(2) of the former Act;
- (c) for each person granted registration under the former Act or the *Pharmacists, Pharmacy Operations and Drug Scheduling Act*, records documenting the following information:
  - (i) a unique identification number assigned to the person by the College;
  - (ii) the person's name and any previous names by which the person was known to the College;
  - (iii) the person's date of birth, place of birth, and sex or gender;
  - (iv) the person's most recent personal contact information and business contact information known to the College;
  - (v) the date on which the person was first granted registration, the class of registrants in which the person was registered and the period for which the registration was valid;
  - (vi) each renewal or reinstatement of the person's registration, the class of registrants in which the person was registered and the period for which the registration was valid;
  - (vii) each cancellation or suspension of the person's registration that occurred or was recorded under the former Act or the *Pharmacists, Pharmacy Operations and Drug Scheduling Act*;

- (d) all records documenting decisions and reasons for decision of the inquiry committee, the discipline committee and panels of each of those committees, including without limitation the minutes of meetings of those committees and panels, under the former Act.
- (5) Except as otherwise required by law, all records related to the activities of inspectors, the inquiry committee and its panels, or persons acting on behalf of the inquiry committee or its panels, under the former Act must be retained in the records of the College for at least 16 years following the later of
  - (a) the date an investigation is concluded, and
  - (b) the date the complainant or other materially affected person in the matter, if any, reaches 19 years of age.
- (6) Except as otherwise required by law, all records related to the activities of the discipline committee and its panels, or persons acting on behalf of the discipline committee or its panels, under the former Act must be retained in the records of the College for at least 16 years following the later of
  - (a) the date a decision is rendered, and
  - (b) the date the complainant or other materially affected person in the matter, if any, reaches 19 years of age.
- (7) Where the College disposes of a record containing personal information, the registrar must ensure that
  - (a) in the case of information recorded electronically, the College disposes of it by erasing the information, or destroying its physical medium, in a manner that ensures the information cannot be reconstructed, and
  - (b) in the case of a physical record, the College
    - (i) effectively destroys the record, such as by use of a shredding device,
    - (ii) transfers the record to the person whom the information is about, or

- (iii) transfers the record to the licensee who compiled the information.
- (8) The registrar may establish or adopt additional policies and procedures consistent with the Act, the regulations under the Act, and these bylaws, to govern and guide the making and keeping of records prepared for or obtained by the College, including without limitation records of information kept in the College registry.

### College registry

- 53** (1) The registrar must maintain the College registry in an electronic format that facilitates publishing electronically, on or through the College website, the information kept in the College registry.
- (2) In addition to information required or authorized to be included in the College registry under the Act and the regulations under the Act, the registrar may include the following information in the College registry, under each licensee's name:
- (a) a statement that the licensee is or is not authorized to practise as a pharmacist or pharmacy technician in British Columbia, as applicable;
  - (b) if the licensee's business contact information under section 55(1)(a) of the Act is that of one or more employers of the licensee, the name of each employer and, if applicable, that employer's College-issued pharmacy licence number;
  - (c) the start date and expiry date of the licensee's licence, including a licence that is effective on a future start date;
  - (d) the date on which the licensee, as applicable,
    - (i) was first issued a licence by the College under the Act and the type of licence issued, or
    - (ii) was first granted registration as a member of the College under the former Act or the *Pharmacists, Pharmacy Operations and Drug Scheduling Act*, and the class of registrants in which registration was granted;
  - (e) a notation of each renewal or reinstatement of

- (i) a licence issued under this Act, the type of licence renewed or reinstated, and the period for which it is or was valid, and
  - (ii) registration as a member of the College granted under the former Act or the *Pharmacists, Pharmacy Operations and Drug Scheduling Act*, the class in which registration was renewed or reinstated, and the period for which it is or was valid;
- (f) a notation of each certification granted or cancelled under the Act or the former Act, and the periods for which it is or was valid;
- (g) any public notice relating to the licensee published under section 255 or 256 of the Act, or under section 39.3 of the former Act;
- (h) subject to an applicable identity protection order, a notation of the status of any published unresolved citation under the Act or the former Act in which the person is named as a respondent, if the person has been served with the citation;
- (i) a notation of any orders, and the reasons for such orders, made against the licensee that are referred to in section 390 of the Act, or that are in the nature of orders referred to in that section and made under the former Act, the *Pharmacists, Pharmacy Operations and Drug Scheduling Act* or an enactment of an extrajurisdictional regulator's jurisdiction, including any decision on reconsideration, review, judicial review or appeal and the reasons for the decision;
- (j) a notation of any publicly available information about a reconsideration, review, judicial review or appeal underway respecting an order referred to in paragraph (j).
- (3) Except for information which the Act or the regulations under the Act requires to be included in the College registry, the registrar may do any of the following:
- (a) remove from, or decline to include in, the College registry any information if the registrar reasonably believes that disclosure of the information may threaten the safety or mental or physical health of any person;

- (b) remove information from the registry if removal is necessary to meet the College's obligations under section 28 or 29 of FIPPA.
- (5) The registrar must refuse access to all or part of the information kept in the registry, if the registrar reasonably believes that disclosure of the information, or allowing access to the registry, could do any of the following:
- (a) threaten the safety or mental or physical health of any person;
  - (b) interfere with public safety;
  - (c) interfere with or harm any of the matters referred to in section 15(1) of FIPPA;
  - (d) present a significant risk of theft or loss, or unauthorized use, disclosure or disposal, of the College's information, records, or data.

#### **Disclosure of unauthorized practice information**

- 54** (1) Subject to subsection (3) and without limiting the registrar's powers under section 377 of the Act, if the registrar concludes that, in respect of a person described in section 168 [*Preliminary report and other information to the investigation committee*], there are reasonable grounds as described in that section, the registrar may publish on the College website, or make publicly accessible by other means, a public notice respecting the person's unauthorized practice, in accordance with subsection (2).
- (2) A public notice under subsection (1) may include any of the following:
- (a) a statement that the person in respect of whom there are reasonable grounds as referred to in subsection (1) is not authorized
    - (i) to practise the profession of pharmacy in British Columbia, or
    - (ii) to use any title that may be used exclusively by one or more classes of College licensees in association with the person's work in British Columbia;
  - (b) information that may be disclosed under section 255(1), (3) and (4) of the Act;

- (c) protected information to the extent permitted under section 242(2) of the Act.
- (3) If the registrar has or is reasonably able to obtain contact information for a person referred to in subsection (1), the registrar must, before publishing a public notice respecting that person under subsection (1),
- (a) provide written notice to the person of the proposed public notice, and
  - (b) give the person an opportunity to provide written submissions regarding the proposed public notice.

### **Disclosure of licence status**

**55** If the College receives an inquiry about the licence status of a person, the registrar must disclose all of the following, unless access to the information may or must be refused in accordance with the Act, the regulations under the Act, or these bylaws:

- (a) whether or not the person is a licensee, former licensee or former registrant;
- (b) if the person is a licensee, former licensee or former registrant, any other information respecting the person that is disclosed in the College registry as of the date the inquiry is made;
- (c) any information about the person that the registrar may disclose, or has disclosed, under section 255(1), (3) or (4) of the Act;
- (d) any information about the person that the registrar must or may publish, or has published, under section 256 of the Act;
- (e) any information respecting the person that may be, or has been, published or made publicly accessible under section 54 *[Disclosure of unauthorized practice information]*,

## PART 6 – PROFESSIONAL LICENSING AND CERTIFICATION

### Division 1 – Definitions and Procedures

#### Definition for Part

- 56** In this Part, “**direction**”, in the context of a limit or condition, means a requirement to practice under the guidance of, and comply with instructions issued by, a licensee.

#### Publication of application procedures

- 57** The registrar must publish on the College website all matters related to licence applications that the registrar is required to publish under sections 40 and 386(2)(c) of the Act.

#### Validity of licence applications

- 58** (1) A licence application, and all information, records, fees or proof of a thing required under the Act to be submitted with respect to the application, must be submitted to the registrar in the form and manner ordered by the registrar for the class of licensees for which the application is made.
- (2) If, with respect to the information and records required under these bylaws to be included in or with a licence application, a provision in this Part requires that an applicant must submit an item, or cause an item to be submitted, to the registrar, the registrar may determine whether an applicant must submit the item or cause the item to be submitted.
- (3) A licence application is incomplete unless and until the registrar is satisfied that
- (a) all information, records, fees or proof of a thing required under the Act to be submitted with respect to the application have been received by the registrar in accordance with all applicable orders made under the Act, and
  - (b) the application has no false or misleading information.
- (4) Subject to subsection (5), an incomplete licence application is valid for a period of three years from the date it is commenced by the applicant and is cancelled if not completed within that period.

- (5) An incomplete licence application is cancelled if either of the following occurs within the period specified in subsection (4):
  - (a) the application is withdrawn by the applicant;
  - (b) the application is refused by the registrar under section 44 of the Act and that refusal is not reversed on reconsideration, if any, under section 45 of the Act.
- (6) If an incomplete licence application is cancelled under subsection (4) or (5),
  - (a) the cancelled application, including all records and information submitted in or with the application, must be retained in the former applicant's record of past applications, and
  - (b) for certainty, the former applicant must meet all requirements in respect of any subsequent new licence application by the former applicant, including without limitation the payment of all applicable fees, as if the cancelled application had not been commenced.

#### **Commemorative certificate and licence card**

- 59**
- (1) The registrar may issue a commemorative certificate, in the form and with the content specified by the registrar, to each person who is issued a full pharmacist licence or a pharmacy technician licence under these bylaws.
  - (2) The registrar must issue a licence card, in the form and with the content specified by the registrar, to each person who is issued a licence, or whose licence is renewed or reinstated, under these bylaws.
  - (3) Subject to the Act, the regulations under the Act, and these bylaws, a licence card issued under subsection (2) is valid from the date issued until the date shown on the card.

## Division 2 – General Requirements for Licences

### General eligibility standards

- 60** (1) Unless otherwise specified in these bylaws, an applicant for a licence, including an applicant for reinstatement of a licence, must submit, or cause to be submitted, to the registrar all of the following:
- (a) information satisfactory to the registrar, including, without limitation, any reference letters, declarations or other information required by the registrar, confirming that the applicant is of good character and will practise the profession of pharmacy in an ethical manner;
  - (b) information satisfactory to the registrar confirming that the applicant meets all other applicable eligibility standards for the class of licence applied for;
  - (c) a declaration by the applicant, in the form required by the registrar, attesting to
    - (i) the truthfulness and completeness of the information submitted by the applicant in or with the licence application, and
    - (ii) the applicant's understanding of the consequences that may result from submitting false, misleading or incomplete information in or with a licence application;
  - (d) evidence satisfactory to the registrar confirming that the applicant meets, or will meet if the licence sought is issued or reinstated, the requirements for professional liability insurance under section 123 [*Duty to maintain professional liability insurance*];
  - (e) a declaration by the applicant, in the form required by the registrar,
    - (i) that the applicant has not, at any time, been refused an entitlement sought by the applicant to practise a profession in any jurisdiction, or specifying the particulars of any such refusal, and

- (ii) specifying every entitlement to practise a profession that the applicant has, at any time, been granted in any jurisdiction;
- (f) information, in the form required by the registrar and dated no more than 90 days before the date the licence application is commenced, from the extrajurisdictional regulator in each jurisdiction in which the applicant is or was, at any time, registered or licensed for the practice of a health profession, confirming that
  - (i) the applicant's authority to practise the health profession has not been cancelled, revoked, suspended, limited, restricted, or subject to conditions in that jurisdiction at any time, or specifying particulars of any such cancellation, revocation, suspension, limitation, restriction, or conditions,
  - (ii) the applicant is not the subject of a current proceeding, including any investigation, inquiry, review or appeal, that could result in the applicant's authority to practise the health profession being cancelled, revoked, suspended, limited, restricted, or subject to conditions in that jurisdiction, or specifying particulars of any such current proceeding, and
  - (iii) no proceeding was commenced or stopped because the applicant voluntarily relinquished their authority to practise the health profession, or specifying particulars of any such proceeding;
- (g) a criminal record check authorization or, if permitted by the registrar, a criminal record check verification authorization, in the form required under the *Criminal Records Review Act*;
- (h) if the applicant has practised a health profession in another jurisdiction, an authorization for a criminal record check in that jurisdiction or, if permitted by the registrar, for a criminal record report in a form satisfactory to the registrar;
- (i) a declaration by the applicant, in the form required by the registrar, that the applicant is not the subject of any charge, investigation, inquiry, review or other proceeding that must be reported under section 125 [*Duty to report criminal charges and disciplinary proceedings*], or specifying the particulars of any

such charge, investigation, inquiry, review or other proceeding that has not been reported to the College previously and any new or changed information about such a previously reported charge, investigation, inquiry, review or other proceeding;

- (j) evidence satisfactory to the registrar confirming the applicant's English language proficiency;
- (k) payment of any outstanding amount owed by the applicant to the College;
- (l) the applicable fees set out in Schedule B *[Fees]*;
- (m) information satisfactory to the registrar confirming the applicant's compliance with any applicable requirements for mandatory vaccinations against transmissible illnesses required by or under an enactment other than these bylaws;
- (n) the applicant's consent, in the form required by the registrar, for information about the applicant to be disclosed by the College to an examination administrator or provider inside or outside Canada for the purpose of enabling the applicant's participation in an examination required to be taken under these bylaws;
- (o) all information or records about the applicant, including without limitation notarized copies of government-issued records or other reliable, independent source records, required by the registrar for the purpose of
  - (i) verifying the applicant's identity and legal name,
  - (ii) preventing misidentification of applicants, licensees or other persons, or
  - (iii) managing access to, or protecting the integrity and security of, the College's records, information systems and online services;
- (p) a valid and unique email address for the purpose of receiving communications from the College to the applicant, and without limitation all other personal contact information, business contact information and names of the applicant's employers required by the registrar;

- (q) a certified passport-size photograph of the applicant taken within one year prior to the date the licence application is commenced;
- (r) a notarized copy, or other verification evidence satisfactory to the registrar, of government-issued records acceptable to the registrar confirming the applicant is a Canadian citizen, permanent resident of Canada, or otherwise authorized to work in Canada;
- (s) successful completion of the assessment required by the registrar, if any;
- (t) a completed licence application for the class of licensees in which a licence is sought, in the form required by the registrar;
- (u) any additional information or records the applicant is ordered to provide under section 42(2) of the Act.

(2) Unless otherwise specified in these bylaws, if an applicant for a full pharmacist licence or a pharmacy technician licence

- (a) did not graduate from an education program recognized under section 62 [*Recognition of education credentials and programs*] for the purpose of a full pharmacist licence or pharmacy technician licence, as applicable, and
- (b) has never been registered or licensed, in any Canadian jurisdiction, to practise the profession of pharmacy or an equivalent or other health profession,

the applicant must, in addition to submitting the items required under subsection (1),

- (c) submit to the registrar the applicant's consent, in the form required by the registrar, for information about the applicant to be disclosed inside or outside Canada for the purpose of enabling an assessment of substantial equivalency of the applicant's knowledge, skills, ability and judgment as contemplated under these bylaws, and
- (d) cause to be submitted to the registrar from a credentialing agency, body or organization recognized by the licence

committee for the purpose of this subsection an advisory report acceptable to the licence committee respecting

- (i) verification of the applicant's identity and educational credentials, and
  - (ii) an evaluation of the applicant's educational attainment in reference to Canadian standards, and based on a comparison to current Canadian requirements, for registration or licensing to practise the profession of pharmacy or an equivalent health profession in another Canadian jurisdiction, as applicable.
- (3) Subsections (1)(e) to (j), (m) and (n) and (2) do not apply to a provisional licensee who is an applicant for a full pharmacist licence or pharmacy technician licence, as applicable, under section 69(4) *[Eligibility standards for full pharmacist licences]* or section 74(4) *[Eligibility standards for pharmacy technician licences]*.
- (4) Subsection (1)(j) does not apply to the following:
- (a) an applicant who graduated from an education program recognized under section 62 *[Recognition of education credentials and programs]* for the purpose of a full pharmacist licence or pharmacy technician licence, as applicable;
  - (b) an applicant for reinstatement of a full pharmacist licence or a pharmacy technician licence under section 70 *[Reinstatement of full pharmacist licences]* or section 75 *[Reinstatement of pharmacy technician licences]*, as applicable.
- (5) Subsection (1)(e), (f), (m), (n) and (q) to (s) does not apply to an applicant for reinstatement of a full pharmacist licence or a pharmacy technician licence under section 70(6) *[Reinstatement of full pharmacist licences]* or section 75(6) *[Reinstatement of pharmacy technician licences]*, as applicable.
- (6) Subsection (1)(m), (q) and (r) does not apply to an applicant for reinstatement of a full pharmacist licence or a pharmacy technician licence under section 70(7) *[Reinstatement of full pharmacist licences]* or section 75(7) *[Reinstatement of pharmacy technician licences]*, as applicable.
- (7) Subsection (1) applies to an applicant for a temporary pharmacist licence or a temporary pharmacy technician licence under section 72 *[Eligibility*

*standards for temporary pharmacist licences*] or section 77 [*Eligibility standards for temporary pharmacy technician licences*], as applicable, only to the extent required by the licence committee under those provisions.

- (8) Subsection (1)(d), (j) and (u) does not apply to an applicant for a student pharmacist licence.
- (9) This section does not apply
  - (a) to an applicant under section 100 [*Application to vary limits or conditions on licence*] to vary limits or conditions attached to their licence, except as provided in that section, or
  - (b) to an applicant for renewal of a provisional licence or student pharmacist licence under section 88 [*Expiry and renewal of provisional licences*] or 89 [*Expiry and renewal of UBC student pharmacist licences*], except as provided in those sections.
- (10) If section 54(3) of the Act applies to an applicant, including an applicant for reinstatement, who does not hold a current licence in any class,
  - (a) the applicant must submit, or cause to be submitted, to the registrar information satisfactory to the licence committee establishing that issuing or reinstating the licence sought will not pose an undue risk to public health or safety or otherwise be contrary to the public interest, and
  - (b) the licence committee may, if relevant for that purpose, require the applicant to submit proof of successful completion of a fitness to practice assessment, capacity evaluation, or other examination.
- (11) If an application for a full pharmacist licence or pharmacy technician licence is not completed within 12 months from the date of application, the applicant must resubmit to the registrar any information previously submitted under subsection (1)(f), (g), (i) and (q) in or with the application.

### **Eligibility standards for Canadian labour mobility applicants**

- 61** (1) Subject to section 3(4) of the *Labour Mobility Act*, section 54 of the Act, section 60(8) [*General eligibility standards*] and subsection (2), an applicant who is authorized by an extrajurisdictional regulator in another Canadian jurisdiction to practise a health profession equivalent to the

profession of pharmacy may be issued a licence in the full pharmacist or pharmacy technician class of licensees, as applicable, if the applicant

- (a) holds registration or a licence in the other Canadian jurisdiction as the equivalent of a full pharmacist or pharmacy technician, as applicable, and is in good standing with the extrajurisdictional regulator for the equivalent profession in the other Canadian jurisdiction,
  - (b) meets all applicable continuing competence or quality assurance requirements established by the extrajurisdictional regulator for the equivalent profession in the other Canadian jurisdiction,
  - (c) is not subject to any practice limitations, restrictions or conditions in any other Canadian jurisdiction that are relevant to the practice of pharmacy in British Columbia,
  - (d) submits information satisfactory to the registrar confirming that the applicant meets the requirements in paragraphs (a) to (c), and
  - (e) meets the requirements established in section 60(1)(a) and (c) to (r) [*General eligibility standards*].
- (2) Despite subsection (1)(e), section 60(1)(j) [*General eligibility standards*] does not apply to an applicant under this section
- (a) for reinstatement of a licence, or
  - (b) who was required to establish their English language proficiency as a condition of registration or licensing in the other Canadian jurisdiction.
- (3) Section 60(1)(b) [*General eligibility standards*] does not apply to an applicant under this section.
- (4) Nothing in this section prevents the licence committee from imposing any term, condition or requirement authorized under section 3(4) of the *Labour Mobility Act*, including a “measure” as defined in the Canadian Free Trade Agreement that is authorized under Article 705.4 of that Agreement and that
- (a) is the same as, or substantially similar to, but no more onerous than, that imposed on applicants from British Columbia for initial

licensing or reinstatement in the applicable class of licensees,  
and

- (b) does not create a disguised restriction on labour mobility.

### **Recognition of education credentials and programs**

- 62** (1) The pharmacy education credentials, programs and institutions in Canada and the United States that are recognized by the College for the purpose of licensing in the class of full pharmacists are specified in Schedule C [*Recognized Education Programs*].
- (2) The pharmacy education credentials, programs and institutions in Canada that are recognized by the College for the purpose of licensing in the class of pharmacy technicians are specified in Schedule C [*Recognized Education Programs*].
- (3) The drug administration education credentials, programs and institutions in Canada that are recognized by the College for the purpose of certification under section 89 [*Certification of practising pharmacists*] are specified in Schedule C [*Recognized Education Programs*].
- (4) To be recognized for the purposes of subsection (1), a program must be accredited by the Canadian Council for Accreditation of Pharmacy Programs or the Accreditation Council for Pharmacy Education.
- (5) To be recognized for the purposes of subsection (2), a program must be accredited by the Canadian Council for Accreditation of Pharmacy Programs.

### **Equivalency evaluators**

- 63** The registrar may employ, retain or appoint persons to be evaluators for the purpose of conducting equivalency determinations and making recommendations to the registrar or licence committee under section 64 [*Equivalency determinations*].

### **Equivalency determinations**

- 64** (1) The registrar or the licence committee may require an applicant to undergo an equivalency determination under this section
- (a) if the applicant is not entitled to a licence under section 61 [*Eligibility standards for Canadian labour mobility applicants*]

and does not otherwise meet applicable eligibility standards because

- (i) the applicant completed a pharmacy education program outside Canada that is not recognized under section 62 *[Recognition of education credentials and programs]*, or
    - (ii) the applicant is applying to the College for initial licensing more than five years after completing an education program recognized, or deemed to be an equivalent program, under section 62 *[Recognition of education credentials and programs]*, or
  - (b) if the applicant is applying to the College for reinstatement of a full pharmacist licence, in accordance with section 70 *[Reinstatement of full pharmacist licence]*.
- (2) An applicant who is required to undergo an equivalency determination must submit any information and records requested or ordered by the registrar or the licence committee to enable an evaluator to determine if the applicant's knowledge, skills, ability and judgment are substantially equivalent to those expected of a new graduate of an education program recognized under section 62(1) or (2) *[Recognition of education credentials and programs]*, as applicable, having regard to the entry-level competencies and eligibility standards required by the College for the class of full pharmacists or the class of pharmacy technicians, as applicable.
- (3) When undertaking an equivalency determination, an evaluator
- (a) must consider the applicant's credentials collectively and cumulatively, including
    - (i) any extrajurisdictional credentials held by the applicant,
    - (ii) the applicant's past or current registration or licence to practise the profession of pharmacy or an equivalent health profession in any jurisdiction, including any limits or conditions imposed on the applicant's authorization to practise in any jurisdiction, and
    - (iii) any relevant evidence submitted or caused to be submitted by the applicant of professional experience acquired inside or outside Canada, including evidence of the nature, scope and currency of that professional experience and any gaps in practice, and

- (b) may require the applicant to do any of the following:
  - (i) to undergo an independent assessment of their knowledge, skills, ability and judgment by a body or organization acceptable to the registrar for the purpose of this section;
  - (ii) to participate in an interview to assess the extent and currency of the applicant's credentials, experience, knowledge, clinical skills, abilities and judgment;
  - (iii) to complete other testing to assess the applicant's knowledge and clinical skills;
  - (iv) to submit, or cause to be submitted, any other information or records relevant to evaluating the substantial equivalency of the applicant's knowledge, skills, ability and judgment under subsection (2).

- (4) For certainty, for the purposes of subsection (3)(a)(i), an evaluator may consider any relevant information relating to an education program completed by an applicant outside Canada, including without limitation
  - (a) whether the education program is recognized for the purpose of registration or licensing by an extrajurisdictional regulator for the equivalent profession in another Canadian jurisdiction,
  - (b) any determination made by an accreditation or certification body or organization acceptable to the licence committee that has assessed the substantial equivalence of the applicant's educational credentials in whole or in part,
  - (c) whether the expressed purpose of the education program is to educate and train students in the equivalent profession,
  - (d) whether the education program provides publicly available criteria for admission and outcome data describing key information about program graduates,
  - (e) whether the education program includes clinical experience with supervision,
  - (f) whether there is sufficient evidence to satisfy the registrar or committee that

- (i) the education program provides broad training in the practice of the equivalent health profession including the entry-level competencies required by the College,
  - (ii) the education program meets the applicable education standards and indicators of the Canadian Council for Accreditation of Pharmacy Programs or the Accreditation Council for Pharmacy Education, and
  - (iii) graduates of the education program are adequately prepared to safely, ethically and competently practise the profession of pharmacy or an equivalent health profession in a Canadian health care setting.
- (5) An evaluator who conducts an equivalency determination of an applicant's knowledge, skills, ability and judgment must notify the applicant of the outcome of the equivalency determination, including
  - (a) the evaluator's reasons, if the evaluator concludes that the applicant has failed to establish that their knowledge, skills, ability and judgment are substantially equivalent to those expected of a new graduate of an education program recognized under section 62 [*Recognition of education credentials and programs*] for the purpose of licensing in the class of full pharmacists or the class of pharmacy technicians, as applicable, and
  - (b) any transitional education that the evaluator recommends that the applicant be required to complete to address any apparent deficiencies or gaps in the applicant's knowledge, skills, ability and judgment.
- (6) If an evaluator concludes that an applicant has failed to establish that their knowledge, skills, ability and judgment are substantially equivalent to those expected of a new graduate of an education program recognized under section 62 [*Recognition of education credentials and programs*] for the purpose of licensing in the class of full pharmacists or the class of pharmacy technicians, as applicable, the applicant must elect either
  - (a) to accept the outcome of the equivalency determination completed by the evaluator under this section, including any transitional education recommended by the evaluator, or
  - (b) to request that the licence committee reconsider the applicant's equivalency determination.

- (7) If an applicant requests reconsideration of their equivalency determination under subsection (6)(b), the licence committee
- (a) must give the applicant an opportunity to be heard under section 53(1) of the Act by inviting them to provide written submissions under section 380(2)(a) of the Act, and
  - (b) may accept, reject or vary the outcome of the equivalency determination, including any transitional education recommended by the evaluator, based on the licence committee's review of
    - (i) the information and records considered by the evaluator under this section,
    - (ii) any reasons provided by the evaluator under subsection (5)(a), and
    - (iii) any written submissions provided by the applicant under paragraph (a).

#### **Periodic review of measures imposed on extrajurisdictional applicants**

- 65** (1) The licence committee must, as requested by the registrar at periodic intervals to be determined by the registrar for this purpose, review eligibility standards, policies and procedures, to identify and recommend potential changes to any prohibitions, requirements, limits and conditions imposed on extrajurisdictional applicants that do not substantially lower the risk of harm to the public.
- (2) The registrar may retain experts and engage in consultation with external bodies or organizations, for the purpose of assisting the licence committee in conducting reviews under this section.
- (3) In conducting reviews under this section, the licence committee must consider whether the general types of prohibitions, requirements, limits and conditions imposed on extrajurisdictional applicants
- (a) are rationally connected to the objective of protecting the public from harm,
  - (b) are proportionate to the objective of protecting the public from harm,

(c) have beneficial effects in terms of minimizing risk to the public that outweigh the impact on extrajurisdictional applicants, and

(d) support and enable extrajurisdictional applicants to practise in accordance with the guiding principles of the Act, particularly with respect to Indigenous-specific racism and anti-racism, and with respect to non- and anti-discriminatory practice more generally.

## Examinations

- 66** (1) Except as specified in these bylaws, all examinations required to be taken under this Part must be approved for that purpose by the registrar.
- (2) All examinations provided or administered by the College for the purposes of this Part must be prepared by or under the direction of, or approved by, the registrar.
- (3) An applicant for a licence in a class who, to the satisfaction of the registrar, meets all other applicable eligibility standards for the class is eligible to take any applicable required examination in respect of the class.
- (4) An applicant described in subsection (3) must also meet any conditions or requirements for eligibility to take the required examination that are imposed by a third-party administrator or provider of the required examination, if the College is not solely responsible for establishing the eligibility of applicants to take the required examination.
- (5) If there is reason to believe that an applicant has engaged in improper conduct during the course of a required examination, the registrar must make a report to the licence committee and may recommend that the licence committee take one or more of the following actions:
- (a) pass the applicant;
  - (b) fail the applicant;
  - (c) require the applicant to re-take the required examination;
  - (d) disqualify the applicant, for a period of time, from participating in any required examination;

- (e) take any other action respecting the applicant, or require the applicant to take any other action, that the licence committee considers appropriate in the circumstances.
- (6) After considering a report made under subsection (5), the licence committee may take one or more of the actions described in that subsection.
- (7) An applicant in respect of whom an action described in subsection (5)(b) to (e) is taken under subsection (6) must be given written reasons for the action.
- (8) If a required examination is provided or administered by the College,
  - (a) the registrar must notify each applicant who takes the examination, in writing and as soon as practicable, of their examination result,
  - (b) subject to paragraph (c), an applicant who fails the examination may take it again, and
  - (c) an applicant who fails a required examination four times is not eligible to take it again, unless the registrar is satisfied that there are exceptional circumstances warranting a further attempt.
- (9) The registrar may establish additional examination policies and procedures consistent with these bylaws.

### **Changes in applicant information**

- 67** Sections 124 [*Duty to report changes in personal and contact information*] and 125 [*Duty to report criminal charges and disciplinary proceedings*] apply to an applicant for a licence, including an applicant for reinstatement, who is not a licensee as if the applicant were a licensee.

## **Division 3 – Licensee Classes and Eligibility Standards**

### **Classes of licensees**

- 68** The following classes of licensees are established:
- (a) full pharmacists;

- (b) provisional pharmacists;
- (c) temporary pharmacists;
- (d) student pharmacists;
- (e) pharmacy technicians;
- (f) provisional pharmacy technicians;
- (g) temporary pharmacy technicians.

### **Eligibility standards for full pharmacist licences**

**69** (1) In addition to the applicable general eligibility standards in section 60 [*General eligibility standards*], the class-specific eligibility standards for a full pharmacist licence are

- (a) graduation with a degree or equivalent qualification from a pharmacy education program recognized under section 62 [*Recognition of education credentials and program*] for the purpose of licensing in the class of full pharmacists, within the five-year period immediately preceding the date of application,
- (b) successful completion of the structured practical training required by the licence committee, if any,
- (c) successful completion of the PEBC Evaluating Examination, if
  - (i) the applicant has not graduated from a pharmacy education program in Canada or the United States accredited by the Canadian Council for Accreditation of Pharmacy Programs or the Accreditation Council for Pharmacy Education, and
  - (ii) the applicant is not eligible to take the PEBC Qualifying Examination - Part I without first taking the Evaluating Examination, and
- (d) successful completion of the PEBC Qualifying Examination - Part I and Part II.

(2) An applicant for a full pharmacist licence must submit, or cause to be submitted, to the registrar all of the following:

- (a) an original transcript, notarized copy or other evidence satisfactory to the registrar, reflecting the applicant's degree, diploma, certificate or other credential from an education

program described in subsection (1)(a), and confirming that the applicant is the person named therein;

- (b) information satisfactory to the registrar confirming that the applicant has successfully completed the structured practical training described in subsection (1)(b), if applicable;
- (c) information satisfactory to the registrar confirming that the applicant has successfully completed the examinations described in subsection (1)(c) and (d), as applicable;
- (d) information satisfactory to the registrar or licence committee confirming that the applicant is fit to practise the profession of pharmacy as a full pharmacist.

(3) Despite subsections (1)(a) and (2)(a), an applicant who has not completed an education program described in subsection (1)(a) is eligible for a full pharmacist licence if

- (a) an evaluator or the licence committee determines under section 64 *[Equivalency determinations]* that the applicant's knowledge, skills, ability and judgment are substantially equivalent to those expected of a new graduate of a pharmacy education program recognized under section 62 *[Recognition of education credentials and program]* for the purpose of licensing in the class of full pharmacists, and
- (b) the applicant meets all other applicable eligibility standards for a full pharmacist licence.

(4) Despite subsections (1) and (2), an applicant who is a provisional pharmacist is eligible for a full pharmacist licence if

- (a) the applicant's knowledge, skills, ability and judgment are determined to be substantially equivalent to those expected of a new graduate of a pharmacy education program recognized under section 62 *[Recognition of education credentials and program]* for the purpose of licensing in the class of full pharmacists, following completion of an equivalency determination under section 71 *[Eligibility standards for provisional pharmacist licences]*,

- (b) the applicant is not subject to any incomplete assessment or other requirements under Part 7 [*Continuing Professional Development*] or Part 8 [*Quality Assurance*], and
  - (c) the applicant submits, or causes to be submitted, to the registrar information confirming their successful completion of
    - (i) the examinations described in subsection (1)(c) and (d), as applicable,
    - (ii) any applicable requirements imposed under section 71(6) [*Eligibility standards for provisional pharmacist licences*], including any other examinations, transitional education, clinical training or other upgrading of knowledge, skills, ability and judgment required under section 71(6)(b) [*Eligibility standards for provisional pharmacist licences*].
- (5) If a person was, immediately before the HPOA effective date, a registrant in the full pharmacist class who satisfied the requirements for annual renewal of their registration under the former HPA bylaws, the person is deemed to be a licensee in the class of full pharmacists under these bylaws.

### Reinstatement of full pharmacist licences

**70** (1) In this section:

**“former full pharmacist”** includes a person who was a registrant in the full pharmacist class under the former HPA bylaws but was not a registrant in that class immediately before the HPOA effective date;

**“out of practice”**, in respect of a former full pharmacist, means a period during which the person is not a licensee under these bylaws and

- (a) was not a registrant in any class under the former HPA bylaws, or
  - (b) was a non-practising registrant under the former HPA bylaws.
- (2) Applications for reinstatement under this section are subject to any applicable disciplinary order in respect of the applicant.

- (3) An applicant for reinstatement under this section who currently holds a licence in another class of licensees must be in good standing.
- (4) Unless specified otherwise by the registrar or licence committee, a licence reinstated under this section is subject to any limits or conditions that were imposed on the previous registration or licence at the time it was cancelled, expired or revoked, and may be subject to additional limits or conditions in accordance with section 99 [*Imposition of limits or conditions by registrar or licence committee*].
- (5) An applicant who is a former full pharmacist is eligible for reinstatement in the class of full pharmacists if the applicant holds a provisional pharmacist licence and is eligible for a full pharmacist licence under section 69(4) [*Eligibility standards for full pharmacist licences*].
- (6) An applicant who is a former full pharmacist and who has been out of practice for a period of 90 consecutive days or less is eligible for reinstatement in the class of full pharmacists if the applicant
  - (a) meets all applicable requirements under section 60 [*General eligibility standards*],
  - (b) submits to the registrar a declaration in the form required by the registrar attesting to the applicant's compliance with the Act, the regulations under the Act, and these bylaws, and
  - (c) submits, or causes to be submitted, to the registrar evidence satisfactory to the registrar or licence committee that the applicant has completed
    - (i) all applicable learning activity, verification, and audit requirements in Part 7 [*Continuing Professional Development*] for the relevant CPD cycle immediately preceding the date the applicant ceased to be a registrant or licensee, and
    - (ii) all applicable assessment, verification, and audit requirements in Part 8 [*Quality Assurance*] for the relevant QA cycle immediately preceding the date the applicant ceased to be a registrant or licensee.
- (7) An applicant who is a former full pharmacist and who has been out of practice for a period of more than 90 consecutive days and less than six

consecutive years is eligible for reinstatement in the class of full pharmacists if the applicant

- (a) meets all applicable requirements under section 60 [*General eligibility standards*],
- (b) submits to the registrar a declaration in the form required by the registrar attesting to the applicant's compliance with the Act, the regulations under the Act, and these bylaws, and
- (c) submits, or causes to be submitted, to the registrar evidence satisfactory to the registrar or licence committee that
  - (i) the applicant has completed
    - (A) all applicable learning activity, verification, and audit requirements in Part 7 [*Continuing Professional Development*] for the relevant CPD cycle immediately preceding the date the applicant ceased to be a registrant or licensee, and
    - (B) all applicable assessment, verification, and audit requirements in Part 8 [*Quality Assurance*] for the relevant QA cycle immediately preceding the date the applicant ceased to be a registrant or licensee, or
  - (ii) if required by the registrar or licence committee, the applicant has successfully completed any examinations, transitional education, clinical training or other upgrading of knowledge, skills, ability and judgment, including without limitation structured practical training, that the registrar or licence committee considers necessary for the applicant to be reinstated as a full pharmacist.

(8) An applicant who is a former full pharmacist and who has been out of practice for a period of more than six consecutive years is eligible for reinstatement in the class of full pharmacists if the applicant

- (a) meets all applicable requirements under section 60 [*General eligibility standards*],
- (b) submits to the registrar a declaration in the form required by the registrar attesting to the applicant's compliance with the Act, the regulations under the Act, and these bylaws,

- (c) if required by the registrar or licence committee, submits, or causes to be submitted, to the registrar evidence satisfactory to the registrar or licence committee that
    - (i) the applicant has successfully completed the PEBC Qualifying Examination - Part II after the date the applicant ceased to be a registrant or licensee, or
    - (ii) the applicant has successfully completed the examinations, transitional education, clinical training or other upgrading of knowledge, skills, ability and judgment, including without limitation structured practical training, that the registrar or licence committee considers necessary for the applicant to be reinstated as a full pharmacist, and
  - (d) if required by the registrar or licence committee, undergoes an equivalency determination under subsection (9).
- (9) The registrar or the licence committee may require an applicant for reinstatement under subsection (8) to undergo an equivalency determination under section 64 [*Equivalency determinations*] if the registrar or the licence committee considers it necessary to establish that the applicant has maintained knowledge, skills, ability and judgment that are substantially equivalent to those expected of a new graduate of an education program that is recognized, or deemed to be an equivalent program, under section 62(1) [*Recognition of education credentials and programs*].
- (10) Despite subsections (6) to (9), an applicant whose full pharmacist licence was revoked under a revocation order by a capacity officer must, in addition to the meeting the applicable requirements in section 60 [*General eligibility standards*], submit, or cause to be submitted, to the registrar all of the following:
- (a) a declaration in the form required by the registrar attesting to the applicant's compliance with the Act, the regulations under the Act, and these bylaws;
  - (b) a copy of the revocation order and decision issued by the capacity officer;
  - (c) information satisfactory to the licence committee establishing that the applicant's fitness to practise has been restored, which without limitation may include successful completion of a

fitness and capacity assessment or other examination at the discretion of the licence committee;

- (d) information satisfactory to the licence committee that reinstating the applicant's licence will not pose an undue risk to public health or safety or otherwise be contrary to the public interest.

(11) An application for reinstatement under subsection (10) may be made only after the later of

- (a) the expiry of the deadline for the applicant to apply for reconsideration of the revocation order, and
- (b) the dismissal of any application for reconsideration of the revocation order.

#### **Eligibility standards for provisional pharmacist licences**

- 71** (1) The class-specific eligibility standards for a provisional pharmacist licence are set out in subsections (2) to (6).
- (2) The licence committee may issue a provisional pharmacist licence to an applicant for a full pharmacist licence under section 69 [*Eligibility standards for full pharmacist licences*], before or after completion of an equivalency determination, for a purpose described in subsection (3), if the applicant, in addition to meeting the applicable general eligibility standards in section 60 [*General eligibility standards*], submits, or causes to be submitted, to the registrar
- (a) an original transcript, notarized copy or other evidence satisfactory to the registrar, reflecting the applicant's degrees, diplomas, certificates or other credentials, and confirming that the applicant is the person named therein, and
  - (b) evidence satisfactory to the licence committee that the applicant is fit to practice the profession of pharmacy as a provisional pharmacist subject to any limits or conditions imposed under subsection (6).
- (3) An applicant described in subsection (2) may be issued a provisional pharmacist licence to temporarily allow the applicant to practise pending one or more of the following:

- (a) the completion of an equivalency determination of the applicant's extrajurisdictional credentials or their knowledge, skills, ability and judgment;
  - (b) the applicant's successful completion of the examinations required under section 69(1)(c) and (d) [*Eligibility standards for full pharmacist licences*], as applicable;
  - (c) the applicant's completion of any other examinations, transitional education, clinical training or other upgrading of knowledge, skills, ability and judgment, including without limitation structured practical training, required under subsection (6)(b).
- (4) The licence committee may issue a provisional pharmacist licence to an applicant for reinstatement of a full pharmacist licence under section 70 [*Reinstatement of full pharmacist licences*], before or after completion of an equivalency determination, for a purpose described in subsection (5), if the applicant, in addition to meeting the applicable general eligibility standards in section 60 [*General eligibility standards*], submits, or causes to be submitted, to the registrar evidence satisfactory to the licence committee that the applicant is fit to practice the profession of pharmacy as a provisional pharmacist subject to any limits or conditions imposed under subsection (6).
- (5) An applicant described in subsection (4) may be issued a provisional pharmacist licence to temporarily allow the applicant to practise pending one or both of the following:
- (a) the completion of an equivalency determination of the applicant's extrajurisdictional credentials or their knowledge, skills, ability and judgment;
  - (b) the applicant's completion of any examinations, transitional education, clinical training or other upgrading of knowledge, skills, ability and judgment, including without limitation structured practical training, required under subsection (6)(b).
- (6) The licence committee may impose limits, conditions or requirements on a provisional pharmacist, including without limitation one or more of the following:
- (a) limits or conditions

- (i) restricting the scope of pharmacy services that may be provided by the provisional pharmacist,
    - (ii) restricting the locations or practice settings where the provisional pharmacist may practise, or
    - (iii) requiring the provisional pharmacist to practice under the supervision or direction of a full pharmacist approved by the College;
  - (b) requirements for the provisional pharmacist to complete, within the time required by the licence committee, any or all of the following to demonstrate their eligibility for a full pharmacist licence:
    - (i) further examinations in addition to those required under section 69(1)(c) and (d) [*Eligibility standards for full pharmacist licences*];
    - (ii) specified transitional education or clinical training;
    - (iii) other upgrading of knowledge, skills, ability and judgment, including without limitation structured practical training, specified by the licence committee.
- (7) If a person was, immediately before the HPOA effective date, a registrant in the limited pharmacist class who satisfied the requirements for annual renewal of their registration under the former HPA bylaws,
- (a) the person is deemed to be a licensee in the class of provisional pharmacists under these bylaws, and
  - (b) all limits, conditions and requirements imposed under section 44 or 45 of the former HPA bylaws on the person's registration and practice immediately before the HPOA effective date continue and are deemed to be imposed under subsection (6), until varied or removed in accordance with the Act, the regulations under the Act and these bylaws.
- (8) If a person was, immediately before the HPOA effective date, a registrant in the temporary limited pharmacist class,
- (a) the person is deemed to be a licensee in the class of provisional pharmacists under these bylaws, and
  - (b) all limits, conditions and requirements imposed under section 44 or 45 of the former HPA bylaws on the person's registration

and practice immediately before the HPOA effective date continue and are deemed to be imposed under subsection (6), until varied or removed in accordance with the Act, the regulations under the Act and these bylaws.

