What’s Your Safety IQ?
Council Approves-in-Principle Continuous Quality Improvement Pilot for Community Pharmacies

On March 12, 2016, Melissa Sheldrick put her eight-year-old son, Andrew, to bed. The following morning, he did not wake. Andrew died during the night because a medication error made in a Mississauga, Ontario community compounding pharmacy resulted in his usual bedtime medication, tryptophan, accidentally being switched with a fatal dose of baclofen. Andrew’s tragic death has renewed the call for a national reporting system for medication errors made in community pharmacies. We are answering this call with a made-for-Manitoba pilot project, Safety Improvement in Quality (Safety IQ).

While the College requires pharmacies in the province to document and investigate medication incidents at the pharmacy level, there is no central repository for recording and tracking the occurrence of these incidents in community pharmacies in Manitoba. More broadly, community pharmacies glean limited or no learnings from medication incidents occurring not only across the province, but also across the country.

Safety IQ is a standardized continuous quality improvement program that enables community pharmacies in Manitoba to anonymously report medication errors and near misses, also known as quality related events (QREs) to the Institute for Safe Medication Practices (ISMP) Canada. The Safety IQ platform is built to improve patient safety and ensure better patient health outcomes, while addressing the specific needs and work-flows of community pharmacies. Moreover, because the provinces of Saskatchewan and Nova Scotia have already implemented the platform, Manitoba’s Safety IQ benefits from the experiences of both the Saskatchewan College of Pharmacy Professionals and the Nova Scotia College of Pharmacists and their implementation of standardized continuous quality improvement programs.

In 2008, Nova Scotia implemented SafetyNET-Rx, while Saskatchewan followed suit in 2013 with the COMPASS program. Both pilots rely on the ISMP platform and were deemed successful; the continuous quality improvement programs have been rolled out to all community pharmacies in these provinces. Nova Scotia has established a third-party research team and this SafetyNET-Rx team has conducted quantitative research following the pilot projects in Nova Scotia and Saskatchewan and demonstrated the following:

- Pharmacy staff members had increased openness to talking about QREs;
- Pharmacy staff members developed better understanding of the dispensing processes and work-flow in the pharmacy;
- Participating pharmacies demonstrated reductions in the number of common QREs occurring;
- Quality and safety became more entrenched in the pharmacy’s work-flow.

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2. CPhM SPRING 2017
This newsletter is published four times per year by the College of Pharmacists of Manitoba (the College) and is forwarded to every licenced pharmacist and pharmacy owner in the Province of Manitoba. Decisions of the College of Pharmacists of Manitoba regarding all matters such as regulations, drug-related incidents, etc. are published in the newsletter. The College therefore assumes that all pharmacists and pharmacy owners are aware of these matters.

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Our mission is to protect the health and well-being of the public by ensuring and promoting safe, patient-centred and progressive pharmacy practice in collaboration with other health-care providers.
Dear Members,

As spring makes it away across the prairies, I’m nearly at the halfway point of my presidency and am pleased with the year of accomplishments for College members and Council. Nowhere is this more evident than in the excellent nominations for this year’s College of Pharmacists of Manitoba Awards which will be celebrated during the upcoming pharmacy conference. We’re proud to recognize pharmacists who go above and beyond their duties to advance pharmacy practice in Manitoba. Please take a moment to read about the award recipients on page 24 and to celebrate them with me on April 8th and 9th.

Spring also marks some significant milestones and events for College Council, including establishing deadlines for implementing the NAPRA standards for sterile compounding practice as well as a new pilot project to advance patient safety in Manitoba.

Over the past year, the College has solicited feedback from members on the NAPRA Model Standards for Pharmacy Compounding of Non-Hazardous and Hazardous Sterile Preparations to help Council better understand the challenges and opportunities for compounding practices in Manitoba. College inspectors have also visited community and hospital pharmacies engaged in compounding to gain a complete understanding of the current practices in Manitoba. The Council decision to implement a deadline for changes to compounding practices in the province was also aided by consultations with representatives from Manitoba Health, CancerCare Manitoba, and Regional Pharmacy Managers. Please turn to page 16 for more information about this Council decision.

