

Bill 41 Regulations – Issue and Options Analysis

Issue #10: Practice Directions



September 8, 2009 (revised)

Introduction and Background

PricewaterhouseCoopers LLP (“PwC”) has been engaged to work with the Manitoba Pharmaceutical Association (“MPhA”) and the Manitoba Society of Pharmacists (“MSP”) to assist with building consensus around thirteen issues, which were identified by the Steering Committee (see Appendix A), and which relate to the Bill 41 Regulations, thereby facilitating progress towards approval of the Regulations.

On March 5, PwC facilitated a Stakeholder Mapping Workshop that was attended by members of the Steering Committee and a representative of Manitoba Health and Healthy Living (“MHHL”). This workshop resulted in validation of the key stakeholders and a documented understanding of which stakeholder organizations/groups were perceived to be most interested in being engaged in consultations regarding each of the thirteen issues.

On April 7, 2009, PwC facilitated a full-day retreat (“Retreat”) involving several representatives of MPhA and MSP, and a representative of MHHL. During the retreat, PwC facilitated a series of discussions regarding twelve of the thirteen identified issues; the “Distance Care” issue was not addressed during the retreat because it was deemed too complex for productive discussion within the time available. During the Retreat, MSP and MPhA agreed upon specific action plans for seven of the twelve issues that were discussed; MSP and MPhA also agreed that further facilitated consultation was merited in relation to the other five issues discussed at the Retreat.

The five issues that will be discussed in a series of Focus Groups are the following:

- Tele-pharmacy;
- Pharmacy Technicians;
- Pharmacists Prescribing, which will be discussed in combination with Extended Practice Pharmacists & Specialty Care Practice; and
- Inducements.

The seven issues for which an action plan was agreed at the Retreat are as follows:

- Central Fill Component;
- Personal Health Information Number (“PHIN”);
- Practice Directions / Standards of Practice;
- Professional Liability Insurance;
- Record Keeping;
- Pharmacy Manager Qualifications; and
- Pharmacist Profiles.

With the agreement of the Steering Committee, the information presented herein will be used to develop an implementation plan that could ready the issue for a member vote.

Overview of Issue

The new Pharmaceutical Act (i.e. Bill 41, assented to December 7, 2006, or “the Act”) defines a Practice Direction as follows: *“practice direction” means a written statement made by the Council for the purpose of giving direction to members and owners about the conduct of their practices or pharmacy operations.* The Act grants Council the authority to make practice directions by resolutions; practice directions do not require approval by the Membership of MPhA, whereas the Regulations (and changes to the Regulations) must be approved by majority vote of the Membership.

The Regulations define the areas where Council may make practice directions. For example, a regulation might read, “a Member may not... except as defined in a Practice Direction”. Practice directions have the same legal authority as the Regulations.

It is common for the Council of a regulatory body for health care professionals to have authority over the regulations that govern the respective profession (i.e. it is common practice that these councils or boards

may make regulatory policy without subsequent ratification by the registrants or members); this is the case for most pharmacy colleges in Canada and for the colleges of all other health professionals in Manitoba. Thus, the MPhA is relatively unique in that its Regulations must be approved by majority vote of the Membership. Practice directions facilitate the making and amending of regulations, in specific capacities defined within the Regulations, through resolution of Council and without ratification by the Membership. The authority to make practice directions, which carry the same legal authority as the Regulations, is a new privilege granted to Council through the new Act. Under the current Pharmaceutical Act, all regulatory changes are subject to approval by members. Accordingly, some members are particularly interested in understanding the implications of practice directions and the processes that will be used to develop and appeal practice directions.

It is important to note that the introduction and use of practice directions may afford Council the capacity to effect regulatory changes more efficiently than if the same changes were effected through changes to the Regulations. This efficiency is likely to prove beneficial to the Members; it is reasonable to anticipate future situations where Members would prefer that a regulatory change be effected without requiring a Membership vote. Nonetheless, some members have expressed concern that Council could use practice directions to implement regulatory changes that would not be otherwise supported by the Membership; i.e. the Council could effect a regulatory change through a practice direction that the Membership would not approve, if it were proposed as an amendment to the Regulations, which require ratification by the Membership.

At the time when the Membership voted on the December 3, 2007 Regulations Document, MPhA had not published documented processes for the development and appeal of Practice Directions. In the absence of formalized processes for developing and appealing practice directions, some Members indicated that they were uncomfortable with the authority afforded to Council through practice directions. More recently, on April 17, 2009, the MPhA Council passed the following motion: "M.Ph.A. supports, in principle, the recommendations of the Practice Direction Sub-Committee." The Practice Direction Sub-committee recommended processes for the development and appeal of practice directions.