### **Eligibility standards for temporary pharmacist licences**

- 72** (1) For the purpose of facilitating the short-term provision of pharmacy services by licensees of the College during an emergency under the *Public Health Act*, temporary pharmacist licences may be issued to applicants under this section
- (a) from the date that the registrar determines it is necessary or advisable in the circumstances to make licensing in the class of temporary pharmacists available for that purpose, and
  - (b) until the date that the registrar determines it is no longer necessary or advisable to do so.
- (2) Applications under this section are subject to any applicable disciplinary order in respect of the applicant.
- (3) The class-specific eligibility standards for a temporary pharmacist licence are set out in subsections (4) and (5).
- (4) An applicant for a temporary pharmacist licence must be
- (a) registered or licensed in another jurisdiction in Canada or the United States as the equivalent of a full pharmacist and not subject to any practice limitations, restrictions or conditions in that other jurisdiction that are relevant to the practice of pharmacy in British Columbia,
  - (b) a former full pharmacist whose licence under the Act, or whose registration under the former Act, has not been suspended, cancelled, or subject to any practice limitations, restrictions or conditions that are relevant to the practice of pharmacy in British Columbia, and who was last registered or licensed as a full pharmacist, or the equivalent of a full pharmacist in another jurisdiction, no more than five years before the date of application under this section, or
  - (c) a provisional pharmacist who is in good standing and not subject to any limits or conditions under section 71(6)(a) [*Eligibility*]

*standards for provisional pharmacist licensees*] that require the provisional pharmacist to practice under the supervision or direction of a full pharmacist approved by the College.

- (5) An applicant for a temporary pharmacist licence must submit, or cause to be submitted, to the registrar all of the following:
  - (a) evidence satisfactory to the licence committee of the registration or licence referred to in subsection (4)(a) or (b);
  - (b) a declaration confirming that the applicant is applying for a temporary pharmacist licence solely for the purpose of providing assistance during the emergency described in subsection (1);
  - (c) evidence satisfactory to the licence committee that the applicant is fit to practice the profession of pharmacy as a temporary pharmacist;
  - (d) any other item set out in section 60(1) [*General eligibility standards*] that the licence committee may require the applicant to submit.
- (6) If a person was, immediately before the HPOA effective date, a registrant in the temporary pharmacist class under the former HPA bylaws,
  - (a) the person is deemed to be a licensee in the class of temporary pharmacists under these bylaws, and
  - (b) for the purpose of section 91 [*Expiry and renewal of temporary licences*], the expiry date of the person's temporary pharmacist licence under the Act is deemed to be the earlier of
    - (i) the date that the person's registration under the former Act was set to expire, or
    - (ii) the date that is 180 days after the HPOA effective date.

### **Eligibility standards for student pharmacist licences**

- 73** (1) In addition to the applicable general eligibility standards in section 60(1) [*General eligibility standards*], the class-specific eligibility standards for a student pharmacist licence are
- (a) enrolment as a student in a pharmacy education program recognized under section 62 [*Recognition of education*]

*credentials and program]* for the purpose of licensing in the class of full pharmacists, and

- (b) evidence satisfactory to the licence committee that the applicant is fit to practice the profession of pharmacy as a student pharmacist.
- (2) A person who is described in subsection (1)(a) must be licensed under this section
- (a) within six months of their enrolment as a student in the pharmacy education program, and
  - (b) before undertaking a period of structured practical training or providing pharmacy services.
- (3) A person who is enrolled as a student in a pharmacy education program that is not recognized under section 62 [*Recognition of education credentials and program]* for the purpose of licensing in the class of full pharmacists may be granted a student pharmacist licence if the applicant meets all other applicable requirements established in subsection (1)(b) and section 60(1) [*General eligibility standards*].
- (4) A person who is described in subsection (3) must be licensed under this section before undertaking a period of structured practical training or providing pharmacy services.
- (5) If a person was, immediately before the HPOA effective date, a registrant in the student pharmacist class under the former HPA bylaws, the person is deemed to be a licensee in the class of student pharmacists under these bylaws.

#### **Eligibility standards for pharmacy technician licences**

- 74** (1) In addition to the applicable general eligibility standards in section 60 [*General eligibility standards*], the class-specific eligibility standards for a pharmacy technician licence are
- (a) graduation with a diploma or certificate from a pharmacy education program recognized under section 62(2) [*Recognition of education credentials and program]* for the purpose of licensing in the class of pharmacy technicians, within the five-year period immediately preceding the date of application,

- (b) successful completion of the structured practical training required by the licence committee, if any,
  - (c) successful completion of the PEBC Evaluating Examination, if the applicant has not graduated from a pharmacy technician education program in Canada accredited by the Canadian Council for Accreditation of Pharmacy Programs, and
  - (d) successful completion of the PEBC Pharmacy Technician Qualifying Examination - Part I and Part II.
- (2) An applicant for a pharmacy technician licence must submit, or cause to be submitted, to the registrar all of the following:
- (a) an original transcript, notarized copy or other evidence satisfactory to the registrar, reflecting the applicant's diploma or certificate from an education program described in subsection (1)(a), and confirming that the applicant is the person named therein;
  - (b) information satisfactory to the registrar confirming that the applicant has successfully completed the structured practical training described in subsection (1)(b), if applicable;
  - (c) information satisfactory to the registrar confirming that the applicant has successfully completed the examinations described in subsection (1)(c) and (d), as applicable;
  - (d) information satisfactory to the registrar or licence committee confirming that the applicant is fit to practise the profession of pharmacy as a pharmacy technician.
- (3) Despite subsections (1)(a) and (2)(a), an applicant who has not completed an education program described in subsection (1)(a) is eligible for a pharmacy technician licence if
- (a) an evaluator or the licence committee determines under section 64 [*Equivalency determinations*] that the applicant's knowledge, skills, ability and judgment are substantially equivalent to those expected of a new graduate of a pharmacy education program recognized under section 62(2) [*Recognition of education credentials and program*] for the purpose of licensing in the class of pharmacy technicians, and

- (b) the applicant meets all other applicable eligibility standards for a pharmacy technician licence.
- (4) Despite subsections (1) and (2), an applicant who is a provisional pharmacy technician is eligible for a pharmacy technician licence if
- (a) the applicant’s knowledge, skills, ability and judgment are determined to be substantially equivalent to those expected of a new graduate of a pharmacy education program recognized under section 62(2) [*Recognition of education credentials and program*] for the purpose of licensing in the class of pharmacy technicians, following completion of an equivalency determination under section 76 [*Eligibility standards for provisional pharmacy technician licences*],
  - (b) the applicant is not subject to any incomplete assessment under Part 7 [*Continuing Professional Development*] or Part 8 [*Quality Assurance*], and
  - (c) the applicant submits, or causes to be submitted, to the registrar information confirming their successful completion of
    - (i) the examinations described in subsection (1)(c) and (d), as applicable, and
    - (ii) any applicable requirements imposed under section 76(6) [*Eligibility standards for provisional pharmacy technician licences*], including any other examinations, transitional education, clinical training or other upgrading of knowledge, skills, ability and judgment required under section 76(6)(b) [*Eligibility standards for provisional pharmacy technician licences*].
- (5) If a person was, immediately before the HPOA effective date, a registrant in the pharmacy technician class who satisfied the requirements for annual renewal of their registration under the former HPA bylaws, the person is deemed to be a licensee in the class of pharmacy technicians under these bylaws.

### **Reinstatement of pharmacy technician licences**

**75** (1) In this section:

**“former pharmacy technician”** includes a person who was a registrant in the pharmacy technician class under the former

HPA bylaws but was not a registrant in that class immediately before the HPOA effective date;

**“out of practice”**, in respect of a former pharmacy technician, means a period during which the person is not a licensee under these bylaws and

- (a) was not a registrant in any class under the former HPA bylaws, or
- (b) was a non-practising registrant under the former HPA bylaws.

- (2) Applications for reinstatement under this section are subject to any applicable disciplinary order in respect of the applicant.
- (3) An applicant for reinstatement under this section who currently holds a licence in another class of licensees must be in good standing.
- (4) Unless specified otherwise by the registrar or licence committee, a licence reinstated under this section is subject to any limits or conditions that were imposed on the previous registration or licence at the time it was cancelled, expired or revoked, and may be subject to additional limits or conditions in accordance with section 99 [*Imposition of limits or conditions by registrar or licence committee*].
- (5) An applicant who is a former pharmacy technician is eligible for reinstatement in the class of pharmacy technicians if the applicant holds a provisional pharmacy technician licence and is eligible for a pharmacy technician licence under section 74(4) [*Eligibility standards for pharmacy technician licences*].
- (6) An applicant who is a former pharmacy technician and who has been out of practice for a period of 90 consecutive days or less is eligible for reinstatement in the class of pharmacy technicians if the applicant
  - (a) meets all applicable requirements under section 60 [*General eligibility standards*],
  - (b) submits to the registrar a declaration in the form required by the registrar attesting to the applicant’s compliance with the Act, the regulations under the Act, and these bylaws, and
  - (c) submits, or causes to be submitted, to the registrar evidence satisfactory to the registrar or licence committee that the applicant has completed

- (i) all applicable learning activity, verification, and audit requirements in Part 7 [*Continuing Professional Development*] for the relevant CPD cycle immediately preceding the date the applicant ceased to be a registrant or licensee, and
  - (ii) all applicable assessment, verification, and audit requirements in Part 8 [*Quality Assurance*] for the relevant QA cycle immediately preceding the date the applicant ceased to be a registrant or licensee.
- (7) An applicant who is a former full pharmacy technician and who has been out of practice for a period of more than 90 consecutive days and less than six consecutive years is eligible for reinstatement in the class of pharmacy technicians if the applicant
  - (a) meets all applicable requirements under section 60 [*General eligibility standards*],
  - (b) submits to the registrar a declaration in the form required by the registrar attesting to the applicant's compliance with the Act, the regulations under the Act, and these bylaws, and
  - (c) submits, or causes to be submitted, to the registrar evidence satisfactory to the registrar or licence committee that
    - (i) the applicant has completed
      - (A) all applicable learning activity, verification, and audit requirements in Part 7 [*Continuing Professional Development*] for the relevant CPD cycle immediately preceding the date the applicant ceased to be a registrant or licensee, and
      - (B) all applicable assessment, verification, and audit requirements in Part 8 [*Quality Assurance*] for the relevant QA cycle immediately preceding the date the applicant ceased to be a registrant or licensee, or
    - (ii) if required by the registrar or licence committee, the applicant has successfully completed any examinations, transitional education, clinical training or other upgrading of knowledge, skills, ability and judgment, including without limitation structured practical training, that the registrar or licence committee considers necessary for the applicant to be reinstated as a pharmacy technician.

- (8) An applicant who is a former pharmacy technician and who has been out of practice for a period of more than six consecutive years is eligible for reinstatement in the class of pharmacy technicians if the applicant
- (a) meets all applicable requirements under section 60 [*General eligibility standards*],
  - (b) submits to the registrar a declaration in the form required by the registrar attesting to the applicant's compliance with the Act, the regulations under the Act, and these bylaws,
  - (c) submits, or causes to be submitted, to the registrar evidence satisfactory to the registrar or licence committee that the applicant has successfully completed the examinations, transitional education, clinical training or other upgrading of knowledge, skills, ability and judgment, including without limitation structured practical training, that the registrar or licence committee considers necessary for the applicant to be reinstated as a pharmacy technician, and
  - (d) if required by the registrar or licence committee, undergoes an equivalency determination under subsection (9).
- (9) The registrar or the licence committee may require an applicant for reinstatement under subsection (8) to undergo an equivalency determination under section 64 [*Equivalency determinations*] if the registrar or the licence committee considers it necessary to establish that the applicant has maintained knowledge, skills, ability and judgment that are substantially equivalent to those expected of a new graduate of an education program that is recognized, or deemed to be an equivalent program, under section 62(1) [*Recognition of education credentials and programs*].
- (10) Despite subsections (6) to (9), an applicant whose pharmacy technician licence was revoked under a revocation order by a capacity officer must, in addition to the meeting the applicable requirements in section 60 [*General eligibility standards*], submit, or cause to be submitted, to the registrar all of the following:
- (a) a declaration in the form required by the registrar attesting to the applicant's compliance with the Act, the regulations under the Act, and these bylaws;

- (b) a copy of the revocation order and decision issued by the capacity officer;
  - (c) information satisfactory to the licence committee establishing that the applicant's fitness to practise has been restored, which without limitation may include successful completion of a fitness and capacity assessment or other examination at the discretion of the licence committee;
  - (d) information satisfactory to the licence committee that reinstating the applicant's licence will not pose an undue risk to public health or safety or otherwise be contrary to the public interest.
- (11) An application for reinstatement under subsection (10) may be made only after the later of
- (a) the expiry of the deadline for the applicant to apply for reconsideration of the revocation order, and
  - (b) the dismissal of any application for reconsideration of the revocation order.

### **Eligibility standards for provisional pharmacy technician licences**

- 76** (1) The class-specific eligibility standards for a provisional pharmacy technician licence are set out in subsections (2) to (6).
- (2) The licence committee may issue a provisional pharmacy technician licence to an applicant for a pharmacy technician licence under section 74 [*Eligibility standards for pharmacy technician licences*], before or after completion of an equivalency determination, for a purpose described in subsection (3), if the applicant, in addition to meeting the applicable general eligibility standards in section 60 [*General eligibility standards*], submits, or causes to be submitted, to the registrar
- (a) an original transcript, notarized copy or other evidence satisfactory to the registrar, reflecting the applicant's diplomas, certificates or other credentials, and confirming that the applicant is the person named therein, and
  - (b) evidence satisfactory to the licence committee that the applicant is fit to practice the profession of pharmacy as a

provisional pharmacy technician subject to any limits or conditions imposed under subsection (6).

- (3) An applicant described in subsection (2) may be issued a provisional pharmacy technician licence to temporarily allow the applicant to practise pending one or more of the following:
  - (a) the completion of an equivalency determination of the applicant's extrajurisdictional credentials or their knowledge, skills, ability and judgment;
  - (b) the applicant's successful completion of the examinations required under section 74(1)(c) and (d) [*Eligibility standards for pharmacy technician licences*], as applicable;
  - (c) the applicant's completion of any other examinations, transitional education, clinical training or other upgrading of knowledge, skills, ability and judgment, including without limitation structured practical training, required under subsection (6)(b).
- (4) The licence committee may issue a provisional pharmacy technician licence to an applicant for reinstatement of a pharmacy technician licence under section 75 [*Reinstatement of pharmacy technician licences*], before or after completion of an equivalency determination, for a purpose described in subsection (5), if the applicant, in addition to meeting the applicable general eligibility standards in section 60 [*General eligibility standards*], submits, or causes to be submitted, to the registrar evidence satisfactory to the licence committee that the applicant is fit to practice the profession of pharmacy as a provisional pharmacy technician subject to any limits or conditions imposed under subsection (6).
- (5) An applicant described in subsection (4) may be issued a provisional pharmacy technician licence to temporarily allow the applicant to practise pending one or both of the following:
  - (a) the completion of an equivalency determination of the applicant's extrajurisdictional credentials or their knowledge, skills, ability and judgment;
  - (b) the applicant's completion of any examinations, transitional education, clinical training or other upgrading of knowledge,

skills, ability and judgment, including without limitation structured practical training, required under subsection (6)(b).

- (6) The licence committee may impose limits, conditions or requirements on a provisional pharmacy technician, including without limitation one or more of the following:
- (a) limits or conditions
    - (i) restricting the scope of pharmacy services that may be provided by the provisional pharmacy technician,
    - (ii) restricting the locations or practice settings where the provisional pharmacy technician may practise, or
    - (iii) requiring the provisional pharmacy technician to practice under the supervision or direction of a licensee approved by the College;
  - (b) requirements for the provisional pharmacy technician to complete, within the time required by the licence committee, any or all of the following to demonstrate their eligibility for a pharmacy technician licence:
    - (i) further examinations in addition to those required under section 74(1)(c) and (d) [*Eligibility standards for pharmacy technician licences*];
    - (ii) specified transitional education or clinical training;
    - (iii) other upgrading of knowledge, skills, ability and judgment, including without limitation structured practical training, specified by the licence committee.

#### **Eligibility standards for temporary pharmacy technician licences**

- 77** (1) For the purpose of facilitating the short-term provision of pharmacy services by licensees of the College during an emergency under the *Public Health Act*, temporary pharmacy technician licences may be issued to applicants under this section
- (a) from the date that the registrar determines it is necessary or advisable in the circumstances to make licensing in the class of temporary pharmacy technicians available for that purpose, and
  - (b) until the date that the registrar determines it is no longer necessary or advisable to do so.

- (2) Applications under this section are subject to any applicable disciplinary order in respect of the applicant.
- (3) The class-specific eligibility standards for a temporary pharmacy technician licence are set out in subsections (4) and (5).
- (4) An applicant for a temporary pharmacy technician licence must be
  - (a) registered or licensed in another jurisdiction in Canada or the United States as the equivalent of a pharmacy technician and not subject to any practice limitations, restrictions or conditions in that other jurisdiction that are relevant to the practice of pharmacy in British Columbia,
  - (b) a former pharmacy technician whose licence under the Act, or whose registration under the former Act, has not been suspended, cancelled, or subject to any practice limitations, restrictions or conditions that are relevant to the practice of pharmacy in British Columbia, and who was last registered or licensed as a pharmacy technician, or the equivalent of a pharmacy technician in another jurisdiction, no more than five years before the date of application under this section, or
  - (c) a provisional pharmacy technician who is in good standing and not subject to any limits or conditions under section 76(6)(a) [*Eligibility standards for provisional pharmacy technician licensees*] that require the provisional pharmacy technician to practice under the supervision or direction of a licensee approved by the College.
- (5) An applicant for a temporary pharmacy technician licence must submit, or cause to be submitted, to the registrar all of the following:
  - (a) evidence satisfactory to the licence committee of the registration or licence referred to in subsection (4)(a) or (b);
  - (b) a declaration confirming that the applicant is applying for a temporary pharmacy technician licence solely for the purpose of providing assistance during the emergency described in subsection (1);
  - (c) evidence satisfactory to the licence committee that the applicant is fit to practice the profession of pharmacy as a temporary pharmacy technician;

- (d) any other item set out in section 60(1) [*General eligibility standards*] that the licence committee may require the applicant to submit.
- (6) If a person was, immediately before the HPOA effective date, a registrant in the temporary pharmacy technician class under the former HPA bylaws,
- (a) the person is deemed to be a licensee in the class of temporary pharmacy technicians under these bylaws, and
  - (b) for the purpose of section 91 [*Expiry and renewal of temporary licences*], the expiry date of the person's temporary pharmacy technician licence under the Act is deemed to be the earlier of
    - (i) the date that the person's registration under the former Act was set to expire, or
    - (ii) the date that is 180 days after the HPOA effective date.

#### **Non-practising registrants under the former Act**

- 78** (1) The non-practising registrant class established under the former HPA bylaws is discontinued as of the HPOA effective date and no class of non-practising licensees is established or continued under these bylaws.
- (2) If immediately before the HPOA effective date a person was a registrant in the non-practising registrant class established under the former HPA bylaws, the person is, as of the HPOA effective date,
- (a) no longer a registrant under the former Act,
  - (b) not a licensee under the Act, and
  - (c) a former licensee for all purposes under the Act.

### **Division 4 – Licence Class Limitations**

#### **Provisional pharmacists**

- 79** A provisional pharmacist may provide pharmacy services as if the provisional pharmacist were a full pharmacist, subject to any limits or conditions imposed by the licence committee under section 71(6) [*Eligibility standards for provisional pharmacist licences*].

## Temporary pharmacists

- 80** (1) A temporary pharmacist may provide pharmacy services as if the temporary pharmacist were a full pharmacist.
- (2) A temporary pharmacist may
- (a) apply for certification, and be certified, under section 85 [*Certification of practising pharmacists*] and section 86 [*Intranasal drug administration*], or
  - (b) be certified by the registrar to perform a restricted activity under section 14 of the Pharmacists Regulation for the duration of the temporary licence if the temporary pharmacist submits proof, satisfactory to the registrar, of having
    - (i) equivalent certification to perform drug administration in another jurisdiction in Canada or the United States, or having administered a drug by injection and intranasally within the past three years, and
    - (ii) current certification in cardiopulmonary resuscitation and first aid.
- (3) Despite subsection (2)(b)(i), if the equivalent certification does not include administration of a drug intranasally, a temporary pharmacist must not administer a drug intranasally.

## Student pharmacists

- 81** (1) A student pharmacist may only provide pharmacy services while under the supervision or direction of a full pharmacist.
- (2) Despite subsection (1), a student pharmacist may only perform a restricted activity under section 14 of the Pharmacists Regulation while under the supervision or direction of
- (a) a full pharmacist who is certified under section 85 [*Certification of practising pharmacists*] and section 86 [*Intranasal drug administration*], or
  - (b) a person who
    - (i) is not a licensee,

- (ii) is a licensee of another regulatory college, and
- (iii) is authorized under the Act to perform the restricted activity in the course of practising a designated health profession for which the other regulatory college is responsible for regulating.

### **Pharmacy technicians**

- 82** A pharmacy technician must not
- (a) perform a restricted activity under section 9, 10(1) or 14 of the Pharmacists Regulation,
  - (b) act under section 12 or 13 of the Pharmacists Regulation, or
  - (c) be appointed as a pharmacy's manager.

### **Provisional pharmacy technicians**

- 83** A provisional pharmacy technician may provide services as if the provisional pharmacy technician were a pharmacy technician, subject to any limits or conditions imposed by the licence committee under section 76(6) [*Eligibility standards for provisional pharmacy technician licences*].

### **Temporary pharmacy technicians**

- 84** A temporary pharmacy technician may provide services as if the temporary pharmacy technician were a pharmacy technician.

## **Division 5 – Certification for Drug Administration**

### **Certification of practising pharmacists**

- 85** (1) A practising pharmacist may apply to the registrar under this section for certification that the practising pharmacist is qualified and competent to perform a restricted activity under section 14 of the Pharmacists Regulation.
- (2) The registrar must grant certification under this section if the practising pharmacist

- (a) submits evidence satisfactory to the registrar that the practising pharmacist has
    - (i) successfully completed within the year prior to application an education program in drug administration recognized under section 62 [*Recognition of education credentials and programs*] for the purposes of section 14 of the Pharmacists Regulation,
    - (ii) current certification in cardiopulmonary resuscitation from a program recognized under section 62 [*Recognition of education credentials and programs*] for this purpose, and
    - (iii) current certification in first aid from a program recognized under section 62 [*Recognition of education credentials and programs*] for this purpose,
  - (b) submits a completed application for certification in the form required by the registrar, and
  - (c) pays the applicable fees specified in Schedule B *Fees*].
- (3) If certification is granted under this section, the registrar must enter a notation of certification for drug administration in the College registry in respect of the practising pharmacist.
- (4) The registrar must remove a practising pharmacist's notation of certification from the College registry if the practising pharmacist fails to meet any of the requirements in subsection (5), and the practising pharmacist must not again perform a restricted activity under section 14 of the Pharmacists Regulation until
- (a) the requirements in subsection (5)(a) to (d) are met to the satisfaction of the registrar, and
  - (b) the registrar has re-entered a notation of certification for drug administration in the College registry in respect of the practising pharmacist.
- (5) To maintain certification under this section, a practising pharmacist must declare upon licence renewal under Division 6 of this Part, or upon being issued a licence in another class of licensees that is included in the definition of "practising pharmacist", that the practising pharmacist
- (a) has successfully completed a continuing education program in drug administration recognized under section 62 [*Recognition of*

*education credentials and programs]* for this purpose if an injection has not been administered in the preceding three years,

- (b) has successfully completed a continuing education program in administering a drug intranasally recognized under section 62 *[Recognition of education credentials and programs]* for this purpose if a drug has not been administered intranasally in the preceding three years,
  - (c) has current certification in cardiopulmonary resuscitation from a program recognized under section 62 *[Recognition of education credentials and programs]* for this purpose, and
  - (d) has current certification in first aid from a program recognized under section 62 *[Recognition of education credentials and programs]* for this purpose.
- (6) A person's certification under this section is revoked if the person ceases to be a practising pharmacist.
- (7) If the licence of a former practising pharmacist is reinstated, the licensee's former certification under this section, if any, may be reinstated if the licensee meets the requirements set out in subsection (5)(a) to (d).
- (8) If certification under this section is reinstated under subsection (7), the registrar must enter a notation of certification for drug administration in the College registry in respect of the licensee.

### **Intranasal drug administration**

- 86** A practising pharmacist who is certified under section 85 *[Certification of practising pharmacists]* must complete the program specified in Schedule C *[Recognized Education Programs]* on intranasal drug administration prior to administering a drug intranasally.

## **Division 6 – Licence Expiry and Renewal**

### **Expiry and renewal of full pharmacist and pharmacy technician licences**

- 87** (1) A full pharmacist licence or pharmacy technician licence is valid from the date it is issued or renewed until no later than the following March 31.

- (2) A full pharmacist licence or pharmacy technician licence is subject to renewal in accordance with this section before April 1 in each year.
- (3) No later than February 1 in each year, the registrar must give to each full pharmacist and each pharmacy technician a notice setting out the following:
  - (a) the renewal fees payable by the licensee under Schedule B *[Fees]*,
  - (b) the process for submitting an application for licence renewal and the information or records required by the registrar to be submitted in or with the application;
  - (c) the consequences that may result from late payment or non-payment of annual fees or from failure to renew before April 1.
- (4) The class-specific eligibility standards for renewal of a full pharmacist licence or pharmacy technician licence are set out in subsections (5) and (6).
- (5) A licensee seeking renewal of a full pharmacist licence or pharmacy technician licence must submit to the registrar all of the following, in the form required by the registrar, as applicable:
  - (a) a completed licence application for the class of licensees in which renewal is sought, in the form required by the registrar;
  - (b) a declaration by the licensee, in the form required by the registrar, attesting to the licensee's compliance with the Act, the regulations under the Act, these bylaws, and any limits or conditions imposed on the licensee's practice under the former Act or the Act;
  - (c) a declaration by the licensee, in the form required by the registrar, attesting to
    - (i) the truthfulness and completeness of the information submitted by the licensee in or with the licence application, and
    - (ii) the licensee's understanding of the consequences that may result from submitting false, misleading or incomplete information in or with a licence renewal application;

- (d) a declaration described in section 60(1)(i) [*General eligibility standards*];
  - (e) a criminal record check authorization or, if permitted by the registrar, a criminal record check verification authorization, in the form required under the *Criminal Records Review Act*, if the licensee's most recent criminal record check authorization in the College records was submitted more than five years ago;
  - (f) evidence satisfactory to the registrar confirming that the licensee has completed
    - (i) all applicable learning activity, verification, and audit requirements in Part 7 [*Continuing Professional Development*] for the current CPD cycle, and
    - (ii) all applicable assessment, verification, and audit requirements in Part 8 [*Quality Assurance*] for the current QA cycle;
  - (g) evidence satisfactory to the registrar confirming that the licensee meets, or will meet if the licence renewal sought is issued, the requirements for professional liability insurance under section 123 [*Duty to maintain professional liability insurance*];
  - (h) the applicable fees set out in Schedule B [*Fees*];
  - (i) any outstanding amount owed by the licensee to the College;
  - (j) any additional information or records the licensee is ordered to submit under section 42(2) of the Act.
- (6) A licensee seeking renewal of a full pharmacist licence or pharmacy technician licence must submit, or cause to be submitted, to the registrar on or before 4:30 pm Vancouver local time on March 31 in each year all the items required under subsection (5).
- (7) If the date for submitting items under subsection (6) falls on a holiday, or another day when the College is not open for business, those items must be submitted on the closest earlier day that is not a holiday and that the College is open for business.
- (8) If a licensee seeking renewal of a full pharmacist licence or a pharmacy technician licence meets the requirement in subsection (6), the licence may be renewed by the registrar or licence committee.

- (9) If the licence of a full pharmacist or a pharmacy technician is not renewed in accordance with this section in a particular year, the licence is revoked on April 1 in the year.

### Expiry and renewal of provisional licences

88 (1) In this section:

“**expiry date**”, in respect of a provisional licence, means the expiry date specified for the licence in accordance with subsection (2);

“**licence**” and “**provisional licence**” mean a licence issued in one of the following classes of licensees, and “**licensee**” and “**provisional licensee**” have corresponding meanings:

- (a) provisional pharmacists;
  - (b) provisional pharmacy technicians.
- (2) An expiry date must be specified for a provisional licence, and any renewal of the licence, by the registrar or licence committee at the time the licence is issued or renewed, and the expiry date must not be more than one year after the date on which the licence is issued or renewed.
- (3) A provisional licence is valid from the date it is issued or renewed until no later than its expiry date.
- (4) A provisional licence is subject to renewal in accordance with this section on or before its expiry date.
- (5) At least 30 days before the expiry date of a provisional licence, the registrar must give to the licensee a notice setting out the following:
- (a) the renewal fees payable by the licensee under Schedule B [Fees],
  - (b) the process for submitting an application for licence renewal and the information or records required by the registrar to be submitted in or with the application;
  - (c) the consequences that may result from late payment or non-payment of renewal fees or from failure to renew before the expiry date.
- (6) The eligibility standards for renewal of a provisional licence are set out in subsections (7) and (8).

- (7) A provisional licensee seeking renewal of a provisional licence must submit to the registrar, in the form required by the registrar, as applicable, all of the items set out in section 87(5)(a) to (j) [*Expiry and renewal of full pharmacist and pharmacy technician licences*].
- (8) A provisional licensee seeking renewal of a provisional licence must submit, or cause to be submitted, to the registrar on or before 4:30 pm Vancouver local time on the expiry date all the items required under subsection (7).
- (9) If the date for submitting items under subsection (8) falls on a holiday, or another day when the College is not open for business, those items must be submitted on the closest earlier day that is not a holiday and that the College is open for business.
- (10) If a provisional licensee seeking renewal of a provisional licence meets the requirement in subsection (8), the licence may be renewed by the registrar or licence committee.
- (11) If a provisional licence is not renewed in accordance with this section, the licence is revoked on the day after its expiry date.
- (12) A provisional licence may be renewed any number of times, but the accumulated period of licensing in this class must not exceed a total of three years for any licensee.

#### **Expiry and renewal of UBC student pharmacist licences**

- 89**
- (1) In this section, “**UBC student pharmacist**” means a student pharmacist who is enrolled in the Entry-to-Practice PharmD Program at the University of British Columbia Faculty of Pharmaceutical Sciences.
  - (2) A UBC student pharmacist licence is valid from the date it is issued or renewed until no later than August 31 in the following year.
  - (3) A UBC student pharmacist licence is subject to renewal in accordance with this section before September 1 in each year.
  - (4) No later than August 1 in each year, the registrar must give to each UBC student pharmacist a notice setting out the following:
    - (a) the renewal fees payable by the licensee, if any, under Schedule B [*Fees*],

- (b) the process for submitting an application for licence renewal and the information or records required by the registrar to be submitted in or with the application;
  - (c) the consequences that may result from late payment or non-payment of renewal fees or from failure to renew before September 1.
- (5) The class-specific eligibility standards for renewal of a UBC student pharmacist licence are set out in subsections (6) and (7).
- (6) A licensee seeking renewal of a UBC student pharmacist licence must submit to the registrar all of the following, in the form required by the registrar, as applicable:
  - (a) a completed licence application in the form required by the registrar;
  - (b) evidence satisfactory to the registrar that the UBC student pharmacist remains enrolled as a student in the UBC program;
  - (c) a declaration by the licensee, in the form required by the registrar, attesting to the licensee's compliance with the Act, the regulations under the Act, these bylaws, and any limits or conditions imposed on the licensee's practice under the former Act or the Act;
  - (d) a declaration by the licensee, in the form required by the registrar, attesting to
    - (i) the truthfulness and completeness of the information submitted by the licensee in or with the licence application, and
    - (ii) the licensee's understanding of the consequences that may result from submitting false, misleading or incomplete information in or with a licence renewal application;
  - (e) the applicable fees, if any, set out in Schedule B [*Fees*];
  - (f) any outstanding amount owed by the licensee to the College;
  - (g) any additional information or records the licensee is ordered to provide under section 42(2) of the Act.

- (7) A licensee seeking renewal of a UBC student pharmacist licence must submit, or cause to be submitted, to the registrar on or before 4:30 pm Vancouver local time on August 31 in each year all the items required under subsection (6).
- (8) If the date for submitting items under subsection (7) falls on a holiday, or another day when the College is not open for business, those items must be submitted on the closest earlier day that is not a holiday and that the College is open for business.
- (9) If a licensee seeking renewal of a UBC student pharmacist meets the requirement in subsection (7), the licence may be renewed by the registrar or licence committee.
- (10) If a UBC student pharmacist licence is not renewed in accordance with this section, the licence is revoked on September 1 in the year.

#### **Expiry and renewal of other student pharmacist licences**

- 90**
- (1) In this section, “**expiry date**”, in respect of a student pharmacist licence, means the expiry date specified for the licence in accordance with subsection (3).
  - (2) This section does not apply to a “UBC student pharmacist” within the meaning of section 89 [*Expiry and renewal of UBC student pharmacist licences*] or to a UBC student pharmacist licence.
  - (3) An expiry date must be specified for a student pharmacist licence by the registrar or licence committee at the time the licence is issued, and the expiry date must not be more than one year after the date on which the licence is issued.
  - (4) A student pharmacist licence is valid from the date it is issued until no later than its expiry date.
  - (5) A student pharmacist licence cannot be renewed.
  - (6) A student pharmacist licence is revoked on the day after its expiry date.

#### **Expiry and renewal of temporary licences**

- 91**
- (1) In this section:

**“expiry date”**, in respect of a temporary licence, means the expiry date specified for the licence in accordance with subsection (2);

**“licence”** and **“temporary licence”** mean a licence issued in one of the following classes of licensees, and **“licensee”** and **“temporary licensee”** have corresponding meanings:

- (a) temporary pharmacists;
- (b) temporary pharmacy technicians.

- (2) An expiry date must be specified for a temporary licence, and any renewal of the licence, by the registrar or licence committee at the time the licence is issued or renewed, and the expiry date must not be more than 180 days after the date on which the licence is issued or renewed.
- (3) A temporary licence is valid from the date it is issued or renewed until no later than its expiry date.
- (4) A temporary licence is subject to renewal in accordance with this section on or before its expiry date.
- (5) At least 14 days before the expiry date of a temporary licence, the registrar must give to the licensee a notice setting out the following:
  - (a) the renewal fees payable by the licensee under Schedule B [Fees],
  - (b) the process for submitting an application for licence renewal and the information or records required by the registrar to be submitted in or with the application;
  - (c) the consequences that may result from late payment or non-payment of renewal fees or from failure to renew on or before the expiry date.
- (6) The eligibility standards for renewal of a temporary licence are set out in subsections (7) and (8).
- (7) A temporary licensee seeking renewal of a temporary licence must submit to the registrar all of the following, in the form required by the registrar, as applicable:
  - (a) a completed licence application in the form required by the registrar;

- (b) a declaration by the temporary licensee, in the form required by the registrar, attesting to the temporary licensee's compliance with the Act, the regulations under the Act, these bylaws, and any limits or conditions imposed on the temporary licensee's practice under the former Act or the Act;
  - (c) a declaration by the temporary licensee, in the form required by the registrar, attesting to
    - (i) the truthfulness and completeness of the information submitted by the temporary licensee in or with the licence application, and
    - (ii) the temporary licensee's understanding of the consequences that may result from submitting false, misleading or incomplete information in or with a licence renewal application;
  - (d) the applicable fees, if any, set out in Schedule B [*Fees*];
  - (e) any outstanding amount owed by the temporary licensee to the College;
  - (f) any additional information or records the temporary licensee is ordered to provide under section 42(2) of the Act.
- (8) A temporary licensee seeking renewal of a temporary licence must submit, or cause to be submitted, to the registrar on or before 4:30 pm Vancouver local time on the expiry date all the items required under subsection (7).
- (9) If the date for submitting items under subsection (8) falls on a holiday, or another day when the College is not open for business, those items must be submitted on the closest earlier day that is not a holiday and that the College is open for business.
- (10) If a temporary licensee seeking renewal of a temporary licence meets the requirement in subsection (8), the licence may be renewed by the registrar or licence committee.
- (11) If a temporary licence is not renewed in accordance with this section, the licence is revoked on the day after its expiry date.

- (12) Despite subsections (2) to (11), a temporary licence is revoked on the day after the date determined by the registrar for the applicable class of licensees under
- (a) section 72(1)(b) [*Eligibility standards for temporary pharmacist licences*], or
  - (c) section 77(1)(b) [*Eligibility standards for temporary pharmacy technician licences*];

## **Division 7 – Decisions by Registrar**

### **Registrar authorized to act**

- 92** The registrar is authorized to act under section 43 of the Act.

### **Authority of registrar to investigate before decision**

- 93** In addition to any orders made under section 42 of the Act, the registrar may investigate matters relevant to a licence application before making a decision under section 43 or 44 of the Act.

### **Notice of administrative refusal**

- 94** If the registrar makes an adverse application decision under section 44(1) of the Act, the notice and reasons required by section 44(2) of the Act
- (a) must be given to the applicant within 60 days of the date of the decision, and
  - (b) must inform the applicant of the right to apply for a reconsideration under section 45 of the Act.

### **Reconsideration of administrative refusal**

- 95** (1) Subject to section 381 of the Act, an applicant may apply for a reconsideration under section 45 of the Act by submitting all of the following to the registrar within 30 days after the date on which the applicant received the notice under section 44(2) of the Act:
- (a) a completed application, in the form and manner ordered by the registrar;

- (b) all information and records required by the registrar;
  - (c) the applicable fees, if any, set out in Schedule B [*Fees*].
- (2) Before acting under section 383(1) of the Act, the registrar must give the applicant an opportunity to be heard, which must be limited to inviting written submissions only unless the registrar determines there are exceptional circumstances requiring a different form of hearing.
- (3) Notice and reasons required under section 383(2) of the Act, and any refund required under section 383(3) of the Act, must be given to the applicant as soon as practicable after the decision on the reconsideration under section 45 of the Act is made.

## **Division 8 – Decisions by Licence Committee**

### **Authority of licence committee to investigate before decision**

- 96** (1) The licence committee may investigate, or may direct the registrar to investigate, matters relevant to a licence application before making a decision with respect to the application.
- (2) The applicant must demonstrate that they meet all applicable eligibility standards and requirements for the licence under the Act, the regulations under the Act, and these bylaws.

### **Hearing process for adverse application decision by licence committee**

- 97** (1) Subject to subsection (2), before the licence committee makes an adverse application decision under section 53 of the Act, the registrar, on behalf of the licence committee, must provide
- (a) written notice to the applicant, and
  - (b) an opportunity to be heard by inviting the applicant to provide written submissions under section 380(2)(a) of the Act.
- (2) Subsection (1) does not apply to an adverse application decision
- (a) that the licence committee is authorized to make without notice or a hearing under section 53(2) or 54 of the Act, or

- (b) that reflects the outcome of an equivalency determination under section 64 *[Equivalency determinations]* if
  - (i) the applicant has accepted the outcome of that equivalency determination under section 64(6)(a) *[Equivalency determinations]*, or
  - (ii) the licence committee has already given the applicant an opportunity to be heard under section 64(7) *[Equivalency determinations]*.

### **Notice of adverse application decision by licence committee**

- 98** If the licence committee makes an adverse application decision under section 53 or 54 of the Act, the notice and reasons required by section 53(4) of the Act must be given to the applicant within 60 days of the date of the decision.

## **Division 9 – Licence Limits, Conditions, and Revocation**

### **Imposition of limits or conditions by registrar or licence committee**

- 99** (1) Subject to these bylaws and the terms of any applicable disciplinary order, the registrar or licence committee may impose limits or conditions on a licence under section 43(3) or 52(2) of the Act for any reason, including lack of currency in practice, when issuing, varying, renewing or reinstating a licence, including but not limited to one or more of the following:
- (a) a requirement to practise under the supervision or direction of a licensee approved by the College;
  - (b) a limitation restricting the aspects of professional health services that the licensee may provide;
  - (c) a requirement to complete examinations, education, training or other upgrading of knowledge, skills, ability and judgment respecting
    - (i) the prevention and avoidance of any form of discrimination described in section 9 of the Act,
    - (ii) the promotion and awareness of cultural safety, humility and Indigenous-specific and other anti-racism, and

- (iii) any other matters relevant to the safe, competent and ethical practice of pharmacy;
  - (d) a requirement for the applicant to limit or restrict their practice until they have successfully completed measures required under paragraph (c);
  - (e) a requirement for periodic or random practice audits on terms specified by the College and to take further remedial steps if the practice audit results are not satisfactory to the College.
- (2) Subject to subsection (3), the registrar or licence committee must provide
  - (a) written notice to an applicant or licensee of a proposed limit or condition under subsection (1), and
  - (b) an opportunity to be heard by inviting the applicant or licensee to provide written submissions under section 380(2)(a) of the Act before the registrar or licence committee decides whether to impose the proposed limit or condition.
- (3) Subsection (2) does not apply to a limit or condition that the registrar or licence committee is authorized to impose without notice or a hearing under section 44(1), 53(2) or 54 of the Act.
- (4) Every licence is deemed to include a condition that the licence committee may vary, suspend or revoke the licence if the committee determines, after giving the licensee an opportunity to be heard, that the licensee made a misrepresentation or omission in their application, or in information submitted to the College in support of their application, that was material to the previous decision to issue, vary, renew or reinstate the licensee's licence, having regard to
  - (a) the nature of the information misrepresented or omitted, including the likely impact of the misrepresentation or omission on the previous decision to issue, vary, renew or reinstate the licensee's licence,
  - (b) whether or to what extent the licensee knew or should have known at the time of their application that they were misrepresenting or omitting a material fact,
  - (c) whether the misrepresentation or omission is evidence of that the licensee does not meet the good character requirements in

section 60(1)(a) *[General eligibility standards]*, or any other applicable eligibility standard, and

- (d) any other circumstances the licence committee considers relevant.

### **Application to vary limits or conditions on licence**

- 100** (1) A licensee applying to vary the limits or conditions attached to their licence must submit to the registrar
- (a) a completed application in the form and manner ordered by the registrar,
  - (b) payment of any outstanding amount owed or owing by the applicant to the College, and
  - (c) the applicable fees set out in Schedule B *[Fees]*.
- (2) An applicant under subsection (1) must submit, or cause to be submitted, to the registrar any relevant information or records the registrar requires them to submit in support of their request.