Council has also approved, in principal, a made-for-Manitoba pilot project called Safety Improvement in Quality (Safety IQ). This standardized continuous quality improvement program empowers community pharmacies to advance their quality improvement programs through the anonymous reporting of medication errors and near-misses to a third party institution. For more information, or if your pharmacy would like to be involved in this exciting patient safety initiative, please read the articles on pages one, six, and seven.

Finally, Council has reviewed the latest design for the College’s annual report and members will be pleasantly surprised by the updated format. I ask all members to join us on Saturday, April 8th at 9 a.m. for the College’s Annual General Meeting and the submission of a fresh new Annual Report showcasing the significant events, initiatives, and milestones for the College in 2016.

Sincerely,

Jennifer Ludwig, BSc. (Pharm.) President, College of Pharmacists of Manitoba
In other words, these continuous quality improvement programs help community pharmacies build cultures of patient safety that support the entire pharmacy team in placing patient safety at the centre of everything they do.

The College’s Quality Assurance (QA) Committee is working with ISMP Canada, as well as the SafetyNET-Rx research team in Nova Scotia, to develop the Safety IQ pilot project for pharmacies in Manitoba. ISMP Canada’s Community Pharmacy Incident Reporting (CPhIR) and Medication Safety Self-Assessment (MSSA) programs provide the foundation for Safety IQ, and are also the platforms for the continuous quality improvement programs in Nova Scotia and Saskatchewan.

The College of Pharmacists of Manitoba is recruiting 20 community pharmacies from across Manitoba to participate in the Safety IQ pilot project and help build upon our infrastructure of patient safety. The Safety IQ pilot project will run for one year, beginning in September 2017, and requires a diverse cross section to represent pharmacy practice across the entire province.

Participating pharmacies will receive training and ongoing support from the College, and from ISMP Canada. In addition, participating pharmacies will receive a complimentary subscription to ISMP Canada’s CPhIR and MSSA tools during the course of the pilot project.

In return, participating pharmacy staff will be asked to complete a survey to gain a better understanding of how the safety culture of the pharmacy, including working conditions, safety focus, blame culture, and organizational learning, has changed through the use of the tools provided during the pilot project. Data from the surveys will be analyzed independently from the College by SafetyNET-Rx researchers.

Please visit the College’s booth at the Pharmacists Manitoba Conference on April 8, 2017, for a demonstration of the Safety IQ tools. College staff will also be available at the booth to answer questions.

For more information about Safety IQ, or to express your interest in participating in the Safety IQ pilot project, please contact the College through email at SafetyIQ@cphm.ca or by phone at 204-233-1411.

The final deadline for expressions-of-interest for participation in the Safety IQ pilot project is Friday, April 28, 2017.
Defining Safety Culture

Culture is a broad term that encompasses many aspects of the way we live our lives, what we believe, and how we interact with our family, friends, colleagues, and community. When we talk about culture, we are talking about our behaviour, our expectations of one another, and what is considered to be ‘normal.’ Culture influences every part of our lives, including our work environment.

Workplace culture in healthcare settings has been widely recognized as a key factor in patient safety. Terms such as safety culture are increasingly used to describe the ideal conditions for promoting and sustaining patient safety.

Safety Culture

Ideally, safety culture is the belief and the practice of placing patient safety at the centre of everything in the healthcare system. According to the US Institute of Medicine, “the biggest challenge to moving toward a safer health system is changing the culture from one of blaming individuals for errors to one in which errors are treated not as personal failures, but as opportunities to improve the system and prevent harm.”

For community pharmacy, a safety culture optimizes work-flows, employee engagement, and management practices to not only safeguard patient safety, but also learn from medication incidents and near misses, also known as quality related events (QREs). Safety culture in community pharmacies would include eight key elements, according to “Safety Culture assessment in community pharmacy: development, face validity, and feasibility of the Manchester Patient Safety Assessment Framework” (2005):

- Commitment to patient safety
- Perceptions of the causes of incidents and their reporting
- Investigating incidents
- Learning following an incident
- Staff management
- Staff education and training about risk management
- Team working
- Communication within the pharmacy

Moreover, safety culture in community pharmacy would encourage all employees to engage with safety initiatives, report errors without fear of punishment, and expect fair treatment for everyone.