Options Paper

The remainder of this document provides information and background related to this issue. Specifically, the following information has been provided:

- **Suggested Course of Action:** A summary of the course of action which has been agreed to by the MPhA Council and the MSP Board;
- **Summary of Positions:** A summary of the positions of MPhA, MSP, and the Government of Manitoba has been provided. This summary identifies each stakeholder's high-level concerns and/or opinions following a Retreat held with the MPhA Council, the MSP Board, and a representative of MHHL in April 2009;
- **Jurisdictional Comparison:** A high-level summary of how other jurisdictions in Canada have addressed and/or are addressing the issue; and
- **Background:** The background document provides additional detail regarding the issue, including pertinent sections of the proposed draft regulations, detailed information on stakeholder concerns and/or positions; and a more detailed summary of how other Canadian jurisdictions address the issue.

Suggested Course of Action

At the April Retreat, MSP and MPhA agreed upon the following Action Plan.

Proposed Action Plan:

MPhA to draft a process for the development of Practice Directions and communicate this process to the membership so that members have a better understanding of the potential use for Practice Directions. The process that MPhA will develop will include stakeholder consultations.

Practice Directions could be created for safety, and/or practice issues.

The MPhA Practice Directions Sub-Committee has recommended a process for the development and implementation of Practice Directions; MPhA Council has accepted, in principle, the recommendations made by the Practice Directions Sub-committee. The process proposed by the committee includes a multifaceted consultation and development stage and an appeals process.

The agreed Action Plan is in alignment with the practices of the vast majority of the regulatory bodies for health care professionals in Canada. The Councils/Boards of the pharmacy regulatory bodies in all of the referenced jurisdictions have the same or greater authority to create Practice Directions (in effect, but not necessarily by name) as afforded by Bill 41 and the respective (December 2007) Draft Regulations.¹

¹ The councils or boards of most regulatory bodies for health care professionals in Canada have authority to create and amend regulations without ratification by the registrants or members.

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Summary of Positions

| MPhA Council | MSP Board | MHHL |
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| <ul style="list-style-type: none"> • MPhA has no specific plans to issue any Practice Directions in proximity to the ratification of the Regulations, except for a Practice Direction regarding PHINs, as discussed during this Retreat; i.e. no specific application for the Practice Direction provision, other than for PHINs, is currently contemplated by MPhA. • Subcommittee did great work, reaching consensus around what process should be used to create practice directions. • MPhA believes that PD’s could clarify issues and has the potential to reduce disciplinary actions, which is contrary to what MSP thinks. • Cannot guarantee that there will be no practice directions created before regulations passed because the Regulations are subject to review and approval by government after they are approved by member vote; by the time these regulations are put into force, a need for one or more practice directions may have evolved. | <ul style="list-style-type: none"> • Created lots of discussion at MSP (written direction). MSP points out that the Regulations make 20 references to the fact that Council may issue Practice Directions as they see fit, without the approval of the membership. • Some members have the feeling that MPhA has a hidden agenda for Practice Directions; not all members share this view, but it is out there. • Some members are of the impression that the MPhA Council has already identified requirements for certain Practice Directions and these members would like to review a draft of any pending Practice Directions before voting on the Regulations. • Members are seeking a fair and transparent process for the development of Practice Directions to allay fears of the unknown. | <ul style="list-style-type: none"> • Guidance on the use of Practice Direction could be built into a good-governance model that has appropriate checks and balances. • The use of the words “safe”, “legal” and “ethical” in the Practice Directions Regulation merits further review and clear presentation. |