### **Revocation of licence**

- 101** The registrar must revoke a licensee's licence on receipt of
- (a) confirmation of the licensee's death, or
  - (b) a request or consent, in writing, from the licensee to revoke the licence.

### **Revocation of licence due to material misrepresentation or omission**

- 102** (1) In accordance with section 99(4) *[Imposition of limits or conditions by registrar or licence committee]*, the licence committee may vary, suspend or revoke a licence if the committee determines, after giving the licensee an opportunity to be heard, that the licensee made a misrepresentation or omission in their application, or in information submitted to the College in support of their application, that was material to the previous decision to issue, vary, renew or reinstate the licensee's licence, having regard to the factors described in section 99(4)(a) to (d) *[Imposition of limits or conditions by registrar or licence committee]*.

- (2) Before making a decision under subsection (1), the licence committee must provide
  - (a) written notice to the licensee, and
  - (b) an opportunity to be heard under by inviting the licensee to provide written submissions.

## PART 7 – CONTINUING PROFESSIONAL DEVELOPMENT

### Definitions for Part

**103** In this Part:

**“CPD program”** means the continuing professional development program required under section 104(1) [*Mandatory CPD program*];

**“CPD program policies”** means the policies and procedures referred to in section 104(4) [*Mandatory CPD program*];

**“learning activities”** means participating or engaging in training, courses, conferences, education programs, experiences, self-directed studies, assessments, or other activities that demonstrably support individual pharmacy professionals in maintaining currency of professional knowledge, skills and abilities.

### Mandatory CPD program

- 104**
- (1) The registrar must establish and administer a continuing professional development program for the purpose of ensuring that the professional knowledge, skills and abilities of full pharmacists and pharmacy technicians remain current.
  - (2) For certainty, the CPD program is not part of the quality assurance program required under Part 8 [*Quality Assurance*].
  - (3) The CPD program must require each full pharmacist and pharmacy technician to complete learning activities on the basis of a 12-month cycle, in accordance with the CPD program policies.
  - (4) Subject to this Part, the registrar may

- (a) establish requirements, limits and conditions for learning activities and individualized learning plans that the registrar considers necessary or advisable, having regard to the purpose of the CPD program as described in subsection (1), and
  - (b) establish any policies or procedures that the registrar considers necessary or advisable with respect to the administration of the CPD program, including without limitation policies and procedures to do the following:
    - (i) set minimum requirements for the number of learning activities, or the number of hours of learning activities, that must be completed by licensees during each 12-month cycle;
    - (ii) specify an online portal or platform or other electronic method for licensees to maintain and submit records in accordance with section 106 [*Duty to maintain learning activity records*] and section 107 [*Verification of learning activities*], and require licensees to use the platform, portal or other method for maintaining and submitting those records;
    - (iii) set criteria for reviewing, evaluating and approving learning activities for the purpose of acceptance as meeting the CPD program requirements, and provide for reconsideration of decisions to refuse approval of learning activities;
    - (iv) provide for the carry-over of a portion of a licensee's accepted learning activities, in the form of credits or other recognition, from one year to the following year;
    - (v) facilitate the transition of new or reinstated licensees into the CPD program;
    - (vi) set the criteria or limits and conditions under which, for individual licensees, the registrar may waive, modify or give an exemption from a requirement, limit or condition of the CPD program.
- (5) The registrar may, under subsection (4), make different CPD program requirements, limits, conditions, policies or procedures for different classes of full pharmacists and pharmacy technicians or different pharmacy practice settings.

- (6) The registrar must publish the CPD program requirements, limits, conditions, policies and procedures on the College website.
- (7) Full pharmacists and pharmacy technicians must comply with all applicable requirements of the CPD program.

### **Indigenous cultural safety and Indigenous-specific anti-racism learning**

- 105** Without limiting section 104 [*Mandatory CPD program*],
- (a) the registrar must set minimum annual requirements for full pharmacists and pharmacy technicians to participate or engage in learning activities related to Indigenous cultural safety, cultural humility, and Indigenous-specific anti-racism, and
  - (b) every full pharmacist and pharmacy technician must, during each 12-month cycle, participate or engage in learning activities in accordance with the minimum requirements set under paragraph (a).

### **Duty to maintain learning activity records**

- 106** (1) Every full pharmacist and pharmacy technician must, during each 12-month cycle of the CPD program and in accordance with the CPD program policies, maintain adequate supporting records to document compliance with the applicable learning activity requirements under this Part for the 12-month cycle.
- (2) For each 12-month cycle of the CPD program, every full pharmacist and pharmacy technician must retain the records described in subsection (1) for at least three years after the end of the 12-month cycle.

### **Verification of learning activities**

- 107** (1) Every full pharmacist and pharmacy technician must submit to the registrar, in accordance with the CPD program policies, copies of the records described in section 106(1) [*Duty to maintain learning activity records*].
- (2) The registrar may cause audits of samples of full pharmacists and pharmacy technicians to be conducted as the registrar considers necessary or appropriate to verify compliance with applicable CPD program requirements under this Part.

- (3) The registrar may require a licensee to submit additional information
  - (a) necessary to determine whether the licensee has met the applicable continuing professional development requirements under this Part, or
  - (b) as part of an audit under subsection (2).

## **PART 8 – QUALITY ASSURANCE**

### **Definitions for Part**

**108** In this Part:

**“QA program”** means the quality assurance program required under section 109(1) [*Mandatory QA program*];

**“QA program policies”** means the policies and procedures referred to in section 109(3) [*Mandatory QA program*].

### **Mandatory QA program**

- 109** (1) Effective October 1, 2027, the registrar must establish and administer a quality assurance program for the following purposes:
- (a) to assist individual full pharmacists and pharmacy technicians to improve their own professional performance;
  - (b) to identify issues of professional performance found across multiple full pharmacists or pharmacy technicians or within the class of full pharmacists or the class of pharmacy technicians and recommend measures that may be taken to remedy those issues.
- (2) Subsection (1) does not prevent the registrar from establishing the QA program, or aspects of the QA program, before October 1, 2027.
- (3) The QA program must operate on the basis of a 12-month cycle.
- (4) Subject to this Part, the registrar may establish any policies or procedures that the registrar considers necessary or advisable with respect to the administration of the QA program, including without limitation policies and procedures to do the following:

- (a) address the retention, employment or dismissal of persons to act as quality assurance assessors;
  - (b) address training, assistance and support for quality assurance assessors;
  - (c) facilitate the transition of new or reinstated licensees into the QA program;
  - (d) set the criteria or limits and conditions under which, for individual licensees, the registrar may waive, modify or give an exemption from a requirement, limit or condition of the QA program;
  - (e) govern the use of advisory working groups under section 49 [*Advisory working groups*] to support administration of the QA program.
- (5) The policies under subsection (4) must provide guidance on the assessment process and ensure that the assessment process will have minimal disruption to the ordinary course of a licensee providing pharmacy services, having regard to the practice setting in which the licensee is providing those services, and without limitation must address the following matters:
- (a) giving the licensee advance notice of an assessment;
  - (b) consultation or coordination with the licensee as to the timing of an assessment;
  - (c) informing a licensee about the assessment process and any matter the assessor may focus on during the assessment;
  - (d) measures to ensure client consent and privacy;
  - (e) observation protocols to minimize interference with client care;
  - (f) ensuring a licensee's continuing access to client records that are being reviewed in the course of an assessment.
- (6) The policies under subsection (4) must include non-exhaustive lists concerning
- (a) types of clinical or other evaluations,

- (b) recognized education or training courses,
- (c) cultural safety, Indigenous cultural safety, anti-racism, and anti-discrimination courses, reference materials, or other resources, and
- (d) other resources, which may include consultants, for supporting and promoting awareness of reconciliation with Indigenous peoples, the United Nations Declaration on the Rights of Indigenous Peoples, and the need to address racism and anti-racism issues that are specific to Indigenous peoples,

that a quality assurance assessor may consult when making recommendations relating to improvement of any individual performance matter, or to remedy issues of professional performance across multiple licensees or within a class of licensees.

- (7) The registrar may, under subsection (4), make different QA program requirements, limits, conditions, policies or procedures for different classes of full pharmacists and pharmacy technicians or different pharmacy practice settings.
- (8) The registrar must publish the QA program requirements, limits, conditions, policies and procedures on the College website.
- (9) Full pharmacists, provisional pharmacists, pharmacy technicians and provisional pharmacy technicians must comply with all applicable requirements of the QA program.

### **Qualifications of QA assessors**

- 110** (1) Subject to the registrar's discretion, a person who is retained or employed to exercise the powers and perform the duties of a quality assurance assessor must possess the following minimum qualifications:
- (a) be licensed in the full pharmacist class or pharmacy technician class and in good standing, and
  - (b) possess training, experience, or expertise in pharmacy practice or peer review, and in the subject matter of the assessment.
- (2) Subsection (1) does not limit the registrar's discretion to refuse to retain or employ any person, either generally or in specific circumstances.

- (3) The registrar must establish and maintain a list of the qualifications required to conduct quality assurance assessments for licensees of the College.

### Grounds for QA assessment

- 111 (1) In addition to the grounds for assessment set out in section 99(1)(a) to (c) of the Act, and subject to the QA program policies, a quality assurance assessor may conduct a quality assurance assessment of a licensee
  - (a) chosen by a non-random selection process designed to ensure every licensee, or every licensee in a specific class, periodically undergoes a quality assurance assessment,
  - (b) on a recommendation by the registrar, based on an assessment of the risk presented by a class of licensees, or by types of health services provided by licensees or by a class established on any other basis,
  - (c) on a recommendation by the registrar, if the registrar determines an assessment is appropriate in the circumstances upon a review or audit of records conducted under section 107 [*Verification of learning activities*] or a review conducted under section 135(3) [*Licensee practice monitoring program*],
  - (d) on the basis of the assessor's review of reports made to the registrar or the investigation committee in respect of
    - (i) matters specified in section 131(2) of the Act, including without limitation final reports made by investigators under Division 12 of Part 3 of the Act, and
    - (ii) matters specified in section 17(1) of the *Pharmacy Operations and Drug Scheduling Act*, including without limitation reports under section 18 of that Act, or
  - (e) on a recommendation by the registrar on any other basis, other than for purposes of an investigation or disciplinary proceeding.
- (2) A licensee selected for a quality assurance assessment must complete the assessment as directed by the quality assurance assessor in accordance with section 112 [*Methods of QA assessment*].

## Methods of QA assessment

- 112** In addition to the methods of assessment set out in section 99(2)(a) to (c) of the Act, and subject to the QA program policies, a quality assurance assessor may, for purposes of conducting a quality assurance assessment of a licensee,
- (a) contact work peers, including the licensee's employers, professional colleagues, and co-workers to gather information in confidence including but not limited to their knowledge, observations, opinions, recommendations, and evaluations pertaining to the licensee's professional performance, employment, or occupational or educational history,
  - (b) contact clients, and family members of clients to gather information in confidence including but not limited to their knowledge, observations, opinions, recommendations, and evaluations pertaining to the licensee's professional performance, employment, or occupational or educational history,
  - (c) collect information from individuals referred to in paragraphs (a) or (b) with the consent of such individuals, for the purposes described in paragraphs (a) or (b),
  - (d) require that the licensee provide contact information for selected individuals, if any, referred to in paragraphs (a) or (b) who are willing to provide feedback under paragraphs (a) or (b),
  - (e) collect third party documentation and records relating to the licensee's professional performance,
  - (f) review the licensee's history of professional activities, including without limitation the licensee's patterns and processes, if any, of dispensing, consultations, drug administration, assessment, diagnosing, prescribing, and record-keeping,
  - (g) interview or engage in discussions with the licensee about the licensee's professional practice,
  - (h) require that the licensee undergo a specific pharmacy skills evaluation process,

- (i) conduct an on-site visit to the licensee's place of practice,
- (j) require that the licensee
  - (i) engage in a structured reflection, or
  - (ii) conduct a critical client records review, or
- (k) use or require the licensee to comply with
  - (i) policies and procedures for quality assurance assessments, practice standards for the practice of pharmacy, or ethics standards for the practice of pharmacy,
  - (ii) the form or manner authorized or required for the purpose of completing an assessment or aspects of an assessment, and
  - (iii) the date or dates by which an assessment or aspects of an assessment must be completed.

### **Conduct of QA assessments**

- 113**
- (1) The registrar must require that a person completes a conflict of interest check prior to conducting a quality assurance assessment of a licensee.
  - (2) A person who is conducting a quality assurance assessment must advise the subject licensee of
    - (a) their power to report to the registrar when a licensee is interfering with a quality assurance assessment under section 103(1) of the Act,
    - (b) their powers and duties respecting quality assurance information under sections 102 and 103 of the Act, and
    - (c) exceptions to the confidentiality of quality assurance information, under sections 104 and 105 of the Act.
  - (3) A person who is conducting a quality assurance assessment must not observe a licensee while the licensee is providing a service to a client unless
    - (a) the consent of the client being treated is obtained in advance, or
    - (b) the service is being provided in a public setting.

### **Duty to maintain QA activity records**

- 114** (1) Every full pharmacist and pharmacy technician must, during each 12-month cycle of the QA program and in accordance with the QA program policies, maintain adequate supporting records to document compliance with the applicable assessment requirements commenced or completed under this Part, if any, for the 12-month cycle.
- (2) For each 12-month cycle of the QA program, every full pharmacist and pharmacy technician must retain the records described in subsection (1), if any, for at least three years after the end of the 12-month cycle.

### **Verification of QA activities**

- 115** (1) The registrar may cause audits of samples of full pharmacists and pharmacy technicians to be conducted as the registrar considers necessary or appropriate to verify compliance with applicable QA program requirements under this Part.
- (2) The registrar may require a licensee to submit information
- (a) necessary to determine whether the licensee has met any applicable quality assurance requirements under this Part, or
  - (b) as part of an audit under subsection (1).

## **PART 9 – PROFESSIONAL RESPONSIBILITIES**

### **Ethics standards**

- 116** Ethics standards respecting the practice of pharmacy are established as set out in Schedules D.1 to D.4.

### **Practice standards**

- 117** Practice standards respecting the practice of pharmacy are established as set out in Schedules E.1 to E.14.

### **Generally accepted professional standards**

- 118** (1) Without limiting the applicability of the standards referred to in sections 116 [*Ethics standards*] and 117 [*Practice standards*], a licensee must not

provide health services in a manner that exposes a client to harm or a risk of harm if, in the circumstances, no reasonable and competent licensee would provide health services in that manner having regard to relevant standards.

- (2) Relevant standards under subsection (1) include uncodified standards that are generally accepted within the profession of pharmacy and that are not superseded by any ethics standard or practice standard.

#### **Permitted uses of reserved titles**

- 119** A licensee may use a reserved title only if the licensee's licence is not suspended and the licensee
- (a) holds a licence in a class of licensees authorized by these bylaws to use the reserved title, and
  - (b) uses the reserved title in the manner authorized by these bylaws.

#### **Use of pharmacist titles**

- 120**
- (1) A full pharmacist may use any reserved title except "pharmacy technician".
  - (2) Only a full pharmacist may use the reserved titles "apothecary", "druggist" and "pharmaceutical chemist".
  - (3) A full pharmacist may use only the abbreviation "R.Ph.".
  - (4) A provisional pharmacist may use only the title "pharmacist (provisional)" and must not use any abbreviations.
  - (5) A temporary pharmacist may use only the title "pharmacist (temporary)" and must not use any abbreviations.

#### **Use of student pharmacist titles**

- 121** A student pharmacist may use only the title "pharmacist (student)" and must not use any abbreviations.

#### **Use of pharmacy technician titles**

- 122** (1) A pharmacy technician may use only the title "pharmacy technician" and may use only the abbreviation "R.Ph.T.".

- (2) A provisional pharmacy technician may use only the title “pharmacy technician (provisional)” and must not use any abbreviations.
- (3) A temporary pharmacy technician may use only the title “pharmacy technician (temporary)” and must not use any abbreviations.

### **Duty to maintain professional liability insurance**

- 123**
- (1) Each licensee, other than a student pharmacist, must obtain and at all times maintain professional liability insurance coverage against liability for negligence of the licensee in the provision of health services that constitute the scope of practice for the profession of pharmacy under the Pharmacists Regulation, in an amount not less than \$2,000,000 per claim or per occurrence in a form satisfactory to the College.
  - (2) Each licensee, other than a student pharmacist, must obtain and at all times maintain professional liability insurance coverage against liability for negligence of employees of the licensee in the provision of health services that constitute the scope of practice for the profession of pharmacy under the Pharmacists Regulation, in an amount not less than \$2,000,000 per claim or per occurrence in a form satisfactory to the College.
  - (3) The professional liability insurance coverage referred to in subsections (1) and (2) must
    - (a) provide occurrence-based coverage or claims made coverage with an extended reporting period of at least three years, and
    - (b) if not issued in the licensee’s name, be a group policy that covers the licensee as an individual.
  - (4) Each licensee is responsible for ensuring their individual or group policy meets the minimum criteria established in subsections (1) to (3).
  - (5) A licensee who ceases to have professional liability insurance coverage as required by subsections (1) to (4) must
    - (a) immediately cease practising the profession of pharmacy,
    - (b) notify the registrar in writing not more than seven days after coverage ceases, and

- (c) not more than seven days after coverage ceases, provide to the registrar
  - (i) consent for the immediate revocation of their licence, or
  - (ii) proof of professional liability insurance coverage as required under subsections (1) and (2).

#### **Duty to report changes in personal and contact information**

- 124** (1) A licensee must notify the registrar of any change in the personal information or contact information that they previously provided to the College including, without limitation, changes to their name, to any mailing address, telephone number or email address, or change in their employers, as well as matters referred to in section 125 [*Duty to report criminal charges and disciplinary proceedings*].
- (2) A notice required under subsection (1), including without limitation a notice in respect of a change in business contact information, must be received by the registrar within seven days after the change is effective.

#### **Duty to report criminal charges and disciplinary proceedings**

- 125** (1) A licensee who is charged with an offence under a federal, provincial or territorial statute anywhere in Canada, or an equivalent offence in a foreign jurisdiction, must immediately provide a written notice to the registrar specifying particulars of the charge.
- (2) Despite subsection (1), no notification is required under that subsection in respect of a ticket under the *Contraventions Act* (Canada), a violation ticket under the *Offence Act*, or the equivalent in a jurisdiction outside British Columbia.
- (3) A licensee who becomes the subject of an investigation, inquiry, review or other proceeding in British Columbia or any other Canadian or a foreign jurisdiction that could result in their authority to practise a profession being cancelled, revoked, suspended, limited, restricted or made subject to limits or conditions must immediately, on becoming aware of the proceeding, provide a written notice to the registrar specifying particulars of the proceeding.

## **Duty on return to practice in British Columbia**

- 126** (1) The following extrajurisdictional regulators are specified for the purpose of section 81 of the Act:
- (a) a pharmacy regulatory authority that is a member of NAPRA in Canada;
  - (b) a state board of pharmacy that is a member of the National Association of Boards of Pharmacy in the United States;
  - (c) an extrajurisdictional regulator or another person or body that governs a health profession, in a country other than Canada or the United States, that the registrar determines is equivalent to an extrajurisdictional regulator referred to in paragraph (a) or (b).
- (2) For the purpose of section 81(2) of the Act, “absent from British Columbia” means the licensee did not practise the profession of pharmacy in British Columbia for a period that exceeds six consecutive months.
- (3) The registrar is authorized to waive the requirement under section 81(2) of the Act with respect to any licensee or class of licensees.

## **PART 10 – DELEGATION**

### **General requirements for delegation**

- 127** (1) A licensee who is authorized to delegate a restricted activity to a pharmacy assistant under this Part must, in addition to complying with section 74(2)(b) of the Act,
- (a) be satisfied that the pharmacy assistant will perform the restricted activity in accordance with all standards of practice applicable to the licensee,
  - (b) ensure that the pharmacy assistant is willing to accept the delegation, and must document the accepted delegation in a pharmacy record and retain a copy of that record for at least three years,

- (c) ensure that the pharmacy assistant, whenever performing the delegated restricted activity, is clearly identified as doing so in a pharmacy record and must retain a copy of that record for at least three years, and
  - (d) ensure that the licensee's professional liability insurance required under section 123 [*Duty to maintain professional liability insurance*] covers all activities delegated to the pharmacy assistant by the licensee.
- (2) A licensee who delegates a restricted activity to a pharmacy assistant
- (a) may revoke the delegation at any time,
  - (b) remains responsible for the restricted activity, and
  - (c) must not permit the pharmacy assistant to subdelegate the restricted activity to another person.
- (3) A licensee must not delegate any restricted activity if there are limits or conditions attached to the licensee's licence requiring the licensee to be under the supervision or direction of another licensee of the College when practising the profession of pharmacy.
- (4) A licensee must not delegate any restricted activity that the licensee is not authorized to perform because of a limit or condition on their licence imposed or consented to under the Act or Part 3 of the former Act.

### Delegation by pharmacists

128 (1) In this section:

**“restricted activity”** means any restricted activity described in the following items of the Restricted Activities Table:

- (a) items 47 and 48 [*drugs*];
- (b) items 51 and 52 [*therapeutic diets*];

**“Restricted Activities Table”** has the same meaning as in the Regulated Health Practitioners Regulation, B.C. Reg. 129/2025.

- (2) A full pharmacist may delegate the performance of any restricted activity to a pharmacy assistant, but only to the extent necessary to enable the pharmacy assistant to perform technical functions related to the

dispensing, distribution or sale of drugs or the operation of a “pharmacy” within the meaning of PODSA.

- (3) A full pharmacist who delegates a restricted activity under subsection (2)
- (a) may only delegate to a pharmacy assistant who is employed by, and working in, the same community pharmacy, hospital pharmacy or hospital pharmacy satellite as the delegating full pharmacist,
  - (b) may delegate to a pharmacy assistant who is employed by, and working in, a community pharmacy only if
    - (i) the pharmacy’s manager has established written procedures, checks and controls for the performance of the specific technical functions to be performed by pharmacy assistants in the specific practice setting, and
    - (ii) the delegating full pharmacist is satisfied that those procedures, checks and controls are adequate to ensure the accurate and safe delivery of community pharmacy or telepharmacy services,
  - (c) may delegate to a pharmacy assistant who is employed by, and working in, a hospital pharmacy or a hospital pharmacy satellite only if
    - (i) the pharmacy’s manager has established written procedures, checks and controls for the performance of the specific technical functions to be performed by pharmacy assistants in the specific practice setting, and
    - (ii) the delegating full pharmacist is satisfied that those procedures, checks and controls are adequate to ensure the accurate and safe delivery of hospital pharmacy services,
  - (d) must have a reasonable basis for being satisfied that the pharmacy assistant meets the requirements of section 74(2)(b)(i) and (ii) of the Act in relation to the type of pharmacy in which the pharmacy assistant is to perform the restricted activity, and for that purpose a reasonable basis requires at a minimum that the delegating full pharmacist

- (i) has personally verified the pharmacy assistant's education, training, experience and character qualifications, or
  - (ii) is reasonably satisfied that the pharmacy assistant's education, training, experience and character qualifications have been verified by the pharmacy's manager, and
- (e) must ensure that the pharmacy assistant only performs the delegated restricted activity under the direct supervision and direction of
- (i) the delegating full pharmacist, or
  - (ii) another licensee of the College who is authorized under this Part to delegate the restricted activity to a pharmacy assistant.
- (4) Subsections (2) and (3) apply to temporary pharmacists as if they were full pharmacists.

#### **Delegation by pharmacy technicians**

- 129** (1) In this section, “**restricted activity**” means a restricted activity as defined in section 128(1) [*Delegation by pharmacists*] that pharmacy technicians are authorized to perform under the Act.
- (2) A pharmacy technician may delegate the performance of any restricted activity to a pharmacy assistant, but only to the extent necessary to enable the pharmacy assistant to perform technical functions related to the dispensing, distribution or sale of drugs or the operation of a “pharmacy” within the meaning of PODSA.
- (3) A pharmacy technician who delegates a restricted activity under subsection (2)
- (a) may only delegate to a pharmacy assistant who is employed by, and working in, the same community pharmacy, telepharmacy, hospital pharmacy or hospital pharmacy satellite as the delegating pharmacy technician,
  - (b) may delegate to a pharmacy assistant who is employed by, and working in, a community pharmacy or telepharmacy only if

- (i) the pharmacy's manager has established written procedures, checks and controls for the performance of the specific technical functions to be performed by pharmacy assistants in the specific practice setting, and
  - (ii) the delegating pharmacy technician is satisfied that those procedures, checks and controls are adequate to ensure the accurate and safe delivery of community pharmacy or telepharmacy services,
- (c) may delegate to a pharmacy assistant who is employed by, and working in, a hospital pharmacy or a hospital pharmacy satellite only if
  - (i) the pharmacy's manager has established written procedures, checks and controls for the performance of the specific technical functions to be performed by pharmacy assistants in the specific practice setting, and
  - (ii) the delegating pharmacy technician is satisfied that those procedures, checks and controls are adequate to ensure the accurate and safe delivery of hospital pharmacy services,
- (d) must have a reasonable basis for being satisfied that the pharmacy assistant meets the requirements of section 74(2)(b)(i) and (ii) of the Act in relation to the type of pharmacy in which the pharmacy assistant is to perform the delegated restricted activity, and for that purpose a reasonable basis requires at a minimum that the delegating pharmacy technician
  - (i) has verified the pharmacy assistant's education, training, experience and character qualifications, or
  - (ii) is reasonably satisfied that the pharmacy assistant's education, training, experience and character qualifications have been verified by the pharmacy's manager, and
- (e) must ensure that the pharmacy assistant only performs the delegated restricted activity under the direct supervision and direction of
  - (i) the delegating pharmacy technician, or

- (ii) another licensee of the College who is authorized under this Part to delegate the restricted activity to a pharmacy assistant.
- (4) Subsections (2) and (3) apply to temporary pharmacy technicians as if they were pharmacy technicians.

## **PART 11 – PUBLIC PROTECTION**

### **Division 1 – Discipline for Administrative Matters**

#### **Registrar’s authority**

- 130** (1) The registrar is authorized to dispose of an administrative matter under section 109(1)(c) or (d) of the Act by making a disciplinary order described in section 270(1)(a) or (b) and (2) or section 271(1)(a) of the Act.
- (2) Before disposing of an administrative matter under section 109(b), (c) or (d) of the Act, the registrar must give the respondent
- (a) notice of the proposed disposition, and
  - (b) an opportunity to be heard, which may be limited to inviting written submissions only.

#### **Monetary penalty for administrative matters**

- 131** Subject to the regulations under the Act, the maximum amount of a monetary penalty for an administrative matter under section 109(1)(d) of the Act is \$100,000.

#### **Information to respondent**

- 132** Notice required under section 110(1) of the Act must
- (a) be given to the respondent as soon as practicable,
  - (b) inform the respondent of the right to a review, and
  - (c) include

- (i) copies of records used to make the order under section 109 of the Act, and
- (ii) copies of any other records which, in the opinion of the registrar, the respondent would require to exercise the right to a review.

### **Information to investigation committee**

- 133** (1) Relevant information and records required under section 111(1) of the Act must be given to the investigation committee as soon as practicable.
- (2) Notice required under section 111(2) of the Act must be given to the investigation committee as soon as practicable.

### **Review of disciplinary order**

- 134** (1) Subject to section 381 of the Act, a respondent who is subject to a disciplinary order made under section 109(1)(b), (c) or (d) of the Act may apply for reconsideration under section 110(2) of the Act by submitting all of the following to the registrar within 30 days after the date on which the respondent received the notice under section 110(1) of the Act:
- (a) a completed application, in the form and manner ordered by the registrar;
  - (b) all information and records required by the registrar;
  - (c) the applicable fees, if any, set out in Schedule B [*Fees*].
- (2) The registrar must give an application submitted under subsection (1) to the investigation committee as soon as practicable.
- (3) Before acting under section 383(1) of the Act, the investigation committee must give the respondent an opportunity to be heard, which must be limited to inviting written submissions only unless the investigation committee determines there are exceptional circumstances requiring a different form of hearing.
- (4) Notice and reasons required under section 383(2) of the Act, and any refund required under section 383(3) of the Act, must be given to the respondent as soon as practicable after the investigation committee's decision on the reconsideration under section 110(2) of the Act is made.

## Division 2 – Monitoring Licensee Compliance

### Licensee practice monitoring program

- 135** (1) The registrar must establish and implement a program to monitor, generally, for contraventions by licensees of the Act, the regulations under the Act, or the bylaws.
- (2) Without limitation, the monitoring program required under subsection (1) may include one or more of the following activities:
- (a) recommending materials for College publication, including materials to educate licensees about requirements for licensees under the Act, the regulations under the Act, and these bylaws, including ethics standards and practice standards;
  - (b) collaborating with other regulatory colleges, government agencies, public bodies, professional associations, and other organizations to share information and coordinate efforts to monitor licensees for contraventions;
  - (c) periodically and selectively monitoring online platforms, social media, websites, and other public media or resources to identify potential contraventions by selected licensees or licensees generally;
  - (d) periodically requiring that all or some licensees provide self-assessment reports to confirm their continuing awareness of and compliance with requirements under the Act, the regulations under the Act, and these bylaws, including ethics standards and practice standards;
  - (e) determining criteria to select licensees for compliance audits of aspects of their practices;
  - (f) determining criteria to defer or exempt selected licensees from compliance audits of aspects of their practices;
  - (g) determining the scope of, and performing, compliance audits;
  - (h) hiring or retaining one or more College employees as assessors to conduct or participate in compliance audits;

- (i) seeking information from any source to determine if any licensee's practice has been contravening the Act, the regulations under the Act, or these bylaws;
  - (j) identifying and notifying licensees of potential contraventions, and providing such licensees an opportunity to respond;
  - (k) providing licensee compliance and contravention reports to the registrar.
- (3) If a potential contravention by a licensee is reported to the registrar under subsection (2)(k), the registrar
- (a) may request records or information from the licensee associated with the potential contravention, and
  - (b) must review the information about the potential contravention obtained from the monitoring and any request made under paragraph (a), and decide whether to
    - (i) refer the licensee associated with the potential contravention to the College's quality assurance program under section 111(1)(c) [*Grounds for QA assessment*],
    - (ii) assess the potential contravention as an administrative matter under section 108 of the Act, or
    - (iii) initiate a regulatory complaint under section 119 of the Act naming the licensee associated with the potential contravention.

### **Duty to participate in compliance audits**

- 136** A licensee who is subject to a compliance audit referred to in section 135(2) [*Licensee practice monitoring program*] must participate in, and cooperate with, the compliance audit process.

### **Compliance audit process**

- 137** (1) For the purpose of a compliance audit referred to in section 135(2)(g) [*Licensee practice monitoring program*], the requirements for a licensee's participation in the compliance audit process may without limitation include one or more of the following:
- (a) completing and submitting a compliance audit questionnaire;

- (b) responding to requests and answering all questions in a prompt and complete manner;
  - (c) providing access to all requested information, files, and records in the licensee’s possession or control, including but not limited to information, files, or records related to the licensee’s compliance with the applicable requirements for licensing, quality assurance requirements, and ethics standards and practice standards;
  - (d) attending one or more interviews with the assessor, either in person or by electronic means as directed by the assessor, which may be recorded by the assessor by audio or video;
  - (e) facilitating site visits, in person or by electronic means, by the assessor or any person designated by the assessor, including taking reasonable steps to arrange for site access.
- (2) For the purpose of subsection (1), an assessor or the registrar may specify time periods within which the licensee must comply with requirements of the compliance audit process.

### **Division 3 – Reports, Complaints, and Initiating Investigations**

#### **Requirements for regulatory reports**

**138** (1) In this section:

**“reporter”** means a person who

- (a) has a duty to make a regulatory report, and
- (b) makes a regulatory report;

**“subject licensee”** mean the licensee who is the subject of a regulatory report.

- (2) A regulatory report under Division 6 of Part 3 of the Act must be submitted in the form and manner ordered by the registrar and must include all of the following:
- (a) the reporter’s name and personal contact information or business contact information;

- (b) the subject licensee's name, if known to the reporter, or any other information that is lawfully and reasonably available to the reporter and could assist the registrar in identifying the subject licensee;
- (c) a description of the reporter's grounds for holding a belief described in section 84, 85 or 86 of the Act, as applicable, with respect to the subject licensee;
- (d) copies of any documents that are lawfully and reasonably available to the reporter and relevant to the reporter's grounds for holding a belief referred to in paragraph (c);
- (e) an indication of whether the reporter has already made, or has reasonable grounds to believe that another person has already made, with respect to the same matter,
  - (i) a regulatory report to another regulatory college,
  - (ii) a report to a law enforcement agency, or
  - (iii) a report to an employer of the subject licensee,and if so must include, as applicable, the particulars of that other report or a description of the reporter's grounds for holding that belief, as applicable;
- (f) an indication of whether the reporter is applying for an identity protection order.

#### **Requirements for regulatory complaints by registrar**

**139** A regulatory complaint under section 119 of the Act must be made in writing and must include all of the following:

- (a) the respondent's name, if known to the registrar, or any other information that is lawfully and reasonably available to the registrar and could assist the registrar in identifying the respondent;
- (b) a description of the allegations against the respondent.

## Requirements for regulatory complaints by others

- 140** (1) A regulatory complaint under section 120(1) of the Act must be made in writing and must include all of the following:
- (a) the complainant's name and personal contact information, business contact information or organization contact information;
  - (b) the information required under subsection (2), (4) or (5), if applicable;
  - (c) the respondent's name, if known to the complainant, or any other information that is lawfully and reasonably available to the complainant and could assist the registrar in identifying the respondent;
  - (d) a description of the allegations against the respondent;
  - (e) an indication of whether the complainant has already made, or has reasonable grounds to believe that another person has already made, with respect to the same matter,
    - (i) a regulatory report or regulatory complaint to another regulatory college,
    - (ii) a report to a law enforcement agency, or
    - (iii) a report to an employer of the respondent,and if so must include, as applicable, the particulars of that other report or complaint or a description of the complainant's grounds for holding that belief;
  - (f) an indication of whether the complainant is applying for an identity protection order.
- (2) A complainant that is not an individual
- (a) must authorize an individual, who without limitation may be an employee of the complainant, to act on behalf of the complainant in respect of the regulatory complaint,
  - (b) must give to the registrar

- (i) proof satisfactory to the registrar that the individual is authorized to act on the complainant's behalf, and
    - (ii) the name and personal contact information or business contact information of the authorized individual, and
  - (c) may authorize an individual under this subsection from time to time.
- (3) An individual may authorize another person to make a regulatory complaint on behalf of the individual, in which case either the individual or the authorized person may be the complainant for the purposes of the regulatory complaint.
- (4) An individual who authorizes another person under subsection (3)
  - (a) must give to the registrar
    - (i) proof satisfactory to the registrar that the person is authorized to act on the individual's behalf, and
    - (ii) the name and personal contact information or business contact information of the authorized person, and
  - (b) may authorize another person under subsection (3) from time to time.
- (5) The registrar may vary the procedures by which a person may submit regulatory complaints under section 120(1) of the Act if the registrar is satisfied that doing so
  - (a) is appropriate to accommodate individual circumstances of the complainant or the person on whose behalf the complainant made the regulatory complaint, and
  - (b) will not create procedural unfairness to the respondent.
- (6) The registrar must offer reasonable assistance to a person who wishes to make a regulatory complaint but is not reasonably able to do so in writing, and if a College employee assists a person to record a complaint or particulars in written form, the College employee must give a copy of the proposed written complaint to the person, and the person may provide revisions to the proposed written complaint.

## Registrar assessment

- 141** Upon making or receiving a regulatory complaint, or receiving written notice that the investigation committee has commenced an investigation without a regulatory complaint, the registrar must, after reviewing the respondent's disciplinary record and capacity summary, if any,
- (a) assess whether the regulatory complaint should be transferred to another regulatory college and, if so, seek the consent of the complainant to the transfer,
  - (b) consider whether additional information or records are required or would assist in clarifying the complaint or subject matter of the investigation and, if so, request the additional information or records or make an order under section 121(2) of the Act,
  - (c) assess whether the available information and records indicate that a summary protection order may be warranted under section 122(1) of the Act and, if appropriate, seek direction from the investigation committee,
  - (d) assess whether the available information and records support a summary dismissal order or other order under section 122(3) of the Act and, if appropriate, make such an order, and
  - (e) provide a written assessment of the regulatory complaint with any recommendations to the investigation committee unless the registrar makes a summary dismissal order or other order under section 122(3) of the Act.

## Division 4 – Investigations of Fitness and Misconduct

### Misconduct under other enactments

- 142** For the purposes of section 11 of the Act, a licensee commits an act of misconduct if the licensee contravenes a provision of any of the following enactments:
- (a) the *Community Care and Assisted Living Act* or the regulations under that Act;

- (b) the *Criminal Records Review Act* or the regulations under that Act;
- (c) Part 3 of FIPPA;
- (d) the *Laboratory Services Act*, S.B.C. 2014, c. 8, the regulations under that Act, or an order made under that Act;
- (e) the *Medicare Protection Act*, R.S.B.C. 1996, c. 286, the regulations under that Act, or an order made under that Act;
- (f) the *Personal Information Protection Act*, S.B.C. 2003, c., 63, the regulations under that Act, or orders made under section 38, 38.1, 38.2, or 52 of that Act;
- (g) the *Pharmaceutical Services Act*, S.B.C 2012, c. 22, the regulations under that Act, orders made under section 46 of that Act, or injunctions or orders granted under section 47 of that Act other than an interim injunction or order;
- (h) PODSA, the regulations under PODSA, the PODSA Bylaws, or a disciplinary action taken or disciplinary order made under PODSA;
- (i) the *Pill Press and Related Equipment Control Act*, S.B.C. 2018, c. 24, the regulations under that Act, or orders made under s. 18 or 20 of that Act;
- (j) the *Public Health Act*, the regulations under that Act, or an order made under that Act.

### **Reconsideration of notice of intent or termination order**

- 143** (1) Subject to section 381 of the Act, a person described in section 240(1) of the Act may apply for reconsideration under section 240(5) of the Act by submitting all of the following to the registrar within 30 days after the date on which the applicant received the notice under section 240(1)(b) of the Act or the termination order, as applicable:
- (a) a completed application, in the form and manner ordered by the registrar;
  - (b) all information and records required by the registrar;

- (c) the applicable fees, if any, set out in Schedule B *[Fees]*.
- (2) If the investigation committee is the decision maker, the registrar must give an application submitted under subsection (1) to the investigation committee as soon as practicable.
- (3) Before acting under section 383(1) of the Act, the decision maker must give the applicant an opportunity to be heard, which must be limited to inviting written submissions only unless the decision maker determines there are exceptional circumstances requiring a different form of hearing.
- (4) Notice and reasons required under section 383(2) of the Act, and any refund required under section 383(3) of the Act, must be given to the applicant as soon as practicable after the decision maker's decision on the reconsideration under section 240(5) of the Act is made.

### **Competence assessments**

- 144**
- (1) An investigator must give the registrar prior written notice of an intention to order a respondent to undergo a competence assessment under section 132(1) of the Act.
  - (2) An investigator may order a competence assessment to evaluate one or more of the following:
    - (a) the respondent's clinical performance of the profession of pharmacy,
    - (b) the respondent's knowledge and understanding of the regulatory requirements applicable to the practice of pharmacy, including practice standards, ethics standards, and anti-discrimination measures, and
    - (c) any other aspect of the respondent's practice which will assist in assessing whether the respondent is competent to practice the profession of pharmacy.

### **Final investigation reports**

- 145**
- (1) An investigator must give to the registrar a copy of a final investigation report that the investigator gives to the investigation committee under section 134(1) of the Act.

- (2) A final investigation report referred to in subsection (1) must include
  - (a) a summary of the allegations investigated,
  - (b) a description of the respondent's practice context and the context in which the alleged conduct occurred,
  - (c) a description of the investigative steps taken,
  - (d) a summary of the information obtained from interviews and other sources,
  - (e) copies of relevant records obtained during the investigation,
  - (f) the findings of a client record audit performed, if any, and copies of relevant records reviewed, if any, and
  - (g) a competence assessment and capacity evaluation report, if any.
- (3) The registrar may give a copy of all or part of a final investigation report to the complainant, if any, and must give the final investigation report to the respondent for response before the investigation committee determines whether there are reasonable grounds to believe that the respondent lacks competence or has committed an act of misconduct.
- (4) The registrar must set a reasonable period in which any responses must be received from the complainant, if any, and the respondent under subsection (3), and which in any event must be no more than 30 days after the final investigation report is given to the complainant, if any, and the respondent.
- (5) The responses of the complainant, if any, and the respondent under subsection (3) must be limited to written submissions only.
- (6) The registrar must give to the investigation committee as soon as practicable any submissions received by the registrar from the complainant, if any, or the respondent in response to the investigation report referred to in subsection (3).
- (7) The investigation committee must not make its determination whether there are reasonable grounds to believe that the respondent lacks competence or has committed an act of misconduct until after

- (a) the period specified by the registrar under subsection (4) has elapsed, and
- (b) the investigation committee has considered the submissions received, if any, from the complainant, if any, and the respondent.

## **Division 5 – Capacity Evaluations**

### **Definition for Division**

- 146** In this Division, “**assessor**” means a licensee appointed under section 140(1)(b) of the Act to conduct an assessment for the purposes of a capacity evaluation.

### **Registrar as capacity officer**

- 147** The registrar is authorized to exercise the powers and perform the duties of a capacity officer.

### **Identification of capacity officer and appointment of assessors**

- 148** (1) If the registrar makes an order under section 140(1)(a) of the Act,
- (a) the registrar must, at the time of making the order, identify a capacity officer to be responsible for conducting the respondent’s capacity evaluation and exercising all the powers and performing all the duties of a capacity officer in relation to the capacity evaluation, and
  - (b) the registrar must, as soon as practicable after making the order, make appointments as required under section 140(1)(b) of the Act.
- (2) The registrar may, from time to time, identify another capacity officer to assume responsibility for conducting a respondent’s capacity evaluation.
- (3) An assessor may give directions to the respondent as the assessor considers necessary or appropriate in regard to the respondent’s participation or cooperation in the assessment conducted by the assessor.

- (4) A respondent must not refuse to comply with a direction given by an assessor under subsection (3).

#### **Notice of capacity evaluation order to respondent**

- 149** If the registrar makes an order under section 140(1)(a) of the Act, the capacity officer identified by the registrar as responsible for conducting the capacity evaluation must, as soon as practicable, give the respondent a copy of the order in accordance with section 150(1) of the Act.

#### **Assessor's report to capacity officer on failure to cooperate**

- 150** A report under section 141(1)(a) of the Act must be in writing and must include
- (a) a summary of the requests made to the respondent to participate or otherwise cooperate with all or part of the assessment conducted by the assessor,
  - (b) a chronology of the requests made to the respondent to participate or otherwise cooperate and the respondent's responses, if any, and
  - (c) copies of any relevant records relating to the requests to, and responses from, the respondent.