The College is committed to fulfilling its mandate to protect the health and well-being of the public by supporting safety culture in community pharmacy practice. The Safety IQ pilot project will allow the anonymous reporting of QREs to ISMP Canada (an independent, third party institution) and provide tools to improve patient safety and build safety culture into community pharmacy work-flows. The College is committed to supporting community pharmacies to build or improve upon safety culture.
We Are All In This Together: Patient Safety and Shared Learning

Everyone makes mistakes, but for those of us working in healthcare, including pharmacists, mistakes can be deadly. A momentary lapse in attention, confusing written communications, or other quality related events (QREs) can result in patient harm or death. Learning from our mistakes is crucial to making our healthcare system safer for everyone.

In 2006, a 43-year-old Edmonton woman died when she was given a four-day dose of fluorouracil to treat cancer in just four hours. An Institute for Safe Medication Practices (ISMP) Canada investigation uncovered 16 factors that contributed to the patient’s death including three main elements:

- Overdose of prescribed fluorouracil
- Poor design of the chemotherapy protocol
- Inability to mitigate harm from the lethal dose of fluorouracil with cisplatin

The confusing written instructions given to the nurse administering the drug were also cited as a factor in the patient’s death. Moreover, the report uncovered wider systems failures in similar incidents, but the lack of reporting and information gleaned from these incidents meant that no learnings were shared and preventative measures weren’t developed on a broad scale.

This tragedy was not the result of individual malice, but rather from the failure of a system. Indeed, one of the main conclusions of the Institute of Medicine’s report, *To Err is Human: Building a Safer Healthcare System* (1999), was that “the majority of medical errors do not result from individual recklessness or the actions of a particular group—this is not a ‘bad apple’ problem. More commonly, errors are caused by faulty systems, processes, and conditions that lead people to make mistakes, or fail to prevent them.” Moreover, we must design our healthcare systems “to make it harder for people to do something wrong, and easier for them to do something right.”

The majority of errors do not result from individual recklessness or the actions of a particular group — this is not a ‘bad apple’ problem.

Significant work has been undertaken in hospital practice to develop quality assurance and continuous quality improvement programs to improve patient care. Provincial legislation requires health authorities in Manitoba, including hospital pharmacies, to report critical incidents to the provincial government. The learnings from these incidents are shared with the Canadian Patient Safety Institute (CPSI), so other healthcare professionals can incorporate these learnings into their practice.

The critical incident in Edmonton sparked a nation-wide collaboration to examine and improve safety for chemotherapy patients. The Canadian Association of Provincial Cancer Agencies (CAPCA) formed the Systemic Therapy Safety Committee with expert representatives from across Canada including Dr. Dhali Dhaliwal, former President and CEO of CancerCare Manitoba. This national collaboration has fundamentally changed the administration of chemotherapy drugs and, in particular, standardized practices to improve patient safety.

Similarly, an anonymous national reporting system for community pharmacies allows large datasets of near-misses and small numbers of critical incidents to be analyzed so safety systems can be improved. The Safety IQ pilot project aims to anonymously share pharmacy QREs and their consequent learnings through ISMP Canada’s national database to prevent future critical incidents because, ultimately, we are all in this together.
The Pharmacy Technician Final Check Application was developed by the College for use in both community and hospital pharmacy practice. The application process requires pharmacy managers and staff to assess their current dispensing process and determine the changes required for the pharmacy technician final check procedure. Pharmacy managers must submit a copy of the proposed policies and procedures for Council approval using the Pharmacy Technician Final Check Application.

To date, College Council has approved three Pharmacy Technician Final Check Applications. The following FAQ addresses some of the common questions the College received about the application process.

