

ANTIGUA AND BARBUDA



THE PHARMACY (AMENDMENT) REGULATIONS, 2019

STATUTORY INSTRUMENT

2019, No. 58

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**ANTIGUA AND BARBUDA**  
**THE PHARMACY (AMENDMENT) REGULATIONS, 2019**  
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**ANTIGUA AND BARBUDA**

**THE PHARMACY (AMENDMENT) REGULATIONS, 2019**

**STATUTORY INSTRUMENT**

**2019, No. 58**

**THE PHARMACY (AMENDMENT) REGULATIONS 2019 made in exercise of the powers contained in section 28 of the Pharmacy Act, 1995.**

**1. Citation**

These Regulations may be cited as the Pharmacy (Amendment) Regulations, 2019.

**2. Interpretation**

In these Regulations, “the principal Regulations” means the Pharmacy Regulations 2012

**3. Commencement**

These regulations shall come into effect on the 1<sup>st</sup> November 2019.

**4. Amendment of Regulation 5 – Registration as a Pharmacist**

Regulation 5 of the principal Regulations is amended as follows –

- (a) in subregulation (1)(a), by inserting the words “associate degree” after the word “degree”;
- (b) by inserting immediately after subregulation (1) the following new subregulations –

“(1A) In addition to the requirements of subregulation (1), and subject to the rules set out in regulation 5A, an applicant shall be required to take a forensic examination if he or she is the holder of a degree, diploma or associate degree from a University or College that is not located in Antigua and Barbuda;

(1B) An applicant for whom English is not his or her first language and who is not the holder of a degree, associate degree or diploma in Pharmacy from a College or University that is located in Antigua and Barbuda or in a Member State shall be required to take an English language test administered by the School of Pharmacy at the Antigua State College or any other body approved by the Council before he or she can be registered.”

(c) in subregulation (2) by repealing the word “annual” and replacing it with the word “bi-annual”.

(a) in subregulation (3) by repealing subregulation (3) and replacing it as follows –

“Subject to subregulation (3A), after the initial licence is granted and prior to the issue of each licence thereafter, a pharmacist applying for a licence is required to complete twenty (24) credit hours bi-annually of a continuing education programme approved by or facilitated by the Council.”

(e) by inserting after subregulation (3) a new subregulation as follows –

“(3A) A pharmacist who applies to renew his or her licence having not been in active practice for a period of three (3) years or more shall be required to take a pharmaceutical examination approved by or facilitated by the Council before his or her licence can be renewed.”

## **5. Insertion of regulation 5A – Rules applicable to the Forensic examination**

The principal Regulations are amended by inserting immediately after regulation 5 a new regulation as follows –

### **“5A. Rules applicable to forensic examination**

(1) An applicant who is required to take a forensic examination shall be allowed to sit the forensic examination for the first time at no cost to the applicant, but if the applicant is unsuccessful, he shall pay the sum of \$100 for every subsequent resit.

(2) An applicant shall not be allowed to take more than two resits in a period of twelve consecutive months.

(3) An applicant who is unsuccessful at a second resit of the forensic exam shall be required to undergo a period of remedial training or a supervised internship, or both a period of remedial training and a supervised internship, as determined by the Council, and shall not attempt to resit the forensic examination until a period of twelve-months has elapsed since the second resit.

(4) A passing grade on the forensic examination is eighty per cent (80%).”

## **6. Amendment of regulation 6 – Registration as a Pharmacy Technician**

Regulation 6 of the principal Regulations is amended as follows –

(a) in subregulation (2) by repealing the word “annual” and replacing this with the word “bi-annual”.

(b) by inserting after subregulation (2) a new subregulation as follows –

“(3) after the initial Licence is granted and prior to the granting of each licence thereafter, a pharmacy Technician applying for a licence is required to complete eight (8) hours of a continuing education programme approved by or facilitated by the Council.”

### **7. Insertion of regulation 6A – Registration as a Pharmacy Training Institution**

(1) The Council shall approve the registration of an academic institution recognised as such under any Law in force in Antigua and Barbuda as an institution for the purpose of offering Pharmacy training if the Council is satisfied that –

- (a) the Curriculum to be followed by the academic institution contains the core courses required for pharmacy training as determined by the Council;
- (b) the Programme is managed by a Pharmacist registered in accordance with these regulations;
- (c) the core courses for the academic award offered at the end of the programme must be taught by a Pharmacist or a person with a specialty in the core course;
- (a) the facilities are available to the students to engage in practical training as approved by the Council.

### **8. Amendment of regulation 8 – Particulars of registration**

Regulation 8 of the principal regulation is amended by deleting subregulation (2)(b) in its entirety and replacing it as follows –

“(b) a complete list of the Register of Pharmacists, containing the names and the dates of registration of each pharmacist registered in Antigua and Barbuda, to be published in the *Gazette* and in any local news media twice yearly by the 31<sup>st</sup> day March and by the 30<sup>th</sup> day of September in each year.”