#### **Capacity officer's report to registrar on failure to cooperate**

- 151** Notice required under section 142(1) of the Act must
- (a) set out the grounds on which the capacity officer has formed the opinion that the respondent is interfering with the conduct of the respondent's capacity evaluation, and
  - (b) include copies of relevant information and records, including without limitation records and information that may be disclosed to the registrar under section 142(2) of the Act.

#### **Capacity officer's report to investigation committee on risk to public**

- 152** Notice required under section 143(1) of the Act must

- (a) set out the grounds on which the capacity officer has formed the opinion that giving the notice is necessary to protect the public from harm, and
- (b) include copies of relevant information and records, including without limitation records and information that may be disclosed to the investigation committee under section 143(2) of the Act.

### **Assessor's final report to capacity officer**

**153**

A report under section 141(1)(b) of the Act

- (a) must be in writing,
- (b) must be submitted to the capacity officer as soon as practicable after the assessment is completed, and
- (c) must include
  - (i) a summary of the concerns that formed the basis for the assessment,
  - (ii) a description of the respondent's practice context and the context in which the concerns arose,
  - (iii) a description of the assessment process followed,
  - (iv) a summary of the information obtained from interviews and other sources,
  - (v) the assessor's professional opinion respecting
    - (A) whether the respondent's capacity is impaired by a health condition and,
    - (B) if so, whether the nature or extent of the impairment is such that the respondent's continued practice of a designated health profession may present a significant risk of harm,
  - (vi) the grounds on which the assessor has formed the opinion referred to in subparagraph (v), and
  - (vii) if the assessor's professional opinion is that the respondent's continued practice of a designated health profession may present a significant risk of harm,
    - (A) any recommendations to mitigate the risk, and

- (B) any other information or records prepared or obtained by the assessor for the purposes of the assessment, if the information or records are such that a reasonable assessor would disclose them to the registrar in the circumstances.

**Notice of capacity officer's assessment to respondent**

- 154** (1) Notice required under section 145(1) or (3) of the Act, as applicable, must be given as soon as practicable after completing an assessment under section 144(1)(b) of the Act.
- (2) Notice required under section 145(1) of the Act must include
- (a) a summary of the professional opinions and recommendations contained in the assessor reports,
  - (b) the reasons for considering making a continuing practice order or a revocation order, if applicable,
  - (c) the period in which the respondent may submit additional information and records and request changes to the order being considered, and
  - (d) notice that the continuing practice order or revocation order, as applicable, may be made without further notice if the respondent does not, within the specified period, submit additional information or records and does not request any changes to the order being considered.

**Notice of continuing practice order or revocation order to respondent**

- 155** If a capacity officer makes an order under section 146 or 147 of the Act, the capacity officer must, as soon as practicable, give the respondent a copy of the order in accordance with section 150(1) of the Act.

**Reconsideration of continuing practice order or revocation order**

- 156** (1) Subject to section 381 of the Act, a respondent who is subject to a continuing practice order may apply for a reconsideration under section 148(1) of the Act

- (a) within 30 days after the date on which the respondent received written notice of the continuing practice order,
  - (b) in accordance with the directions of or a schedule set by the capacity officer, or
  - (c) as otherwise authorized by the capacity officer.
- (2) Subject to section 381 of the Act, a respondent who is subject to a revocation order may apply for a reconsideration under section 148(1) of the Act within 30 days after the date on which the applicant received written notice of the revocation order.
- (3) An application under section 148(1) of the Act must be made by submitting all of the following to the registrar:
  - (a) a completed application, in the form and manner ordered by the registrar;
  - (b) all information and records required by the registrar or the capacity officer;
  - (c) the applicable fees, if any, set out in Schedule B [*Fees*].
- (4) The registrar must give an application submitted under subsection (3) to the capacity officer as soon as practicable.
- (5) Before acting under section 149 or 383(1) of the Act, the capacity officer must give the respondent an opportunity to be heard, which must be limited to inviting written submissions only unless the capacity officer determines there are exceptional circumstances requiring a different form of hearing.
- (6) Notice and reasons required under section 383(2) of the Act, and any refund required under section 383(3) of the Act, must be given to the respondent as soon as practicable after the capacity officer's decision on the reconsideration under section 148(1) of the Act is made.

## Division 6 – Summary Action or Disposition During Investigation

### Summary protection orders

- 157** (1) When considering whether to make a direction for a summary protection order based on a significant risk of harm, the investigation committee must consider the following:
- (a) whether there is a *prima facie* case for incompetence or misconduct based on the facts asserted by a complainant or disclosed by an investigation, if proven true, except to the extent that the asserted facts conflict with objective and undisputed evidence, are manifestly unreliable, or are exaggerated;
  - (b) whether there is a significant and immediate risk of harm to any person, having regard to
    - (i) the nature and seriousness of the alleged lack of competence or act of misconduct,
    - (ii) any measures currently in place to protect the public, and
    - (iii) the probability of harm;
  - (c) what measures are necessary to protect the public, and
  - (d) how specific measures may impact the respondent, and the proportionality of such impacts to risks of harm to the public.
- (2) When considering whether to make a direction for a summary protection order based on a concern regarding the dissemination of false or misleading information to clients or the public, the investigation committee may also consider any scientific or other facts it has reasonable grounds to believe are reliable.
- (3) The investigation committee may direct that the summary protection order imposes one or more of the following limits or conditions on a respondent's practice:
- (a) a requirement that the respondent practice under the supervision or direction of a licensee approved by the College;
  - (b) a requirement that the respondent practice only in the presence of a chaperone approved by the College;

- (c) a restriction on how the respondent practises an aspect of practice of the profession of pharmacy, including but not limited to a condition that a respondent practise only after disclosing specified information to clients and posting signage that the registrar specifies;
  - (d) a restriction limiting the classes of clients to whom the respondent may provide health services;
  - (e) a restriction limiting the scope of pharmacy services the respondent may provide;
  - (f) a requirement to comply with periodic or random practice audits on terms specified by the registrar;
  - (g) such other limits or conditions the registrar considers necessary or appropriate to protect the public from a significant risk of harm.
- (4) The registrar must give a copy of the summary protection order with reasons to the respondent as soon as practicable.

#### **Reconsideration of summary protection order**

- 158** (1) Subject to section 381 of the Act, a respondent who is subject to a summary protection order may apply for a reconsideration under section 261(1) of the Act
- (a) within 30 days after the date on which the respondent received written notice of the summary protection order,
  - (b) in accordance with the directions of or a schedule set by the investigation committee, or
  - (c) as otherwise authorized by the investigation committee.
- (2) An application under section 261(1) of the Act must be made by submitting all of the following to the registrar:
- (a) a completed application, in the form and manner ordered by the registrar;
  - (b) all information and records required by the registrar or the investigation committee;

- (c) the applicable fees, if any, set out in Schedule B *[Fees]*.
- (3) The registrar must give an application submitted under subsection (2) to the investigation committee as soon as practicable.
- (4) Before acting under section 262 or 383(1) of the Act, the investigation committee must give the respondent an opportunity to be heard, which must be limited to inviting written submissions only unless the investigation committee determines there are exceptional circumstances requiring a different form of hearing.
- (5) Notice and reasons required under section 383(2) of the Act, and any refund required under section 383(3) of the Act, must be given to the respondent as soon as practicable after the investigation committee's decision on the reconsideration under section 261(1) of the Act is made.

#### **Summary dismissal or summary disposition order processes**

- 159** (1) Subject to subsections (2) and (3), if the registrar makes
- (a) a summary dismissal order under section 258(1) of the Act, or
  - (b) an order disposing of all or part of a regulatory complaint with a respondent's consent under section 158(2) of the Act,
- the registrar must give to the investigation committee a summary of the regulatory complaint, all information received or obtained with respect to the complaint, and a copy of the order with reasons within 30 days of making the order.
- (2) If a complaint falls within the registrar's jurisdiction to make a summary dismissal order under section 258(1) of the Act, the registrar may give to the investigation committee a copy of the complaint, all information received or obtained with respect to the complaint, the registrar's assessment of the complaint and recommendations, if any, and a proposed summary dismissal order with reasons for consideration.
  - (3) If the registrar recommends a summary dismissal order to the investigation committee under subsection (2), the investigation committee may
    - (a) approve the registrar making a summary dismissal order with reasons, with or without directions,

- (b) dismiss the complaint under section 158 of the Act, with or without a written warning or advice, or
- (c) exercise jurisdiction over or relating to the investigation of the complaint.

### **Dispositions with or without consent**

- 160** (1) The investigation committee, in exercising discretion under section 136 of the Act, may consider
- (a) the regulatory goals of
    - (i) denouncing misconduct, and harms caused by misconduct,
    - (ii) preventing future misconduct or incompetence by rehabilitating the respondent through corrective measures,
    - (iii) preventing and discouraging future misconduct by the respondent,
    - (iv) preventing and discouraging future misconduct by other licensees,
    - (v) educating respondents, licensees, and the public about standards and other requirements of licensees, and
    - (vi) maintaining public confidence in the profession of pharmacy,
  - (b) the extent to which restorative processes may serve the public interest more effectively than, or in conjunction with, alternative measures in the circumstances, and
  - (c) any likely disproportionate effect, or lack of effect, of different remedial or punitive measures on a specific licensee in the circumstances.
- (2) If the investigation committee acts under section 136(2)(a) of the Act by making one or more orders under section 157 of the Act but subsequently has reasonable grounds to conclude that the respondent failed to comply in good faith with the order, the investigation committee may direct the registrar to make further orders under section 136(2) of the Act.
- (3) If the investigation committee acts under section 136(2)(a) of the Act by proposing one or more orders under section 158 of the Act to which the

respondent fails to consent in whole or in part, the investigation committee may direct the registrar to make one or more orders under section 136(2) of the Act.

### **Licence under suspension**

- 161** If the investigation committee orders suspension of a respondent's licence, subject to the terms of any disciplinary order, the respondent must
- (a) not engage in the practice of pharmacy,
  - (b) not hold themselves out as a licensee,
  - (c) not hold office in the College,
  - (d) not be a pharmacy's manager,
  - (e) not make appointments with or for clients or prospective clients,
  - (f) remove the licensee's name and any sign relating to the licensee's practice from any premises where the licensee practised and any building in which any such premises are located,
  - (g) not contact or communicate with clients or prospective clients, except
    - (i) to advise a client or a prospective client of the fact and duration of the suspension,
    - (ii) to advise a client or prospective client that another licensee will continue to act or provide services in the suspended licensee's place, or
    - (iii) to refer a client or prospective client to another licensee who is in good standing, and
  - (h) pay any fee required by the College when due in order to remain a licensee and any other outstanding fine, fee, debt or levy owed to the College.
- (2) No licensee or former licensee is entitled to any refund of any fine, fee, debt or levy paid to the College solely on the basis that it was paid during or in relation to a period of suspension.

## Division 7 – Citations and Investigation Expenses

### Considerations for requesting citation

- 162** (1) When determining whether to direct the director of discipline to issue a citation, the investigation committee may consider the following:
- (a) the public interest in recommending a discipline hearing, including
    - (i) the nature and seriousness of the respondent's lack of competence or act of misconduct,
    - (ii) the need to protect the public from harm and discrimination, including actual or potential harm to a complainant or others,
    - (iii) the nature, extent, findings, or outcomes of other criminal, regulatory, or other proceedings,
    - (iv) the respondent's disciplinary record and capacity summary, if any, and
    - (v) the availability, nature and adequacy of alternative means of disposing of the matter, with or without the respondent's consent, including steps taken or offered by a respondent to correct or address a lack of competence or act of misconduct;
  - (b) whether there is a reasonable likelihood the College will discharge the burden of proof at a hearing, including
    - (i) the willingness of the complainant or other witnesses to participate in a hearing,
    - (ii) a provisional assessment of the strength of the evidence available to the College based on information gathered during the investigation, including a provisional assessment of the credibility and reliability of potential witnesses,
    - (iii) the respondent's anticipated defences,
    - (iv) an assessment of the applicable jurisprudence, and
    - (v) the strengths and weaknesses of the College's case based on all the information available.

- (2) The investigation committee may direct the registrar to request a citation be issued based on the public interest in disposing of a matter with a hearing despite a provisional assessment that the College might not discharge the burden of proof.
- (3) No provision in this section may be construed as waiving any legal advice privilege that applies to communications between a legal professional and the registrar or the investigation committee.
- (4) The registrar is responsible for preparing the proposed content of a citation in consultation with the investigation committee.

### **Recovery of investigation expenses**

- 163** Subject to section 273 of the Act and the regulations under the Act, an order for investigation expenses must be determined in accordance with Schedule F [*Recovery of Investigation Expenses*].

## **Division 8 – Review and Enforcement of Discipline Tribunal Orders**

### **Administrative and judicial reviews**

- 164** The registrar is responsible for
- (a) determining whether to apply to the director of discipline for a review of an order made by a discipline panel,
  - (b) responding to an application from a respondent or complainant for a review of an order made by a discipline panel,
  - (c) determining whether to make an application for judicial review following a review by the director of discipline, or any related proceeding, and
  - (d) responding to an application for judicial review.

### **Enforcement of disciplinary orders**

- 165** The registrar must establish policies and procedures for the enforcement of disciplinary orders, including but not limited to enforcement of disciplinary orders made by a discipline panel.

## Division 9 – Monitoring Unauthorized Practice

### Definitions for Division

**166** In this Division:

**“aspects of practice”** means aspects of practice that are

- (a) part of providing health services that are within the scope of practice of the profession of pharmacy under the Pharmacists Regulation, and
- (b) identified for the purposes of section 29 of the Act in a regulation of the minister, if any;

**“restricted activities”** means restricted activities that licensees of the College may perform in the course of providing health services that are within the scope of practice of the profession of pharmacy under the Pharmacists Regulation;

**“unauthorized practice”** means conduct that contravenes the Act or the regulations under the Act, including without limitation section 29 or 30 of the Act.

### Unauthorized practice monitoring program

- 167** (1) The registrar must establish and administer an unauthorized practice monitoring program for the College.
- (2) The monitoring program required under subsection (1) must monitor for and receive reports relating to the following:
- (a) the unauthorized performance of aspects of practice;
  - (b) the unauthorized performance of restricted activities;
  - (c) the unauthorized use of reserved titles;
  - (d) the provision of false or misleading information to the public contrary to section 34 of the Act;
  - (e) other conduct that contravenes the Act or the regulations under the Act.

- (3) The monitoring program under subsection (1) may involve any one or more of the following:
  - (a) development of materials for publication by the College, including materials to educate the public on risks arising from unauthorized practice, the purposes of exclusive titles, and how members of the public may report unauthorized practice or title use to the College;
  - (b) collaboration with other regulatory colleges, government agencies, public bodies, professional associations, and other organizations to share information and coordinate efforts to identify unauthorized practice or title use;
  - (c) periodically and selectively monitoring online platforms, social media, websites, and other public media or resources to identify individuals or other entities who may be engaging in unauthorized practice or title use;
  - (d) periodically and selectively monitoring former licensees to ensure they are not engaged in unauthorized practice or title use;
  - (e) performing a preliminary investigation of any matter relating to unauthorized practice or title use reported to, or found by, the monitoring program, prior to referring the matter to the investigation committee;
  - (f) such other activities as the registrar may direct or authorize.
- (3) The registrar must keep the identity of individuals who report to the monitoring program confidential unless disclosure is necessary for the College to exercise a power or perform a duty under an enactment.

#### **Preliminary report and other information to the investigation committee**

- 168** (1) If there are reasonable grounds to believe a person has engaged, is engaging, or is about to engage, in unauthorized practice or use of a title, the registrar must, as soon as practicable, give a preliminary report to the investigation committee together with copies of all information and records received or obtained with respect to the report.

- (2) The registrar may, at any time, provide the investigation committee with an assessment of any matter of unauthorized practice or use of a title, and make recommendations with respect to
  - (a) further investigation under sections 373(a) and 374 of the Act,
  - (b) written notice to another regulator under section 373(b) of the Act, or
  - (c) a disposition under sections 376 or 377 of the Act.

## PART 12 – SUPPORT PROGRAMS

### Definitions for Part

**169** In this Part:

**“adverse eligibility decision”**, with respect to a support application, means a decision under section 281(1) of the Act

- (a) that the proposed recipient is not eligible for support,
- (b) that the proposed recipient is not eligible for the form of support for which the proposed recipient applied, or
- (c) to set limits or conditions that will apply to the support for which the proposed recipient is eligible;

**“adverse support determination”**, with respect to a support application, means a determination under section 285, 286 or 287 of the Act, other than as requested under the application;

**“program parameters”** includes the additional program parameters established by the registrar under section 181 [*Additional powers and duties of administrator and support officers*];

**“support program”** means a support program referred to in section 170 [*Support programs required*] or section 171 [*Collaboration and shared funding agreements*].

### Support programs required

- 170** (1) Subject to section 171 [*Collaboration and funding agreements*], the registrar must establish and maintain the following support programs for the College:

- (a) an information services program;
  - (b) a support services program;
  - (c) a support worker program.
- (2) The registrar must ensure that support programs referred to in subsection (1) and section 171 [*Collaboration and shared funding agreements*] are administered in accordance with Division 5 of Part 5 of the Act.

### **Collaboration and shared funding agreements**

- 171** (1) For the purpose of meeting the requirements of section 170 [*Support programs required*], the registrar
- (a) may cause the College to
    - (i) collaborate with other regulatory colleges to provide one or more of the support programs under shared funding agreements, and
    - (ii) participate in the support programs that are established and co-administered with other regulatory colleges under those shared funding agreements, and
  - (b) is authorized to enter into shared funding agreements or other agreements, as the registrar considers necessary or appropriate.
- (2) In the event of a conflict between a provision of this Part and the program parameters of a support program in which the College participates with one or more other regulatory colleges under a shared funding agreement, the program parameters of that support program prevail.

### **Administrators**

- 172** (1) An administrator must be designated for each support program.
- (2) The registrar may, on behalf of the College,
- (a) exercise powers and perform duties as the administrator for one or more support programs, and
  - (b) retain or employ persons to exercise the powers and perform the duties of the administrator for one or more support programs.

- (3) The registrar is authorized to consent to the designation of the administrator for any support program referred to in section 171 [*Collaboration and shared funding agreements*].
- (4) A person may be the administrator for more than one support program concurrently.
- (5) The administrator of an information services program, including without limitation the registrar when acting under subsection (2)(a), may not exercise a power of a support officer under section 282 of the Act.

### **Support officers**

- 173**
- (1) At least one support officer must be designated for each support program.
  - (2) The registrar may, on behalf of the College, retain or employ persons to exercise the powers and perform the duties of support officers for one or more support programs.
  - (3) The registrar is authorized to consent to the designation of one or more support officers for any support program referred to in section 171 [*Collaboration and shared funding agreements*].
  - (4) A person may be a support officer for more than one support program concurrently.

### **Application for support**

- 174**
- (1) A support application, and all information and records required under the program parameters to be included with the application, must be submitted in the form and manner required by the administrator for the support program under which the person is seeking support.
  - (2) A person who submits a support application on behalf of another person must provide proof, satisfactory to the administrator, of authorization to act on behalf of the other person.
  - (3) Subject to subsection (4), as soon as practicable after receiving a completed support application, an administrator must give the support application, and all information and records received with the application, to a support officer for the support program under which the person is seeking support.

- (4) Subsection (3) does not apply to a support application if the receiving administrator transfers the application to another administrator under section 280(2) of the Act.

### **Support officer's eligibility decision**

- 175**
- (1) A support officer must determine whether to provide information services to a proposed recipient based on the criteria set out in the program parameters.
  - (2) A support officer must determine whether a proposed recipient is eligible for support services or the assistance of a support worker, or both, based on the eligibility requirements set out in section 283 of the Act and, if so, determine the form of support and any limits or conditions that will apply to that support.
  - (3) As soon as practicable after a making a support decision under section 281(1) of the Act with respect to a support application, the support officer must give a written notice of the decision and the reasons for the decision to
    - (a) the proposed recipient for whom the application was submitted, and
    - (b) the person, if any, who submitted the application on the proposed recipient's behalf, if the proposed recipient has authorized the support officer to give the person a copy of the notice.
  - (4) A notice under subsection (3) must inform the proposed recipient or other person who submitted the support application of the right to apply for a reconsideration under section 176 [*Reconsideration of adverse eligibility decision*].

### **Reconsideration of adverse eligibility decision**

- 176**
- (1) Subject to section 381 of the Act, a proposed recipient who receives an adverse eligibility decision may apply for a reconsideration of that decision under this section within 30 days after the date on which the proposed recipient received written notice under section 175(3) [*Support officer's eligibility decision*].

- (2) An application under this section must be made by submitting all of the following to the registrar:
  - (a) a completed application, in the form and manner ordered by the registrar;
  - (b) all information and records required by the registrar or support officer;
  - (c) the applicable fees, if any, set out in Schedule B [*Fees*].
- (3) A reconsideration application under this section may be made on behalf of a proposed recipient by a person other than the proposed recipient, if the proposed recipient has authorized that other person to make the application.
- (4) A person, other than the proposed recipient, who submits a reconsideration application on behalf of the proposed recipient must provide proof, satisfactory to the registrar, of authorization to act on behalf of the proposed recipient.
- (5) As soon as practicable, the registrar must give a reconsideration application submitted under this section to the support officer who made the adverse eligibility decision that is the subject of the application.
- (6) Before acting under section 383(1) of the Act, the support officer must give the proposed recipient or other person who submitted the reconsideration application an opportunity to be heard, which must be limited to inviting written submissions only unless the registrar determines there are exceptional circumstances requiring a different form of hearing.
- (7) Notice and reasons required under section 383(2) of the Act, and any refund required under section 383(3) of the Act, must be given to the following persons as soon as practicable after the decision on the reconsideration under this section is made:
  - (a) the administrator for the support program,
  - (b) the proposed recipient for whom the support application was submitted, and
  - (c) the person, if any, who submitted the reconsideration application on the proposed recipient's behalf, if the proposed

recipient has authorized the support officer to give the person a copy.

### **Administrator's support determination**

- 177**
- (1) If a support officer determines that the proposed recipient is eligible for information services, the administrator must determine the scope and duration of information services to be provided in accordance with section 285(2) of the Act.
  - (2) If a support officer determines that the applicant is eligible for support services, the administrator must, in addition to considering the matters enumerated in section 286 of the Act, determine the matters required under the program parameters.
  - (3) If a support officer determines that the applicant is entitled to the assistance of a support worker, the administrator must, in addition to considering the matters enumerated in section 287(1)(a) of the Act, determine the matters required under the program parameters.
  - (4) An administrator may defer making a support determination pending the outcome of an application for reconsideration of an eligibility decision.
  - (5) As soon as practicable after making a support determination under the Act with respect to a support application, the administrator must give a written notice of the determination and the reasons for the determination to
    - (a) the support officer who made the eligibility decision,
    - (b) the recipient for whom the support application was submitted, and
    - (c) the person, if any, who submitted the support application on the recipient's behalf, if the recipient has authorized the administrator to give the person a copy of the notice.
  - (6) A notice under subsection (5) must inform the recipient or other person who submitted the support application of the right to apply for a reconsideration under section 178 [*Reconsideration of adverse support determination*].

## Reconsideration of adverse support determination

- 178** (1) Subject to section 381 of the Act, a recipient who receives an adverse support decision may apply for a reconsideration of that decision under this section within 30 days after the date on which the recipient received written notice under section 177(5) [*Administrator's support determination*].
- (2) An application under this section must be made by submitting all of the following to the registrar:
- (a) a completed application, in the form and manner ordered by the registrar;
  - (b) all information and records required by the registrar or administrator;
  - (c) the applicable fees, if any, set out in Schedule B [*Fees*].
- (3) A reconsideration application under this section may be made on behalf of a recipient by a person other than the recipient, if the recipient has authorized that other person to make the application.
- (4) A person, other than the recipient, who submits a reconsideration application on behalf of the recipient must provide proof, satisfactory to the registrar, of authorization to act on behalf of the recipient.
- (5) As soon as practicable, the registrar must give a reconsideration application submitted under this section to the administrator who made the adverse support determination that is the subject of the application.
- (6) Before acting under section 383(1) of the Act, the administrator must give the recipient or other person who submitted the reconsideration application an opportunity to be heard, which must be limited to inviting written submissions only unless the registrar determines there are exceptional circumstances requiring a different form of hearing.
- (7) Notice and reasons required under section 383(2) of the Act, and any refund required under section 383(3) of the Act, must be given to the following persons as soon as practicable after the decision on the reconsideration under this section is made:
- (a) the recipient for whom the support application was submitted,  
and

- (b) the person, if any, who submitted the reconsideration application on the recipient's behalf, if the recipient has authorized the support officer to give the person a copy.

### **Application to change support determination**

- 179** A recipient may make an application to change a support determination by providing an application in the required form to the administrator at any time during the period in which the recipient receives support.

### **Appointment of support workers**

- 180** (1) The registrar must establish a support workers policy setting out the qualifications for support workers and the process for assigning, reassessing, suspending, and terminating the assignment of support workers.
- (2) When assigning a support worker to a recipient, an administrator must ensure the support worker's education, training, experience and other qualifications meet the individual needs identified by the recipient.
- (3) An administrator must require a support worker to complete a conflict of interest check prior to accepting an assignment to provide support assistance to a recipient.
- (4) Support workers are entitled to receive reimbursement for reasonable expenses necessarily incurred in assisting recipients with support services in accordance with the applicable policy established under section 181 [*Additional powers and duties of administrator and support officer*].

### **Additional powers and duties of administrator and support officer**

- 181** (1) An administrator or a support officer may request any information or records relevant to the administrator's or support officer's exercise of a power or performance of a duty under the Act, including the making of decisions relating to eligibility for support, provision of support, and changes to a determination, from any of the following:
- (a) a proposed recipient;
  - (b) a recipient;

- (c) a support worker.
- (2) Administrators and support officers must take reasonable steps to ensure any person providing support services or providing assistance as a support worker complies with applicable program parameters.
- (3) The registrar may establish additional program parameters, consistent with the Act, the regulations under the Act, and these Bylaws, to do the following:
  - (a) establish provisions for designating support officers;
  - (b) authorize the funding of support services additional to counselling services;
  - (c) establish terms, prohibitions, requirements, limits or conditions relating to one or more of the matters referred to in section 277(1)(g) of the Act;
  - (d) authorize an administrator to establish policies or procedures relating to their programs.

### **Information services**

- 182** (1) Subject to the eligibility requirements under program parameters, the following persons may receive information services:
- (a) a person who has made a regulatory complaint or a regulatory report;
  - (b) a person who received, or may have received, health services from a licensee who is not, or may not have been, fit to practise;
  - (c) a person who experienced a licensee's conduct that may be an act of misconduct;
- (2) In determining the eligibility of a proposed recipient to receive information services, a support officer must consider the following factors:
- (a) the extent to which the person might not be able to meaningfully participate in the processes provided for in the Act and these bylaws without receiving information services;

- (b) any factors identified in any additional program parameters established by the registrar under section 181 [*Additional powers and duties of administrator and support officer*].
- (3) For the purposes of section 285(3) of the Act, the administrator may authorize any person who, in the administrator's opinion has sufficient knowledge to address an inquiry, to provide information services.
- (4) Provision of information services under the information services program is subject to the following terms, prohibitions, requirements, limits and conditions:
  - (a) the administrator may decline, suspend or terminate information services if satisfied that an inquiry, or set of inquiries, is frivolous, vexatious, or an abuse of process;
  - (b) a person who is receiving information services is not entitled to information that is privileged, confidential, or not otherwise available to a person who is not receiving information services;
  - (c) any terms, prohibitions, limits or conditions set out in any additional program parameters established by the registrar under section 181 [*Additional powers and duties of administrator and support officer*].

### **Selecting a service provider for support services**

- 183** A recipient who is eligible for funding for support services may request one or more of the following as service providers:
- (a) a regulated health practitioner accepted by the administrator as qualified to provide support services;
  - (b) an unregulated counselling professional accepted by the administrator as qualified to provide support services;
  - (c) persons or organizations accepted by the administrator as qualified to provide trauma-informed care, or culturally competent trauma support, and
  - (d) any other person who the administrator reasonably believes has competences and experience, including lived experience, that will allow them to effectively provide support services.

## Information to support funding for support services

**184** At any time before or after providing funding for support services under section 183 [*Selecting a service provider for support services*], the administrator may require any of the following information from a service provider in a form satisfactory to the administrator:

- (a) confirmation that the service provider, if a regulated health practitioner, is licensed and in good standing with their regulator and information concerning their regulatory or discipline history;
- (b) a criminal record check authorization from the service provider;
- (c) confirmation of the service provider's identity, education, training, experience, and other relevant qualifications;
- (d) a written statement from each of the service provider and the recipient of support services confirming that
  - (i) there is no disqualifying familial relationship between them, and
  - (ii) the funds received from the College will only be used, or have only been used, to reimburse the provision of support services to the recipient;
- (e) a description from the service provider of the dates, duration and nature of the support service to be provided, or that was provided, to the recipient;
- (f) any additional information required under the program parameters.

## Support services program parameters

- 185** (1) An application for support services may only be made
- (a) with or after a regulatory complaint that relates to the conduct with respect to which support services are being sought has been submitted to the registrar, and
  - (b) no later than six months after the date on which the regulatory complaint referred to in paragraph (a), or its subject matter, is subject to any of the following:

- (i) a disposition of the registrar;
  - (ii) a disposition of the investigation committee;
  - (iii) the issuance of a disciplinary order where no citation has been issued;
  - (iv) the issuance of a citation.
- (2) In determining the eligibility of a person to receive support services, a support officer must consider the following factors:
- (a) the nature or severity of the allegations in the regulatory complaint;
  - (b) a failure of an applicant to provide requested information or records without adequate reason;
  - (c) any misrepresentations by the applicant;
  - (d) any other factors specified in program parameters.
- (3) The administrator may decline, suspend or terminate support services
- (a) in accordance with a determination respecting support services under section 286 of the Act,
  - (b) in accordance with the provisions of section 298 or 299 of the Act;
  - (c) in accordance with program parameters,
  - (d) where the administrator is satisfied an applicant has obtained support services through or as a result of omission, misrepresentation, or fraud, or
  - (e) where the administrator is satisfied, on recommendation by a service provider, that support services are not necessary, no longer necessary, or should be suspended or terminated for cause.
- (4) The provision of support services is subject to the following terms, prohibitions, requirements, limits and conditions:
- (a) a recipient must agree to advise the administrator if they become eligible to have all or part of the expenses relating to a support service paid or recovered under a program of insurance, an

agreement, an arbitral award, or a court or tribunal order or award;

- (b) funding for support services will be suspended, reduced or terminated to the extent the recipient becomes eligible for alternate funding as set out under paragraph (a);
- (c) funding for support services for any recipient will not exceed \$10,000.00;
- (d) funding is subject to the maximum aggregate amount set out in section 187 [*Maximum aggregate funding*];
- (e) funding for seeking redress for sexual misconduct, sexual abuse or discrimination is limited to redress which is available under the Act, and does not include seeking redress through a court or a tribunal governed under another enactment;
- (f) funding is not available for the following services or expenses:
  - (i) travel;
  - (ii) medication, vitamins, or supplements;
  - (iii) fees or other expenses relating to the preparation of a report;
- (g) funding for support services will terminate two years from the date the determination of eligibility for support services is made, unless
  - (i) the underlying regulatory complaint has not been the subject of any of the actions or outcomes set out in subsection (1)(b),
  - (ii) the maximum amount of funding has not been expended, and
  - (iii) the administrator determines to extend the period of funding;
- (h) any terms, prohibitions, limits or conditions set out in any additional program parameters established by the registrar under section 181 [*Additional powers and duties of administrator and support officer*].

- (5) The registrar must establish a policy setting out the process and criteria for a funding extension under subsection (4)(g)(iii).

### **Support worker program parameters**

- 186** (1) An application for the assistance of a support worker may only be made
- (a) with or after a regulatory complaint that relates to the conduct with respect to which the assistance of a support worker is being sought has been submitted to the registrar, and
  - (b) before the regulatory complaint referred to in paragraph (a), or its subject matter, is subject to any of the following:
    - (i) a disposition of the registrar;
    - (ii) a disposition of the Investigation committee;
    - (iii) the issuance of a disciplinary order where no citation has been issued;
    - (iv) the conclusion of a discipline hearing.
- (2) In determining the eligibility of a person to receive the assistance of a support worker, a support officer must consider the following factors:
- (a) the nature or severity of the allegations in the regulatory complaint;
  - (b) a failure of an applicant to provide requested information or records without adequate reason;
  - (c) any misrepresentations by the applicant;
  - (d) any other factors specified in program parameters.
- (3) The administrator may decline, suspend or terminate assistance of a support worker as follows:
- (a) in accordance with the provisions of sections 298 or 299 of the Act;
  - (b) in accordance with program parameters;

- (c) where the administrator is satisfied an applicant has obtained assistance through or as a result of omission, misrepresentation, or fraud;
  - (d) where the administrator is satisfied, on recommendation by a support worker, that assistance of a support worker is not necessary, no longer necessary, or should be suspended or terminated for cause.
- (4) The provision of assistance of a support worker is subject to the following terms, prohibitions, requirements, limits and conditions:
- (a) a recipient must agree to advise the administrator if they become eligible to have all or part of the expenses relating to a support worker paid or recovered under a program of insurance, an agreement, an arbitral award, or a court or tribunal order or award;
  - (b) funding for the support worker will be suspended, reduced or terminated to the extent the recipient becomes eligible for alternate funding as set out under paragraph (a);
  - (c) funding for the assistance of a support worker for any recipient will not exceed \$10,000.00;
  - (d) funding is subject to the maximum aggregate amount set out in section 187 [*Maximum aggregate funding*];
  - (e) subject to a support worker completing an oversight complaint process under section 296(2)(b) of the Act, assistance of a support worker will terminate on the earliest of the following dates as applicable:
    - (i) the date which the regulatory complaint is subject to a termination order;
    - (ii) three months from the date on which the deadline for filing an application for review with the Health Professions Review Board expires in relation to a regulatory complaint that is dismissed or, in the event of an application for review to the Health Professions Review Board, the date on which the Health Professions Review Board confirms the dismissal of the regulatory complaint;

- (iii) three months from the date on which the deadline for filing an application for review with the Health Professions Review Board expires in relation to a regulatory complaint disposed of by disciplinary order, continuing practice order, or termination order or, in the event of an application for review to the Health Professions Review Board, the date on which the Health Professions Review Board confirms or varies the disposition;
  - (iv) three months from the date on which the citation issued in relation to the regulatory complaint is dismissed or resolved by disciplinary order;
  - (f) any terms, prohibitions, limits or conditions set out in any additional program parameters established by the registrar under section 181 [*Additional powers and duties of administrator and support officer*].
- (5) A support worker must, before making any recommendation or report under section 296(1) or (2) of the Act and before disclosing protected information for those purposes, obtain the written consent of the recipient of the support worker services, in relation to the proposed action under section 296(1) or (2) of the Act and to the proposed disclosure of protected information.

**Maximum aggregate funding**

- 187** The maximum aggregate funding available to a recipient under all support programs is \$10,000.00.

**Interest rate for recovered funding amounts**

- 188** If not paid on or before the required date, a funding amount for which an order to recover has been made under section 302 of the Act is subject to interest payable at the rate of 12% per annum, compounded monthly.

## SCHEDULE A – BOARD MEMBER REMUNERATION AND EXPENSES

### Remuneration

Time	Rate
Daily maximum rate	\$800
Half day rate (4 hours)	\$400
Hourly rate	\$100

### Reimbursement for Travel and Business Expenses

Expense	Rate
Air travel	Best available economy fare, booked through the College's corporate travel agent
Mileage	\$0.72 per km (as per Canada Revenue Agency Automobile Allowance Rates)
Other travel	Reimbursement based on submitted receipts
Parking	Reimbursement based on submitted receipts
Accommodation (for required travel greater than 100 km each way)	Best available rate as per government or College-negotiated rates, booked through College staff
Meals	Breakfast   \$25 Lunch       \$25 Dinner       \$40

## SCHEDULE B – FEES

### APPLICATION FEES

Pharmacists			
	Application for initial licence	Valid for up to three years	\$ 704.00
	Application for licence reinstatement, except reinstatement 90 days or less after expiry	Valid for up to three years	\$ 704.00
	Application for certification for drug administration		\$ 182.00
Pharmacy Technicians			
	Application for initial licence	Valid for up to three years	\$ 467.00
	Application for licence reinstatement, except reinstatement 90 days or less after expiry	Valid up for to three years	\$ 467.00

### LICENCE FEES

Pharmacists			
	<p>Full pharmacist – initial licence</p> <p>Full pharmacist – licence reinstatement, except reinstatement 90 days or less after expiry</p>	For licence that starts on or after April 1, 2026, and before March 1, 2027	<p>\$ 1,280.00 annual fee</p> <p>\$ 70.00 special fee for 2026/27</p> <ul style="list-style-type: none"> <li>• Total: \$ 1,350.00</li> <li>• For a term expiring on April 1, 2027</li> <li>• Actual term length and annual fee amount charged are prorated on a monthly basis according to actual licence start month</li> <li>• Special fee is not prorated</li> <li>• Special fee is not charged for second or subsequent reinstatement in 2026/27</li> </ul>

	Full pharmacist – licence reinstatement 90 days or less after expiry (late renewal)	For licence that starts on or after April 1, 2026, and before June 30, 2026	<p>\$ 1,280.00 annual fee          \$ 530.00 late fee          \$ 70.00 special fee for 2026/27</p> <ul style="list-style-type: none"> <li>• Total: \$ 1,880.00</li> <li>• For a term expiring on April 1, 2027</li> <li>• Actual term length and annual fee amount charged are prorated on a monthly basis according to actual licence start month</li> <li>• Special fee is not prorated</li> <li>• Special fee is not charged for second or subsequent reinstatement in 2026/27</li> </ul>
	Full pharmacist – licence renewal	For renewal of licence effective on April 1, 2027	<p>\$ 1,280.00 annual fee*</p> <ul style="list-style-type: none"> <li>• For a term expiring on April 1, 2028</li> </ul> <p><i>* Note: Fees for 2027/28 are subject to change before April 1.</i></p>
	Provisional pharmacist – initial licence	For licence that starts on or after April 1, 2026, and before March 1, 2027	<p>\$ 1,280.00 licence fee          \$ 70.00 special fee for 2026/27</p> <ul style="list-style-type: none"> <li>• Total: \$ 1,350.00</li> <li>• For a term expiring on date specified by registrar/licence committee (term may be up to one year)</li> <li>• Actual fee amount charged is prorated on a monthly basis according to term length specified by registrar/licence committee</li> <li>• Special fee is not prorated</li> </ul>

	<p>Provisional pharmacist – licence renewal</p>	<p>For renewal of licence effective on date specified by registrar or licence committee</p>	<p>\$ 1,280.00 licence fee*</p> <ul style="list-style-type: none"> <li>• For a term expiring on date specified by registrar/licence committee (term may be up to one year)</li> <li>• Actual fee amount charged is prorated on a monthly basis according to term length specified by registrar/licence committee</li> <li>• Subject to three-year maximum total time in provisional class</li> </ul> <p><i>* Note: Fees for 2027/28 are subject to change before April 1.</i></p>
	<p>Temporary pharmacist – initial licence (if temporary class is in effect)</p>	<p>For licence that starts on date specified by registrar or licence committee</p>	<p>\$ 640.00 licence fee</p> <ul style="list-style-type: none"> <li>• For a term expiring on date specified by registrar/licence committee (term may be up to 180 days and is subject to early cancellation)</li> <li>• Actual fee amount charged is prorated on a monthly basis according to term length specified by registrar/licence committee</li> </ul>
	<p>Temporary pharmacist – licence renewal (if temporary class is in effect)</p>	<p>For renewal of licence effective on date specified by registrar or licence committee</p>	<p>\$ 640.00 licence fee</p> <ul style="list-style-type: none"> <li>• For a term expiring on date specified by registrar/licence committee (term may be up to 180 days and is subject to early cancellation)</li> <li>• Actual fee amount charged is prorated on a monthly basis according to term length specified by registrar/licence committee</li> </ul>

Pharmacy Technicians		
<p>Pharmacy technician – initial licence</p> <p>Pharmacy technician – licence reinstatement, except reinstatement 90 days or less after expiry</p>	<p>For licence that starts on or after April 1, 2026, and before March 1, 2027</p>	<p>\$ 854.00 annual fee \$ 45.00 special fee for 2026/27</p> <ul style="list-style-type: none"> <li>• Total: \$ 899.00</li> <li>• For a term expiring on April 1, 2027</li> <li>• Actual term length and annual fee amount charged are prorated on a monthly basis according to actual licence start month</li> <li>• Special fee is not prorated</li> <li>• Special fee is not charged for second or subsequent reinstatement in 2026/27</li> </ul>
<p>Pharmacy technician – licence reinstatement 90 days or less after expiry (late renewal)</p>	<p>For licence that starts on or after April 1, 2026, and before June 30, 2026</p>	<p>\$ 854.00 annual fee \$ 371.00 late fee \$ 45.00 special fee for 2026/27</p> <ul style="list-style-type: none"> <li>• Total: \$ 1,270.00</li> <li>• For a term expiring on April 1, 2027</li> <li>• Actual term length and annual fee amount charged are prorated on a monthly basis according to actual licence start month</li> <li>• Special fee is not prorated</li> <li>• Special fee is not charged for second or subsequent reinstatement in 2026/27</li> </ul>
<p>Pharmacy technician – licence renewal</p>	<p>For renewal of licence effective on April 1, 2027</p>	<p>\$ 854.00 annual fee*</p> <ul style="list-style-type: none"> <li>• For a term expiring April 1, 2028</li> </ul> <p><i>* Note: Fees for 2027/28 are subject to change before April 1.</i></p>

	Provisional pharmacy technician – initial licence	For licence that starts on or after April 1, 2026, and before March 1, 2027	<p>\$ 854.00 licence fee \$ 45.00 special fee for 2026/27</p> <ul style="list-style-type: none"> <li>• Total: \$ 899.00</li> <li>• For a term expiring on date specified by registrar/licence committee (term may be up to one year)</li> <li>• Actual fee amount charged is prorated on a monthly basis according to term length specified by registrar/licence committee</li> <li>• Special fee is not prorated</li> </ul>
	Provisional pharmacy technician – licence renewal	For renewal of licence effective on date specified by licence committee	<p>\$ 854.00 licence fee*</p> <ul style="list-style-type: none"> <li>• For a term expiring on date specified by registrar/licence committee (term may be up to one year)</li> <li>• Actual fee amount charged is prorated on a monthly basis according to term length specified by registrar/licence committee</li> <li>• Subject to three-year maximum total time in provisional class</li> </ul> <p><i>* Note: Fees for 2027/28 are subject to change before April 1.</i></p>
	Temporary pharmacy technician – initial licence (if temporary class is in effect)	For licence that starts on date specified by registrar or licence committee	<p>\$ 427.00 licence fee</p> <ul style="list-style-type: none"> <li>• For a term expiring on date specified by registrar/licence committee (term may be up to 180 days and is subject to early cancellation)</li> <li>• Actual fee amount charged is prorated on a monthly basis according to term</li> </ul>

			length specified by registrar/licence committee
	Temporary pharmacy technician – licence renewal (if temporary class is in effect)	For renewal of licence effective on date specified by registrar or licence committee	<p>\$ 427.00 licence fee</p> <ul style="list-style-type: none"> <li>For a term expiring on date specified by registrar/licence committee (term may be up to 180 days and is subject to early cancellation)</li> <li>Actual fee amount charged is prorated on a monthly basis according to term length specified by registrar/licence committee</li> </ul>
	Structured Practical Training Program	Valid for 6 months from application date	\$ 663.00
<b>Student Pharmacists</b>			
	Student pharmacist – initial licence (UBC)	For licence that starts on or after April 1, 2026, and before March 1, 2027	<p>\$ 175.00 licence fee</p> <ul style="list-style-type: none"> <li>For a term expiring September 1, 2027</li> </ul>
	Student pharmacist – licence renewal (UBC only)	For renewal of licence effective on September 1, 2026	<p>No fee</p> <ul style="list-style-type: none"> <li>For a term expiring September 1, 2027</li> </ul>
	Student pharmacist – licence (non-UBC)	For licence that starts on date specified by registrar/licence committee	<p>\$ 175.00 licence fee</p> <ul style="list-style-type: none"> <li>For a term expiring on date specified by registrar/licence committee (term may be up to one year)</li> </ul>

## ADMINISTRATIVE FEES

Commemorative Certificate replacement	\$ 222.00
Certificate of Standing	\$ 222.00
Criminal record check	See Criminal Record Check Fee Regulation. B.C. Reg. 238/2002
Jurisprudence examination	\$ 440.00
Application for reconsideration under bylaw s. 95, s. 156 or s. 158	\$100.00
Application for review under bylaw s. 134	\$100.00
Application for reconsideration under bylaw s. 143, s. 176 or s. 178	No fee

## NOTES

- 1) Fees are not refundable or transferable.
- 2) All fees except criminal record check are subject to GST.
- 3) Annual licence renewal fees for the 2027/28 licence year will be determined later in 2026.
- 4) Annual licence renewal notices are sent at least 30 days prior to expiry date.