1. Why is it important to have a checking policy and procedure for Pharmacy Technician Final Check?

Pharmacy practices in community and hospital settings provide differing products and services. Accordingly, the responsibilities of pharmacy technicians will also vary from practice-to-practice, including the responsibility of final medication checks. A checking policy and procedure specific to your pharmacy provides current and new staff with the information they need to perform the final check, including:

- The types of products they can check;
- The procedure they need to follow for a given product; and
- How they should document the final check

A well-defined final check procedure will ensure a consistent and safe final check practice in your pharmacy. Please refer to the Pharmacy Technician Final Check Information Sheet to help you complete the application and for dates on upcoming Council meetings and deadlines for applications.

2. Our pharmacy already has a quality assurance policy to manage medication errors. Do we need one specific to pharmacy technicians?

Yes, all pharmacies who delegate final medication checks to pharmacy technicians must have a specific policy and procedure manual for them. The current pharmacy quality assurance policy should be updated to include the procedure for medication errors on prescriptions checked by a pharmacy technician. The process may be similar to other medication errors, but should also include

- a review of the pharmacy technician checking procedure,
- training requirements if subsequent errors occur, and
- the process for random audits of pharmacy technician accuracy in final checks
3. **Can I submit a Pharmacy Technician Final Check Application if my pharmacy does not yet have a technician performing final checks?**

Yes, if you plan to have a pharmacy technician perform final medication checks at a future date, you can preemptively submit a Pharmacy Technician Final Check Application. In Section 1: Establishment Information, omit the pharmacy technician’s name, but indicate that you plan to have a pharmacy technician fulfill a final-checking role in the future.

Also, if your pharmacy plans to have a pharmacy technician overseeing the checking process of other pharmacy technicians in the future, then indicate this on your application.

4. **How should a pharmacist sign-off on a final medication check that will be performed by a pharmacy technician?**

A prescription record needs to have either the handwritten signature/initials or the electronic signature/initials of the pharmacist who performed the therapeutic check and approved the prescription for filling. Any initials that are automatically generated do not fulfill this requirement. A prescription record must include the signature/initials of the person filling the prescription, the person completing the final check, and the pharmacist performing the therapeutic assessment and filling approval.

5. **What information should be included in the Section 6: Recordkeeping?**

This section refers to recordkeeping for final checks that are done by a pharmacy technician. The final checks may include regular prescriptions, compliance packs, refill of counting machine canisters, sterile product preparations, etc. The documentation of the final check may differ depending on the product. For each product type indicate what documentation is required. Recordkeeping of documentation for any pharmacy technician re-validation or audits would be listed within Qualifications and Training and/or Quality Assurance sections.

For more information, or if you have questions about the Pharmacy Technician Final Check Application, please contact Ronda Eros, Practice Consultant, by phone at 204-233-1411, or by email at reros@cphm.ca.
Pharmacy Technicians

PEBC Evaluating Exam Deadline

Manitoba pharmacy assistants have just four opportunities left to pursue status as a pharmacy technician through The Pharmacy Examining Board of Canada (PEBC) Evaluating Exams. The deadline for successfully passing the PEBC Pharmacy Technician Evaluating Examination is December 31, 2018. The College of Pharmacists of Manitoba (College) supports this deadline.

The upcoming dates for the PEBC Pharmacy Technician Evaluating Examinations are as follows:

- Saturday, October 14, 2017, application deadline is Friday, June 23, 2017 (Winnipeg site available)
- Spring 2018 date and location are to be determined
- Fall 2018 date and location are to be determined

Applications must be RECEIVED by the PEBC office no later than the application deadline.

Please see the PEBC website for information about the minimum qualifications required for admission into the Evaluating Exam, exam dates, deadlines and locations, application procedures, examination costs, and what to expect during the exam.

Pharmacy assistants who wish to become listed as pharmacy technicians in Manitoba must pass the PEBC Evaluating Examination prior to December 31, 2018. Pharmacy assistants who do not pass the Evaluating Examination prior to December 31, 2018, will be required to complete a formal education program accredited by The Canadian Council for Accreditation of Pharmacy Programs (CCAPP) if they wish to become pharmacy technicians. Please visit the CCAPP website for more information on accredited pharmacy technician programs.