Jurisdictional Comparison

| | Ontario | Saskatchewan | Alberta | British Columbia |
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| Practice Directions/ Standards of Practice? | <ul style="list-style-type: none"> ▪ Yes. | <ul style="list-style-type: none"> ▪ Yes. | <ul style="list-style-type: none"> ▪ Yes. | <ul style="list-style-type: none"> ▪ Yes. |
| Regulatory Instrument | <ul style="list-style-type: none"> ▪ Standards of Practice. | <ul style="list-style-type: none"> ▪ Standards of Practice for Saskatchewan Pharmacists. | <ul style="list-style-type: none"> ▪ Standards for Pharmacist Practice. | <ul style="list-style-type: none"> ▪ Community Pharmacy Standards of Practice. ▪ Hospital Pharmacy Standards of Practice. |
| Ability to Develop Practice Directions/ Standards of Practice | <ul style="list-style-type: none"> ▪ The Professional Practice Committee has responsibility for the development and ongoing review of standards of practice and makes recommendations to Council, which has final approval. | <ul style="list-style-type: none"> ▪ Council can modify or change practice directions. | <ul style="list-style-type: none"> ▪ The council may develop and propose standards of practice for a regulated profession and may develop and propose amendments to an adopted code of ethics or standards of practice. | <ul style="list-style-type: none"> ▪ By-Law 19 (1) (k) A board may establish standards, limits or conditions for the practice of the designated health profession by registrants. |

Background

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| Draft Pharmaceutical Regulations: Policy Document, December 3, 2007 | |
| Standards to be followed | <p>49 The standards set out in Schedule A, and applicable practice directions issued by council from time to time, under s.6(3)(c) of the Act, must be followed by:</p> <ul style="list-style-type: none"> (a) members in practicing their profession, directly or through delegation; (b) owners in operating the pharmacies for which they are responsible; (c) pharmacy managers in supervising the staff of the pharmacies for which they are responsible; (d) students, interns, pharmacy technicians and other persons; and (e) persons operating under the authority of Part 10 of these regulations. |
| Standard 1 - Collaborative practice | Members, in partnership with patients and other health care providers, use their unique knowledge and skills to meet patient's drug related needs and to achieve positive patient outcomes by maintaining or improving the patient's quality of life. |
| Standard 2 - Dispensing and sale | Members must only dispense or sell drugs where it is therapeutically appropriate, legal and ethical to do so. |
| Standard 3 - Patient counseling | Members must counsel the patient, or their agent, providing specific information required for safe and effective drug therapy. |
| Standard 4 - Drug Information | Members must provide accurate, unbiased and pertinent drug information. |
| Standard 5 - Drug acquisition and handling | Members are responsible to ensure the safety, accuracy and quality of products and services they supply. |
| Standard 6 – Prescribing | Members must only issue prescriptions to patients where it is therapeutically appropriate, legal and ethical to do so. |
| Standard 7 - Administration of drugs | Members must only administer drugs to patients upon informed consent and where it is therapeutically appropriate, legal and ethical to do so. |
| Standard 8 - Test interpretation | Members interpreting patient-administered automated tests must do so in a competent and accurate manner. |

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| Standard 9 - Test orders | Members may only order screening and diagnostic tests where it is appropriate, legal and ethical to do so. |
| Standard 10 - Incidents and Discrepancies | Members must expeditiously address, document and report incidents, discrepancies and adverse events in dispensing and provision of patient care. |
| Standard 11 - Scope of Practice or Operation | Members must practice or operate a pharmacy in a safe and ethical manner and within the provision of the act. |
| Standard 12 - Extemporaneous Compounding | Members must ensure that all extemporaneous compounding is done in a safe, legal and ethical manner. |
| Standard 13 - Additional practice direction | Members must practice in compliance with practice directions drafted by other organizations when adopted by Council. |
| Standard 14 – Documentation | Members must ensure all documentation is clear, comprehensive and readable. |
| Standard 15 – Records | Members and owners must ensure records required under the act and regulations are stored in a secure and readily retrievable manner and, when it is appropriate, destroy and dispose of in a manner that would protect the confidentiality of patient information. |
| Standard 16 - Pharmacist to staff ratio | Members and owners must ensure that a pharmacy is operated with a ratio of members to pharmacy technicians, interns, students, and other staff or workers that insures the practice of pharmacy which is conducted in a safe, legal and ethical manner. |
| Standard 17 - Pharmacy hours | Members and Owners must ensure pharmacist services are available to patients during reasonable hours of operation. |
| Standard 18 - Policies for staff | Pharmacy managers must develop, implement and maintain current written polices and procedures for the training of pharmacy staff clearly stating the scope and limitations of their functions for the safe, legal and ethical operation of the pharmacy. |
| Standard 19 - Pharmacy facilities | Pharmacy managers and owners must ensure the facilities are suitable for the pharmacy practice conducted. |
| Standard 20 – Technology | Pharmacy managers and owners must develop, implement and maintain written policies for the assessment and incorporation of technology into the safe, legal and ethical operation of the pharmacy. |