## SCHEDULE C – RECOGNIZED EDUCATION PROGRAMS

<b>FULL PHARMACIST LICENSING</b>			
<b>Location</b>	<b>Recognized Pharmacy Education Program</b>	<b>Recognized Universities</b>	<b>Location</b>
Canada	Baccalaureate or Pharm.D (entry level) Pharmacy  Program accredited by the Canadian Council for Accreditation of Pharmacy Programs (CCAPP)	Dalhousie University, College of Pharmacy	Halifax, Nova Scotia
		Memorial University of Newfoundland	St. John's, Newfoundland
		Université de Montréal, Faculte de pharmacie	Montreal, Quebec
		Universite Laval, Faculte de phamacie	Quebec, Quebec
		University of Alberta, Faculty of Pharmacy and Pharmaceutical Sciences	Edmonton, Alberta
		University of British Columbia, Faculty of Pharmaceutical Sciences	Vancouver, B.C.
		University of Manitoba, Faculty of Pharmacy	Winnipeg, Manitoba
		University of Toronto, Leslie L. Dan Faculty of Pharmacy	Toronto, Ontario
		University of Saskatchewan, College of Pharmacy and Nutrition	Saskatoon, Saskatchewan
		University of Waterloo, School of Pharmacy	Kitchener, Ontario
United States	Baccalaureate or Pharm.D (entry level) Pharmacy Program accredited by the Accreditation Council for Pharmacy Education (ACPE)	Albany College of Pharmacy and Health Sciences	New York
		Appalachian College of Pharmacists	Virginia
		Auburn University Harrison School of Pharmacy	Alabama
		Belmont University School of Pharmacy	Tennessee
		Butler University College of Pharmacy and Health Sciences	Indiana
		California Northstate University College of Pharmacy	California
		Campbell University School of Pharmacy and Health Sciences	North Carolina
		Cedarville University School of Pharmacy	Ohio
		Chicago State University College of Pharmacy	Illinois
		Concordia University School of Pharmacy	Wisconsin
		Creighton University Medical Center School of Pharmacy and Health Professions	Nebraska
		Drake University College of Pharmacy and Health Sciences	Iowa
		Duquesne University Mylan School of Pharmacy	Pennsylvania
		D'Youville College School of Pharmacy	New York
		East Tennessee State University Bill Gatton College of Pharmacy	Tennessee
		Fairleigh Dickinson University School of Pharmacy	New Jersey
		Ferris State University College of Pharmacy	Michigan
		Florida Agricultural & Mechanical University College of Pharmacy and Pharmaceutical Sciences	Florida
		Hampton University School of Pharmacy	Virginia
		Harding University College of Pharmacy	Arkansas
		Howard University College of Pharmacy	Washington, D.C.
		Husson University School of Pharmacy	Maine
		Idaho State University College of Pharmacy	Idaho
Lake Erie College of Osteopathic Medicine School of Pharmacy	Pennsylvania		

	Lipscomb University College of Pharmacy and Health Sciences	Tennessee
	Loma Linda University School of Pharmacy	California
	Long Island University Arnold and Marie Schwartz College of Pharmacy and Health Sciences	New York
	Manchester University College of Pharmacy	Indiana
	Marshall University School of Pharmacy	West Virginia
	MCPHS University School of Pharmacy-Worcester	Massachusetts
	MCPHS University School of Pharmacy-Boston	Massachusetts
	Mercer University College of Pharmacy & Health Sciences	Georgia
	Midwestern University Chicago College of Pharmacy	Illinois
	Midwestern University College of Pharmacy-Glendale	Arizona
	North Dakota State University College of Pharmacy, Nursing and Allied Sciences	North Dakota
	Northeast Ohio Medical University College of Pharmacy	Ohio
	Northeastern University Bouve' College of Health Sciences School of Pharmacy	Massachusetts
	Notre Dame of Maryland University School of Pharmacy	Maryland
	Nova Southeastern University College of Pharmacy	Florida
	Ohio Northern University College of Pharmacy	Ohio
	Ohio State University College of Pharmacy	Ohio
	Oregon State University College of Pharmacy	Oregon
	Pacific University School of Pharmacy	Oregon
	Palm Beach Atlantic University Lloyd L. Gregory School of Pharmacy	Florida
	Philadelphia College of Osteopathic Medicine School of Pharmacy	Pennsylvania
	Presbyterian College School of Pharmacy	South Carolina
	Purdue University College of Pharmacy	Indiana
	Regis University School of Pharmacy	Colorado
	Roosevelt University College of Pharmacy	Illinois
	Rosalind Franklin University of Medicine and Science College of Pharmacy	Illinois
	Roseman University of Health Sciences College of Pharmacy	Nevada
	Rutgers, the State University of New Jersey Ernest Mario School of Pharmacy	New Jersey
	Samford University McWhorter School of Pharmacy	Alabama
	Shenandoah University Bernard J. Dunn School of Pharmacy	Virginia
	South Carolina College of Pharmacy	South Carolina
	South College School of Pharmacy	Tennessee
	South Dakota State University College of Pharmacy	South Dakota
	South University School of Pharmacy	Georgia
	Southern Illinois University Edwardsville School of Pharmacy	Illinois
	Southwestern Oklahoma State University College of Pharmacy	Oklahoma
	St. John Fisher College Wegmans School of Pharmacy	New York
	St. John's University College of Pharmacy and Health Science	New York
	St. Louis College of Pharmacy	Missouri
	Sullivan University College of Pharmacy	Kentucky
	Temple University School of Pharmacy	Pennsylvania
	Texas A & M University Health Science Center Irma Lerma Rangel College of Pharmacy	Texas

	Texas Southern University College of Pharmacy and Health Sciences	Texas
	Texas Tech University Health Sciences Center School of Pharmacy	Texas
	Thomas Jefferson University Jefferson School of Pharmacy	Pennsylvania
	Touro New York College of Pharmacy	New York
	Touro University - California College of Pharmacy	California
	Union University School of Pharmacy	Tennessee
	University at Buffalo The State University of New York School of Pharmacy & Pharmaceutical Sciences	New York
	University of Arizona College of Pharmacy	Arizona
	University of Arkansas for Medical Sciences College of Pharmacy	Arkansas
	University of California, San Diego Skaggs School of Pharmacy & Pharmaceutical Sciences	California
	University of California, San Francisco School of Pharmacy	California
	University of Charleston School of Pharmacy	West Virginia
	University of Cincinnati James L. Winkle College of Pharmacy	Ohio
	University of Colorado Anschutz Medical Campus Skaggs School of Pharmacy and Pharmaceutical Sciences	Colorado
	University of Connecticut School of Pharmacy	Connecticut
	University of Findlay College of Pharmacy	Ohio
	University of Florida College of Pharmacy	Florida
	University of Georgia College of Pharmacy	Georgia
	University of Hawaii at Hilo Daniel K. Inouye College of Pharmacy	Hawaii
	University of Houston College of Pharmacy	Texas
	University of Illinois at Chicago College of Pharmacy	Illinois
	University of Iowa College of Pharmacy	Iowa
	University of Kansas School of Pharmacy	Kansas
	University of Kentucky College of Pharmacy	Kentucky
	University of Louisiana at Monroe College of Pharmacy	Louisiana
	University of Maryland Eastern Shore School of Pharmacy	Maryland
	University of Maryland School of Pharmacy	Maryland
	University of Michigan College of Pharmacy	Michigan
	University of Minnesota College of Pharmacy	Minnesota
	University of Mississippi School of Pharmacy	Mississippi
	University of Missouri-Kansas City School of Pharmacy	Missouri
	University of Montana College of Health Professions and Biomedical Sciences Skaggs School of Pharm	Montana
	University of Nebraska Medical Center College of Pharmacy	Nebraska
	University of New England College of Pharmacy	Maine
	University of New Mexico College of Pharmacy	New Mexico
	University of North Carolina Eshelman School of Pharmacy	North Carolina
	University of Oklahoma College of Pharmacy	Oklahoma
	University of Pittsburgh School of Pharmacy	Pennsylvania
	University of Puerto Rico Medical Sciences Campus School of Pharmacy	Puerto Rico
	University of Rhode Island College of Pharmacy	Rhode Island
	University of Saint Joseph School of Pharmacy	Connecticut
	University of Southern California School of Pharmacy	California

	University of South Florida School of Pharmacy	Florida
	University of Tennessee Health Science Center College of Pharmacy	Tennessee
	University of Texas at Austin College of Pharmacy	Texas
	University of the Incarnate Word Feik School of Pharmacy	Texas
	University of the Pacific Thomas J. Long School of Pharmacy & Health Sciences	California
	University of the Sciences Philadelphia College of Pharmacy	Pennsylvania
	University of Toledo College of Pharmacy and Pharmaceutical Sciences	Ohio
	University of Utah College of Pharmacy	Utah
	University of Washington School of Pharmacy	Washington
	University of Wisconsin-Madison School of Pharmacy	Wisconsin
	University of Wyoming School of Pharmacy	Wyoming
	Virginia Commonwealth University at the Medical College of Virginia Campus School of Pharmacy	Virginia
	Washington State University College of Pharmacy	Washington
	Wayne State University Eugene Applebaum College of Pharmacy and Health Sciences	Michigan
	West Virginia University School of Pharmacy	West Virginia
	Western New England University College of Pharmacy	Massachusetts
	Western University of Health Sciences College of Pharmacy	California
	Wilkes University Nesbitt College of Pharmacy & Nursing School of Pharmacy	Pennsylvania
	Wingate University School of Pharmacy	North Carolina
	Xavier University of Louisiana College of Pharmacy	Louisiana

**CERTIFIED PRACTICE - CERTIFICATION OF PRACTISING PHARMACISTS FOR DRUG ADMINISTRATION BY INJECTION AND INTRANASAL ROUTE**

Location	Recognized Pharmacy Education Program	Recognized Providers	
Canada	Injection and Immunization training as part of a Baccalaureate or Pharm.D (entry level) pharmacy program accredited by the Canadian Council of Accreditation of Pharmacy Programs		
British Columbia	Immunization Competency Program and Practical Administration of Injections for BC Pharmacists	BC Pharmacy Association	
British Columbia	Intranasal Immunization Drug Administration Module	College of Pharmacists of British Columbia	
Canada	Immunization and Injection Program	Canadian College of Healthcare and Pharmaceutics	
Canada	Injections and Immunizations Certificate Program	Ontario Pharmacists' Association	
Canada	National Injectable Medication and Vaccine Administration Training Program	Pear Healthcare Solutions Inc.	

Canada	Injection and Immunization Administration Training Program	Dalhousie Continuing Pharmacy Education	**Note pharmacists must complete both programs to receive certificate
	IIATP Live Event	Dalhousie Continuing Pharmacy Education	
Canada	Immunization and Injection Administration Training Program – Independent Study	Dalhousie Continuing Pharmacy Education	**Note pharmacists must complete both programs to receive certificate
	Memorial University Injection and Immunization Live Training Program	Memorial University School of Pharmacy	
Canada	Education Program for Immunization Competencies 3rd Edition	Canadian Paediatric Society	**Note pharmacists must complete both programs to receive certificate
	Continuing Professional Development for Pharmacy Professionals – Immunization and Injection Training Program	Continuing Professional Development for Pharmacy Professionals, University of Saskatchewan	
British Columbia	Intranasal Immunization Drug Administration Module	College of Pharmacists of British Columbia	
Canada	Injections and Immunizations Certificate Program	PharmAcheive Corporation Ltd.	
Canada	Cardiopulmonary Resuscitation	St. John Ambulance, Canadian Red Cross, WorkSafeBC, Lifesaving Society, EMP Canada, Academy of Emergency Training	
Canada	First Aid	St. John Ambulance, Canadian Red Cross, WorkSafeBC, Lifesaving Society, EMP Canada, Academy of Emergency Training	

<b>PHARMACY TECHNICIAN LICENSING</b>			
<b>Location</b>	<b>Recognized Pharmacy Education Program</b>	<b>Recognized Education Programs</b>	<b>Location</b>
British Columbia	Certificate Program accredited by the Canadian Council for Accreditation of Pharmacy Programs (CCAPP)	CDI College	Burnaby
		Okanagan College	Kelowna
		Selkirk College	Castlegar
		Stenberg College (previously Thompson Career College)	Kamloops
		Stenberg College	Surrey
Alberta	Certificate Program accredited by the Canadian Council for Accreditation of Pharmacy Programs (CCAPP)	Vancouver Community College	Vancouver
		Bow Valley College	Calgary
		Norquest College	Edmonton
		Red Deer College	Red Deer
Ontario	Certificate Program accredited by the Canadian Council for Accreditation of Pharmacy Programs (CCAPP)	Robertson College	Calgary
		Algonquin Careers Academy	Mississauga
		Algonquin Careers Academy	Ottawa
		Anderson College of Health, Business and Technology (previously National Academy of Health and Business)	Mississauga
		Centennial College	Toronto
		CTS Canadian Career College	North Bay
		Georgian College	Barrie
		Fanshawe College of Applied Arts & Technology	London
Fleming College	Peterborough		
Humber Institute of Technology & Advanced Learning	Toronto		
Kingston Learning Centre	Kingston		

		La Cité Collégiale	Ottawa
		Lambton College	Sarnia
		Mohawk College of Applied Arts and Technology	Hamilton
		Niagara College of Applied Arts and Technology	Welland
		Sheridan Institute of Technology and Advanced Learning	Brampton
		St. Clair College of Applied Arts and Technology	Windsor
		Westervelt College	London
Saskatchewan	Certificate Program accredited by the Canadian Council for Accreditation of Pharmacy Programs (CCAPP)	Saskatchewan Polytechnic Saskatoon Campus (previously SIAST)	Saskatoon
Manitoba	Certificate Program accredited by the Canadian Council for Accreditation of Pharmacy Programs (CCAPP)	Manitoba Institute of Trades and Technology (previously Winnipeg Technical Institute)	Winnipeg
Nova Scotia	Certificate Program accredited by the Canadian Council for Accreditation of Pharmacy Programs (CCAPP)	Eastern College	Halifax
		Nova Scotia Community College	Dartmouth
New Brunswick	Certificate Program accredited by the Canadian Council for Accreditation of Pharmacy Programs (CCAPP)	Collège Communautaire du Nouveau-Brunswick	Campbellton
		New Brunswick Community College	Moncton
		New Brunswick Community College	Saint John
Newfoundland	Certificate Program accredited by the Canadian Council for Accreditation of Pharmacy Programs (CCAPP)	Keyin College	Grand Falls/Windsor
		Keyin College	St John's

## **SCHEDULE D.1 – ETHICS STANDARDS: CODE OF ETHICS**

This Code of Ethics and its companion standards, Schedule D.2 - Ethics Standards: Conflicts of Interest and Schedule D.3 - Ethics Standards: Client Relations, collectively articulate the professional commitment licensees, as healthcare professionals, have made to their clients, society and the profession.

As ethical and accountable healthcare professionals, licensees abide by the following standards:

### **Responsibility to Clients**

#### **Standard 1: Licensees Protect and Promote the Health and Well-Being of Clients**

##### Guidelines for Application

- (a) Licensees are committed first and foremost to protecting and promoting the health and well-being of their clients.
- (b) Licensees practice only within the scope of their education, training and competence.
- (c) Licensees are aware of the limitations of their knowledge and expertise and refer as necessary and appropriate.
- (d) Licensees are knowledgeable of, and adhere to, national and provincial legislation, standards of practice and policies relevant to the practice of pharmacy.
- (e) Licensees maintain appropriate resources to facilitate their efforts to deliver services according to the standards of practice.
- (f) Licensees dispense, distribute, recommend and advertise drugs and health-related products that are approved by Health Canada.
- (g) Licensees must provide pharmacy services requested by clients and may only refuse to provide these services for any of the following reasons:
  - (i) the drug or product requested is not available;

- (ii) the licensee does not possess the knowledge, skills and abilities to provide the service or product;
- (iii) the provision of the product or service is contrary to the sincerely held conscientious or religious belief of a licensee, in which case the licensee must ensure that
  - (A) they have informed and explained to the pharmacy's manager and the employer of their conscientious or religious belief before they accept employment,
  - (B) if the belief is formed after employment is accepted, they inform the pharmacy's manager and the employer at the earliest opportunity,
  - (C) they do not discuss their personal beliefs or ask clients to disclose or justify their own beliefs,
  - (D) they participate in a process designed to exercise their freedom of conscience and religion in a manner that respects the client's right to receive products and services in a timely manner and in a way that minimizes suffering and hardship to the client,
  - (E) they fulfill their duty of care to the client in a manner that is non-judgmental, continuous and non-discriminatory,
  - (F) in the event of failure of the system developed to ensure the timely delivery of the product or service, and notwithstanding the licensee's conscientious or religious beliefs, they provide clients with enough information and assistance to allow them to make informed choices for themselves,
  - (G) they cooperate in effective transfers of care initiated by the client and are not required to make a referral, and
  - (H) they do not rely on conscientious or religious beliefs in order to discriminate against any client on morally irrelevant grounds including those set out in Standard 3, Guideline (g) of this Schedule;
- (iv) the client is unable or unwilling to provide payment for the requested pharmacy service or product;
- (v) the client is abusive physically or mentally to the licensee.

- (h) Licensees must provide essential pharmacy care throughout the duration of any job action or pharmacy closure.
- (i) In the event of either a client emergency or a public emergency, licensees take appropriate action to provide care within their professional competence and experience.

## **Standard 2: Licensees Act in the Best Interests of their Clients in Achieving their Chosen Health Outcome**

### Guidelines for Application

- (a) Licensees utilize their professional judgment to act in the best interests of their clients in achieving their chosen health outcome.
- (b) Licensees support clients in making informed choices about their care by explaining the benefits and risks associated with medication therapy.
- (c) Licensees provide information that is evidence based, relevant, up-to-date and consistent with the standard of care.
- (d) Licensees provide information in an understandable and sensitive manner and respond to clients' questions.
- (e) Licensees respect their client's right to accept or refuse any drug or health product related recommendation.
- (f) Licensees ensure that they obtain the client's informed, implied or expressed and voluntary consent prior to the provision of pharmacy services.
- (g) Licensees recognize and respect the autonomy of a competent minor to provide informed consent and make decisions about their healthcare.
- (h) Licensees recognize and respect persons authorized either through personal directives or proxy designations to act as surrogate decision-makers in the case of incapable clients.

## **Standard 3: Licensees Practice Respect for Clients**

### Guidelines for Application

- (a) Licensees respect the value and dignity of clients.

- (b) Licensees respect the client's autonomy and freedom to make an informed decision.
- (c) Licensees recognize the power imbalance inherent in professional relationships (licensee-client relationship) and maintain appropriate professional boundaries.
- (d) Licensees act in the best interests of their clients and do not exploit the professional relationship for any personal, physical, emotional, financial, social or sexual gain.
- (e) Licensees treat clients with sensitivity, caring, courtesy and respect.
- (f) Licensees provide pharmacy care that is respectful of the values, customs and beliefs of clients.
- (g) Licensees ensure that their personal beliefs and values do not prejudice client care and do not engage in discrimination based on age, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, lifestyle, disability, socio-economic status or any basis proscribed by law.

#### **Standard 4: Licensees Protect the Right to Confidentiality of their Clients**

##### Guidelines for Application

- (a) Licensees respect their client's right to privacy and confidentiality.
- (b) Licensees do their utmost to protect client confidentiality when they share client information with colleagues or other healthcare professionals.
- (c) Licensees do not disclose confidential information without the consent of the client, unless provided for by law or by the need to protect the welfare of the individual or the public interest.
- (d) Licensees maintain confidentiality in creating, storing, accessing, transferring and disposing of records they control.

#### **Standard 5: Licensees Participate in Ethically Valid Research**

##### Guidelines for Application

- (a) Licensees ensure that when conducting or participating in research initiatives they are scientifically and ethically approved by a research ethics board that meets current ethical research standards.
- (b) Licensees ensure that before proceeding with their research study they have obtained the informed consent of the participant or proxy and advised the participant that they have the right to withdraw from the study at any time without penalty.
- (c) Licensees inform the participant of the purpose of the study, its source of funding, the risks of harm and benefits, and the nature of their participation including any applicable compensation.
- (d) Licensees ensure that they inform research participants that all participant information will be kept confidential and not disclosed without the participant's approval and consent.

## **Responsibility to Society**

### **Standard 6: Licensees are Committed to Benefiting Society**

#### Guidelines for Application

- (a) Licensees have an ethical duty to uphold public trust and confidence in the profession by acting with honesty and integrity.
- (b) Licensees have a responsibility to report incompetent or unethical behavior by colleagues or other healthcare professionals to the appropriate regulatory authority.
- (c) Licensees recognize the profession's responsibility to society to participate in\*:
  - (i) advocacy;
  - (ii) research;
  - (iii) public education programs.

\*It is understood that this is not an obligation of all individual licensees but rather a responsibility of the profession as a whole.

- (d) Licensees endeavor to advance the quality of pharmacy services and care provided to the public.
- (e) Licensees contribute to the future of the profession by participating in student, intern and resident education including multidisciplinary and collaborative experiences as appropriate.
- (f) Licensees ensure that they maintain appropriate professional boundaries in pharmacy student/instructor and supervisor/subordinate relationships.
- (g) Licensees recognize the responsibility of the profession to provide access to pharmacy services and resources.
- (h) Licensees have a responsibility for ensuring the provision of cost-effective pharmacy services in overall healthcare delivery.
- (i) Licensees provide safe disposal of drugs and health related products and support environmentally friendly practices.

## **Responsibility to the Profession**

### **Standard 7: Licensees are Committed to Personal and Professional Integrity**

#### Guidelines for Application

- (a) Licensees have an ethical duty to act conscientiously and avoid unethical behavior.
- (b) Licensees act with honesty and integrity in all professional relationships and fulfill their responsibilities as described in this Code of Ethics and its companion standards, Schedule D.2 - Ethics Standards: Conflicts of Interest and Schedule D.3 - Ethics Standards: Client Relations.
- (c) Licensees uphold the spirit of this Code of Ethics and its intent as well as its written articulation.
- (d) Licensees comply with legislation, standards of practice and accepted best practice guidelines.
- (e) Licensees do not justify unethical behavior by rationalizing that such behavior is not explicitly captured in a standard and is therefore ethically permissible.

- (f) Licensees must resist any influence or interference that could undermine their professional integrity.
- (g) Licensees have a responsibility to protect and maintain their physical and mental health and well-being and seek care and support as appropriate.
- (h) Licensees must discontinue the provision of professional services if their physical or mental health poses a risk of harm.
- (i) Licensees take appropriate steps to prevent and report the misuse or abuse of substances by clients, colleagues, other healthcare professionals or other pharmacy employees.
- (j) Licensees recognize that professional obligations override management policies, and take all reasonable steps to resolve situations where management policies and professional obligations are in conflict.
- (k) Licensees report any policies, systems or working conditions to the College that pose a risk of harm to the public.
- (l) Licensees cooperate with investigations into their own or another healthcare professional's fitness to practice and abide by undertakings or limitations and conditions placed on their practice.
- (m) Licensees enter only into relationships, contracts and agreements in which they can maintain their professional integrity and safeguard the interests of their clients.

### **Standard 8: Licensees are Sensitive to and Avoid Conflict of Interest**

#### Guidelines for Application

- (a) Licensees must consider first the health and well-being of the client and avoid situations that are, or may reasonably be perceived to be, a conflict of interest.
- (b) Licensees abide by and conscientiously follow the companion standard, Schedule D.2 - Ethics Standards: Conflicts of Interest.
- (c) Licensees inform relevant parties, if they are involved in a real, perceived, or potential, conflict of interest scenario and resolve the situation as set out in the companion standard, Schedule D.2 - Ethics Standards: Conflicts of Interest.

- (d) Licensees avoid dual or multiple relationships and other situations which may present a conflict of interest and potentially reduce their ability to be objective and unbiased in their professional judgment.

### **Standard 9: Licensees Participate in Ethical Business Practices**

#### Guidelines for Application

- (a) Licensees do not participate in, condone, or are associated with dishonesty, fraud, misrepresentation or any other kind of unethical or illegal behavior.
- (b) Licensees do not make false, deceptive or fraudulent statements concerning their training, experience, competence, academic degrees or credentials, affiliations, services, research, fees, etc.
- (c) Licensees conform to legal and professional norms that support the integrity and dignity of the profession.
- (d) Licensees use only truthful, accurate, fully informative and non-deceptive information in their marketing and public education programs.
- (e) Licensees do not make false claims for any purpose.
- (f) Licensees are transparent in the fees they charge, consider the ability of the client to pay and discuss options with the client.
- (g) Licensees ensure that any comparison to the business services of competitors is fair and accurate.
- (h) Licensee only enter relationships with industry which are appropriate and in compliance with this Code of Ethics and the companion standard, Schedule D.2 - Ethics Standards: Conflicts of Interest and maintain the integrity of the fiduciary relationship between the licensee and the client.
- (i) Licensees refrain from participating in activities that could undermine client trust in licensees and society's trust in the pharmacy profession.

### **Standard 10: Licensees are Committed to Professional Development**

#### Guidelines for Application

- (a) Licensees keep up to date with new pharmacy knowledge and practices by participating in continuous lifelong learning.
- (b) Licensees participate in continuous evaluations of their practice and are responsive to the outcomes of evaluations and reviews by undertaking constructive change or further training if necessary.
- (c) Licensees endeavour to advance the knowledge and skills of the profession and make relevant information available to clients, colleagues and the public.
- (d) Licensees participate in professional development opportunities that support learning in professional ethics and the development of sound professional judgment in ethical decision making.
- (e) Licensees develop, promote and participate in quality assurance and accountability processes.

## **SCHEDULE D.2 – ETHICS STANDARDS: CONFLICTS OF INTEREST**

### **Background**

The health and safety of the clients we serve are at the core of pharmacy practice. This means that protecting and promoting our clients' best interest and well-being must be every licensee's primary and continuing concern in professional practice.

The Supreme Court of Canada recognizes that healthcare professionals owe an ethical duty of trust to their clients and that this fiduciary relationship requires licensees, as regulated healthcare professionals, to always act in their clients' best interests instead of their own.

When a licensee allows their personal or private interests to interfere with their client's best interests they have breached the fiduciary duty of trust and in effect entered into what ethically and legally is referred to as a conflict of interest.

This fiduciary duty of trust also requires licensees to take responsibility for challenging the judgments of their colleagues and other healthcare professionals if they have reason to believe that the licensee's or other healthcare professional's personal interests could compromise the health or safety of the client or inappropriately influence their decision making.

In fulfilling their ethical fiduciary duty to clients, licensees must act with caution and conscience in managing conflict of interest. This means licensees are aware of and make every reasonable effort to avoid entering into or participating in any situation in which they may be, or may be perceived to be, placing their interests above those of their clients.

The Standards and Guidelines for Application that follow provide guidance in common areas of concern in pharmacy practice but are not intended to provide a complete or exhaustive list of areas of concern. Licensees will need to proceed with caution and conscience in dealing with conflict of interest scenarios which may arise and which are not captured in this standard.

To support licensees in addressing and managing conflict of interest, licensees must utilize the Model for Ethical Decision Making set out in Appendix A to this Schedule and work through the conflict of interest scenario to resolve it in the client's best interest. Licensees must document and be able to defend all decisions made in this regard.

## **Position**

Licenseses hold the well-being of their client as their primary consideration and refrain from entering into any actual or perceived conflict of interest.

## **Standard 1: Licensees Protect and Promote the Best Interests of their Clients in Achieving Their Chosen Health Outcome**

### **Guidelines for Application**

- (a) Licensees must act in their client's best interests when providing or referring pharmacy services. This includes but is not limited to:
  - (i) Licensees must not in any way influence clients to purchase drugs or equipment that is contrary to the client's best interests.
  - (ii) Licensees must only adapt a prescription to optimize the client's therapeutic outcome of treatment. In no instance should a licensee adapt a prescription in order to benefit financially or in kind.
  - (iii) Licensees must always provide/promote the drug or drug substitution that will best serve the client's needs. They must not provide/promote a particular drug or drug substitution simply in order to take advantage of a manufacturer's discount or other incentives.
  - (iv) Licensees must not dispense a smaller quantity than that required to serve the client's best interests simply to accrue additional dispensing fees.
- (b) Licensees must not offer loyalty or incentive programs that are contrary to the client's best interests.

## **Standard 2: Licensees Enter into Relationships that are Ethical and Appropriate**

### **Guidelines for Application**

- (a) Licensees must not enter into relationships that adversely affect the quality of client care.

- (b) Licensees must not ask for or accept any incentive or gift which may affect or be seen to affect their commitment to their client's best interests.
- (c) Licensees must not accept cash payments or other incentives (excluding generally accepted ethical business practices) over and above remuneration for services provided to clients.
- (d) Licensees must not provide to or receive cash payments or other incentives from other licensees, other healthcare professionals or any other person or organization solely for the referral of clients.
- (e) Licensees must not dispense prescriptions for themselves or to their family members except
  - (i) in an emergency situation, or
  - (ii) when another licensee is not readily available.
- (f) Licensees who have a financial interest in an organization, such as a pharmacy, pharmaceutical company, recovery home or clinic must not allow these interests to adversely affect the quality of client care.

### **Standard 3: Licensees Participate in Ethical Research Practices**

#### Guidelines for Application

- (a) Licensees involved in research must not overstate the benefits, downplay the risks or suppress any adverse data associated with the research.
- (b) Licensees must not accept cash payments or other incentives for finding or recruiting research subjects.
- (c) Licensees must not accept cash payments or other incentives for completing a research study within a prescribed time frame if doing so will adversely affect the participant(s).
- (d) Licensees who are primary investigators (researchers) must not participate in research conducted by a company in which they hold a financial interest.
- (e) Licensees who are cited and credited as primary investigators (researchers) must actually have conducted and produced the research that is cited and credited to them.

## Schedule D.2 – Ethics Standards: Conflict of Interest

### Appendix A – Model for Ethical Decision Making

When faced with an ethical dilemma or conflict of interest scenario licensees must use the following Model and document their decision making.

Ask yourself the following:

#### 1. What's really going on here?

- You need to take a moment to step outside of the situation and look at all sides of the issue. Separate the facts from innuendo, assumptions, opinions or beliefs.

Ask yourself, if the arrangement or practice:

- raises client safety or quality of care concerns?
- has the potential to increase the risk of over utilization or inappropriate utilization?
- has the potential to interfere with, or bias clinical decision-making?
- has the potential to increase costs to the healthcare system?



#### 2. What are my motives in all of this?

- You need to be self-aware and honest about your motives and intentions.

Ask yourself, are you motivated by your client's best interests?



#### 3. Does a clear answer already exist?

- You need to consider the Code of Ethics and companion documents: the Conflicts of Interest standards and Client Relations standards and other legislation.

#### 4. Consult with a colleague and ask yourself?

- How would I feel if I was the client in this situation?
- How would I feel if my actions were made public?
- What would happen if all licensees did this?



#### 5. What is the best option and why?

- Try to come up with three viable options and identify the pros and cons of each.
- Pick the option you consider to be the 'best' and document the rationale for your decision.



## SCHEDULE D.3 – ETHICS STANDARDS: CLIENT RELATIONS

### Application

This Schedule applies to all licensees in all practice settings, and should be read in conjunction with Standard 7, Guideline (b) of the companion standard Schedule D.1 – Ethics Standards: Code of Ethics. It should also be read in conjunction with sections 8, 85 and 86 of the HPOA.

### Purpose

The standards in this Schedule are to inform licensees and the public of the College's expectations for licensees to ensure that proper professional boundaries are observed and to prevent sexual misconduct and sexual abuse.

### Standards

(i) *Maintaining Professional Boundaries and Avoiding Dual Relationships*

It is important to ensure that there are clear professional boundaries between licensees and their clients. Professional boundaries are based on trust, respect and the appropriate use of power as there is a power imbalance between clients and licensees. Clients are entitled to rely on licensees to act in a professional and ethical manner and to never put their personal interests above those of their clients. Licensees have the responsibility to maintain appropriate professional boundaries at all times and should refrain from having dual relationships with clients.

The ways in which licensees must maintain appropriate professional boundaries include: (a) showing respect for the client's privacy at all times; (b) avoiding physical contact outside of clinical necessity; (c) avoiding behaviour or remarks that may be interpreted as sexual or inappropriate by a client; (d) refraining from asking personal information that is irrelevant to the professional services being provided; (e) refraining from sharing inappropriate personal information with the client; and (f) showing sensitivity to the client's cultural or religious background;

Forming a relationship with a client outside the professional setting may place a licensee in an ethically compromising situation, and may result in

the violation of a professional boundary which is a serious regulatory matter.

As a consequence, licensees should generally avoid dual relationships, even when the client attempts to initiate the relationship or consents to enter into a personal relationship. The existence of a dual relationship may compromise the licensee's ability to provide objective and unbiased care which places the client (and broader public) at risk.

(ii) *Relationships with Former Clients*

Depending on the circumstances, it may be considered unethical and unprofessional conduct to form a relationship with a former client. Licensees should have regard to the following considerations before considering a relationship with a former client:

- The nature of the previous professional relationship and whether it involved a significant imbalance of power;
- Whether the former client was, or is, vulnerable;
- Whether the licensee is using the knowledge or influence that the licensee gained through the professional relationship to develop or continue the personal relationship;
- Whether the licensee is already treating, or are likely to treat, any other members of the former client's family;
- Whether the client understands that the licensee-client relationship has ended;
- Whether the client is capable of consenting;
- Whether or not a reasonable interval of time has passed since the professional relationship ended with the client.\*

It is unethical for a licensee to terminate a professional relationship in order to initiate a personal or sexual relationship with a client.

\* Licensees should consider the following guidelines to self-assess whether a reasonable interval of time has passed:

- The nature, intensity and frequency of the former licensee-client relationship, as well as the level of client vulnerability and power imbalance should be taken into consideration.
- The relationship must not be a result of or appear to be a result of the use or exploitation of the trust, knowledge, influence, or emotions derived from the previous professional relationship.
- Licensees—not their clients—assume the full burden of demonstrating that the former client has not been exploited, coerced, or manipulated, intentionally or unintentionally.

(iii) *Duty to Report Sexual Misconduct and Sexual Abuse*

Licensees have a statutory duty to report sexual misconduct and sexual abuse under section 86 of the HPOA.

The College requires licensees who have reason to believe that a licensee of a regulatory college is engaging in sexual misconduct or sexual abuse to promptly report that information to the licensee's regulatory college, and in any event no later than 30 days of reasonably concluding that such conduct is or has taken place. Any delay in filing a report may jeopardize public safety.

## **Guidelines**

### Education on Professional Ethics

Licensees have a responsibility to educate themselves on professional ethics and should be aware that the College has an online ethics tutorial.

## SCHEDULE D.4 – ETHICS STANDARDS: ADVERTISING AND MARKETING

### Definitions for Schedule

1 In this Schedule:

**“advertisement”** means the use of space or time in a public medium, or the use of a commercial publication such as a brochure or handbill, to communicate with the general public, or a segment thereof, for the purpose of promoting professional services or enhancing the image of the advertiser;

**“marketing”** includes

- (a) an advertisement,
- (b) any publication or communication in any medium with any client, prospective client or the public generally in the nature of an advertisement, promotional activity or material, a listing in a directory, a public appearance or any other means by which professional services are promoted, and
- (c) contact with a prospective client initiated by or under the direction of a licensee.

### Advertising

2 (1) When advertising pharmacy services that are required by legislation, the statement, “Required in all British Columbia Pharmacies”, must accompany the advertising and must be of the same size and prominence as all other print in the advertising.

(2) Schedule I drug price advertising must include

- (a) the proprietary (brand) name, if any, for the drug or the device,
- (b) the drug product’s generic name and the manufacturer’s name,
- (c) the dosage form and strength,
- (d) total price for a specific number of dosage units or quantity of the drug product, and
- (e) the phrase “only available by prescription”.

- (3) Where Schedule I drug price advertising includes direct or indirect reference to a professional fee charged, the total prescription price must also be incorporated into the advertisement, and both figures must be featured equally.
- (4) Schedule I drug price advertising must not include any reference to the safety, effectiveness or indications for use of the advertised prescription drug products or compare the fees charged by the licensee or pharmacy with those charged by another licensee or pharmacy.
- (5) The home page of any licensee or pharmacy that advertises on a website must clearly show
  - (a) that the licensee or pharmacy is licensed in British Columbia,
  - (b) the contact information for the College,
  - (c) a notice to clients, prospective clients and the public generally that pharmacy practice issues may be reported to the College, and
  - (d) in the case of a pharmacy,
    - (i) the physical location of the pharmacy operation,
    - (ii) the 10 digit pharmacy telephone number, and
    - (iii) the name of the pharmacy's manager.

## Marketing

- 3** (1) Any marketing undertaken or authorized by a licensee in respect of the licensee's professional services must not be
  - (a) false,
  - (b) inaccurate,
  - (c) reasonably expected to mislead the public, or
  - (d) unverifiable.
- (2) Marketing violates subsection (1) if it

- (a) is calculated or likely to take advantage of the weakened state, either physical, mental or emotional, of the recipient or intended recipient,
- (b) is likely to create in the mind of the recipient or intended recipient an unjustified expectation about the results which the licensee can achieve,
- (c) implies that the licensee can obtain results
  - (i) not achievable by other licensees,
  - (ii) by improperly influencing a public body or official, or any corporation, agency or person having any interest in the welfare of the recipient,
  - (iii) by any other improper means, or
- (d) compares the quality of services provided with those provided by another licensee, or a person who is authorized to provide health care services under another enactment, or another health profession.

## SCHEDULE E.1 – PRACTICE STANDARDS: COMMUNITY PHARMACY SERVICES

### Application

- 1 This Schedule applies to all licensees providing pharmacy services in or from a community pharmacy.

### Definitions

- 2 In this Schedule:

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

**“community pharmacy”** has the same meaning as in the PODSA Bylaws;

**“Drug Administration Practice Standards”** means the practice standards established in Schedule E.4 of these bylaws;

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

**“final check”** means ensuring that

- (a) the prescription product and the prescription product label match the prescription information and the information on the manufacturer’s label with respect to
  - (i) drug,
  - (ii) dosage form,
  - (iii) strength,
  - (iv) quantity, and
  - (v) drug identification number,
- (b) the prescription product label matches the prescription information with respect to the matters set out in section 6(2)(a) to (g) of this Schedule,

- (c) the drug has not expired and will not expire within the duration of use, and
- (d) a pharmacist has completed a clinical assessment of the prescription after reviewing the client profile;

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

**“MAiD Practice Standards”** means the practice standards established in Schedule E.5 of these bylaws;

**“pharmacist”** means a full pharmacist, provisional pharmacist or temporary pharmacist;

**“personal health number”** means a unique numerical lifetime identifier assigned by the government of British Columbia and used in the specific identification of an individual who has any interaction with the British Columbia health system;

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

**“prescription transfer”** means the transfer to a requesting community pharmacy, via direct communication from a licensee to another licensee, of

- (a) all remaining refill authorizations for a particular prescription, or
- (b) a particular prescription for renewal of the prescription;

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

**“renewal”** means authorization by a pharmacist to dispense, for the purpose of continuity of care, additional quantities of a drug pursuant to a particular prescription for which there are no remaining refill authorizations, in accordance with section 12 of the Pharmacists Regulation;

**“Residential Care Facility Practice Standards”** means the practice standards established in Schedule E.3 of these bylaws.

## Client choice

- 3 Licensees, including licensees who are also owners of a community pharmacy or directors or shareholders of an owner of a community pharmacy, must not enter into agreements with clients, client's representatives, practitioners, corporations, partnerships, or any other person or entity, that limit a client's choice of pharmacy, except as required or permitted under these bylaws or the PODSA Bylaws.

## Community pharmacy technicians

- 4 (1) Pharmacy technicians in a community pharmacy may prepare, process and compound prescriptions and drugs referred to in prescriptions, including
  - (a) receiving and transcribing verbal prescriptions from practitioners,
  - (b) ensuring that a prescription is complete and authentic,
  - (c) transferring prescriptions to and receiving prescriptions from other pharmacies,
  - (d) ensuring the accuracy of a prescription product,
  - (e) performing the final check of a prescription product, and
  - (f) ensuring the accuracy of drug information and personal health information in the PharmaNet client record.
- (2) Despite subsection (1), a pharmacy technician in a community pharmacy may dispense a drug but must not
  - (a) perform the task of ensuring the pharmaceutical and therapeutic suitability of a drug for its intended use,
  - (b) do anything described in
    - (i) sections 6(5), 6(10), 12(2), 13(3), 13(4), 14, 15(2), 15(3) or 15(4) of this Schedule, or
    - (ii) the Drug Administration Practice Standards, or
  - (c) dispense a drug pursuant to the MAiD Practice Standards.