Please review the Pharmacy Technician Pathways chart on the following page for more information on the steps to become a pharmacy technician.

Alternate Verification Program Deadline

In 2014, pharmacy technician became a protected title in Manitoba, changing the legislated scope of practice for pharmacy assistants and pharmacy technicians. The College developed a temporary measure called the Alternate Verification Program (AVP) to minimize the disruption to hospital pharmacy practice under the new legislation. The AVP and an accompanying Practice Direction, Alternative Verification Program: Drug Packaging and Drug Compounding, provided a transition period in which specially trained pharmacy assistants could continue to perform duties newly reserved for pharmacy technicians. Some hospitals have used AVP in the areas of drug repackaging, sterile and non-sterile compounding, unit dose systems, and automated dispensing programs.

Moreover, AVP also gave pharmacy assistants the time to upgrade their training to become pharmacy technicians.

College Council recently passed a motion to establish a deadline for the end of the AVP. As of October 31, 2019, AVP will be replaced by the Pharmacy Technician Final Check Application process, under which only pharmacy technicians and pharmacists can perform final medication checks. All current AVP sites must submit a Pharmacy Technician Final Check Application to the College if their pharmacy technicians are going to continue performing final medication checks.
Pharmacy Technician Pathways

There are two pathways for individuals who wish to become pharmacy technicians in Manitoba. All of the steps in either Option A or Option B in the chart below must be completed before the College of Pharmacists of Manitoba (College) can list you as a pharmacy technician.

**OPTION A**

For individuals who have graduated from a Canadian Council for Accreditation of Pharmacy Programs (CCAPP) accredited pharmacy technician training program.

1. Successfully complete the Structured Practical Training (SPT) Program and the Jurisprudence Exam.
   - You must complete the Jurisprudence Exam before starting Part II of the SPT Program.

2. Successfully complete the PEBC Qualifying Exam Parts I and II.

3. Apply to become a pharmacy technician-in-training with the College of Pharmacists of Manitoba.

4. Apply to be listed as a pharmacy technician with the College of Pharmacists of Manitoba.

**OPTION B**

For pharmacy assistants who have worked at least 2000 hours as a member of a pharmacy team within the last three years.

1. Successfully complete the PEBC Evaluating Exam and the NAPRA National Pharmacy Technician Bridging Program in any order you choose.

2. Apply to become a pharmacy technician-in-training with the College of Pharmacists of Manitoba.

   - You must complete the Jurisprudence Exam before starting Part II of the SPT Program.

4. Successfully complete the PEBC Evaluating Exam.

5. Apply to be listed as a pharmacy technician with the College of Pharmacists of Manitoba.

* As of January 1, 2014, OPTION A candidates have five years from the day they graduate from a CCAPP accredited program to complete the SPT program and be listed with the College. A pharmacy technician-in-training who graduated before January 1, 2014, must be listed with the College by January 1, 2019.

* The deadline for OPTION B candidates to successfully pass the PEBC Pharmacy Technician Evaluating Examination is December 31, 2018.
Transferring Prescriptions: A Patient’s Right, A Pharmacist’s Obligation

The College continues to receive phone calls from pharmacists with concerns regarding the lack of cooperation between pharmacies when a patient requests their care be transferred. Refusing to transfer a patient’s care not only violates federal and provincial legislation governing pharmacy practice, but also is a breach of the College Code of Ethics. Furthermore, the Personal Health Information Act (PHIA) allows pharmacists to exchange patient information when they are transferring a prescription. It is a patient’s right to choose their pharmacy, and it is a pharmacist’s obligation to ensure the safe and timely transfer of a prescription.

Following Legislation and Professional Ethics

A patient’s right to transfer their care between pharmacies is enshrined in both The Federal Food and Drugs Act (FDA) and the Regulation to The Pharmaceutical Act. Section 10 of the Pharmaceutical Regulation, Transfer of patient care, states that

If a patient or his or her authorized representative requests that the patient’s care be transferred to another member or to another health care professional, the member must ensure that a copy of the information specified by the patient is provided to the pharmacy or health professional specified by the patient as promptly as the circumstances require.