### **9. Amendment of regulation 9 – Registration certificate and licence**

Regulation 9 of the principal regulations is amended as follows –

- (a) in subregulation (1) by deleting the word “**and**” at the end of paragraph (b);
- (b) by inserting immediately after paragraph (b) the following new paragraphs as follows –
  - “(c) for temporary registration as a pharmacist shall be that prescribed in Form Q of Schedule 3; and
  - (a) for an Academic Institution approved and registered to offer Pharmacy Training shall be that prescribed in Form R of Schedule 3 .”
- (c) by inserting after subregulation (1) the following new subregulations as follows –

“(1A) The Form of Licence issued by the Council –

- (a) to a Pharmacist shall be that prescribed in Form O of Schedule 3;
- (b) to a Pharmacy Technician shall be that prescribed in Form P of Schedule 3;

(1B) The licensing period for all Pharmacists and Pharmacy Technicians is June of the year in which the Licence expires.”

### **10. Insertion of regulation 10A – Conditions of issue of Licence for pharmacy**

The principal Regulations is amended by inserting after regulation 10 a new regulation as follows –

#### **“10A. Conditions of issue of Licence for pharmacy**

(1) Every licence issued to conduct a Pharmacy business is issued subject to a condition that the owner or operator or registered pharmacist associated with the Pharmacy shall not permit the Pharmacy business to be used to sell drugs or pharmaceuticals by wholesale.

(2) An owner, operator or Pharmacist associated with a licensed Pharmacy who permits the sale of drugs or pharmaceuticals by wholesale from premises licenced to operate as a pharmacy commits an offence.

### **11. Amendment of regulation 11 – Application for a licence for a wholesale pharmaceutical business**

Regulation 11 of the principal regulations is amended by inserting after paragraph (b) a new paragraph as follows –

“(c) An operator of a wholesale pharmaceutical business commits an offence if he or she permits the sale of drugs or pharmaceuticals by wholesale to a person or entity who is not authorised to sell drugs or pharmaceuticals under the Act or these regulations.”

### **12. Amendment of regulation 43 – Prescription verbal, or electronic communication**

Regulation 43 (5) of the principal regulations is amended as follows –

(a) by repealing paragraph and replacing it as follows –

“(e) the usual signature of the prescriber and his official stamp issued by the Medical Council;”

(b) by repealing paragraph (g) and replacing it as follows –

“(g) where the prescription is given by a registered dentist or registered veterinary surgeon, the words, “for dental treatment” or “for treatment of animals only”, as the case may require, and the official stamp of the dentist or veterinarian issued by the relevant authorising body”

### **13. Schedule 2**

Schedule 2 is amended as follows –

(a) under the heading “FEES”, the fee or the various categories of licences are repealed and replaced as follows –

**“FEES**

|  |             |
|--|-------------|
| 1. Annual Licence fee for the operation of a Pharmacy  | \$1500.00   |
| 2. Annual Licence fee for the operation of a wholesale pharmaceutical<br>Business  | \$3000.00   |
| 3. Registration of authorized seller of poisons and annual fees  | \$300.00    |
| 4. Registration of Pharmacy Student  | \$75.00     |
| 5. Registration of Pharmacist and bi-annual licence fee  | \$700.00    |
| 6. Registration of Pharmacy Technician and bi-annual licence fee   | \$200.00    |
| 7. Temporary registration as a Pharmacist (valid for 60 days)  | \$175.00    |
| 8. Registration or Renewal Fee for Pharmacy Training Institution   | \$1000.00 ” |
| <i>(t)</i> in the heading “ <b>FORMS A-G</b> ” by repealing the words “ <b>A-G</b> ”; and                                  |             |
| <i>(c)</i> under the heading “ <b>FORMS</b> ” by inserting after the listing numbered “14. ....<br>Form N” the following - |             |
| “15. Pharmacist Licence .....  | Form O      |
| 16. Pharmacy Technician Licence .....  | Form P      |
| 17. Temporary registration as a Pharmacist .....   | Form Q”     |

**14. Amendment of Schedule 3**

Schedule 3 is amended by inserting the following forms –

“(c) for temporary registration as a pharmacist shall be that prescribed in Form Q of Schedule 3;  
and

(a) for an academic Institution approved and registered to offer Pharmacy training shall be that prescribed in Form R of Schedule 3 .”





FORM Q

The Pharmacy Act

**APPLICATION FOR TEMPORARY REGISTRATION AS A PHARMACIST**

TO: The Pharmacy Council

Applicant's Surname .....

(Block Letters)

Applicant's Christian Name(s)

Female

Date of Application .....

Address of Applicant .....

(Block Letters)

Gender: Male .....

.....

(Block Letters)

Telephone contact information: (H) ..... (W) ..... (C).....

Email address: .....