- (3) A pharmacy technician in a community pharmacy must identify their license class in any interaction with a client or practitioner.

### **Community pharmacy assistants**

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

### **Prescriptions**

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

- (4) At the time of dispensing, a prescription must include the following additional information:
- (a) the address of the client;
  - (b) the identification number from the practitioner's regulatory college
  - (c) the prescription number;
  - (d) the date on which the prescription was dispensed;
  - (e) the manufacturer's drug identification number or the brand name of the product dispensed;
  - (f) the quantity dispensed;
  - (g) written confirmation of the licensee who
    - (i) verified the client identification
    - (ii) verified the client allergy information,
    - (iii) reviewed the personal health information stored in the PharmaNet database in accordance with section 13(4) of this Schedule;
    - (iv) performed the consultation,
    - (v) performed the final check including when dispensing a balance owing, and
    - (vi) identified and addressed a drug therapy problem, if any.
- (5) A pharmacist must
- (a) review prescriptions for completeness and appropriateness with respect to the drug, dosage, route and frequency of administration,
  - (b) review client personal health information for drug therapy problems, therapeutic duplications and any other potential problems,
  - (c) consult with clients concerning the client's drug history and other personal health information,

- (d) consult with practitioners with respect to a client's drug therapy unless section 12 or 13 of the Pharmacists Regulation applies, and
  - (e) take appropriate action respecting a drug therapy problem.
- (6) A licensee may receive a verbal prescription directly from a practitioner or from a practitioner's recorded voice message.
- (7) A licensee must make a written record of a verbal prescription containing the applicable information in section 6(2) of this Schedule.
- (8) A licensee must not dispense a prescription issued for more than one client.
- (9) For refill authorizations, a licensee
  - (a) may accept a refill authorization for a Schedule I drug from a practitioner's agent if confident the agent consulted the practitioner and accurately conveyed the practitioner's direction, and
  - (b) must
    - (i) cancel any unused refill authorizations remaining on any previous prescription if a client presents a new prescription for a previously dispensed drug,
    - (ii) advise the other pharmacy of the new prescription if unused refills are at another pharmacy, and
    - (iii) create a new prescription number.
- (10) If a pharmacist authorizes a prescription renewal, the pharmacist must
  - (a) create a written record,
  - (b) assign a new prescription number, and
  - (c) use their College-issued licence number in the practitioner field on PharmaNet.

### **Transmission by facsimile**

- 7 (1) Prescription authorizations may be received by facsimile from a practitioner to a pharmacy, if

- (a) the prescription is sent only to a pharmacy of the client's choice,
  - (b) the facsimile equipment is located within a secure area to protect the confidentiality of the prescription information, and
  - (c) in addition to the requirements of section 6(2) of this Schedule, the prescription includes
    - (i) the practitioner's telephone number, facsimile number and unique identifier if applicable,
    - (ii) the time and date of transmission, and
    - (iii) the name and fax number of the pharmacy intended to receive the transmission.
- (2) Prescription refill authorization requests may be transmitted by facsimile from a pharmacy to a practitioner, if the pharmacy submits refill requests on a form that includes space for
- (a) the information set out in section 6(2) of this Schedule,
  - (b) the name, address and 10-digit telephone number of the pharmacy, and
  - (c) the practitioner's name, date and time of transmission from the practitioner to the pharmacy.
- (3) A licensee must not dispense a prescription authorization received by facsimile transmission for a Schedule IA drug, except during a public health emergency declared by the provincial health officer in which case the pharmacy must receive a completed copy of the controlled prescription program form transmitted by facsimile prior to dispensing the medication.
- (4) Prescription transfers may be completed by facsimile transmission if
- (a) the transferring licensee includes their name and the address of the pharmacy with the information required in section 8(4) of this Schedule, and
  - (b) the name of the licensee receiving the transfer is known and recorded on the document to be faxed.

## Prescription copies and transfers

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

- (iv) identification of the person to whom the prescription was transferred, and
  - (v) in the case of a controlled drug substance, any other information required under the CDSA, and
- (b) transfer all prescription information listed in subsection (2) (a) to (f).
- (6) A licensee must make prescriptions available for review and copying by authorized inspectors of Health Canada.

### **Prescription labels**

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

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

### **Preparation of prescription products**

- 10** (1) A licensee who prepares a prescription product must ensure that
  - (a) the prescription product label matches the prescription information and the information on the manufacturer's label with respect to
    - (i) drug,
    - (ii) dosage form,
    - (iii) strength,
    - (iv) quantity, and
    - (v) drug identification number,

- (b) the prescription product label matches the prescription information with respect to the matters set out in section 6(2)(a) to (g) of this Schedule,
  - (c) the drug is not expired and will not expire within the duration of use, and
  - (d) the licensee's identity is documented in writing.
- (2) A pharmacy's manager must ensure that the record referred to in subsection (1)(d) is readily available and is retained for at least three years from the date on which the prescription product was last dispensed.

### **Compounding**

- 11** A licensee must comply 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.

### **Dispensing**

- 12** (1) A licensee may adjust the quantity of drug to be dispensed if
- (a) a client requests a smaller amount,
  - (b) a manufacturer's unit-of-use standard of package size does not match the prescribed quantity,
  - (c) the quantity prescribed exceeds the amount covered by the client's drug plan, or
  - (d) a trial prescription quantity is authorized by the client.
- (2) A pharmacist may adjust the quantity of drug to be dispensed, if
- (a) the pharmacist consults with a practitioner and documents the result of the consultation, and

- (b) if
  - (i) a poor compliance history is evident on the client record,
  - (ii) drug misuse is suspected, or
  - (iii) the safety of the client is in question due to the potential for overdose.
- (3) If a licensee doubts the authenticity of a prescription, the licensee may refuse to dispense the drug.
- (4) All drugs must be dispensed in a container that is certified as child-resistant unless
  - (a) the practitioner, the client or the client's representative directs otherwise,
  - (b) in the licensee's judgment, it is not advisable to use a child-resistant container,
  - (c) a child-resistant package is not suitable because of the physical form of the drug or the manufacturer's packaging is designed to improve client compliance,
  - (d) child-resistant packaging is unavailable, or
  - (e) the drugs are prescribed for medical assistance in dying.
- (5) A licensee
  - (a) must not dispense a prescription product more than two years from the prescribing date, and
  - (b) despite paragraph (a), must not dispense a prescription product for a benzodiazepine or other targeted substance more than one year from the prescribing date.
- (5.1) Despite subsection (5), a licensee may dispense a prescription product for a benzodiazepine or other targeted substance up to two years from the prescribing date, if permitted under a CDSA Exemption or the Controlled Substances Regulations.
- (6) Before dispensing a prescription product, a licensee must perform a final check and record his or her identity in writing.

- (7) A pharmacy's manager must ensure the record referred to in subsection (6) is readily available and retained for at least three years after the last date on which that prescription product was last dispensed.

### **Client records**

- 13** (1) A client record must be established and maintained for each client for whom a Schedule I drug is dispensed.
- (2) For purpose of subsection (1), the client record must include
  - (a) the client's full name,
  - (b) the client's personal health number,
  - (c) the client's address,
  - (d) the client's telephone number if available,
  - (e) the client's date of birth,
  - (f) the client's gender,
  - (g) the client's clinical condition, allergies, adverse drug reactions and intolerances if available including the source and date the information was collected,
  - (h) the date the drug is dispensed,
  - (i) the prescription number,
  - (j) the generic name, strength and dosage form of the drug,
  - (k) the drug identification number,
  - (l) the quantity of drug dispensed,
  - (m) the intended duration of therapy, specified in days,
  - (n) the date and reason for discontinuation of therapy,
  - (o) the directions to the client,
  - (p) the identification of the prescribing practitioner,

- (q) special instructions from the practitioner to the licensee, if appropriate,
  - (r) past and present prescribed drug therapy including the drug name, strength, dosage, frequency, duration and effectiveness of therapy,
  - (s) the identification of any drug therapy problem and the description of any action taken,
  - (t) the description of compliance with the prescribed drug regimen, and
  - (u) Schedule II drug and Schedule III drug use, if appropriate.
- (3) If a pharmacist obtains a drug history from a client, the pharmacist must request and if appropriate record the following information on the client record
- (a) medical conditions and physical limitations,
  - (b) past and current prescribed drug therapy including the drug name, strength, dosage, frequency, duration and effectiveness of therapy,
  - (c) compliance with the prescribed drug regimen,
  - (d) Schedule II drug and Schedule III drug use.
- (4) A pharmacist must review the client's personal health information stored on the PharmaNet database before dispensing a drug and take appropriate action if necessary with respect to any concern regarding the appropriateness of the drug or any drug therapy problem.

#### **Pharmacist-client consultations**

- 14** (1) Subject to subsection (2), a pharmacist must consult with the client or client's representative at the time of dispensing a new or refill prescription in person or, where not practical to do so, by telephone.
- (2) Where a client declines the consultation, the pharmacist must document that the consultation was offered and declined.

- (3) The pharmacist must conduct the consultation in a manner that respects the client's right to privacy.
- (4) The pharmacist-client consultation for a new prescription must include
  - (a) confirmation of the identity of the client,
  - (b) name and strength of drug,
  - (c) purpose of the drug,
  - (d) directions for use of the drug including the frequency, duration and route of therapy,
  - (e) potential drug therapy problems, including any avoidance measures, and action recommended if they occur,
  - (f) storage requirements,
  - (g) prescription refill information,
  - (h) information regarding
    - (i) how to monitor the response to therapy,
    - (ii) expected therapeutic outcomes,
    - (iii) action to be taken in the event of a missed dose, and
    - (iv) when to seek medical attention, and
  - (i) issues the pharmacist considers relevant to the specific drug or client.
- (5) The pharmacist-client consultation for a refill prescription must include
  - (a) confirmation of the identity of the client,
  - (b) name and strength of drug,
  - (c) purpose of the drug,
  - (d) directions for use of the drug including frequency and duration, and
  - (e) whether the client has experienced a drug therapy problem.

- (6) If a drug therapy problem is identified during client consultation for a new or refill prescription, the pharmacist must take appropriate action to resolve the problem.
- (7) If an adverse drug reaction as defined by Health Canada is identified, the pharmacist must notify the client's practitioner, make an appropriate entry on the PharmaNet record and report the reaction to the appropriate department of Health Canada.

#### **Schedule II drugs and Schedule III drugs**

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

#### **Sole pharmacy services provider**

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

### **Prohibition on the provision of incentives**

- 17** (1) A licensee must not provide or distribute, or be a party to the provision or distribution of, an incentive to a client or client's representative for the purpose of inducing the client or client's representative to
- (a) deliver a prescription to a particular licensee or pharmacy for dispensing of a drug or device specified in the prescription, or
  - (b) obtain any other pharmacy service from a particular licensee or pharmacy.
- (2) Subsection (1) does not prevent a licensee 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.
- (3) Subsection (1) does not apply in respect of a Schedule III drug or an unscheduled drug, unless the drug has been prescribed by a practitioner.

### **Continuous quality improvement**

- 18** *[Effective June 1, 2026 - see Schedule G of these bylaws]*

### **Medication incidents and near misses**

- 19** *[Effective June 1, 2026 - see Schedule G of these bylaws]*

## SCHEDULE E.2 – PRACTICE STANDARDS: HOSPITAL PHARMACY SERVICES

### Application

- 1 This Schedule applies to all licensees providing pharmacy services in or from a hospital pharmacy or a hospital pharmacy satellite.

### Definitions

- 2 In this Schedule:

“**bulk/batch drug repackaging**” means the repackaging in a single process of multiple units, not for immediate use;

“**bulk compounding**” means the preparation of drug products which are not commercially available, in anticipation of a practitioner’s order;

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

“**Community Pharmacy Practice Standards**” means the practice standards established in Schedule E.1 of these bylaws;

“**Drug Administration Practice Standards**” means the practice standards established in Schedule E.4 of these bylaws;

“**final check**” means ensuring that

- (a) the prescription product and the prescription product label match the product information with respect to
  - (i) drug,
  - (ii) dosage form,
  - (iii) strength, and
  - (iv) quantity,
- (b) the drug is not expired and will not expire within the duration of use, and

- (c) a pharmacist has completed a clinical assessment of the prescription after reviewing the client profile;

**“hazardous drugs”** means pharmaceutical preparations in which the concentration, toxicity, environmental persistence, degradation characteristics, flammability, corrosiveness, or reactivity represents a risk to the health of humans or other living organisms;

**“hospital pharmacy”** has the same meaning as in the PODSA Bylaws;

**“individual client prescription system”** means a form of drug distribution in which drugs are dispensed in client-specific labelled drug containers;

**“MAiD Practice Standards”** means the practice standards established in Schedule E.5 of these bylaws;

**“master formula”** means a set of instructions outlining in detail the materials, equipment, and procedures required to produce a specific quantity of a drug product;

**“multiple pouch packaging”** means a pouch containing drugs to be administered at a particular time;

**“pharmacist”** means a full pharmacist, provisional pharmacist or temporary pharmacist;

**“unit dose distribution”** means a form of drug distribution in which orders for each client are dispensed individually and packaged in unit-of-use packages containing one dose;

**“ward stock”** means drugs that are stocked in a client care area and are not labelled for a particular client.

### **Drug distribution**

- 3 (1) The pharmacy’s manager must establish a drug distribution system that
  - (a) provides drugs in identified dosage units ready for administration whenever possible and practical,
  - (b) protects drugs from contamination,

- (c) provides a method of recording drugs at the time of administration, and
  - (d) eliminates or reduces the need to maintain ward stock.
- (2) A unit dose, monitored dose, multiple pouch packaging or individual client prescription drug distribution system must be used for dispensing drugs.
- (3) Sterile compounds must be prepared in an environment that is in accordance 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.
- (4) Hazardous drugs must be handled and prepared in accordance with WorkSafeBC’s *Safe Work Practices for Handling Hazardous Drugs* and such other published standards approved by the board from time to time for the purpose of this subsection.

#### **Preparation of prescription products**

- 4** (1) A licensee who prepares a prescription product must ensure that:
  - (a) the prescription product label matches the product information with respect to
    - (i) drug,
    - (ii) dosage form,
    - (iii) strength, and
    - (iv) quantity, and
  - (b) the drug is not expired and will not expire within the duration of use.

#### **Client identification**

- 5** Unless dispensing to staff, outpatients or the general public under section 6(5) of this Schedule, all licensees must use at least two person-

specific identifiers to confirm the identity of a client before providing any pharmacy service to the client.

### **Drug labels**

- 6** (1) Drug container labels must include
  - (a) the generic name of the drug, strength and dosage form, and
  - (b) hospital-approved abbreviations and symbols.
- (2) Only hospital pharmacy staff may alter a drug container label.
- (3) Inpatient prescription labels must include
  - (a) a unique client name and identifier,
  - (b) the generic name of the drug, strength and dosage form,
  - (c) parenteral vehicle if applicable, and
  - (d) hospital-approved abbreviations and symbols.
- (4) The following information must be included on the inpatient prescription label if not available on the medication administration record:
  - (a) the frequency of administration;
  - (b) the route of administration or dosage form;
  - (c) auxiliary or cautionary statements if applicable;
  - (d) the date dispensed.
- (5) All drugs dispensed to staff, outpatients or the general public from a hospital pharmacy or hospital pharmacy satellite must be labeled and dispensed according to the Community Pharmacy Practice Standards.
- (6) Prior to releasing a prescription product, a licensee must perform a final check of the prescription product and record the licensee's identity in writing as required by section 18(3) of this Schedule.

### **Returned drugs**

- 7** (1) Unused dispensed drugs must be returned to the hospital pharmacy.

- (2) Previously dispensed drugs must not be re-dispensed unless
  - (a) they are returned to the hospital pharmacy in a sealed dosage unit or container as originally dispensed,
  - (b) the labeling is intact and includes a legible drug lot number and expiry date, and
  - (c) the integrity of the drug can be verified.

### **Drug transfers**

- 8** A licensee who supplies a Schedule I drug to another licensee or practitioner must comply with section 8(3) to (5) of the Community Pharmacy Practice Standards.

### **Inpatient leaves of absence and emergency take-home drugs**

- 9** (1) A system must be established to provide drugs to an emergency department short stay client requiring take-home drugs, who is unable to obtain them from a community pharmacy within a reasonable time frame.
  - (2) All take-home drugs issued from the emergency department must be documented in the client's health record.
  - (3) All inpatient leave of absence drugs must be documented in the client's health record.
  - (4) Labels for inpatient pass and emergency department take-home drugs must include
    - (a) the hospital's name,
    - (b) the client's name,
    - (c) the practitioner's name,
    - (d) the drug name, strength and directions for use,
    - (e) identification of the person preparing the drug, and
    - (f) the date the drug is issued.

- (5) Drugs must be dispensed in a container that is certified as child-resistant unless
  - (a) the practitioner, the client or the client's representative directs otherwise,
  - (b) in the licensee's judgment it is not advisable to use a child-resistant container,
  - (c) a child-resistant package is not suitable because of the physical form of the drug or the manufacturer's packaging is designed to improve client compliance, or
  - (d) child-resistant packaging is unavailable.

#### **Investigational and Special Access Program drugs**

- 10** Licensees must comply with the policies and directives of Health Canada with respect to storage and dispensing of investigational or Special Access Program drugs.

#### **Bulk/batch drug repackaging and compounding**

- 11** (1) A licensee must supervise all bulk/batch drug repackaging and bulk drug compounding.
- (2) Bulk/batch drug repackaging records must be kept for three years after the repackaging date.
- (3) A master formula record must be kept for each bulk compounded drug product.
- (4) A separate production record must be kept for each compounded bulk product and must include
  - (a) the date of compounding,
  - (b) the lot or batch number assigned to the compounded product,
  - (c) the manufacturer's name and lot number for each raw material used,
  - (d) the identification of each licensee and pharmacy assistant involved in each step of the compounding process,

- (e) the process including weights and measures performed,
  - (f) the results of all quality control testing,
  - (g) a statement of the final yield,
  - (h) signatures for final verification and authorization for release,
  - (i) a sample label, and
  - (j) the expiry date of the product.
- (5) A production record must be kept for a period of three years after the expiry date of the compounded batch.
- (6) A label must be affixed to the finished bulk/batch repackaged or bulk compounded drug and must contain
- (a) generic name(s) of the drug(s),
  - (b) strength and quantity of active ingredients,
  - (c) dosage form,
  - (d) total amount of final product,
  - (e) expiry date of the compound,
  - (f) manufacturer identification and lot number or hospital pharmacy control number,
  - (g) storage conditions, if applicable,
  - (h) auxiliary labels, if applicable, and
  - (i) the name of the hospital.

### **Hospital pharmacy technicians**

- 12** (1) Pharmacy technicians in a hospital pharmacy or hospital pharmacy satellite may prepare, process and compound prescriptions and drugs referred to in prescriptions, including
- (a) receiving and transcribing verbal prescriptions from practitioners,

- (b) ensuring that a prescription is complete and authentic,
  - (c) transferring prescriptions to and receiving prescriptions from other pharmacies,
  - (d) ensuring the accuracy of a prescription product,
  - (e) performing the final check of a prescription product, and
  - (f) ensuring the accuracy of drug information and personal health information in the PharmaNet client record.
- (2) Despite subsection (1), a pharmacy technician in a hospital pharmacy or hospital pharmacy satellite may dispense a drug but must not
- (a) perform the task of ensuring the pharmaceutical and therapeutic suitability of a drug for its intended use,
  - (b) do anything described in
    - (i) sections 15, 17 or 18 of this Schedule, or
    - (ii) the Drug Administration Practice Standards, or
  - (c) dispense a drug pursuant to the MAiD Practice Standards.
- (3) A pharmacy technician in a hospital pharmacy or hospital pharmacy satellite must identify their licence class in any interaction with a client or a practitioner.

### **Hospital pharmacy assistants**

- 13** Specific technical functions may be performed by a pharmacy assistant in a hospital pharmacy or hospital pharmacy satellite after the pharmacy's manager has established written procedures for performing the functions.

### **Client records**

- 14** (1) The licensee must ensure the preparation and maintenance of a client record for each client for whom drugs are prepared are complete, accurate and current, except clients admitted for less than 24 hours to
- (a) surgical day care,

- (b) ambulatory care,
- (c) emergency short-stay, or
- (d) other short-stay diagnostic or treatment units.

(2) The client record must include

- (a) the client's full name and admission date,
- (b) the hospital number and location,
- (c) the client's date of birth and gender,
- (d) the attending practitioner's name,
- (e) the client's weight and height if applicable to therapy,
- (f) the client's allergies, adverse drug reactions, intolerances, and diagnoses,
- (g) a chronological list of drugs which have been prescribed for the client since admission to hospital, or, if admission is prolonged, for a minimum period of two years, and
- (h) a list of all current drug orders including
  - (i) the drug name,
  - (ii) the drug strength,
  - (iii) the dosage,
  - (iv) the route,
  - (v) the dosage form,
  - (vi) intravenous diluent if applicable,
  - (vii) the directions for use,
  - (viii) administration time or frequency,
  - (ix) the attending practitioner,
  - (x) the quantity,
  - (xi) the start and stop date, or length of therapy, and
  - (xii) the date drug was dispensed, refilled or discontinued.

## Client-oriented pharmacy practice

- 15** (1) During pharmacy hours the pharmacist must review the drug order before the drug is dispensed.
- (2) The pharmacist must check the drug order for
- (a) the client's name, hospital number and location,
  - (b) the signature of the practitioner,
  - (c) the name of the drug,
  - (d) the dosage form and strength,
  - (e) the route and frequency of administration,
  - (f) the duration of treatment if limited,
  - (g) directions for use,
  - (h) the date and time the order was written, and
  - (i) in the case of verbal or telephone orders, the name and signature of the person who received the order.
- (3) The pharmacist must review the pharmacy client record before dispensing the client's drug and at appropriate intervals thereafter to assess
- (a) appropriateness of therapy,
  - (b) drug interactions,
  - (c) allergies, adverse drug reactions and intolerances,
  - (d) therapeutic duplication,
  - (e) correct dosage, route, frequency and duration of administration and dosage form,
  - (f) contraindicated drugs,

- (g) intravenous administration problems including potential incompatibilities, drug stability, dilution volume and rate of administration, and
  - (h) any other drug related problems.
- (4) The pharmacist must notify the client's nursing staff immediately if a problem with a prescription for a ward stock item is discovered.
- (5) The pharmacist must monitor drug therapy to detect, resolve and prevent drug-related problems at a frequency appropriate for the medical condition being treated.
- (6) Monitoring includes but is not limited to
  - (a) a review of the client record or health record,
  - (b) discussion with the client's practitioner or other appropriate individual, and
  - (c) use of physical assessment skills when trained to do so.
- (7) The pharmacist must provide drug information, including client-specific information to clients and health care personnel.
- (8) A pharmacist or student pharmacist must provide drug consultation to an outpatient client or the outpatient client's representative or to an inpatient client, on request, and must
  - (a) confirm the identity of the client,
  - (b) identify the name and strength of drug,
  - (c) identify the purpose of the drug,
  - (d) provide directions for use of the drug including the frequency, duration and route of therapy,
  - (e) discuss common adverse effects, drug and food interactions and therapeutic contraindications that may be encountered, including their avoidance, and the actions required if they occur,
  - (f) discuss storage requirements,
  - (g) provide prescription refill information,

- (h) provide information regarding
    - (i) how to monitor the response to therapy,
    - (ii) expected therapeutic outcomes,
    - (iii) action to be taken in the event of a missed dose, and
    - (iv) when to seek medical attention, and
  - (i) provide other information unique to the specific drug or client.
- (9) If a pharmacist requests a history from a client or a client's representative, the following information must be obtained:
- (a) medical conditions and physical limitations;
  - (b) allergies, adverse drug reactions, and idiosyncratic responses;
  - (c) past and current prescribed drug therapy including the drug name, strength, dosage, frequency and duration and effectiveness of therapy;
  - (d) compliance with the prescribed drug regimen;
  - (e) Schedule II drug, Schedule III drug and unscheduled drug use.
- (10) A pharmacist must provide information about the assessment, management and prevention of drug poisoning within the hospital.

### **Medication administration**

- 16** (1) The licensee must collaborate with nursing and medical staff to develop written policies and procedures for the safe administration of drugs.
- (2) A medication administration record of all prescribed drugs for each client must be produced from the pharmacy-maintained client record.
- (3) The medication administration record must include
- (a) the client's full name and identification number,
  - (b) the client's location in the hospital,
  - (c) the presence or absence of known allergies, adverse drug reactions, and intolerances,

- (d) the date or period for which the drug administration record is to be used,
- (e) the name, dosage and form of all drugs currently ordered,
- (f) complete directions for use for all drugs,
- (g) stop or expiry dates for drug orders for which there is an automatic stop policy, if not reported by another means,
- (h) predetermined, standard medication administration times for regularly scheduled drugs, and
- (i) changes to drug orders.

### **Residential care**

**17** A pharmacist providing pharmacy care to residential care clients residing in a facility that is not licensed under the *Community Care and Assisted Living Act* must

- (a) use a monitored dosage, multiple pouch packaging or unit dosage system except where the form of the drug does not permit such packaging,
- (b) restrict ward stock to drugs that do not have a high potential for toxicity or require a complex dosage titration, and are commonly prescribed on a “when needed” basis,
- (c) maintain a current client record for each client,
- (d) provide administration records of all current drugs for each client from the pharmacy-maintained client record within seventy-two hours of admission and at least monthly thereafter,
- (e) review each client’s drug regimen at least every six months preferably in the setting of multidisciplinary rounds, and
- (f) maintain a written record of drug reviews in the client’s permanent health record, including the date of each review, identified concerns and recommendations.

## Documentation

- 18** (1) The pharmacist must document directly in the client record all activities and information pertaining to the drug therapy of the client.
- (2) For the purposes of subsection (1), the documentation must include but is not limited to
- (a) actual or potential drug-related problems that warrant monitoring,
  - (b) recommendations for changes in drug selection, dosage, duration of therapy, and route of administration,
  - (c) recommendations for monitoring the response to drug therapy,
  - (d) notations of consultations provided to other health care professionals about the client's drug therapy selection and management,
  - (e) notations of drug-related client education or consultation provided,
  - (f) clarification of drug orders and practitioner's telephone orders received directly by the licensee,
  - (g) allergies, adverse drug reactions and intolerances, and
  - (h) the pharmacist's signature.
- (3) Documentation of the identity of any licensee who prepared a prescription product or performed a final check must be in writing, readily available and retained for at least three years after the date on which the prescription product was last dispensed.

## Continuous quality improvement and medication incidents

- 19** *[Effective June 1, 2026 - see Schedule G of these bylaws]*

## SCHEDULE E.3 – PRACTICE STANDARDS: RESIDENTIAL CARE FACILITY SERVICES

### Application

- 1 This Schedule applies to all licensees providing pharmacy services in or to a facility.

### Definitions

- 2 In this Schedule:

“**administration**” means the provision of a drug to a resident as prescribed, or for drugs listed in Schedule II or III of the Drug Schedules Regulation, B.C. Reg. 9/98, or unscheduled drugs initiated by a registered nurse;

“**audit**” means a periodic review of the pharmacy services provided in accordance with this Schedule;

“**Community Pharmacy Practice Standards**” means the practice standards established in Schedule E.1 of these bylaws;

“**Drug Administration Practice Standards**” means the practice standards established in Schedule E.4 of these bylaws;

“**facility**” means a community care facility that is licensed under the Residential Care Regulation, B.C. Reg. 96/2009;

“**final check**” means ensuring that

- (a) the prescription product and the prescription product label match the prescription information and the information on the manufacturer’s label with respect to
  - (i) drug,
  - (ii) dosage form,
  - (iii) strength,
  - (iv) quantity and
  - (v) drug identification number;

- (b) the prescription product label matches the prescription information with respect to the matters set out in section 6(8)(a) to (g) of this Schedule;
- (c) the drug is not expired and will not expire within the duration of use; and
- (d) a pharmacist has completed a clinical assessment of the prescription after reviewing the resident profile.

**“licensed practical nurse”** means a licensee of the British Columbia College of Nurses and Midwives who is authorized to practise the designated health profession of practical nursing;

**“MAiD Practice Standards”** means the practice standards established in Schedule E.5 of these bylaws;

**“medication safety and advisory committee”** means a medication safety and advisory committee appointed under section 68 of the Residential Care Regulation, B.C. Reg. 96/2009;

**“monitored dose system”** means a system of drug distribution in which drugs are dispensed for an individual resident at scheduled times from packaging which protects a dose or doses from contamination until a designated medication time;

**“natural product”** has the same meaning as in the Natural Health Products Regulations, SOR/2003-196, made under the *Food and Drugs Act*;

**“pharmacist”** means a full pharmacist, provisional pharmacist or temporary pharmacist;

**“registered nurse”** means a licensee of the British Columbia College of Nurses and Midwives who is authorized to practise the designated health profession of nursing, and for certainty includes a nurse practitioner;

**“registered psychiatric nurse”** means a licensee of the British Columbia College of Nurses and Midwives who is authorized to practise the designated health profession of psychiatric nursing;

**“resident”** means a person who lives in and receives care in a facility;

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

**“Schedule II drugs”** and **“Schedule III drugs”** mean drugs listed in Schedule II and Schedule III, respectively, of the Drug Schedules Regulation.

### **Supervision of pharmacy services in a facility**

- 3 (1) A licensee must not provide pharmacy services in or to a facility unless appointed to do so by the person who holds the licence issued under the *Community Care and Assisted Living Act* for that facility.
- (2) A licensee must not allow any person to interfere with the provision of pharmacy services in accordance with the Act or PODSA.
- (3) The pharmacist appointed to provide services to the facility must do the following:
  - (a) visit and audit the medication storage area at the facility at least every three months, if the facility is licensed to provide care to seven or more persons,
  - (b) visit and audit the medication storage area at the facility at least once annually, if the facility is licensed to provide care to three to six persons,
  - (c) make a record of all audits and meetings of the medication safety and advisory committee held in accordance with this bylaw, which must be retained in the pharmacy for at least three years, and
  - (d) arrange a meeting of the medication safety and advisory committee at least once in every six-month period for a facility that is licensed to provide care to seven or more persons and once a year for a facility that is licensed to provide care to three to six persons.
- (4) The pharmacist appointed to provide services to a facility must be a member of and advise the facility’s medication safety and advisory committee about the policies and procedures in place for the
  - (a) safe and effective distribution, administration and control of drugs,

- (b) monitoring of therapeutic outcomes and reporting of adverse drug reactions in respect of residents,
  - (c) reporting of drug incidents and discrepancies, and
  - (d) training and orientation programs for staff members who store, handle, or administer drugs to residents.
- (5) The policies and procedures referred to in subsection (4) must be included in a manual kept in the facility and the pharmacy.
- (6) Except where a person in care self-administers drugs in accordance with regulations under the *Community Care and Assisted Living Act*, the licensee must ensure that all drugs are stored in a separate and locked area that is not used for any other purpose.
- (7) The licensee must ensure that a copy of this Part is available in the facility.

#### **Quality management**

- 4 A pharmacy providing services to a facility must have a documented ongoing quality management program that
- (a) monitors the pharmacy services provided, and
  - (b) includes a process for reporting and documenting drug incidents and discrepancies and their follow-up.

#### **Pharmacy technicians**

- 5 (1) Pharmacy technicians providing pharmacy services to a facility may prepare, process and compound prescriptions and drugs referred to in prescriptions, including
- (a) receiving and transcribing verbal prescriptions from practitioners,
  - (b) ensuring that a prescription is complete and authentic,
  - (c) transferring prescriptions to and receiving prescriptions from other pharmacies,
  - (d) ensuring the accuracy of a prescription product,

- (e) performing the final check of a prescription product, and
  - (f) ensuring the accuracy of drug information and personal health information in the PharmaNet client record.
- (2) Despite subsection (1), a pharmacy technician providing pharmacy services to a facility may dispense a drug but must not
- (a) perform the task of ensuring the pharmaceutical and therapeutic suitability of a drug for its intended use,
  - (b) do anything described in
    - (i) sections 3(3), 3(4), 16(4), 18 or 19 of this Schedule,
    - (ii) the Drug Administration Practice Standards, or
  - (c) dispense a drug pursuant to the MAiD Practice Standards.
- (3) A pharmacy technician providing pharmacy services to a facility must identify their licensee class in any interaction with a resident or a practitioner.

### **Prescription authorizations**

- 6**
- (1) A licensee may only dispense a drug to a resident upon receipt of a prescription.
  - (2) When a resident is readmitted following hospitalization, new prescriptions must be received for that resident before drugs may be dispensed.
  - (3) A prescription may be transmitted to the pharmacy servicing the facility verbally, electronically or in writing.
  - (4) If a prescription is transmitted to the pharmacy by facsimile, the licensee must comply with section 7 of the Community Pharmacy Practice Standards.
  - (5) If a prescription is transmitted verbally, the licensee must make a written record of the verbal prescription containing the applicable information in subsection (8).

- (6) If a prescription is transmitted electronically, the licensee must use the facsimile or make a written copy as the permanent record for dispensing, numbering, initialling and filing.
- (7) A prescription, written and signed by a practitioner on a resident's record, may be electronically transmitted to the pharmacy and the licensee may dispense the drug.
- (8) A prescription record must include the following information:
- (a) the date of the prescription;
  - (b) the name of the resident;
  - (c) the name of the drug or ingredients and strength where applicable;
  - (d) the quantity of the drug;
  - (e) the dosage instructions including the frequency, interval or maximum daily dose;
  - (f) refill authorization if applicable, including number of refills and interval between refills;
  - (g) in the case of a written prescription, the name and signature of the practitioner;
  - (h) in the case of a written record of a verbal prescription,
    - (i) the name of the practitioner and the identification number from the practitioner's regulatory college, and
    - (ii) the name, College-issued licence number and signature or initial of the licensee who received the verbal prescription.
- (9) A licensee may accept a new drug order that is transmitted verbally from a practitioner to a facility's registered nurse, registered psychiatric nurse or licensed practical nurse, if
- (a) the drug does not contain a controlled drug substance,
  - (b) the registered nurse, registered psychiatric nurse or licensed practical nurse writes the verbal order on a practitioner's order form or electronic equivalent, and

- (c) transfers the written order to the pharmacy.

### **Preparation of prescription products**

- 7 (1) A licensee who prepares a prescription product must ensure that
  - (a) the prescription product label matches the prescription information and the information on the manufacturer's label with respect to
    - (i) drug,
    - (ii) dosage form,
    - (iii) strength,
    - (iv) quantity, and
    - (v) drug identification number,
  - (b) the prescription product label matches the prescription information with respect to the matters set out in section 6(8)(a) to (g) of this Schedule,
  - (c) the drug is not expired and will not expire within the duration of use, and
  - (d) the licensee's identity is documented in writing.
- (2) A pharmacy's manager must ensure the record referred to in subsection (1)(d) is readily available and is retained for at least three years from the date on which the prescription product was last dispensed.

### **Resident identification**

- 8 All licensees must use at least two person-specific identifiers to confirm the identity of a resident before providing any pharmacy service to the resident.

### **Compounding**

- 9 A licensee must comply 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.

## **Dispensing**

- 10** (1) All prescriptions dispensed to residents must be dispensed in a monitored dose system except where the form of the drug does not permit such packaging, and each package must contain not more than a 35-day supply of medication.
- (2) Where directions for the use of a drug are changed by the practitioner, the licensee must, following receipt of the required confirmation, initiate and dispense a new prescription.
- (3) Before dispensing a prescription product, a licensee must perform a final check and must record his or her identity in writing.
- (4) A pharmacy’s manager must ensure a record referred to in subsection (3) is readily available and is retained for at least three years from the date on which the prescription product was last dispensed.

## **Contingency drugs**

- 11** (1) A licensee may establish a supply of contingency drugs to permit the commencement of therapy upon receipt of a prescription, until the drug supply arrives from the pharmacy.
- (2) Contingency drugs must be prepared by the pharmacy and dispensed in a monitored dose system in accordance with section 10(1) of this Schedule.
- (3) A list of the contingency drugs must be available in the facility and the pharmacy.
- (4) Records of use of contingency drugs must be kept in the facility and must include
  - (a) the date and time the drug was administered,
  - (b) the name, strength and quantity of the drug administered,
  - (c) the name of the resident for whom the drug was prescribed,
  - (d) the name or initials of the person who administered the drug, and

- (e) the name of the practitioner who prescribed the drug.

### **Nurse-initiated drugs**

- 12** (1) A licensee may provide Schedule II drugs, Schedule III drugs and unscheduled drugs for a resident upon the request of a registered nurse if the medication safety and advisory committee has approved protocols for doing so.
- (2) A record of use of all medications must be on the resident's medication administration record.

### **Standing orders**

- 13** (1) Standing orders for Schedule II drugs, Schedule III drugs and unscheduled drugs that are administered for common self-limiting conditions may be established by the medication safety and advisory committee.
- (2) Standing order drugs must be authorized and signed for by a practitioner annually and a record of the signed authorization must be kept in the facility.
- (3) A record of use of all medications must be on the resident's medication administration record.

### **Returned drugs**

- 14** (1) A licensee must provide for the return of all discontinued drugs at the time of the next scheduled delivery.
- (2) Policies and procedures must be in place to ensure that upon the hospitalization of a resident, the resident's drugs are returned to the pharmacy.
- (3) Previously dispensed drugs must not be re-dispensed unless
  - (a) they have been returned to the pharmacy in a single-drug, sealed dosage unit or container as originally dispensed,
  - (b) the labelling is intact and includes a legible drug lot number and expiry date, and

- (c) the integrity of the product can be verified.

### **Drug containers and prescription labels**

- 15** (1) All drugs dispensed pursuant to a prescription must be labeled.
- (2) The label for all prescriptions must include
  - (a) the name, address and 10-digit telephone number of the pharmacy,
  - (b) the prescription number and dispensing date,
  - (c) the full name of the resident,
  - (d) the name of the practitioner or registered nurse,
  - (e) the strength of the drug,
  - (f) the dosage instructions including the frequency, interval or maximum daily dose,
  - (g) the route of administration,
  - (h) medical indication for use for all “as required” prescription authorizations, and
  - (i) any other information required by good pharmacy practice.
- (3) For single-entity products the label must include the generic name and at least one of
  - (a) the brand name,
  - (b) the manufacturer’s name, or
  - (c) the drug identification number.
- (4) For multiple-entity products the label must include
  - (a) the brand name, or
  - (b) all active ingredients, and at least one of
    - (i) the manufacturer’s name, or

- (ii) the drug identification number.
- (5) For compounded preparations the label must include all active ingredients.
- (6) If the pharmacy is unable to supply prescribed Schedule II drugs, Schedule III drugs or unscheduled drugs to a resident and the resident has obtained a supply from another source, the drug must be in the original sealed packaging and be sent to the pharmacy for
  - (a) identification,
  - (b) repackaging in a monitored dose system if appropriate,
  - (c) labeling, and
  - (d) notation on the resident's record and the medication administration record.
- (7) If labels are produced to be attached to a resident's medication administration record, the label must state "for MAR".
- (8) All drugs must be labelled with the drug expiry date and manufacturer's lot number, except multi-drug sealed dosage units.
- (9) A licensee must not delegate the labelling of drugs in a monitored dose system to an employee of a facility.

### **Resident records**

- 16** (1) A licensee must maintain a record for each resident.
- (2) The record must include
  - (a) the resident's full name, personal health number, birth date, gender, practitioner name, name of the facility, and if possible, the resident's location within the facility or home,
  - (b) diagnoses,
  - (c) the presence or absence of known allergies, adverse drug reactions or intolerances relevant to drugs,
  - (d) the prescription number, names and drug identification numbers or natural product numbers for all drugs dispensed,

- (e) the medical indication for use for all “as required” prescription authorizations and drugs dispensed,
  - (f) directions for use, dosage form, strength, quantity, route of administration, dosage times, dates dispensed, and
  - (g) the dates and reasons for early discontinuation of drug therapy if applicable.
- (3) When a drug is to be administered on a “when necessary” basis, the record and prescription label must clearly indicate
- (a) the specific indication for which the drug is to be given,
  - (b) the minimum interval of time between doses, and
  - (c) the maximum number of daily doses to be administered.
- (4) A pharmacist must review the resident record before dispensing a drug and take appropriate action when necessary with respect to
- (a) the appropriateness of drug therapy,
  - (b) drug interactions,
  - (c) allergies, adverse drug reactions, and intolerances,
  - (d) therapeutic duplication,
  - (e) contraindicated drugs,
  - (f) the degree of compliance,
  - (g) the correct dosage, route, frequency and duration of administration and dosage form, and
  - (h) any other potential drug-related problems.

### **Resident medication administration records**

- 17** (1) The licensee must provide a medication administration record for each resident.

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

### **Resident medication reviews**

- 18** (1) The pharmacist responsible for a facility must.
  - (a) review each resident's drug regimen on site or by videoconference at least once every six months with a practitioner if available, or a registered nurse and a facility staff member approved by the medication safety and advisory committee, and
  - (b) review the resident's personal health information stored on the PharmaNet database before releasing any drug to the facility.
- (2) A pharmacist must maintain a record of the reviews referred to in subsection (1) in the resident's record and in the record at the pharmacy, and the record of review must include information about
  - (a) the people in attendance,
  - (b) the date of the review, and

- (c) recommendations, if any.
- (3) At a facility, if a resident's practitioner does not attend the review, the pharmacist must advise the practitioner of any recommendations arising from the review.
- (4) The pharmacist responsible for a facility that is licensed to provide care to three to six persons must
  - (a) review each resident's drug regimen and document the result of the review at least once every six months, and
  - (b) conduct the review on site at least once in every 12-month period.
- (5) To continue dispensing drugs for a resident in a facility or home, prescriptions must be received from the resident's practitioner every six months, either by written, verbal or electronic communication.

#### **Resident-oriented pharmacy practice**

- 19** (1) When a resident is first admitted to a facility or home, the pharmacist must obtain a history for the resident, and the following information must be obtained if available:
  - (a) allergies, adverse drug reactions, and intolerances,
  - (b) past and present prescribed drug therapy including the drug name, strength, dosage, frequency and duration of therapy,
  - (c) compliance with prescribed drug regimen,
  - (d) Schedule II, Schedule III and unscheduled drug use, and
  - (e) laboratory results.
- (2) The pharmacist must routinely provide written or verbal drug information relevant to a resident's drugs to the medical, nursing or other appropriate facility staff.
- (3) If an adverse drug reaction as defined by Health Canada is identified, a pharmacist must
  - (a) notify the resident's practitioner,

- (b) make an appropriate entry on the resident's record, and
  - (c) report the reaction to the Canada Vigilance Program Regional Office.
- (4) Where a self-medication program is deemed suitable for a resident, the pharmacist must comply with all applicable regulations under the *Community Care and Assisted Living Act* and must
  - (a) participate in the development of policies and procedures for the program, including appropriate medication storage and security requirements,
  - (b) ensure a drug consultation with the resident occurs,
  - (c) ensure authorization from the resident's practitioner and the medication safety and advisory committee is obtained,
  - (d) include any drugs in the self-medication program in the drug regimen review referred to in section 16(4) of this Schedule, and
  - (e) document the consultation referred to in paragraph (b) in the resident's record.
- (5) The drug consultation referred to in subsection (4)(b), should occur in person with the resident or resident's representative and must
  - (a) confirm the identity of the resident,
  - (b) identify the name and strength of drug being dispensed,
  - (c) identify the purpose of the drug,
  - (d) provide directions for use of the drug including the frequency, duration and route of therapy,
  - (e) discuss common adverse effects, drug and food interactions, and therapeutic contraindications that may be encountered, including their avoidance, and the actions required if they occur,
  - (f) discuss storage requirements,
  - (g) provide information regarding
    - (i) how to monitor response to therapy,

- (ii) expected therapeutic outcomes
  - (iii) action to be taken in the event of a missed dose, and
  - (iv) when to seek medical attention, and
- (h) provide other information unique to the specific drug or resident.