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| Standard 21 - High risk practices | <p>Pharmacy managers and owners must develop, implement and maintain written policies and procedures to:</p> <p>(a) identify, mitigate and avoid situations that expose patients and staff to inappropriate risk; and,</p> <p>(b) require all staff to participate in this undertaking.</p> |
| Positions | |
| MPhA Position / Comments | <p>Meeting: Retreat April 7, 2009</p> <ul style="list-style-type: none"> ▪ MPhA has no specific plans to issue any Practice Directions in proximity to the ratification of the Regulations, except for a Practice Direction regarding PHINs, as discussed during this Retreat; i.e. no specific application for the Practice Direction provision, other than for PHINs, is currently contemplated by MPhA. ▪ Subcommittee did great work, reaching consensus around what process should be used to create practice directions. ▪ MPhA believes that PD's could clarify issues and has the potential to reduce disciplinary actions, which is contrary to what MSP thinks. ▪ Cannot guarantee that there will be no practice directions created before regulations passed because the Regulations are subject to review and approval by government after they are approved by member vote; by the time these regulations are put into force, a need for one or more practice directions may have evolved. |
| MSP Board Position / Comments | <p>Meeting: Retreat April 7, 2009</p> <ul style="list-style-type: none"> ▪ Created lots of discussion at MSP (written direction). MSP points out that the Regulations make 20 references to the fact that Council may issue Practice Directions as they see fit, without the approval of the membership. ▪ Some members have the feeling that MPhA has a hidden agenda for Practice Directions; not all members share this view, but it is out there. ▪ Some members are of the impression that the MPhA Council has already identified requirements for certain Practice Directions and these members would like to review a draft of any pending Practice Directions before voting on the Regulations. ▪ Members are seeking a fair and transparent process for the development of Practice Directions to allay |

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| | <p>fears of the unknown.</p> <p>Document: MSP Position Statement (February 27, 2009)</p> <p>The Manitoba Society of Pharmacists recognizes that Bill 41 provides MPhA Council with the authority to make practice directions. The impact that practice directions will have on pharmacy practice in Manitoba is unknown. Clarification will be achieved if MPhA council takes reasonable steps to develop practice directions and circulate same prior to the approval of the regulations.</p> |
| MHHL | <p>Meeting: April 7, 2009</p> <ul style="list-style-type: none"> ▪ Guidance on the use of Practice Direction could be built into a good-governance model that has appropriate checks and balances. ▪ The use of the words “safe”, “legal” and “ethical” in the Practice Directions Regulation merits further review and clear presentation. |
| Surveys | <p>MSP Practice Directions Survey</p> <p>In response to a previous draft of the regulations, 55 percent of respondents (39) support MPhA’s authority to make Practice Directions and 80 percent believe that the MPhA Council should take reasonable steps to develop Practice Directions, prior to members approving the regulations.</p> <p>Document: MSP Questionnaire 10 – Standards</p> <ul style="list-style-type: none"> ▪ 93 percent of respondents (67) agree with the intent of Schedule A of the regulations which address "Standards" ▪ At least 72 percent of respondents support the Standards as written in the draft regulation of December 3, 2007 <p>MPhA Regulations Discussion Document Response Survey April 2007: ²</p> <ul style="list-style-type: none"> ▪ 99% (198) of the responding members approved Section 49, which covers the practice directions created for the Standards of Practice, as written. |
| MPhA Subcommittees – Practice | Document: Report to the Manitoba Pharmaceutical |

² It is noteworthy that the surveys conducted by MPhA asked members whether they were in favor of the *intent* of the referenced section.

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| Direction Sub-Committee | <p>Association Council (September 15, 2008)</p> <p>The MPhA Practice Directions Sub-Committee Report made a number of recommendations concerning:</p> <ol style="list-style-type: none"> 1. Identification of practice directions; 2. Consultation and development; 3. Implementation; 4. Review and Feedback process; and 5. Formal Appeals. <p>The committee also recommended that any potential Practice Directions, that have already been identified, be included with the draft regulations for voting on at the same time as the regulations.</p> |
| Other – MSP Legal Opinion – Robert Dawson, Dawson Law Chambers, February 15, 2008 | <p>Document: MSP Legal Opinion on Practice Directions</p> <p>The legal opinion provided was in reference to the revised draft regulations of December 3, 2007. Excerpts from the report are noted:</p> <ul style="list-style-type: none"> ▪ “The draft regulations expressly anticipate the publication of practice directions, whose substance would be an extension on equal footing of the regulations and code of ethics.” ▪ “Because of their equal footing with the other provisions that govern the practice of pharmacy, practice directions have the potential to create new and sweeping grounds by which to commence disciplinary proceedings. The concern is further compounded by the unavailability of such practice directions at this stage of consideration of the draft regulation. Whereas under the current Act new heads of disciplinary complaints may be introduced, the consent of the governed membership is required. The new Act contemplates that practice directions need only the approval of Council.” |
| Practice Directions / Standards of Practice in Other Jurisdictions | |
| Ontario | <p>Standards of Practice were developed in 2003. Each standard has related Operational Components (not included here).</p> <ol style="list-style-type: none"> 1. The pharmacist, using unique knowledge and skills to meet a patient’s drug-related needs, practices patient-focused care in partnership with patients and other health care providers, to achieve positive health outcomes and/or to maintain or improve quality of life for the patient. 2. The pharmacist practices within legal requirements |