The College Practice Direction, Standard of Practice #10: Transfer of Patient Care, outlines the process and obligations of a pharmacist in transferring patient care:

Transfer of Patient Care at the patient’s or authorized agent’s request

2.1 A licensed pharmacist must comply with a patient’s request to transfer care to another health professional.

2.2 After receipt of a request to transfer care to another licensed pharmacist, the licensed pharmacist must promptly provide the following information to the pharmacy of the patient’s choice:

   2.2.1 transfer of active prescriptions with remaining refills that can be legally transferred; and
   2.2.2 other information that, in the opinion of the transferring licensed pharmacist, may be required to ensure continuity of care.

Members are encouraged to review the Practice Direction in its entirety for further instruction on transferring a patient’s care.
The Code of Ethics obliges pharmacists to work together in a professional manner to ensure patient safety and to respect a patient’s right to make autonomous decisions about their healthcare.

Ensuring Patient Safety during the Transfer of Prescriptions

The Personal Health Information Act (PHIA) allows pharmacists to share patient information when transferring a prescription including information about the patient’s health, health care history and Personal Health Identification Number (PHIN). The transferring pharmacist must ensure the most current prescription information is provided to the new pharmacy especially when a patient is transferring their entire prescription file. This would include information on current prescriptions (even if there were no refills remaining) and for any drugs that fall under the authority of the Controlled Drugs and Substances Act (CDSA) that cannot be transferred.

When a pharmacist transfers a patient’s prescription, they must be explicit and clear when providing outdated information, otherwise the transfer can cause patient safety issues. Maintaining patient histories is imperative. Inactivating old prescriptions when the drug, directions, dose, or prescriber has changed will prevent a prescription from being filled or transferred incorrectly.

Preventing Errors for Patients with Similar Names

Every pharmacy has a number of patients whose names are the same or very similar and this situation increases the risk of a patient receiving the wrong medication, or a prescription being filled under the wrong person’s PHIN, resulting in two incorrect Drug Program Information Network (DPIN) profiles. Errors can occur not only when a patient picks up their medication, but also when pharmacy staff enter prescription information into a patient’s record. Implementing and following a consistent procedure during the prescription filling process can reduce the risk of medication errors when there are duplicate or similar-sounding patient names on record:

- Confirm at least two patient identifiers during prescription drop-off and pick-up such as the patient’s date of birth or PHIN
- Ask open ended questions when confirming the patient’s address or birth date information. For instance, do not provide the information for confirmation, but rather ask ‘what is your address?’ Or, ‘what is your date of birth?’
- Flag patient records in the computer system to alert staff to similar sounding or duplicate patient names
- Review the medication history during patient counselling to confirm the correct medication is being given to the patient

Incorporating the above elements into a consistent prescription verification procedure will reduce the risk of a medication error, especially during the transfer of a prescription or patient file.
Correct storage and destruction of a patient's records is essential to maintaining patient confidentiality and to ensuring pharmacists maintain compliance with the Personal Health Information Act (PHIA). The following FAQ addresses some of the common issues College inspectors encounter regarding patient records.

**1. How long are we required to keep patient records?**

Records must be retained either electronically or in written form for at least 5 years.

**2. I have a very small pharmacy. Am I required to store the records within my pharmacy?**

The records do not have to be stored in the pharmacy if they are stored in a secure location that is satisfactory to the Registrar of the College. When transferring records to off-site storage, the pharmacy should direct correspondence to the College (info@cphm.ca) and seek approval of the location of the off-site storage of records.

**3. Am I required to keep documentation of transferring records to off-site storage?**

The pharmacy must transfer the records securely and document the transfer on a permanent record. At the same time, the pharmacy must be able to produce any record within 72 hours of a request from the College.

**4. Can I store pharmacy records in my home?**

Pharmacy records cannot be stored at a residence. Pharmacy managers must ensure that the storage location has adequate security measures in place to protect the records from unauthorized access, theft, use or loss and they must obtain approval from the College for the storage site.