### **Respite care**

- 20**
- (1) When a resident is admitted for short-stay respite care, the licensee must confirm all prescription authorizations with the resident's practitioner.
  - (2) The licensee must dispense drugs using a monitored dose system and provide medication administration records.
  - (3) Emergency stay respite care residents who arrive without notice may be administered drugs from their own supply if it is reasonable and safe to do so only until a supply is obtained from the pharmacy.

### **Leave of absence drugs**

- 21**
- (1) The licensee must establish a system to ensure that leave of absence drugs are prepared correctly.
  - (2) The label on a leave of absence medication must include
    - (a) the facility name,
    - (b) the resident's name,
    - (c) the practitioner's name,
    - (d) the drug name, strength, quantity and complete directions for use,
    - (e) the initials of the person preparing the drug, and
    - (f) the date of issue.
  - (3) All leave of absence drugs must be documented on the resident's medication administration record.

## SCHEDULE E.4 – PRACTICE STANDARDS: DRUG ADMINISTRATION

### Application

- 1 This Schedule applies to all practising pharmacists who administer drugs by injection or intranasal routes.

### Definitions

- 2 In this schedule:  

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

“**pharmacist**” means a practising pharmacist.

### Standards

- 3 A pharmacist who administers a drug acts in the best interest of the client and takes all appropriate steps to ensure that the drug is administered safely.
- 4 A pharmacist who administers a drug does so within the scope of their education, training and competence.
- 5 A pharmacist must assess the appropriateness of the drug for a client, including all of the following:
  - (a) appropriate indication for the client;
  - (b) appropriate dose and route of administration;
  - (c) appropriate time and frequency for administration;
  - (d) allergy status;
  - (e) risk factors, including immunosuppression and pregnancy;
  - (f) contraindications and precautions including anaphylaxis and fainting;
  - (g) prior immunization history, if applicable.

- 6** Obtain informed consent from the client or client's representative with regard to all of the following:
  - (a) drug to be administered;
  - (b) purpose of the drug;
  - (c) benefits and risks of the drug;
  - (d) expected reaction;
  - (e) remaining for an appropriate wait period following administration of the drug.
  
- 7** If administering a drug by injection, prepare and provide care of the injection site including all of the following:
  - (a) assessing the injection site;
  - (b) selecting and landmarking the injection site;
  - (c) determining the requirement for dressings.
  
- 8** Prepare for drug administration including all of the following:
  - (a) taking appropriate steps to ensure the right drug is administered to the right client;
  - (b) ensuring the drug is stable, and has been stored and labelled appropriately prior to administration;
  - (c) using aseptic technique and universal precautions for infection control in preparation, administration, and disposal of the drug.
  
- 9** Following drug administration, a pharmacist must do all of the following:
  - (a) ensure devices, supplies and any remaining drug are disposed of safely and appropriately;
  - (b) ensure the client is appropriately monitored;
  - (c) notify and provide relevant information to other health professionals, as appropriate;

- (d) report adverse events or reactions to the applicable government agency, as required.

**10** A pharmacist must document, for each drug given, all of the following:

- (a) informed consent;
- (b) assessment of the appropriateness of the drug for the client;
- (c) drug and dose administered;
- (d) lot number and expiry date of the drug;
- (e) route of administration;
- (f) site of administration;
- (g) date and time of administration;
- (h) the identification of the pharmacist who administered the drug;
- (i) client response;
- (j) any adverse reaction experienced due to the drug administered and management provided;
- (k) client or client's representative contact information;
- (l) providing client or client's representative with the administering pharmacist's contact information;
- (m) client teaching done, including adverse reactions and management and plans for follow-up.

**11** Ensure there is ready access to drugs, devices and other necessary equipment and supplies used to treat reactions to administered drugs.

**12** Respond appropriately to complications and emergencies if they arise.

**13** Develop, maintain and review, at least annually, a policy and procedure manual including all of the following:

- (a) emergency procedure and treatment protocol;
- (b) precautions required for clients with latex allergies.

- 14** Maintain a setting within which the drug is to be administered that is clean, safe, comfortable and appropriately private and furnished for the client.
- 15** A pharmacist may only administer a drug or substance if it has been prescribed by a practitioner, unless it is for the purpose of immunization, to treat anaphylaxis arising from administering a drug or substance, or to administer naloxone to a person who is suspected of suffering from an overdose of opioids.
- 16** A pharmacist must not administer allergy serums, nor administer drugs and substances for cosmetic purposes by injection.
- 17** A pharmacist must not administer an injection to a child under four years old.
- 18** A pharmacist must not administer a drug by intranasal route to a child under two years old.
- 19** A pharmacist must apply to the College for certification to administer Schedule I drugs, Schedule IA drugs and Schedule II drugs by injection or intranasal route within one year of successful completion of the required certification program.
- 20** A pharmacist must not administer a drug or substance by injection or intranasal route in British Columbia prior to receiving notification from the College of their certification to administer drugs and substances by injection or intranasal route.

## SCHEDULE E.5 – PRACTICE STANDARDS: MEDICAL ASSISTANCE IN DYING

### Application

- 1 This Schedule applies to all licensees involved in the dispensing of drugs for the purpose of medical assistance in dying.

### Definitions

- 2 In this Schedule:
  - “**Community Pharmacy Practice Standards**” means the practice standards established in Schedule E.1 of these bylaws;
  - “**Hospital Pharmacy Practice Standards**” means the practice standards established in Schedule E.2 of these bylaws;
  - “**pharmacist**” means a full pharmacist;
  - “**Residential Care Facility Practice Standards**” means the practice standards established in Schedule E.3 of these bylaws.

### Standards

- 3 Only a full pharmacist may dispense drugs for the purposes of medical assistance in dying.
- 4 The pharmacist must work in a collaborative team based approach with the medical practitioner or nurse practitioner throughout the process.
- 5 The pharmacist must discuss and confirm with the prescribing medical practitioner or nurse practitioner all of the following:
  - (a) the client’s drug therapy;
  - (b) the client’s eligibility and consent for medical assistance in dying;
  - (c) the protocol selected;
  - (d) the scheduled time and date for the administration of medical assistance in dying;

- (e) the time required to order and prepare the drugs;
- (f) completion of the medication administration record;
- (g) the procedures for returning unused drugs to the pharmacy.

**6** The pharmacist must ensure that

- (a) the drugs dispensed for the purposes of medical assistance in dying are labeled in accordance with the applicable practice standards established in these bylaws, and
- (b) the drugs are labeled in order of the administration as per the protocol selected.

**7** The pharmacist must dispense the drugs

- (a) in a sealed, tamper-proof kit,
- (b) with a medication administration record that lists all of the drugs included in the kit and identifies the order of their administration, and
- (c) with the confirmed procedures referred to in subsection (4)(g).

**8** The pharmacist must

- (a) contact the prescribing medical practitioner or nurse practitioner after the scheduled date and time of drug administration to collaborate relating to the return, within 72 hours of the client's death, of any unused and partially used medications to the pharmacist for disposal, and
- (b) upon receipt of the returned medications and the medication administration record from the prescribing medical practitioner or nurse practitioner, review the medication administration record for reconciliation of returned medications.

**9** The pharmacist who dispenses a drug in connection with the provision of medical assistance in dying must

- (a) provide the Ministry of Health with the information referred to in Schedule 7 of the Regulations for the Monitoring of Medical Assistance in Dying, SOR/2018-166, made under the *Criminal*

*Code* as well as the additional information required for provincial oversight, monitoring and reporting purposes,

- (b) document the information required under paragraph (a) on the provincial form designated for this purpose and submit the completed form to the Ministry of Health within six business days after the day on which the substance is scheduled to be administered to the client, and
  - (c) ensure the information documented by the pharmacist on the form referred to in paragraph (b) includes without limitation all of the following:
    - (i) the date and time the drugs were dispensed;
    - (ii) the name and signature of the medical practitioner or nurse practitioner to whom the drugs were dispensed;
    - (iii) if the medical practitioner or nurse practitioner to whom the drugs were dispensed is not known to the pharmacist, that the pharmacist confirmed the prescribing medical practitioner's or nurse practitioner's identity by means of photo identification.
- 10** The pharmacist must comply with any request for information or provision of records sought by the Ministry of Health for the purpose of oversight and monitoring of medical assistance in dying.
- 11** The following practice standards do not apply to the dispensing of drugs for medical assistance in dying:
- (a) sections 6(5)(c) and (e), 6(6), 12(1) and (2), 13(4)(f) and (g), and 14 of the Community Pharmacy Practice Standards;
  - (b) section 15(5) and (8) of the Hospital Pharmacy Practice Standards;
  - (c) sections 11 and 12 of the Residential Care Facility Practice Standards.
- 12** Where there is an inconsistency between this Schedule and any other Schedule of these bylaws, the provisions of this Schedule prevail.
- 13** A pharmacist may delegate to a pharmacy technician any aspect of the preparation of drugs for the purposes of medical assistance in dying that is within a pharmacy technician's scope of practice.

- 14** A pharmacist must only dispense the drugs for medical assistance in dying directly to the prescribing medical practitioner or nurse practitioner.
- 15** A pharmacist must not dispense a drug to a prescribing medical practitioner or nurse practitioner for medical assistance in dying unless the prescription is in writing and includes confirmation that it is for medical assistance in dying.
- 16** A pharmacist must not participate in dispensing drugs intended to provide medical assistance in dying

  - (a) to themselves or a family member,
  - (b) to someone who has made the pharmacist a beneficiary under the person's will or to someone whom the pharmacist has reason to believe has made them a beneficiary under the person's will, or
  - (c) in circumstances where the pharmacist will receive financial or other material benefit from the person's death, other than the standard compensation for the pharmacist's services relating to the dispensing of drugs.
- 17** A pharmacist must not perform any activity that may imply the pharmacist is leading the medical assistance in dying process, and without limitation must not

  - (a) assess whether a person satisfies the criteria for medical assistance in dying set out in section 241.2 of the *Criminal Code*, or
  - (b) adapt a prescription for medical assistance in dying.
- 18** The pharmacist has the requisite competency, knowledge and skills to prepare and dispense the prescription for medical assistance in dying.

## SCHEDULE E.6 – PRACTICE STANDARDS: LICENSEE RECORDS

### Application

- 1 This Schedule applies to all licensees.

### Definition

- 2 In this Schedule, “**client’s representative**” means
- (a) a “committee of the patient” under the *Patients Property Act*, R.S.B.C. 1996, c. 349,
  - (b) the parent or guardian of a patient who is under 19 years of age,
  - (c) a representative authorized by a representation agreement under the *Representation Agreement Act*, R.S.B.C. 1996, c. 405, to make or help in making decisions on behalf of a client,
  - (d) a decision maker or guardian appointed under section 10 of the *Adult Guardianship Act*, R.S.B.C. 1996, c. 6, or
  - (e) a temporary substitute decision maker chosen under section 16 of the *Health Care (Consent) and Care Facility (Admission) Act*, R.S.B.C. 1996, c. 181.

### Purpose for which personal information may be collected

- 3 No licensee may collect personal information regarding a client without the client’s consent unless
- (a) the information relates directly to and is necessary for providing health care services to the client or for related administrative purposes, or
  - (b) the collection of that information is expressly authorized by or under an enactment.

### Record-keeping

- 4 (1) All records required to be kept under these bylaws, the PODSA Bylaws, or other legislation that regulates the practice of pharmacy must be

readable, complete and filed systematically by a licensee in a manner that is secure, auditable and allows for easy retrieval.

- (2) Notwithstanding 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 Controlled Substances Regulations.
- (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.
- (5) Prescriptions stored electronically must accurately reflect the original prescription, including the colour composition of that prescription.
- (6) A licensee who creates and stores electronic records must do so using the equipment, software and systems prescribed by subsections 23.3(1) and 23.3(2) of the PODSA Bylaws.

### **Source of personal information**

- 5** (1) A licensee must collect personal information about a client directly from the client, unless the client otherwise consents.
- (2) Despite subsection (1), a licensee may collect personal information about a client from another person if the licensee has reasonable grounds to believe that
  - (a) the client has been made aware of the matters set out in section 5(1) of this Schedule and has authorized collection of the personal information from another person,

- (b) the client is unable to give his or her authority and the licensee, having made the client's representative aware of the matters set out in section 6(1) of this Schedule, collects the information from the client's representative or the client's representative authorizes collection from another person,
- (c) compliance with subsection (1) would
  - (i) prejudice the best interests of the client,
  - (ii) defeat the purpose or prejudice the use for which the information is collected, or
  - (iii) prejudice the safety of any person,
- (d) compliance with subsection (1) is not practicable in the circumstances of the particular case,
- (e) the collection is for the purpose of assembling a family or genetic history of a person and is collected directly from that person,
- (f) the information is publicly available,
- (g) the information
  - (i) will not be used in a form in which the client concerned is identified, or
  - (ii) will be used for statistical or research purposes and will not be published in a form that could reasonably be expected to identify the client, or
- (h) non-compliance with subsection (1) is necessary if the information is about law enforcement or anything referred to in section 15(1) or (2) of FIPPA.

### **Collection of personal information**

- 6** (1) If a licensee collects personal information directly from a client, or from a client's representative, the licensee must take such steps as are, in the circumstances, reasonable to ensure that the client or client's representative is aware of
  - (a) the fact that the personal information is being collected,

- (b) the purpose for which the personal information is being collected,
  - (c) the intended recipients of the personal information,
  - (d) whether or not the supply of the personal information is voluntary or mandatory and, if mandatory, the legal authority for collecting the personal information,
  - (e) the consequences, if any, for that client if all or any part of the requested personal information is not provided, and
  - (f) the rights of access to personal information provided in section 19 of this Schedule.
- (2) The steps referred to in subsection (1) must be taken before the personal information is collected or, if that is not practicable, as soon as practicable after the personal information is collected.
- (3) A licensee is not required to take the steps referred to in subsection (1) in relation to the collection of personal information from a client, or the client's representative, if the licensee has taken those steps in relation to the collection, from the client or client's representative, of the same information or information of the same kind for the same or a related purpose, on a recent previous occasion.
- (4) Despite subsection (1), a licensee is not required to comply with subsection (1) if the licensee believes on reasonable grounds
- (a) that non-compliance is authorized by the client concerned,
  - (b) that compliance would
    - (i) prejudice the interests of the client concerned, or
    - (ii) defeat the purpose or prejudice the use for which the information is collected,
  - (c) that compliance is not practicable in the circumstances of the particular case, or
  - (d) that the information is about law enforcement or anything referred to in section 15(1) or (2) of FIPPA.

### **Manner of collection of personal information**

- 7** Personal information must not be collected by a licensee
- (a) by unlawful means, or
  - (b) by means that in the circumstances intrude to an unreasonable extent upon the personal affairs of the client concerned.

### **Accuracy of personal information**

- 8** (1) The licensee must make every reasonable effort to ensure that personal information collected about clients is current and is legibly, accurately and completely recorded.
- (2) In addition to correcting personal information in a record in accordance with section 9 of this Schedule, a licensee who discovers an error or omission in such a record must amend the record to correct the error or omission and that amendment must reflect the original record entry, the identity of the licensee amending the record, the date of the amendment and the reasons for the amendment.

### **Right to request correction of personal information**

- 9** (1) A person who believes there is an error or omission in a record containing his or her personal information may request that the licensee having the record in his or her custody or control correct the information.
- (2) If, after receiving a request for correction under subsection (1),
- (a) the licensee disagrees that there is an error or omission in the record, the licensee must note the request in the record with particulars of the correction that was sought, or
  - (b) the licensee agrees that there is an error or omission in the record, the licensee must amend the record to correct the error or omission and that amendment must reflect the original record entry, the identity of the licensee amending the record, the date of the amendment, and the reasons for the amendment.

### **Use of personal information**

- 10** A licensee may use personal information about a client only

- (a) for the purpose of providing health care services to, or performing health care services for, the client, or for a related administrative purpose, or
- (b) for a use or disclosure consistent with a purpose specified in paragraph (a)
  - (i) if the client has consented to the use, or
  - (ii) for a purpose for which that information may be disclosed by the licensee under section 11 of this Schedule or otherwise under the Act.

### Disclosure of personal information

- 11** A licensee must maintain confidentiality of personal information about a client, and may disclose personal information about a client only
- (a) if the client concerned has consented to the disclosure,
  - (b) for the purpose of providing health care services to, or performing health care services for, the client, or for a related administrative purpose, or for a disclosure consistent with either purpose,
  - (c) for the purpose of complying with an enactment of, or an arrangement or agreement made under an enactment of, British Columbia or Canada,
  - (d) for the purpose of complying with a subpoena, warrant or order issued or made by a court, person or body with jurisdiction to compel the production of information,
  - (e) to an employee of, or contractor providing services to, the licensee, if the information is necessary for the performance of the duties of, or for the protection of the health or safety of, the employee or contractor,
  - (f) to a lawyer acting for the licensee, for use in civil or criminal proceedings involving the licensee,
  - (g) if necessary to comply with the *Coroners Act*, S.B.C. 2007, c. 15,
  - (h) if necessary to comply with the *Ombudsperson Act*, R.S.B.C. 1996, c. 340,

- (i) for the purposes of
  - (i) collecting a debt or fine owing by a client to the licensee, or
  - (ii) making a payment owing by the client to a licensee,
- (j) to an auditor, the College or any other person or body authorized by law, for audit purposes,
- (k) if the licensee believes on reasonable grounds that there is a risk of significant harm to the health or safety of any person and that the use or disclosure of the information would reduce that risk,
- (l) so that the next of kin or a friend of an injured, ill or deceased individual may be contacted,
- (m) in accordance with the Act, the regulations under the Act, or these bylaws, or
- (n) as otherwise required by law.

#### **Definition of consistent purpose**

- 12** A use or disclosure of personal information is consistent with the purposes of providing health care services to a client or related administrative purposes under sections 10 and 11 of this Schedule if the use or disclosure has a reasonable and direct connection to either purpose.

#### **Storage of personal information**

- 13** A licensee must ensure that all records pertaining to the licensee's practice and containing personal information about clients are safely and securely stored
- (a) at the pharmacy, or
  - (b) off site.

#### **Manner of disposal of records**

- 14** A licensee must ensure that records are disposed of or destroyed only by
- (a) transferring the record to another licensee, or

- (b) destroying the records in a manner that ensures that they cannot be reconstructed.

### **Licensee ceasing to practice**

- 15** (1) Except where records must be retained for the purpose of Part 3 of the Act and Part 3 of PODSA, in any case where a pharmacy is closed or a licensee ceases to practise, for any reason, the records referred to in section 13 of this Schedule must be transferred in accordance with this Schedule, and the College must be notified and provided with a written summary of the steps taken to transfer those records.
- (2) A licensee must make appropriate arrangements to ensure that, in the event that the licensee dies or becomes unable to practise for any reason and is unable to dispose of records referred to in section 13 of this Schedule, those records will be safely and securely transferred to another licensee.
- (3) A licensee who transfers records containing personal information about a client transferred in accordance with subsection (1) or (2) must notify the client.

### **Protection of personal information**

- 16** (1) A licensee must protect personal information about clients by making reasonable security arrangements against such risks as unauthorized access, collection, use, disclosure or disposal.
- (2) A licensee must take reasonable measures to ensure that a third party, including a volunteer, employee or contractor of the licensee, or a provisional pharmacist or temporary pharmacist, does not access, collect, use, disclose, store or dispose of personal information about clients except in accordance with this Schedule.

### **Contracts for handling personal information**

- 17** A licensee must ensure that, if personal information about clients is transferred to any person or service organization for processing, storage or disposal, a contract is made with that person which includes an undertaking by the recipient that confidentiality and physical security will be maintained.

## Remedying a breach of security

- 18** A licensee must take appropriate measures to remedy any unauthorized access, use, disclosure or disposal of personal information about clients under this Schedule as soon as possible after the breach is discovered, including
- (a) taking steps to recover the personal information or to ensure its disposal if it cannot be recovered,
  - (b) taking steps to ensure that any remaining personal information is secured,
  - (c) notifying
    - (i) anyone affected by the unauthorized access including clients and other health care providers,
    - (ii) the College, and
    - (iii) law enforcement officials, if criminal action may have contributed to the unauthorized action, and
  - (d) modifying existing security arrangements to prevent a re-occurrence of the unauthorized access.

## Client access to personal information

- 19** (1) For the purposes of this section, “access to” means the opportunity to examine or make copies of the original record containing personal information about a client.
- (2) If a client or a client’s representative makes a request for access to personal information about the client, the licensee must comply as soon as practicable but not more than 45 days following the request by
- (a) providing access to the client or client’s representative,
  - (b) providing access to the remainder of the personal information if that information excepted from disclosure under subsection (3) can reasonably be severed, or
  - (c) providing written reasons for the refusal of access to the personal information or to any portion thereof.

- (3) The licensee may refuse to disclose personal information to a client or a client's representative
  - (a) if there is a significant likelihood of a substantial adverse effect on the physical, mental or emotional health of the client,
  - (b) if there is a significant likelihood of harm to a third party, or
  - (c) if the disclosure could reasonably be expected to disclose personal information regarding another individual.
- (4) If a client or a client's representative requests a copy of an original record containing personal information about the client to which a licensee has given the client or client's representative access, a copy must be provided if it can reasonably be reproduced.
- (5) A licensee may charge a reasonable fee for the reproduction of personal information which does not exceed the fee specified in Schedule 1 of the Freedom of Information and Protection of Privacy Regulation, B.C. Reg. 155/2012.
- (6) Subject to subsection (3), a client under 19 years of age may have access to a record if, in the opinion of the licensee, the client is capable of understanding the subject matter of the record.
- (7) Except if authorized by the client, a licensee must not provide access to the records of a client who is under 19 years of age to the guardian or parent of the client if the subject matter of the record is health care which was provided without the consent of a parent or guardian in accordance with the requirements of section 17 of the *Infants Act*, R.S.B.C. 1996, c. 223.

## **SCHEDULE E.7 – PRACTICE STANDARDS: INDIGENOUS CULTURAL SAFETY, HUMILITY, AND ANTI-RACISM**

### **Introduction**

*In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care* provides evidence of Indigenous<sup>1</sup>-specific racism in the British Columbia health-care system. Indigenous-specific racism and discrimination negatively affects Indigenous clients' access to health care and health outcomes. These impacts include lower life expectancy, higher infant mortality, and the increased presence of chronic health conditions.<sup>2</sup>

This Standard is adapted with permission from the British Columbia College of Nurses and Midwives (BCCNM) and College of Physicians and Surgeons of British Columbia (CPSBC), who collaboratively developed the Indigenous Cultural Safety, Cultural Humility and Anti-racism Practice Standard (Jan 2022). We gratefully and humbly acknowledge the contributions from Indigenous people and guidance from Indigenous leaders during the consultation process which informed the development of the BCCNM and CPSBC Standard.

This Standard is organized into six core concepts. Within these concepts are the principles to which pharmacy professionals are held.

### **Core concepts and principles**

#### **1. Self-Reflective Practice (It starts with me)**

Cultural humility begins with a self-examination of the pharmacy professional's values, assumptions, beliefs, and privileges embedded in their own knowledge and practice, and consideration of how this may impact the therapeutic relationship with Indigenous clients. Cultural humility promotes relationships based on respect, open and effective dialogue, and mutual decision-making.

#### *Principles*

Pharmacy professionals:

---

<sup>1</sup> In this Standard, "Indigenous" refers to First Nations, Métis, and Inuit Peoples in Canada.

<sup>2</sup> Turpel-Lafond, M.E. (2021). *In Plain Sight: Addressing Indigenous-Specific Racism and Discrimination in B.C. Health Care*. Queen's Printer: Victoria, BC. pg. 37.

- (1) Reflect on, identify, and do not act on any stereotypes or assumptions they may hold about Indigenous Peoples.
- (2) Reflect on how their privileges, biases, values, belief structures, behaviours, and positions of power may impact the therapeutic relationship with Indigenous clients.
- (3) Evaluate and seek feedback on their own behaviour towards Indigenous Peoples.

## **2. Building Knowledge Through Education**

Pharmacy professionals continually seek to improve their ability to provide culturally safe care for Indigenous clients.

### *Principles*

Pharmacy professionals:

- (1) Undertake ongoing education on Indigenous health care, determinants of health, cultural safety, cultural humility, and anti-racism.
- (2) Learn about the negative impact of Indigenous-specific racism on Indigenous clients accessing the health care system, and its disproportionate impact on Indigenous women and girls and two-spirit, queer, and trans Indigenous Peoples.
- (3) Learn about the historical and current impacts of colonialism on Indigenous Peoples and how this may impact their health care experiences.
- (4) Learn about the Indigenous communities located in the areas where they work, recognizing that languages, histories, heritage, cultural practices, and systems of knowledge may differ between Indigenous communities.

## **3. Anti-Racist Practice (Taking Action)**

Pharmacy professionals take active steps to identify, address, prevent, and eliminate Indigenous-specific racism.

### *Principles*

Pharmacy professionals:

- (1) Take appropriate action when they observe others acting in a racist or discriminatory manner towards Indigenous Peoples by:
  - (a) Helping colleagues to identify and eliminate racist attitudes, language, or behaviour.
  - (b) Supporting clients, colleagues and others who experience and/or report acts of racism.
  - (c) Reporting acts of racism to leadership and/or the relevant regulatory college.

#### **4. Creating Safe Health Care Experiences**

Pharmacy professionals facilitate safe health care experiences where Indigenous clients' physical, mental/emotional, spiritual, and cultural needs can be met.

##### *Principles*

Pharmacy professionals:

- (1) Treat clients with respect and empathy by:
  - (a) Acknowledging the client's cultural identity.
  - (b) Listening to and seeking to understand the client's lived experiences.
  - (c) Treating clients and their families with compassion.
  - (d) Being open to learning from the client and others.
- (2) Care for a client holistically, considering their physical, mental/emotional, spiritual, and cultural needs.
- (3) Acknowledge and incorporate into the plan of care Indigenous cultural rights, values, and practices, including ceremonies and protocols related to illness, birth, and death, where able.
- (4) Facilitate the involvement of the client's family and others (e.g., community and Elders, Indigenous cultural navigators, and interpreters) as needed and requested.

## **5. Person-Led Care (Relational Care)**

Pharmacy professionals work collaboratively with Indigenous clients to meet the client's health and wellness goals.

### *Principles*

Pharmacy professionals:

- (1) Respectfully learn about the client and the reasons the client has sought health care services.
- (2) Engage with clients and their identified supports to identify, understand, and address the client's health and wellness goals.
- (3) Actively support the client's right to decide on their course of care.
- (4) Communicate effectively with clients by:
  - (a) Listening to and seeking to understand the client's lived experiences.
  - (b) Providing clear information about the health care options available, including information about what the client may experience during the health care encounter.
  - (c) Ensuring information is communicated in a way that the client can understand.

## **5. Strengths-Based and Trauma-Informed Practice (Looking Below the Surface)**

Pharmacy professionals have knowledge about different types of trauma and their impact on Indigenous clients, including how intergenerational and historical trauma affects many Indigenous Peoples during health care experiences. Pharmacy professionals focus on the resilience and strength the client brings to the health care encounter.

### *Principles*

Pharmacy professionals:

- (1) Work with the client to incorporate their personal strengths that will support the achievement of their health and wellness goals.

- (2) Recognize the potential for trauma (personal or intergenerational) in a client's life and adapt their approach to be thoughtful and respectful of this, including seeking permission before engaging in assessments or treatments.
- (3) Recognize that colonialism and trauma may affect how clients view, access, and interact with the health care system.
- (4) Recognize that Indigenous women, girls, two-spirit, queer, and trans Indigenous Peoples are disproportionately impacted by Indigenous-specific racism in the health care system and consider the impact gender-specific trauma may have on the client.

Not In Force

## SCHEDULE E.8 – PRACTICE STANDARDS: DIAGNOSIS AND PRESCRIBING

### Application

- 1 This Schedule applies to all full pharmacists when making a diagnosis or prescribing Schedule I drugs under the Pharmacists Regulation, including for certainty the prescribing of Schedule I drugs for the purpose of contraception or emergency contraception.

### Definitions

- 2 In this Schedule:
  - “**client’s representative**” means a person who is authorized to act on a client’s behalf;
  - “**Community Pharmacy Practice Standards**” means the practice standards established in Schedule E.1 of these bylaws;
  - “**Hospital Pharmacy Practice Standards**” means the practice standards established in Schedule E.2 of these bylaws;
  - “**pharmacist**” means a full pharmacist;
  - “**Residential Care Facility Practice Standards**” means the practice standards established in Schedule E.3 of these bylaws.

### Standards

#### ***Full pharmacists only***

- 3 Only a full pharmacist may perform the restricted activities of making a diagnosis or prescribing a Schedule I drug and may only do so for the purposes set out in the Pharmacists Regulation.

#### ***Competencies, knowledge, and professional ethics***

- 4 A pharmacist may make a diagnosis or prescribe a drug for a client
  - (a) only within the scope of their education, training, and competence, and
  - (b) if they have the appropriate knowledge and understanding of the client need or condition and the drug being prescribed.

- 5** A pharmacist must advise the client to seek medical attention from an appropriate healthcare professional when making a diagnosis or prescribing is beyond the scope of practice or knowledge, skills, and abilities of the pharmacist.
- 6** A pharmacist must obtain the informed and voluntary consent of the client or the client's representative prior to making a diagnosis or prescribing a drug for the client.
- 7** A pharmacist must act in the best interest of the client when making a diagnosis or prescribing a drug.
- 8** When prescribing a drug for a client, a pharmacist must
  - (a) take all appropriate steps to ensure that the prescribed drug is safe for the client,
  - (b) ensure the prescribing decision and drug selection are based on client need and clinical suitability, and
  - (c) ensure the client has sufficient information about the prescribed therapy, including risks and benefits, to make an informed decision.
- 9** A pharmacist must only prescribe a drug if the intended use is for an indication approved by Health Canada, or for an off-label indication, that is
  - (a) considered a best practice or accepted clinical practice in peer-reviewed clinical literature, or
  - (b) part of an approved research protocol.
- 10** A pharmacist who makes a diagnosis or prescribes a drug is solely responsible for their treatment decisions.
- 11** In settings where the practice standards established in Schedule E.1 of these bylaws apply, the pharmacist must inform the client of the option to have the prescription dispensed at another pharmacy and must provide the prescription to the client at the client's request.

### **Client assessment**

- 12** Before prescribing a drug, a pharmacist must obtain relevant drug therapy information, which may include a review of
- (a) the client record or resident record, as referred to in section 13 of the Community Pharmacy Practice Standards, section 14 of the Hospital Pharmacy Practice Standards, and section 16 of the Residential Care Facility Practice Standards, as applicable ,
  - (b) the client's PharmaNet record, or
  - (c) information provided by the client or client's representative.
- 13** A pharmacist must review or conduct a client assessment to support their diagnosis and prescribing decisions. The assessment must include the following as feasible and applicable, but is not limited to these factors:
- (a) demographic information;
  - (b) medical conditions;
  - (c) medication history;
  - (d) signs and symptoms;
  - (e) allergies and intolerances;
  - (f) risk factors;
  - (g) pregnancy and lactation status;
  - (h) physical assessment;
  - (i) laboratory or other diagnostic tests, if available;
  - (j) client needs, values, and preferences;
  - (k) any other relevant information.
- 14** When making a diagnosis or prescribing a drug, the pharmacist must take the appropriate steps to ensure the assessment is conducted in a manner that the client confirms as suitably private.

### ***Information provided to client***

- 15** A pharmacist who prescribes a drug must provide the client with drug information, including client-specific information. This may include
- (a) name and strength of the drug,
  - (b) purpose of the drug,
  - (c) directions for use,
  - (d) expected therapeutic outcomes, and
  - (e) when to seek additional medical attention.

### ***Follow-up and monitoring***

- 16** A pharmacist who prescribes a drug must establish and document a follow-up and monitoring plan appropriate to the client's needs and the prescribed treatment which may include
- (a) informing clients of the need for follow-up care to monitor the effectiveness and safety of treatment,
  - (b) monitoring clients for any adverse drug events and the client's response to treatment,
  - (c) stopping drug therapy if it is not effective or the risks outweigh the benefits, and
  - (d) informing clients when to seek additional medical attention.

### ***Documentation***

- 17** A pharmacist who prescribes a drug for a client must document all of the following:
- (a) client information, including personal health number, if available;
  - (b) acknowledgement of informed consent;
  - (c) client assessment;
  - (d) prescribing decision and rationale, including diagnosis;

- (e) prescription information, including all information that is required for a prescription by section 6(2) of the Community Pharmacy Practice Standards, section 15(2) of the Hospital Pharmacy Practice Standards, and section 11(4) of the Residential Care Facility Practice Standards;
- (f) instructions provided to the client, including the monitoring and follow-up plan;
- (g) name of the client's primary health care provider or other health care provider that was notified and the date of notification, if applicable;
- (h) client response to treatment, if applicable.

***Notification to other care providers***

- 18** A pharmacist who prescribes a drug must notify and communicate the prescribing information to the client's primary healthcare provider or other healthcare provider, if available, when the pharmacist determines it to be in the client's best interest or when notification is directed by the client.

***Self-treatment and treating family members***

- 19** A pharmacist must not prescribe for themselves or a family member, except in an emergency situation and when another prescriber is not readily available. If prescribing in this situation, the pharmacist must document the emergency situation, including their relationship to the client.

***Educational requirement***

- 20** A pharmacist must not make a diagnosis or prescribe a drug prior to completion of the regulatory educational requirements approved by the Board from time to time for the purpose of this section.

## SCHEDULE E.9 – PRACTICE STANDARDS: LABORATORY TEST ORDERING

### Application

- 1 This Schedule applies to all full pharmacists when ordering laboratory tests and receiving and interpreting test results.

### Definitions

- 2 In this Schedule:
  - “**Community Pharmacy Practice Standards**” means the practice standards established in Schedule E.1 of these bylaws;
  - “**Hospital Pharmacy Practice Standards**” means the practice standards established in Schedule E.2 of these bylaws;
  - “**pharmacist**” means a full pharmacist;
  - “**Residential Care Facility Practice Standards**” means the practice standards established in Schedule E.3 of these bylaws.

### Standards

#### ***Full pharmacists only***

- 3 Only a full pharmacist may order a laboratory test and receive and interpret the results of a laboratory test.

#### ***Competencies, knowledge, and professional ethics***

- 4 A pharmacist is accountable for their decision to order a laboratory test, and receive, and interpret test results.
- 5 A pharmacist must only order a laboratory test if
  - (a) the pharmacist has a professional relationship with the client,
  - (b) the test is ordered for the purpose of providing a health service that is within the scope of practice for the profession of pharmacy under the Pharmacists Regulation,

- (c) the pharmacist has the education, training, and competence necessary to correctly order the test and interpret the test results, and
  - (d) the pharmacist has adequate information and understanding of the client's current health status to determine
    - (i) when the test is appropriate for the client given their current health status,
    - (ii) which test to order in the specific situation,
    - (iii) how the test results should be interpreted in the context of the client information gathered through the preordering assessment, and
    - (iv) what actions should be taken based on the test results.
- 6** A pharmacist must advise the client to seek medical attention from an appropriate health care professional when there is a gap in the pharmacist's knowledge and competencies, or the tests are beyond the scope of practice for the profession of pharmacy under the Pharmacists Regulation.
- 7** A pharmacist must obtain the informed and voluntary consent (or implied consent if obtaining expressed consent is not feasible) of the client or client's representative before ordering a laboratory test.
- 8** A pharmacist must discuss with the client or client's representative the distribution of results to other health care professionals within the client's circle of care.
- 9** A pharmacist must advise the client when the cost of the laboratory test to be ordered is not covered by the Medical Services Plan of British Columbia or there otherwise may be a direct cost to the client for the test if the pharmacist orders it.
- 10** A pharmacist must act in the best interests of the client when ordering a laboratory test. When ordering a laboratory test, a pharmacist must avoid situations that present a conflict of interest that compromises or appears to compromise professional independence, judgment, or integrity.

### **Client assessment**

- 11** Before ordering a laboratory test, a pharmacist must obtain relevant client information, which may include a review of
  - (a) the client record or resident record, as referred to in section 13 of the Community Pharmacy Practice Standards, section 14 of the Hospital Pharmacy Practice Standards, and section 16 of the Residential Care Facility Standards, as applicable,
  - (b) the client's PharmaNet record, or
  - (c) information provided by the client or client's representative.
  
- 12** A pharmacist must review or conduct a client assessment to support their laboratory test ordering and subsequent decisions. The assessment must include the following as feasible and applicable, but is not limited to these factors:
  - (a) demographic information;
  - (b) medical conditions;
  - (c) medication history;
  - (d) signs and symptoms;
  - (e) allergies and intolerances;
  - (f) risk factors;
  - (g) pregnancy and lactation status;
  - (h) physical assessment;
  - (i) laboratory or other diagnostic test results, if available;
  - (j) client needs, values, and preferences;
  - (k) any other relevant information.
  
- 13** A pharmacist must make reasonable efforts to review the client's available and relevant previous laboratory test results before ordering a laboratory test.

- 14** When ordering and receiving a laboratory test, and receiving a test result, the pharmacist must take the appropriate steps to ensure the assessment is conducted in a manner that the client confirms as suitably private.

***Follow-up and monitoring***

- 15** A pharmacist who orders a laboratory test must ensure they have a system in place and available 24 hours per day, seven days per week, to ensure the appropriate follow-up of ordered laboratory testing. This must include arrangements to respond to and act upon any critical laboratory results that are reported.
- 16** A pharmacist must ensure there are procedures in place for receiving critical test results that have been ordered. The procedures should include after-hours and emergency contact information to ensure the lab operator's ability to contact the pharmacist, or the predetermined alternate, in the event of a critical laboratory test result.
- 17** Test results must be received in a manner that maintains the client's privacy.
- 18** A pharmacist must interpret the test results and take appropriate action based on the results of the test. Appropriate action may include, but is not limited to:
  - (a) establishing or modifying the client's care plan;
  - (b) discussing the results with the client or client's representative;
  - (c) discussing the results with other health care professionals within the client's circle of care; and
  - (d) arranging for another qualified health professional to interpret the test results in the event that the ordering pharmacist is not available.
- 19** Upon receipt of an ordered test result, the pharmacist must interpret and consider the result in establishing or modifying the client's care plan and communicate the result and associated plan or plan modifications to the client in a timely manner.
- 20** A pharmacist must ensure appropriate follow-up of abnormal or critical test results, in consultation with the primary health care professionals as

appropriate, including promptly forwarding the results to the client's primary health care professional, if available. If the client does not have a primary health care provider, a pharmacist should, as appropriate for the situation, advise the client to obtain emergency or other medical care, and advise the client about available health care resources.

- 21** When asked by the client to interpret tests ordered by another health care professional, the pharmacist must redirect the client to the ordering health care professional or to another health care professional who understands the context in which the test was ordered, unless the test results are pertinent to a pharmacy service being provided by the pharmacist.

### ***Documentation***

- 22** A pharmacist who orders and receives the results of a laboratory test must document and retain a record of all of the following in a timely manner based on clinical judgement:

- (a) client information, including personal health number, if available;
- (b) acknowledgment of informed consent;
- (c) client assessment;
- (d) the test ordered and the reason for ordering it;
- (e) the name of the pharmacist ordering the test;
- (f) the date the test was ordered;
- (g) the results of the test and the date they were received;
- (h) the practitioner to whom the results were forwarded (if at all).

- 23** The pharmacist must document any decision, action, and/or recommendation as a result of interpreting the test results in the client record

### ***Notification to other care providers***

- 24** A pharmacist who orders a laboratory test must ensure that documentation regarding tests ordered and the associated results are communicated as soon as is reasonably possible to other health

professionals, when the pharmacist determines it to be in the client's best interest or when notification is directed by the client.

***Self-treatment and treating family members***

- 25** A pharmacist must not order laboratory tests for themselves or a family member, except in an emergency situation and when another pharmacist or practitioner is not readily available. If ordering in this situation, the pharmacist must document the emergency situation, including their relationship to the client.

Not In Force

## SCHEDULE E.10 – PRACTICE STANDARDS: MISCELLANEOUS DISPENSING

### Depot shipments of prescriptions

- 1 Licensees are not permitted to deliver prescriptions to depots for subsequent dispersal to or retrieval by individual clients.

### Emergency supply for continuity of care

- 2 (1) In this section, “**client’s representative**” means a person who is authorized to act on a client’s behalf.
- (2) This section provides guidance to pharmacists when providing clients with an emergency supply of prescription drugs for continuity of care in exceptional circumstances in accordance with section 19(7)(d) of the PODSA Bylaws.
- (3) A pharmacist may exercise professional judgment to provide a client with an emergency supply of prescription drugs for continuity of care using the following principles:
  - (a) **Individual competence:** The pharmacist has appropriate knowledge and understanding of the condition and the drug being dispensed for emergency supply;
  - (b) **Sufficient information:** The pharmacist has sufficient information about the client’s health status to determine that dispensing an emergency supply is appropriate in the given circumstances;
  - (c) **Appropriate quantity:** The pharmacist should determine an appropriate quantity of the emergency supply based on what is reasonable in the given circumstances, and based on the drug involved;
  - (d) **Informed consent:** The pharmacist has obtained informed consent of the client or client’s representative before undertaking an emergency supply;
  - (e) **Documentation:** The pharmacist responsible for making the decision to provide an emergency supply should:

- (i) document in the client's record the rationale for the decision and any appropriate follow-up plan;
  - (ii) ensure the PharmaNet dispensing record includes the pharmacist's College-issued licence number in the practitioner ID field to identify the pharmacist responsible for the decision;
- (f) **Notification of other health professionals:** Where possible and appropriate, the pharmacist should notify the practitioner in a timely fashion and should make a record of this in the client's record.