Date of Birth: .....

Country of Birth: .....

EMPLOYMENT RECORD

Present Employer (if applicable) .....

Employer's Address: .....

Phone/Fax ..... Email address .....

DETAILS OF CURRENT REGISTRATION AS A PHARMACIST

Name and address of Authorising body in your home Country:

.....  
.....  
.....

Date of First registration: .....

Certificate No. ....

Current Licence No. ....

Issue Date: ..... Expiration Date: .....

(certified copy of your current licence to be attached)

QUALIFICATIONS

PharmD

MSc

BSc

Dip Pharm

Ass. Degree

Other (please specify) .....

No. of Credits .....

YEARS OF EXPERIENCE

0-2

3-5

6-10

11-15

16-20

21-25

26-30

>31

Names of Referees (2) ..... and .....

Testimonials (2) (to be attached)

**DECLARATION**

I declare that the information provided herein is a truthful, complete and accurate representation of the information required.

.....

Date

.....

Signature of Applicant

To be completed by the Registrar

Date registered or refused .....

Registration No.: .....

(copies of certificate to be attached)

Testimonials (3 to be attached)

Name of Parent/Guardian (if applicable) .....



FORM R  
The Pharmacy Act

**APPLICATION FOR REGISTRATION AND LICENCE AS A PHARMACY TRAINING  
INSTITUTION**

TO: The Pharmacy Council

**INSTITUTION INFORMATION:**

NAME OF INSTITUTION: .....

(Block Letters)

ADDRESS OF INSTITUTION .....

(Block Letters)

DATE OF INCORPORATION: .....

DATE OF REGISTRATION WITH MINISTRY OF EDUCATION .....

Tel.: ..... FAX: .....

Email: ..... Website address: .....

**MANAGEMENT INFORMATION**

If managed by a Board, please provide:

NAME OF CHAIRMAN: .....

ADDRESS: .....

CONTACT INFORMATION FOR CHAIRMAN:

Tel.: ..... Email: .....

NAME OF THE PRINCIPAL: .....

ADDRESS: .....

CONTACT INFORMATION FOR PRINCIPAL:

Tel.: ..... Email: .....

HEAD OF PHARMACY PROGRAMME: .....

ADDRESS: .....

PHARMACIST REGISTRATION #..... DATE OF ISSUE .....

PHARMACIST LICENCE # ..... EXPIRY DATE: .....

EMPLOYMENT STATUS: Full Time / Part Time

STATE THE DATE THAT THE INSTITUTION WILL BE READY FOR INSPECTION PRIOR TO COMMENCEMENT OF OPERATION .....

STATE THE INTENDED DATE OF COMMENCEMENT OF OPERATION: .....

DETAILS OF CURRICULUM (Please attach a signed copy of the Curriculum for the Pharmacy Programme)

This Application/Licensing Form must be signed by the Chairman or Principal of the Institution **AND** the Pharmacist in charge of the programme.

SIGNATURE: .....

(Chairman / Principal)

SIGNATURE: .....

(Head of Pharmacy Programme)



FORM O  
The Pharmacy Act

ANTIGUA AND BARBUDA PHARMACY COUNCIL  
BI-ANNUAL LICENCE CERTIFICATE

[Insert PHOTO]

NAME:

Address:

Registration No.: .....

It is hereby certified that the above named person has been duly licenced under the provisions of the Pharmacy Act 1995 and the Pharmacy Regulations 2012 and is entitled to practice Pharmacy for the period \_\_\_\_\_ to \_\_\_\_\_

DATED : .....

.....

President Pharmacy Council

.....

Registrar



FORM P  
The Pharmacy Act

ANTIGUA AND BARBUDA PHARMACY COUNCIL  
BI-ANNUAL LICENCE CERTIFICATE

[Insert PHOTO]

NAME:

Address:

Registration No.: .....

It is hereby certified that the above named person has been duly licenced under the provisions of the Pharmacy Act 1995 and the Pharmacy Regulations 2012 and is entitled to practice as a Pharmacy Technician for the period \_\_\_\_\_ to \_\_\_\_\_

DATED : .....

.....

President Pharmacy Council

.....

Registrar





FORM Q

The Pharmacy Act

ANTIGUA AND BARBUDA PHARMACY COUNCIL

CERTIFICATE OF TEMPORARY REGISTRATION AS A PHARMACIST

[Insert PHOTO]

NAME:

Address:

Temporary Registration No.: .....

It is hereby certified that the above named person has been temporarily registered to Practice Pharmacy under the provisions of the Pharmacy Act 1995 and the Pharmacy Regulations 2012 and is entitled to practice for the period: \_\_\_\_\_ to \_\_\_\_\_

DATED : .....

.....

President Pharmacy Council

.....

Registrar

Dated the 1st day of November, 2019

**Honourable Molwyn Joseph,**  
*Minister of Health, Wellness  
and the Environment.*