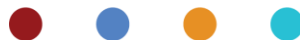


College of Pharmacists of British Columbia



Feedback Form for Posted Draft Bylaws

Instructions

Thank you for providing your feedback on the College's draft Bylaws. To better facilitate the collation of feedback, please use the following form. The form is divided into 4 columns:

Column 1: Indicate which section, subsection or appendix of the Bylaws for which you are providing comments.

Column 2: Due to some sections carrying over multiple pages, please indicate the page number for ease of reference.

Column 3: Indicate the text for which you are provided suggested changes and include new or amended text.

Column 4: Indicate the reason for your suggested changes (e.g. scientific journal, published guidelines etc.). Please keep your explanations as brief as possible.

Example:

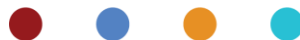
Section, Subsection or Appendix	Page #	Comment (provide current and new text when applicable)	Rationale
1.3 Sample Section	5	The requirements should include A, B and C...	The following reference supports this statement...

There is an opportunity to provide general comments on the draft Bylaws following the table.

PLEASE RETURN FEEDBACK FORM TO LEGISLATION@BCPHARMACISTS.ORG BY THE DATE INDICATED ON THE COLLEGE WEBSITE.

Note: Timelines are typically 60 or 90 day posting periods. Refer to College website for specific deadlines. Forms that are submitted after deadline will not be accepted.

College of Pharmacists of British Columbia



Partner Comments

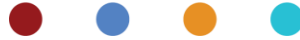
Section, Subsection or Appendix	Page #	Comment (provide current and new text when applicable)	Rationale
Section 1 Interpretation	2	<p>“rural and remote community” has the same meaning as in the PODSA bylaws.</p> <p>BCPhA recommendation: Update Schedule H (last updated 2016) to align with the most current RSA community designations under the physician’s Rural Retention Program.</p>	<p>As per draft standard, the definition of “rural and remote community” has the same meaning as in the PODSA bylaws which refers to “Schedule H – Telepharmacy Rural and Remote Communities”. Schedule H was last updated in 2016 and no longer reflects current rural and remote classifications. The Physicians Rural Retention Program (RRP) uses updated Rural Subsidiary Agreement (RSA) community designations, most recently revised April 1, 2025. Aligning Schedule H with the current RSA classifications reduces ambiguity and supports consistency across health professions. The BCPhA suggests this list remains flexible to reflect ongoing updates to the RSA community designations.</p>
Section 8 Making prior arrangements for delivery	3	<p>8. “A pharmacist must work with the client to make prior arrangements for delivery that are in the best interests of the client...”</p> <p>BCPhA recommendation: Amend section 8 to “A pharmacist must ensure that prior arrangements for delivery are made with the client and in the best interests of the client, which without limitation must include the following:...”</p>	<p>The BCPhA supports utilization of the skills and abilities of the entire pharmacy team, particularly when it comes to administrative/technical tasks. Pharmacy technicians and assistants should also be able to make delivery arrangements under the supervision of the pharmacist as described in section 8(a)(b) and (c). While the determination whether to deliver should only be made by the pharmacist with the client, the logistical aspects of delivery, such as coordinating dates, times, location, and client availability can be effectively managed by trained pharmacy staff. Broadening this provision also supports pharmacist’s ability to spend more time on the clinical aspects of the client’s care.</p>

College of Pharmacists of British Columbia



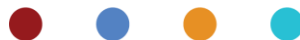
<p>Section 13: Pharmacy employees and virtual assessment and witnessing</p>	<p>5</p>	<p>13. "A pharmacist who delegates to a pharmacy employee the delivery of a controlled drug substance that requires both a client assessment and witnessed ingestion may only do so if the pharmacy employee can facilitate the assessment and witnessed ingestion through a safe, secure, and appropriate virtual platform that includes audio and video capabilities, and the pharmacist is readily available to conduct a virtual consultation that includes audio and video capabilities with the client when prompted by the pharmacy employee."</p> <p>BCPhA recommendation: Amend the standard to permit pharmacy employees to conduct an assessment and witnessed ingestion based on policy and procedures established by the pharmacy manager and permit assessment and witness by the pharmacist via telephone.</p> <p>Suggested wording: 12. "A pharmacist who delegates to a pharmacy employee the delivery of a controlled drug substance that requires both a client assessment and witnessed ingestion may only do so if:</p> <ul style="list-style-type: none"> a. the pharmacy employee is able to conduct the assessment and witnessing or, b. the pharmacy employee can facilitate the assessment and witnessed ingestion through a safe, secure, and appropriate telephone or virtual platform that includes audio and video capabilities, and c. the pharmacist is readily available to conduct a telephone or virtual consultation that includes audio and video capabilities with the client as necessary when prompted by the pharmacy employee." 	<p>Section 13 requires a virtual assessment and witness between a client and pharmacist in all situations requiring witnessed ingestion where a pharmacy employee is delivering the medication. We recommend that pharmacy employee assessment and witnessed ingestion as well as pharmacist telephone assessment and witnessed ingestion continue to be permitted or further consultation on the issue be developed.</p> <p>Trained pharmacy employees are already safely providing assessments and witness ingestion. If deficiencies have been identified in how these services are being rendered, we would support additional training rather than prohibition. Pharmacists have reported that it is often not operationally viable to utilize pharmacists or other healthcare professionals to deliver and assess/witness each client, neither is it always possible for a pharmacist to attend to each witness via virtual or telephone consultation. Challenges cited include cost, time intensity (e.g. some clients difficult to track down), and dose/delivery frequency (e.g. multiple doses per day). However, withdrawing delivery services is not an option as many clients will miss doses, increasing their risk of harm.</p> <p>Mandating repeated virtual witnessing in all circumstances also represents a step backwards for client access and does not address the resource and time-limitations faced by pharmacists. Pharmacists also report clients experiencing ongoing virtual witnessing as invasive, undermining self-determination, stigmatizing and inconsistent with trauma-informed care principles by requiring this additional layer of surveillance.</p>
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College of Pharmacists of British Columbia