Not In Force

## SCHEDULE E.11 – PRACTICE STANDARDS: ADAPTING PRESCRIPTIONS

### Application

- 1 This Schedule establishes a protocol for pharmacists to renew a prescription or dispense a drug contrary to the terms of a prescription (adapt a prescription) in accordance with sections 12 and 13 of the Pharmacists Regulation. This protocol applies in all practice settings where another protocol approved by a governing body of a hospital or by the board of the College does not exist.

### Definitions

- 2 In this Schedule:
  - “**client’s representative**” means a person who is authorized to act on a client’s behalf;
  - “**Community Pharmacy Practice Standards**” means the practice standards established in Schedule E.1 of these bylaws;
  - “**Hospital Pharmacy Practice Standards**” means the practice standards established in Schedule E.2 of these bylaws;
  - “**pharmacist**” means a full pharmacist, provisional pharmacist or temporary pharmacist;
  - “**Residential Care Facility Practice Standards**” means the practice standards established in Schedule E.3 of these bylaws.

### Standards

#### ***Pharmacists only***

- 3 Only a pharmacist may adapt a prescription.

#### ***General requirements for adapting a prescription***

- 4 A pharmacist may dispense a drug contrary to the terms of a prescription (adapt a prescription), if the action is intended to optimize the therapeutic outcome of treatment with the prescribed drug, and it is in the best interest of the client to do so.

- 5 A pharmacist may adapt a prescription, including a transferred prescription, by doing one or more of the following:
- (a) changing the dose, formulation, or regimen of the prescription;
  - (b) renewing the prescription for continuity of care;
  - (c) making a therapeutic drug substitution within the same therapeutic class for the prescription.
- 6 A pharmacist must meet each of the following principles when adapting a prescription:
- (a) **Individual competence:** The pharmacist has appropriate knowledge and understanding of the condition and the drug being dispensed in order to adapt the prescription.
  - (b) **Sufficient information about health status:** The pharmacist has sufficient information about the specific client's health status to ensure that adapting the prescription will maintain or enhance the effectiveness of the drug therapy and will not put the client at increased risk.
  - (c) **Prescription:** The pharmacist has a prescription that is current, authentic, and valid.
  - (d) **Sufficient information about any previous adaptations:** The pharmacist has access to the documentation listed in paragraph (g) below for any previous adaptations.
  - (e) **Appropriateness:** The pharmacist determines whether adapting the prescription is appropriate in the circumstances.
  - (f) **Informed consent:** The pharmacist obtains the informed consent of the client or client's representative.
  - (g) **Documentation:** The pharmacist documents the adaptation in the client record or resident record, as referred to in section 13 of the Community Pharmacy Practice Standards, section 14 of the Hospital Pharmacy Practice Standards, and section 16 of the Residential Care Facility Standards, as applicable, and the documentation includes all of the following:
    - (i) client information, including PHN;

- (ii) pharmacist information, including their signature and the name of the pharmacy;
  - (iii) prescription information, including the prescriber's name and contact information;
  - (iv) a description of the adaptation, including all relevant prescription details;
  - (v) the rationale for the decision to adapt the prescription;
  - (vi) details of the assessment and client history along with any instructions to the client and relevant follow-up plan;
  - (vii) acknowledgement of informed consent;
  - (viii) the name of the practitioner(s) notified and the date of the notification.
- (h) **Notification of other health professionals:** The pharmacist notifies the prescriber, if available, (and the client's primary health care provider, if different) as soon as reasonably possible after dispensing. When adapting a prescription that has been adapted previously by another pharmacist, the pharmacist doing the new adaptation also notifies the pharmacist who did the most recent previous adaptation, if available, unless both adaptations are done in the same pharmacy. Notification includes the information listed in paragraph (g)(i), (ii), (iv), (v), (vi) and (vii) above.

- 7** When adapting a prescription, a pharmacist takes full responsibility and assumes liability for the adaptation.
- 8** A pharmacist may adapt a prescription at the time of the first or subsequent refills of that prescription.
- 9** A pharmacist may adapt a prescription from a former practitioner or a practitioner whose prescribing authority is suspended or subject to limits or conditions, if the prescription, at the time of adapting, is otherwise current, authentic, and valid.
- 10** A pharmacist may adapt a prescription that has been adapted by a pharmacist previously. There is no limit on the number of times a prescription may be adapted in accordance with this Schedule as long as the prescription, at the time of each adaptation, is current, authentic, and valid.

- 11** Adaptation is an exercise of dispensing authority, not prescribing authority. Every adaptation is a new adaptation. The adaptation of a prescription
- (a) does not cancel, replace, or modify the prescription as issued by the practitioner,
  - (b) does not create a new prescription,
  - (c) cannot be adapted further, and
  - (d) cannot be transferred.
- 12** A prescription that has been adapted, and that is still current, authentic, and valid, may be transferred in accordance with Schedule E.1 of these bylaws, except that a pharmacist must not transfer a prescription for a narcotic, controlled drug or targeted substance that has been adapted unless such transfer is also permitted under
- (a) the Controlled Prescription Program, if applicable to the narcotic, controlled drug or targeted substance, and
  - (b) a CDSA Exemption or the Controlled Substances Regulations.
- 13** The pharmacist's College-issued licence number must be entered in the practitioner ID field of the PharmaNet dispensing record to identify the pharmacist responsible for the adaptation, where applicable.
- 14** All documentation, including the prescription information and the documentation required for adaptations, must be retained for the period specified in the bylaws of the College.

***Change of dose, formulation or regimen***

- 15** A pharmacist may change the dose, quantity, formulation or regimen of a prescription, other than a prescription for a narcotic, controlled drug or targeted substance, if
- (a) the strength of the drug is not commercially available,
  - (b) in the case of a change in dose or regimen,
    - (i) the client's age, weight or kidney or liver function requires the change, or
    - (ii) the change would otherwise benefit the client, or

- (c) in the case of a change in formulation or regimen, the change would improve the ability of the client to effectively take the drug.

**16** As long as the quantity dispensed does not exceed the stated amount authorized in the prescription, a pharmacist may change the dose, formulation or regimen of a prescription for a narcotic, controlled drug or targeted substance if

- (a) the strength of the drug is not commercially available,
- (b) in the case of a change in dose or regimen,
  - (i) the client's age, weight or kidney or liver function requires the change, or
  - (ii) the change would otherwise benefit the client, or
- (c) in the case of a change in formulation or regimen, the change would improve the ability of the client to effectively take the drug.

**17** A pharmacist may change the dose, quantity, formulation or regimen of a prescription, other than a prescription for a narcotic, controlled drug or targeted substance, if the information provided is incomplete or ambiguous but the intended treatment can be determined through consultation with the client and a review of client records.

**18** As long as the quantity dispensed does not exceed the stated amount authorized in the prescription, a pharmacist may change the dose, formulation or regimen of a prescription for a narcotic, controlled drug or targeted substance if the information provided is incomplete or ambiguous but the intended treatment can be determined through consultation with the client and a review of client records.

**19** A pharmacist must not change the dose, quantity, formulation, or regimen of a prescription except in accordance with this Schedule.

**20** A pharmacist may renew a prescription for the purpose of continuity of care. In general, this requires that the pharmacist be reasonably satisfied that

- (a) there has been no clinically significant change to the prescription for a minimum of three to six months, to be assessed at the time of each renewal by reference to accepted clinical practice applicable to the condition being treated, and

(b) the condition being treated is stable.

**21** For the purpose of continuity of care, a pharmacist may renew a prescription for an appropriate time period as long as that time period does not exceed the expiry date of the prescription, and if the prescription is for a narcotic, controlled drug or targeted substance, it may only be renewed

(a) for a time period that does not exceed the same duration as prescribed or 30 days, whichever is greater, and

(b) if permitted under a CDSA Exemption or the Controlled Substances Regulations.

### ***Therapeutic drug substitution***

**22** A pharmacist may make a therapeutic drug substitution for a prescription within the same therapeutic class.

**23** When making a therapeutic substitution, the pharmacist must be satisfied that the dose and dosing regimen of the new drug will have an equivalent therapeutic effect as the prescribed drug.

**24** When making a therapeutic substitution, the pharmacist must ensure the new drug is approved for the intended indication by Health Canada or evidence supports using the drug for the intended indication (e.g., it is considered a best practice or is accepted clinical practice in peer-reviewed clinical literature or clinical practice guidelines).

**25** A pharmacist must not make a therapeutic drug substitution of a prescription for a narcotic, controlled drug or targeted substance.

### ***Limits***

**26** A pharmacist must not adapt a prescription for a cancer chemotherapy agent.

**27** A pharmacist must not adapt an expired prescription.

**28** A pharmacist must not adapt a prescription if the prescriber indicates it should not be adapted using a hand-written “do not renew/adapt” notation (not pre-stamped). If a prescriber electronically produces their prescriptions, they must sign or initial beside the notation.

- 29** A pharmacist must not adapt
- (a) a prescription from a veterinarian, or
  - (b) an emergency supply for continuity of care.

Not In Force

## SCHEDULE E.12 – PRACTICE STANDARDS: OPIOID AGONIST TREATMENT

### Application

- 1 This Schedule provides guidance to licensees who are employed in a community pharmacy that provides pharmacy services related to opioid agonist treatment, or that provides injectable opioid agonist treatment, for opioid use disorder.

### Definitions

- 2 In this Schedule:
  - “**BCCSU**” means the British Columbia Centre on Substance Use;
  - “**BMT**” means buprenorphine/naloxone maintenance treatment;
  - “**CAMH**” means the Centre for Addiction and Mental Health;
  - “**client’s representative**” means a person who is authorized to act on a client’s behalf;
  - “**MMT**” means methadone maintenance treatment;
  - “**OAT**” means opioid agonist treatment;
  - “**pharmacist**” means a full pharmacist, provisional pharmacist or temporary pharmacist;
  - “**SROM**” means slow release oral morphine.

### Standards

#### ***General requirements for providing opioid agonist treatment***

- 3 All pharmacy managers, staff pharmacists, and relief pharmacists who are employed in a community pharmacy that provides pharmacy services related to BMT, MMT or SROM maintenance treatment must
  - (a) successfully complete a training program approved by the board from time to time for the purpose of this section, and
  - (b) record self-declaration of training completion in eServices.

- 4 All pharmacy technicians who are employed in a community pharmacy that provides pharmacy services related to BMT, MMT or SROM maintenance treatment must
  - (a) successfully complete a training program approved by the board from time to time for the purpose of this section, and
  - (b) record self-declaration of training completion in eServices.
- 5 Pharmacy managers must
  - (a) educate all non-pharmacist staff regarding their role in the provision of community pharmacy services related to OAT, and
  - (b) document the completion of the education of individual non-pharmacist staff members on a form signed and dated by the pharmacy manager and the non-pharmacist or non-pharmacy technician staff member and retain the completed forms in the pharmacy's records.

***Buprenorphine/naloxone maintenance treatment***

- 6 BMT must only be dispensed in Health Canada-approved, commercially available formulations.
- 7 All pharmacy managers, staff pharmacists, relief pharmacists, and pharmacy technicians who are employed in a community pharmacy that provides pharmacy services related to BMT must
  - (a) know and apply the principles and guidelines in the most recent published version of the College's "Buprenorphine/Naloxone Maintenance Treatment Policy Guide",
  - (b) implement all mandatory practice requirements in the most recent published version of the College's "Buprenorphine/Naloxone Maintenance Treatment Policy Guide",
  - (c) be familiar with the information in the most recent published version of the BCCSU's "A Guideline for the Clinical Management of Opioid Use Disorder", and
  - (d) be familiar with the information in the product monographs of approved, commercially available strengths and formulations.

### ***Methadone maintenance treatment***

- 8** MMT must only be dispensed using the Health Canada-approved, commercially available 10 mg/mL methadone oral preparation, except
  - (a) as a last resort for a client who has a diagnosis of opioid use disorder and has not benefited from documented, reasonable trials of at least two commercially available methadone formulations, and for whom methadone remains the optimal OAT option, or
  - (b) during a period of shortage or no supply of a commercially available methadone oral preparation.
  
- 9** Pharmacies may only compound methadone for MMT, or dispense compounded methadone for MMT,
  - (a) in one or more of the circumstances described in section 7(a) or (b) of this Schedule, and
  - (b) in accordance with the most recent published version of Health Canada's "Policy on Manufacturing and Compounding Drug Products" (POL-0051).
  
- 10** All pharmacy managers, staff pharmacists, relief pharmacists, and pharmacy technicians who are employed in a community pharmacy that provides pharmacy services related to MMT must
  - (a) know and apply the principles and guidelines in the most recent published version of the College's "Methadone Maintenance Treatment Policy Guide",
  - (b) implement all mandatory requirements in the most recent published version of the College's "Methadone Maintenance Treatment Policy Guide",
  - (c) be familiar with the information in the most recent published version of BCCSU's "A Guideline for the Clinical Management of Opioid Use Disorder",
  - (d) be familiar with the information in the most recent published version of Health Canada's "Policy on Manufacturing and Compounding Drug Products" (POL-0051), and

- (e) be familiar with the information in the commercially available 10 mg/mL methadone oral preparation product monographs.

**11** In addition to the pharmacy reference materials required under section 18(2)(v) of the PODSA Bylaws, pharmacies providing MMT services must also maintain all of the following as required references:

- (a) the most recent published version of the College's "Methadone Maintenance Treatment Policy Guide";
- (b) the most recent published version of BCCSU's "A Guideline for the Clinical Management of Opioid Use Disorder";
- (c) the most recent published version of CAMH's "Opioid Agonist Maintenance Treatment: A Pharmacist's Guide to Methadone and Buprenorphine for Opioid Use Disorders";
- (d) the most recent published version of Health Canada's "Policy on Manufacturing and Compounding Drug Products" (POL-0051);
- (e) product monographs for the commercially available 10 mg/mL methadone oral preparations.

***Slow release oral morphine maintenance treatment***

**12** SROM maintenance treatment must only be dispensed in Health Canada-approved, commercially available strengths and formulations.

**13** All pharmacy managers, staff pharmacists, relief pharmacists, and pharmacy technicians who are employed in a community pharmacy that provides pharmacy services related to SROM maintenance treatment must

- (a) know and apply the principles and guidelines in the most recent published version of the College's "Slow Release Oral Morphine Maintenance Treatment Policy Guide",
- (b) implement all mandatory practice requirements in the most recent published version of the College's "Slow Release Oral Morphine Maintenance Treatment Policy Guide",
- (c) be familiar with the information in the most recent published version of BCCSU's "A Guideline for the Clinical Management of Opioid Use Disorder", and

- (d) be familiar with the information in the product monographs of approved, commercially available strengths and formulations.

### ***Community health facility treatment***

- 14** A pharmacist may provide individually labelled, client-specific doses of buprenorphine/naloxone, methadone or SROM to a “community health facility” as defined in the applicable CDSA Exemption, when directed by the prescriber and in accordance with that CDSA Exemption.
- 15** A pharmacist may provide clinic stock of buprenorphine/naloxone, methadone or SROM to a community health facility in accordance with the applicable CDSA Exemption.
- 16** All pharmacy managers, staff pharmacists, relief pharmacists, and pharmacy technicians who are employed in a community pharmacy that provides OAT drugs to a community health facility should be familiar with the information included in the most recent published version of BCCSU’s “Integrated, interdisciplinary model of opioid agonist treatment (IIMOAT)”.
- 17** When a pharmacist provides an OAT drug to a community health facility for administration by another regulated health professional in accordance with the most recent published version of BCCSU’s “Integrated, interdisciplinary model of opioid agonist treatment (IIMOAT)”, sections 7(a) and (b), 10(a) and (b) and 13(a) and (b) of this Schedule do not apply.
- 18** The pharmacist should document in the client record that a client’s dose of OAT has been provided to a community health facility.
- 19** Subject to any practice standards established or adopted by the board with respect to the delivery or transport of controlled drug substances, the pharmacist should use a secure and confidential method of transporting the OAT drugs to a community health facility and should consider the use of tamper-proof boxes or seals.
- 20** The pharmacy manager must ensure written policies and procedures are in place to ensure the requirements of the applicable CDSA Exemption are met when providing OAT drugs to a community health facility.

### ***Injectable hydromorphone maintenance treatment***

- 21** Injectable hydromorphone maintenance treatment must only be dispensed as a Health Canada-approved, commercially available single-use vial formulation.
- 22** All pharmacy managers, staff pharmacists, relief pharmacists and pharmacy technicians who are employed in a community pharmacy that provides pharmacist supervision of injectable hydromorphone opioid maintenance treatment must
- (a) know and apply the principles and guidelines in the most recent published version of the College's "Injectable Hydromorphone Maintenance Treatment Policy Guide",
  - (b) implement all mandatory practice requirements in the most recent published version of the College's "Injectable Hydromorphone Maintenance Treatment Policy Guide",
  - (c) be familiar with the information in the most recent published version of BCCSU's "Guidance for Injectable Opioid Agonist Treatment for Opioid Use Disorder", and
  - (d) be familiar with the information in the product monographs of approved, commercially available strengths and formulations.

## **SCHEDULE E.13 – PRACTICE STANDARDS: HOSPITAL PHARMACY ASSISTANT VERIFICATION OF NON-STERILE PRODUCTS AND STERILE PRODUCTS**

### **Definitions**

- 1** In this Schedule, “**Hospital Pharmacy Practice Standards**” means the practice standards established in Schedule E.2 of these bylaws.

### **General standards**

- 2** Technical functions specified in section 12(1) of the Hospital Pharmacy Practice Standards may be delegated to pharmacy assistants in accordance with this Schedule, section 13 of the Hospital Pharmacy Practice Standards, and Part 10 of these bylaws.
- 3** (1) A licensee may delegate the function of verifying medication container contents to a pharmacy assistant under the following conditions:
  - (a) the licensee is responsible for ensuring that the verification procedure has the sensitivity and accuracy to detect all possible errors;
  - (b) the hospital pharmacy must have established written policies and procedures for all aspects of medication container verification, including quality assurance procedures and checks, procedures if an error occurs, and documentation records.
- (2) A licensee may delegate the function of verifying sterile products to a pharmacy assistant under the following conditions:
  - (a) the licensee is responsible for ensuring that the verification procedure has the sensitivity and accuracy to detect all possible errors;
  - (b) the hospital pharmacy must have established written policies and procedures for all aspects of the verification of sterile products, including quality assurance procedures and checks, procedures if an error occurs, and documentation records.

- 4 (1) A pharmacy assistant may verify the medication contents of non-client-specific medication containers (e.g., prepackaging) or client-specific medication containers (e.g., refill drawers, cards or vials). A pharmacy assistant may only verify medication containers prepared by another pharmacy assistant.
- (2) A pharmacy assistant may verify either the medication contents of client-specific compounded sterile products against a label or pick-list (e.g., refills) or the medication contents of a compounded sterile batch products against an approved written procedure or compounding record. A pharmacy assistant may only verify another pharmacy assistant's preparation of compounded sterile products.
- 5 (1) A licensee at the telepharmacy central site may delegate the function of verifying medication container contents to a pharmacy assistant certified to verify medication container contents. A hospital policy and procedure for all aspects of the medication verification process must be established. The policy must include quality assurance procedures and checks, procedures if an error occurs and copies of all documentation.
- (2) A licensee at the telepharmacy central site may delegate the function of verifying client-specific compound sterile products against a label or pick-list (e.g., refills) or the medication contents of a compounded sterile batch products against an approved written procedure or compounding record to a pharmacy assistant certified to verify compounded sterile products. A hospital policy and procedure for all aspects of the sterile product verification process must be established. The policy must include quality assurance procedures and checks, procedures if an error occurs and copies of all documentation.
- 6 The verification process may occur between central/remote sites or between remote/remote sites.
- 7 A pharmacy assistant may not verify their own work.

## Qualifications

- 8 (1) In order to verify medication container contents, a pharmacy assistant must
  - (a) be a graduate of a recognized pharmacy technician training course prior to January 2011 or have an equivalent of two years' experience in a hospital pharmacy setting,

- (b) work sufficient hours to maintain competence in the function, as determined by the hospital pharmacy manager,
  - (c) complete a standard departmental training program on verifying medication container contents, and
  - (d) demonstrate, on an ongoing basis, a commitment to exemplary accuracy in verifying the contents of medication containers, as determined by the hospital pharmacy manager.
- (2) In order to verify compounded sterile products, a pharmacy assistant must
- (a) be a graduate of a recognized pharmacy technician training course prior to January 2011 or have an equivalent of two years' experience in a hospital pharmacy setting,
  - (b) work sufficient hours to maintain competence in the function, as determined by the hospital pharmacy manager,
  - (c) be trained in aseptic technique and qualified to prepare sterile products,
  - (d) complete a standard departmental training program on verifying compounded sterile products, and
  - (e) demonstrate, on an ongoing basis, a commitment to exemplary accuracy in verifying compounded sterile products, as determined by the hospital pharmacy manager.

## Training

- 9** (1) A licensee with relevant expertise must ensure that the required knowledge and skills for verifying medication container contents are appropriately taught. The required knowledge and skills must be acquired through a combination of educational modules, in-service programs and work experience with the opportunity for repeated practice of the skills under supervision. Work experience must be at the site where the verifying will be done.
- (2) A licensee with relevant expertise must ensure that the required knowledge and skills for verifying compounded sterile products are appropriately taught. The required knowledge and skills may be acquired through a combination of educational modules, in-service programs and

work experience with the opportunity for repeated practice of the skills under supervision. Work experience must be at the site where the verifying will be done but didactic educational programs or in-services may be conducted either in-house or at another hospital pharmacy.

### **Initial certification**

- 10** (1) Pharmacy assistants must be trained and assessed prior to becoming certified to verify medication container contents. The supervising licensee may grant certification if the assistant achieves an accuracy rate of 100% (see Part 1 of Appendix A of this Schedule).
- (2) Pharmacy assistants must be trained and assessed prior to becoming certified to verify compounded sterile products. The supervising licensee may grant certification if the assistant achieves an accuracy rate of 100% (see Part 2 of Appendix A of this Schedule).

### **Quality control**

- 11** (1) The certified pharmacy assistant must maintain an accuracy rate of 100%.
- (2) Subject to section 29 of the PODSA Bylaws, if an error occurs during the day-to-day checking activities, the hospital must have written procedures to address this situation.
- (3) The accuracy of all pharmacy assistants who verify medication containers or compounded sterile products must be audited at least annually and if possible conducted without the assistant's knowledge. The results of the audit must be discussed with the audited assistant. An assistant who is certified to verify both non-sterile and sterile products may be audited on a balanced combination of the two types of products to achieve the audit quantity.

### **Decertification**

- 12** (1) If the accuracy rate of a medication container contents checker falls below the established standard on one occasion, a re-audit will be performed shortly after the first failed audit. If the pharmacy assistant fails to meet the minimum standard on re-audit, that assistant must be decertified and removed from the verifying function.

- (2) If the accuracy rate of a compounded sterile product checker falls below the established standard, a minimum of 2 re-audits will be performed shortly after the first failed audit. If the pharmacy assistant fails to meet the minimum standard on any re-audit, that assistant must be decertified and removed from the verifying function.
- 13** The pharmacy manager or supervising licensee for the area may decertify an assistant at any time if there is any reason to believe that the assistant is not capable of safely carrying out the delegated function. The assistant may be recertified only if the problem is resolved to the satisfaction of the pharmacy manager.
- 14** (1) A decertified medication container contents checker must reenter and complete the training and initial certification process prior to being reassigned to verify medication containers.
- (2) A decertified compounded sterile product checker must reenter and complete the training and certification process prior to being reassigned to verify compounded sterile products.

#### **Documentation**

- 15** (1) A log or record showing the training, certification, and quality assurance audits for each pharmacy assistant who verifies medication container contents must be maintained. The identification of the pharmacy assistant who prepares or verifies medication container contents must be documented. This record must be retained for at least three years.
- (2) A log or record showing the training, certification, and quality assurance audits for each pharmacy assistant who verifies compounded sterile products must be maintained. The identification of the pharmacy assistant or any other person who prepares or compounds sterile products must be documented. This record must be retained for at least three years.

#### **Repeal of this Schedule**

- 16** (1) Sections 1 to 14 and Appendix A of this Schedule are repealed on April 1, 2028.
- (2) This Schedule is repealed on April 1, 2031.

## **Standard E.13 - Appendix A**

*This Schedule is meant as a guide to institutions to enable them to establish an assistant-check program to meet their specific needs. Each institution should set certification and audit numbers that will reflect a measurement that is logistically feasible to ensure a level of acceptable performance and is reflective of all order types.*

### **Part 1 – Non-Sterile Products**

#### **Client-Specific Medication Containers**

Client-specific medication containers generally consist of individually labelled medication containers or exchange drawers containing a one to 35 day supply of medication. Client-specific medication containers are filled according to a refill or pick list or from labels generated from the clients' computerized medication profile.

Verification of the client-specific medication containers against a list or label will include a check to ensure

- correct client name,
- correct client location, if applicable,
- correct medication,
- correct strength,
- correct dosage form,
- correct number of doses or units in container,
- medication is within expiry date, and
- correct auxiliary label(s) applied, if applicable.

#### **Non-Client Specific Medication Containers**

Non-client specific medication containers are usually prepared in batches in anticipation of individual medication orders. Non-client specific medication containers may include compounded medications, ward stock medications, prepackaging or crash cart trays. Each medication container batch must be documented with a compounding / prepackaging worksheet or record.

Verification of medication container batches against the compounding / prepackaging record must include a check to ensure correct

- medication,
- number of doses or units in container,

- ingredient or medication expiry date(s) and lot number(s) documented,
- expiry date and lot number for the batch or prepackaging,
- labelling, and
- integrity of final product.

## **Part 2 – Sterile Products**

### **Client-Specific Sterile Products**

Client-specific sterile products generally consist of a 24-hour supply of individually labelled compounded or purchased sterile product. These sterile products are labelled according to a refill or pick list or from labels generated from the clients' computerized medication profiles.

Verification of the individual sterile product units against a label or list will include a check to ensure correct

- client name
- client location
- medication
- amount added
- solution and volume
- dosage form
- number of doses or units
- ingredients are within expiry dates
- compounded sterile product expiry date
- auxiliary label(s), if applicable, and
- integrity of the final product.

### **Compounded Sterile Product Batches**

Compounded sterile products are usually prepared in non-client specific batches, in anticipation of individual client medication orders. Each batch must be documented with a compounding worksheet or record.

Verification of compounded sterile product batches against the compounding record will include a check to ensure correct

- medication,
- amount added,
- solution and volume,
- admixture devices,
- number of units,

- ingredient expiry dates and lot numbers documented,
- compounding expiry date and lot number for the batch,
- labelling, and
- integrity of the final product.

Not In Force

## SCHEDULE E.14 – PRACTICE STANDARDS: CONTROLLED DRUG SUBSTANCES DELIVERY

### Application

- 1 This Schedule applies to full pharmacists working in community pharmacies and telepharmacies, including when working as the pharmacy's manager, when controlled drug substances are delivered by, or on behalf of, pharmacists directly to the location of the client or client's representative.
- 2 Nothing in this Schedule requires a pharmacist, pharmacy's manager or pharmacy's owner to offer controlled drug substance delivery services to clients or the public.
- 3 In the event of a conflict between sections 5 to 19 of Schedule E.12 of these bylaws and this Schedule, this Schedule prevails.
- 4 In the event of a conflict between sections 20 and 21 of Schedule E.12 of these bylaws and this Schedule, those sections prevail.

### Definitions

- 5 In this Schedule:
  - “**adult person**” means an individual who is 19 years of age or older;
  - “**client's representative**” means a person who is authorized to act on a client's behalf;
  - “**common carrier**” means a business corporation, including but not limited to Canada Post, FedEx, UPS, or DHL, that provides a service by which goods may be mailed or shipped by the general public;
  - “**deliver**” means to dispense a controlled drug substance referred to in a prescription by delivering, sending or transporting it from a pharmacy to the client or client's representative at a location outside the pharmacy;
  - “**delivery service provider**” means an adult person or a corporation, retained under a contract, to deliver controlled drug substances

to clients on behalf of a pharmacist, including a common carrier but excluding a pharmacy employee and a volunteer;

**“location”** means a pre-arranged location that a client or a client’s representative confirms as suitable for the purpose of receiving delivery of a controlled drug substance;

**“minor”** means an individual who is under 19 years of age;

**“OAT”** means opioid agonist treatment;

**“OAT training”** means any relevant training related to the roles and responsibilities of pharmacists with regard to dispensing OAT in or from pharmacies, such as training required under sections 2 to 5 of Schedule E.12 of these bylaws;

**“pharmacist”** means a full pharmacist;

**“pharmacy”** means a community pharmacy, or a telepharmacy, under PODSA;

**“pharmacy employee”** means an adult person who is employed by or on behalf of a pharmacy’s direct owner or any indirect owner of the pharmacy, including a “support person” as defined in PODSA but excluding a volunteer;

**“regulated health professional”** means an individual who is

- (a) a licensee of a regulatory college under the Act, excluding a non-practising licensee, and who is in good standing according to the bylaws of that regulatory college,
- (b) authorized under the *Social Workers Act*, S.B.C. 2008, c. 31, to use the title “social worker”, excluding a non-practising registrant of the college under that Act, and, if applicable, is in good standing according to the bylaws of the college under that Act, or
- (c) licensed as an emergency medical assistant under the *Emergency Health Services Act*, R.S.B.C. 1996, c. 182, except when employed by a federal, provincial, or municipal law enforcement agency, and whose licence is not suspended or subject to limits or conditions imposed under section 7(3) or 8 of that Act;

**“rural or remote community”** means a community set out in Schedule E of the PODSA Bylaws.

## Standards

### ***Delivery is dispensing***

- 6** Delivery, or delegation of delivery, of controlled substances in accordance with this standard is an exercise of a pharmacist's dispensing authority.

### ***Determination to deliver a controlled drug substance***

- 7** A pharmacist, using their professional judgement, may make a determination to deliver a controlled drug substance to a client if the pharmacist has a prescription that is current, authentic, and valid, and if the pharmacist
  - (a) determines the delivery can be made safely and appropriately, and is in the best interests of the client, and
  - (b) is permitted under the CDSA, or a CDSA Exemption, to deliver controlled drug substances to clients.
- 8** A pharmacist must not deliver a controlled drug substance to a location if the pharmacist believes reasonably that the delivery would cause undue risk to the safety of the client, client's representative, pharmacist, regulated health professional, pharmacy employee, delivery service provider or the public, provided that before refusing, the pharmacist must
  - (a) discuss any safety concerns with the client or client's representative and attempt to resolve those concerns in the best interests of the client, and
  - (b) believe reasonably that those concerns cannot be mitigated by taking safety or security measures that are reasonably available.
- 9** A pharmacist must not deliver a controlled drug substance to a client if the prescriber indicates in the prescription that delivery is not permitted.
- 10** A pharmacist must work with the client or client's representative to make prior arrangements for delivery that are in the best interests of the client, which without limitation must include the following:
  - (a) identification of a location that, in the opinion of the pharmacist and the client or client's representative, protects the privacy and confidentiality of the client, is safe for both the client or client's

representative and the pharmacist or other person making the delivery, and, subject to section 11 of this Schedule, has a verifiable street address;

- (b) estimated date and time of delivery;
- (c) a contingency plan in the event that
  - (i) the client or client's representative is not available at the location to receive the delivery as scheduled, including without limitation prior confirmation from the client of the identity of any client's representative who is authorized to receive the delivery on the client's behalf, or
  - (ii) the pharmacist or person delegated by the pharmacist is otherwise unable to complete the delivery, or any stage of the delivery process, for any reason.

**11** The verifiable street address referred to in section 10(a) of this Schedule

- (a) must be a residential or other physical address or a specified geographic location, and
- (b) must not be a post office box, rented mailbox or locker, or a similar receptacle that functions as a mail delivery endpoint whether or not secured, and without limitation must not be a location to which licensees are prohibited from delivering prescriptions under section 1 of Schedule E.10 of these bylaws.

**12** In making a determination to deliver a controlled drug substance under section 7 of this Schedule, a pharmacist must not be subject to quotas, targets or similar measures for providing controlled drug substance delivery services.

### ***Determining who can deliver a controlled drug substance***

**13** Only a pharmacist or a person delegated by a pharmacist may deliver a controlled drug substance to a client or, if the substance does not require assessment or witnessed ingestion, a client's representative.

**14** A pharmacist must not delegate the delivery of a controlled drug substance to a common carrier, retain a common carrier as a delivery service provider, or permit a common carrier to deliver a controlled drug substance, if dispensing of the controlled drug substance is subject to client assessment, whether with or without witnessed ingestion, unless the common carrier is delivering to a regulated health professional or

pharmacy employee described in section 15(a) or (b) of this Schedule as a stage of the delivery process.

- 15** If permitted under the CDSA, or a CDSA Exemption, a pharmacist may delegate to any of the following persons the pharmacist's authority to deliver a controlled drug substance:
- (a) a regulated health professional who is confirmed by the pharmacy's manager to have the appropriate practice authority and competencies to assess a client and witness the ingestion of a controlled drug;
  - (b) a pharmacy employee who is confirmed by the pharmacy's manager to have the knowledge, skills, abilities and judgment to safely deliver a controlled drug substance to a client's location and initiate a virtual assessment or witnessed ingestion between the client and the pharmacist, or between the client and a regulated health professional referred to in paragraph (a), whenever required before the controlled drug substance may be dispensed;
  - (c) if the controlled drug substance does not require assessment or witnessed ingestion, a delivery service provider who
    - (i) if an adult person, is confirmed by the pharmacy's manager to meet all applicable requirements set out in this standard, or
    - (ii) if a corporation, is bound by contractual terms and conditions that
      - (A) prohibit subcontracting of controlled drug substance delivery services, and
      - (B) require the corporation to provide proof, satisfactory to the pharmacy's manager, that all the corporation's employees engaged in providing controlled drug substance delivery services under the contract are adult persons who meet all requirements set out in this standard that are applicable to an adult person.
- 16** A pharmacist who delegates to a pharmacy employee, or to a regulated health professional who does not have the authority to assess and witness ingestion, the delivery of a controlled drug substance that requires both a client assessment and witnessed ingestion may do so only if

- (a) the pharmacy employee or regulated health professional can facilitate the assessment and witnessed ingestion through a safe, secure, and appropriate virtual platform that includes audio and video capabilities, and
- (b) the pharmacist, or a regulated health professional who has the authority to assess and witness ingestion, is readily available to conduct a virtual interaction that includes audio and video capabilities with the client when prompted by the pharmacy employee or regulated health professional who is with the client.

- 17** A pharmacist may rely on the assurance of the pharmacy’s manager that an individual to whom the pharmacist delegates authority to deliver a controlled drug substance meets all the requirements of section 35.3(1) and (2) of the PODSA Bylaws, unless it would be unreasonable in the circumstances for the pharmacist to rely on that assurance in which case the pharmacist must personally review the qualifications of the individual who is to be delegated the authority to deliver.
- 18** Subject to section 19 of this Schedule, a pharmacist who delivers a controlled drug substance to a client or client’s representative must use only one method or one regulated health professional, pharmacy employee or delivery service provider to complete the delivery.
- 19** A pharmacist who delivers a controlled drug substance to a client, or client’s representative, located in a rural or remote community may use more than one method or more than one regulated health professional, pharmacy employee or delivery service provider, in any combination or sequence, as may be reasonably necessary in the circumstances to complete the delivery, if the applicable requirements of this Schedule and all provincial and federal legislation are met at all times.

## SCHEDULE F – RECOVERY OF INVESTIGATION EXPENSES

### Commencement of investigation

- 1 For the purpose of determining the amount of investigation expenses payable by a respondent in respect of any part of a regulatory complaint, an investigation is deemed to run from the earliest time that one of the following events occurs in respect of the matter:
  - (a) the registrar receives a notice under section 76(1) of the Act, if the registrar determines after review of the notice that a regulatory complaint should be made under section 119 of the Act;
  - (b) the registrar receives a regulatory report under Division 6 of Part 3 of the Act, if the registrar determines after review of the regulatory report that a regulatory complaint should be made under section 119 of the Act;
  - (c) the registrar receives a notice under subsection 104(1) of the Act, if the registrar determines after review of the notice that a regulatory complaint should be made under section 119 of the Act;
  - (d) the registrar forms a belief that there are reasonable grounds requiring the registrar to act under section 108 of the Act, if the registrar determines after completing an assessment under that section that a regulatory complaint should be made under section 119 of the Act;
  - (e) the registrar receives an application for an identity protection order under section 120(1) of the Act, if a regulatory complaint under section 119 or 120(1) of the Act is subsequently made or received in relation to a matter that gave rise to the application;
  - (f) the registrar makes a regulatory complaint under section 119 of the Act, unless it is made
    - (i) after review of a notice under section 76(1) of the Act,
    - (ii) after review of a regulatory report under section 88(1)(b) of the Act,
    - (iii) in accordance with section 104(2) of the Act,

- (iv) in accordance with section 108(1)(c)(ii) of the Act, or
- (v) as described in paragraph (e),

in which case, for certainty, the investigation commences from the time that the event described above occurs, as applicable;

- (g) the registrar receives a regulatory complaint under section 120(1) of the Act;
- (h) the investigation committee begins an investigation under section 124(1) of the Act;
- (i) the registrar forms a belief that there are reasonable grounds requiring the registrar to act under section 373(a) of the Act.

### **Duration of investigation**

**2** For the purpose of determining the amount of investigation expenses payable by a respondent in respect of any part of a regulatory complaint, an investigation is deemed to continue until the time one of the following events occurs in respect of the matter:

- (a) the registrar disposes of the matter under section 109 of the Act;
- (b) the registrar disposes of, or transfers, the matter under section 122(3) or (4) of the Act;
- (c) the investigation committee directs the registrar to dispose of the matter under section 136(2)(a) or (3) of the Act;
- (d) the registrar disposes of the matter under section 139(3) of the Act;
- (e) the date referred to in section 164(1)(c) of the Act has passed;
- (f) the inquiry committee disposes of the matter under section 168(2) of the Act;
- (g) the registrar disposes of the matter under section 377(1) of the Act.

### **Investigation expenses**

**3** Subject to section 273 of the Act, the College may recover the following expenses incurred with respect to the conduct of an investigation:

- (a) expenses for legal advice or representation for the purposes of an investigation, up to 50% of actual legal fees incurred or 50% of the value of College-employed legal counsel time spent on the matter;
- (b) expenses for other professional services for the purposes of an investigation, up to 100% of actual expenses incurred or 100% of the value of College-employed professional staff time spent on the matter;
- (c) remuneration, fees and expenses paid to investigators for the purposes of an investigation, up to 100% of actual expenses incurred or 100% of the value of College-employed investigator time spent on the matter;
- (d) expenses for other reasonable disbursements for the purposes of an investigation, including disbursements paid for by legal counsel, up to 100% of actual expenses incurred.

#### **Included and excluded expenses**

##### **4** In this Schedule, **“investigation expenses”**

- (a) includes expenses incurred by the College in relation to the seeking, making, variation, termination, or enforcement of summary protection orders, identity protection orders, information and production orders, and suspension orders, and
- (b) excludes remuneration, fees and expenses paid to members of the investigation committee.

#### **Investigation of non-licensees**

##### **5** In this Schedule,

- (a) **“regulatory complaint”** includes a matter investigated under Division 3 of Part 8 of the Act, and
- (b) **“respondent”** includes a person who is investigated as described in Division 3 of Part 8 of the Act.

## SCHEDULE G – AMENDMENTS TO THESE BYLAWS

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

**1 Standard 1 of Schedule D.1 – Ethics Standards: Code of Ethics is amended by adding the following under Guidelines for Application:**

- (j) In their practice of pharmacy, licensees promote safe care for their clients by
  - (i) promoting continuous quality improvement processes that contribute to client safety and enhance client trust in the safety of pharmacy practice,
  - (ii) committing to continuous quality improvement and appropriate handling of medication incidents and near misses, and
  - (iii) contributing to a culture of client safety and a just culture in the workplace environment.
- (k) When serving as pharmacy managers, licensees also promote safe care for their clients
  - (i) through oversight of the continuous quality improvement processes within their pharmacy team and ensuring the competent management of medication incidents and near misses, and
  - (ii) by working with owners, employers, and pharmacy staff to foster a culture of client safety and a just culture in the workplace environment in order to promote learning and quality improvement that supports client safety.
- (l) In this Standard,
  - (i) **“culture of client safety”** means the component of organizational culture involving the shared beliefs, attitudes, values, norms and behavioural characteristics of employees, and that influences staff member attitudes and behaviours in relation to their organization’s ongoing client safety performance, resulting in an enabling client safety culture characterized by leadership that leads by example, transparent communication, psychological safety facilitating reporting of errors, client and family engagement, and a commitment to ongoing improvement, and

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

**2 Schedule E.1 – Practice Standards: Community Pharmacy Services is amended by adding the following sections:**

**Continuous quality improvement**

- 18** (1) A licensee must incorporate continuous quality improvement within their practice, including by doing the following:
- (a) familiarizing themselves with the pharmacy’s policies and procedures for continuous quality improvement;
  - (b) engaging in determining root causes and contributing factors for medication incidents and near misses and in performing incident analyses as appropriate according to the pharmacy’s policies and procedures;
  - (c) engaging in the pharmacy’s team meetings;
  - (d) engaging in the pharmacy’s safety self-assessment processes;
  - (e) engaging in reviewing and updating the pharmacy’s policies and procedures in response to the pharmacy’s incident analyses, safety self-assessments, and summary reports and analyses;
  - (f) implementing procedural improvements established by the pharmacy manager.
- (2) Words and phrases defined in section 24(16) of the PODSA Bylaws have the same meaning in this section and section 19.

**Medication incidents and near misses**

- 19** (1) (1) A licensee must handle medication incidents openly and transparently according to the established policies and procedures of the pharmacy, including by doing the following:
- (a) disclosing the incident to the client or client’s agent and other health professionals involved in the client’s circle of care, in

accordance with a client-centred approach as appropriate to the client's needs;

- (b) following up with the client or client's agent to monitor for effects of the incident on the client as appropriate;
  - (c) sharing information about the incident and follow-up plan with other health professionals involved in the client's circle of care as appropriate;
  - (d) documenting the incident and follow-up plan and submitting a report to a national database using the pharmacy's reporting platform;
  - (e) when appropriate, sharing information with the client or client's agent about how the pharmacy will improve and how the pharmacy will share learnings to prevent recurrence.
- (2) A licensee must handle near misses according to the established policies and procedures of the pharmacy, including by doing the following:
- (a) documenting the near miss using the pharmacy's reporting platform;
  - (b) determining if the near miss must be reported to a national database according to the pharmacy's policies and procedures;
  - (c) when required, submitting a report of the near miss to a national database using the pharmacy's reporting platform.

**3     *Schedule E.2 – Practice Standards: Hospital Pharmacy Services is amended by adding the following section:***

**Continuous quality improvement and medication incidents**

- 19** Sections 18 and 19 of the Community Pharmacy Practice Standards apply to all licensees providing pharmacy services in a hospital pharmacy or a hospital pharmacy satellite as if those licensees were providing pharmacy services in a community pharmacy.