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| | <p>and ethical principles, demonstrates professional integrity and acts to uphold professional standards of practice.</p> <ol style="list-style-type: none"> 3. The pharmacist identifies, evaluates, interprets and provides appropriate drug and pharmacy practice information to achieve safe and effective patient care. 4. While respecting the patient’s right to confidentiality, the pharmacist communicates and educates to provide optimal patient care and promote health. 5. The pharmacist, in collaboration with the designated manager or hospital pharmacy manager, manages drug distribution by performing, supervising, or reviewing the functions of selection, preparation, distribution, storage and disposal of drugs to ensure safety, accuracy and quality of supplied products. 6. The pharmacist applies knowledge, principles and skills of management as they pertain to the site of pharmacy practice, with the goal of optimizing patient care and inter-professional relations. <p>There are additional Standards of Practice specific to Pharmacy Managers and Pharmacists Providing Services to Licensed Long-Term Care Facilities</p> <p>OCP Bylaws</p> <p>9.20 Composition of the Professional Practice Committee. The Professional Practice Committee shall be composed of at least six (6) members, at least two (2) of whom shall be members of the Council appointed to the Council by the Lieutenant Governor in Council, and two (2) of whom shall be non-Council Committee members.</p> <p>9.21 Duties of the Professional Practice Committee. The Professional Practice Committee shall:</p> <ol style="list-style-type: none"> 9.21.1 provide direction and guidance, through the Executive Committee, on all matters pertaining to pharmacy practice, ethics and electronic transfer of patient information; 9.21.2 recommend to Council, through the Executive Committee, policy pertaining to pharmacy practice, transfer of patient information and ethics; 9.21.3 assume responsibility for the development and ongoing review of standards of practice of the profession and make recommendations to Council, through the Executive Committee, as appropriate; 9.21.4 communicate to Members on all policy directions on matters pertaining to pharmacy practice, ethics, standards of practice and electronic transfer of patient |

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| | <p>information;</p> <p>9.21.5 recommend to Council, through the Executive Committee, changes in the legislation, including regulations to applicable statutes, and By- Laws.</p> |
| Saskatchewan | <p>The SCP council approved Standards of Practice for Saskatchewan Pharmacists in 1989.</p> <p>The Standards provide a means of assessing the individual pharmacist's practice against a minimum level of expected performance. This document applies to pharmacies licensed as community pharmacies. It includes topics under the following areas:</p> <ul style="list-style-type: none"> ▪ The Role of the Pharmacist; ▪ Professional Functions; ▪ Non-Prescription Medication Counseling; ▪ The Prescription; ▪ The Label; ▪ The Dispensary; ▪ Professional Development Responsibilities; ▪ Professional Advertising; ▪ Drug Samples; and ▪ Sale of Outdated Products. <p>The Canadian Society of Hospital Pharmacists Standards of Practice apply to pharmacies licensed as hospital pharmacies.</p> <p>The Standards of Practice for Pharmacy Services to Special Care Homes are supplementary standards specific to this practice setting.</p> |
| Alberta | <p>The Standards for Pharmacist Practice (and their detailed rules of application) are mandatory and set out the minimum acceptable standard of practice for pharmacists.</p> <p>Code of Ethics, Standards of Practice, Health Professions Act - Section 133</p> <p>(1) A council may, in accordance with procedures set out in the bylaws, develop and propose the adoption of a code of ethics and standards of practice for a regulated profession and may develop and propose amendments to an adopted code of ethics or standards of practice.</p> <p>(2) The college must provide, for review and comment, a copy of a proposed code of ethics and proposed standards of practice and proposed amendments to</p> |