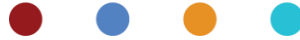
			<p>While of greater importance in certain situations to support clinical decision making such as clients with unstable symptoms (e.g., drowsiness, slurred speech or unusual behaviour), it may not be required for clients who have demonstrated stability on their current drug regimen (e.g. clients with authorized carries where CPBC policies require first dose witnessed with MMT and SRM). Where a pharmacist remote assessment or witnessed ingestion is necessary we would support allowing pharmacists to use telephone, not only audiovisual technology, based on professional judgement and mutual agreement between the pharmacist and client.</p> <p>We do support the requirement that pharmacists must be available virtually for assessments and witnessing while deliveries are being made.</p> <p>While virtual witness remains valuable in specific clinical situations, a flexible, individualized approach would be more supportive of client-centered care.</p>
Section 14: Minimum requirements	5	<p>14. "A pharmacy's manager must ensure that all regulated health professionals, pharmacy employees and delivery service providers who deliver a controlled drug substance on behalf of a pharmacist meet the following minimum requirements:</p> <ul style="list-style-type: none"> a. no recent relevant criminal history; b. recent safe driving record for those delivering by vehicle; c. valid and current first aid training if delivering a controlled drug substance requiring assessment or witnessed ingestion; d. completion of OAT training every three years if delivering a controlled drug substance requiring assessment or witnessed ingestion. 	<p>The BCPhA agrees that personnel delivering controlled drug substances must receive appropriate training and education to safely deliver and initiate a virtual assessment as well as potentially respond to emergency situations related to the client's medication. However, the BCPhA recommends removing the requirement for OAT training every three years, rather the pharmacy manager should be required to establish OAT training requirements as well as policy and procedures and conduct an annual review of these procedures and any relevant training updates for</p>

College of Pharmacists of British Columbia



		<p>BCPhA recommendation: Amend the requirement to complete OAT training every three years for healthcare professionals and pharmacy staff delivering controlled drug substances requiring assessment or witnessed ingestion.</p> <p>Suggested language:</p> <p>d. completion of OAT training and review of policy and procedures established by the pharmacy manager if delivering a controlled drug substance requiring assessment or witnessed ingestion.</p> <p>e. completion of annual review of the policy and procedures and any new OAT training as directed by the pharmacy manager</p>	<p>healthcare professionals, employees and delivery service providers as appropriate.</p> <p>The pharmacy manager should be responsible for the frequency, type and level of training that is required, as they are best positioned to ensure delivery personnel are appropriately prepared to maintain safe and effective service.</p>
Section 19 Pharmacy Requirements	7	<p>19 g. ".....ensure that all undelivered controlled drug substances are returned to the pharmacy before the end of the day on which they were to be delivered, unless the pharmacy is located in a rural or remote community in which case all undeliverable controlled substances must be returned by the end of the next business day, and ensure a pharmacist is at all times present at the pharmacy to receive any undelivered controlled drug substances;"</p> <p>BCPhA recommendation: Allow undelivered controlled drug substances to be returned by the end of the next business days in any exceptional circumstances.</p>	<p>The BCPhA agrees that considerations should be made for rural and remote communities. Additionally, there may be exceptional or unforeseen circumstances in urban communities where an individual cannot return controlled substances to the pharmacy by the end of the day such as travel delays and disruptive weather. We recommend that such real-world situations be considered, with the expectation that undelivered controlled substances are returned by the end of the next business day and that the rationale for the delay is documented.</p>
Section 19 (i) (vi) Delivery accompanied by another person	8	<p>19.i. ensure that an individual who delivers a controlled drug substance on behalf of a pharmacist does not do any of the following:.....</p> <p>vi) be accompanied by any minors, or any adult persons who are not pharmacy employees or regulated health professionals, during the delivery.</p>	<p>While client confidentiality and drug safety are of prime concern these restrictions may create unintended problems for delivery of medications in remote communities.</p> <p>For example, deliveries using a designated delivery person/service taking controlled drugs to a remote</p>

College of Pharmacists of British Columbia



		<p>BCPhA recommendation: Remove the proposed restriction that prohibits individuals delivering controlled substances on behalf of a pharmacist from being accompanied by minors or other non-pharmacy personnel from the standards, consider adding general guidance via a policy or other mechanism.</p>	<p>community by float plane or ferry will have other passengers aboard.</p> <p>As well, the federal subsection 56 exemption under the CDSA does not impose any limitation on accompaniment demonstrating that the restriction is not required to meet federal safety or legal standards.</p>

General Comments

Comments submitted by:	
Name of individual	Bryce Wong
Name of organization	BC Pharmacy Association
Date	January 27, 2026