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| | <ul style="list-style-type: none">(a) its regulated members,(b) the Minister, and(c) any other persons the council considers necessary. <p>(3) A council may adopt a code of ethics and standards of practice and may adopt amendments to a code of ethics or standards of practice after it has reviewed and considered the comments received from a review described in subsection (2).</p> <p>(4) The Regulations Act does not apply to a code of ethics or to standards of practice adopted or amended under this section.</p> <p>(5) The college must ensure that copies of the code of ethics and standards of practice adopted under subsection (3) are readily available to the public and regulated members, and the copies may be distributed in the manner directed by the council.</p> <p>Bylaws:</p> <p>66. Adoption of a Code of Ethics and Standards of Practice under the HPA</p> <p>2. At least 60 days before Council considers a motion to adopt a code of ethics or standards of practice the Registrar must provide, for review and comment, a copy of a proposed code of ethics or proposed standards of practice to:</p> <ul style="list-style-type: none">(a) regulated members;(b) the Minister; and(c) any other person Council considers necessary. <p>3. A person entitled to receive notice under subsection (1) may make representations in writing to the Registrar about the proposed code of ethics or proposed standards of practice within the time period stipulated by the Registrar.</p> <p>4. Council must review and consider any representations made about a proposed code of ethics or proposed standards of practice under subsection (2).</p> <p>5. Council may, on a majority of members of Council entitled to vote and present at a meeting of Council, adopt the code of ethics or standards of practice.</p> <p>67. Adoption of a Code of Ethics and Standards for the Operation of Licensed Pharmacies under the PDA</p> <p>1. At least 60 days before Council considers a motion to adopt a code of ethics or standards for the operation of licensed pharmacies, the Registrar</p> |
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| | <p>must:</p> <ul style="list-style-type: none"> (a) make available, for review and comment, a copy of a proposed code of ethics or proposed standards for the operation of licensed pharmacies on the website of the College; and (b) provide notice that a draft of the proposed code of ethics or proposed standards for the operation of licensed pharmacies is available on the website of the College to: <ul style="list-style-type: none"> (i) regulated members, (ii) proprietors, (iii) the Minister, and (iv) any other person Council considers necessary. <p>2. A person entitled to receive notice under subsection (1)(b) may make representations in writing to the Registrar about the proposed code of ethics or proposed standards for the operation of licensed pharmacies within the time period stipulated by the Registrar. Council must review and consider any representations made about a proposed</p> <p>3. code of ethics or proposed standards for the operation of licensed pharmacies under subsection (2).</p> <p>4. Council may, on a majority of members of Council entitled to vote and present at a meeting of Council, adopt the code of ethics or standards for the operation of licensed pharmacies.</p> |
| British Columbia | <p>The Health Professions Act sets out the Objectives of the College.</p> <p>25.9 In addition to the objectives set out in section 16 (2), the college has the following objectives:</p> <ul style="list-style-type: none"> (d) to establish, maintain and promote standards for pharmacies, including for the ownership and operation of pharmacies. <p>Accordingly, Community Pharmacy Standards of Practice and Hospital Pharmacy Standards of Practice were approved January 9, 2009.</p> <p>Bylaws Part XI – Standards of Practice</p> <p>Community Pharmacy, Hospital Pharmacy and Residential Care Facilities and Homes Standards of Practice</p> <p>Standards, limits, or conditions for the practice of the designated health profession by pharmacists referred to in section 19(1)(k) of the <i>Act</i> is established by the board</p> |

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| | <p>in Schedule F.</p> <p>Health Professions Act, Bylaws for College</p> <p>19 (1) A board may make bylaws, consistent with the duties and objects of a college under section 16, that it considers necessary or advisable, including bylaws to do the following:</p> <ul style="list-style-type: none">(k) establish standards, limits or conditions for the practice of the designated health profession by registrants; <p>(7) A bylaw may not be made, amended or repealed under subsection (6) unless</p> <ul style="list-style-type: none">(a) notice of the proposed bylaw, amendment or repeal is given by the minister to the college of each health profession prescribed by the minister for the purposes of this subsection<ul style="list-style-type: none">(i) at least 3 months before the proposed bylaw, amendment or repeal comes into force, or(ii) within a shorter period the minister specifies as appropriate in the circumstances, and(b) the proposed bylaw, amendment or repeal is, for the period referred to in paragraph (a), posted by the minister on a website maintained by or on behalf of the ministry and that is accessible to the public free of charge. |
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