**5. What are acceptable methods of record destruction?**

Records can be destroyed using:

- A shredder
- A record destruction company such as Phoenix, Shred-It, or Iron Mountain.

**6. What should I be aware of when delegating document destruction to a destruction company?**

The pharmacy manager must ensure the destruction company is bonded and the service arrangement is compliant with PHIA.
7. **What are my responsibilities under PHIA?**

As trustees of personal health information, the pharmacist and pharmacy manager are responsible for the safety and security of patient records, even if the storage or destruction is contracted out to a third party. A third party that is retained by the pharmacy manager to dispose of records acts as an agent of the pharmacy. Therefore, the pharmacy manager must ensure their agent complies with PHIA.

8. **What information must be documented when destroying records?**

When destroying records, you must document the following on a permanent record:

- Destruction date
- Prescription numbers

9. **Can I burn the records at my home in my fireplace or over a bonfire?**

No because destroying records in this manner places the security and confidentiality of patient information at risk. The pharmacy manager is at risk of breaching PHIA in this situation, as there may be opportunity for others to view confidential patient information both in the transporting of the records and the possibility of incomplete incineration.
Focus on Patient Safety

Compounding Timeline

Council Approves NAPRA Schedule for Compounding Pharmacy Standards

The Council of the College of Pharmacists of Manitoba (College) approved the implementation schedule for the National Association of Pharmacy Regulatory Authorities (NAPRA) Model Standards for Pharmacy Compounding of Non-Hazardous and Hazardous Sterile Preparations at the most recent Council meeting on February 6, 2017. The standards represent a significant change to sterile compounding practice, policies, and physical facility requirements for pharmacies engaged in sterile compounding in Manitoba.

Background and Rationale

Between February 2012 and March 2013, over 1,200 oncology patients in Ontario and New Brunswick received inadequate doses of chemotherapy due to a communication error involving compounding. As a result, the Ontario Ministry of Health engaged Dr. Jake Thiessen to conduct an independent review of the incident. Dr. Thiessen’s report was released in August 2013, and the recommendations in this report have driven changes in pharmacy group purchasing practices, compounding standards, and regulatory oversight in Ontario and across Canada to mitigate identifiable risks in pharmacy practices across Canada.

Five of Dr. Thiessen’s recommendations looked to the Ontario College of Pharmacists (OCP) and the National Association of Pharmacy Regulatory Authorities (NAPRA) for leadership in implementation. Recommendation #6 from this report states the following:

*The Ontario College of Pharmacists (and by extension the National Association of Pharmacy Regulatory Authorities [NAPRA]) shall work quickly with Health Canada to define best practices and contemporary objective standards for non-sterile and sterile product preparation within a licensed pharmacy.*

NAPRA took the lead on developing compounding standards, which are based on internationally recognized United States Pharmacopeia standards, as well as the Ordre des Pharmaciens du Quebec’s sterile compounding standards. As reported in previous College communication, the Model Standards for Non-Hazardous Sterile Compounding were released in December 2015, and the Model Standards for Hazardous Sterile Compounding were released in September 2016. Model Standards for Non-Sterile Compounding are in development and are expected to be finalized later this year.

The NAPRA Model Standards are reviewed by pharmacy regulatory bodies in each participating province for approval and implementation at the provincial level.
Consultation

The College received 32 responses to the sterile compounding survey posted on the College’s website between July and August 2016. College inspectors visited several hospital and community sites engaged in sterile compounding over the past year to gain a better understanding of the current sterile compounding practices and facilities in community and hospital pharmacies in Manitoba.

College inspectors identified significant variations in current sterile compounding practices, policies, and facilities in the province. Key comments heard over the past year included the following:

- Concerns that a 2021 implementation time line does not give publicly funded hospitals and health authorities in the province enough time to meet the physical facility requirements.
- Support for the new Model Standards to improve patient safety and quality of care for patients in Manitoba.
- Concerns that the new standards will result in decreased access to sterile compounding services “close to home” in rural locations.

Time Lines

The College is taking a stepwise approach in the implementation and enforcement of the NAPRA Sterile Compounding standards.

Pharmacies engaged in hazardous and non-hazardous sterile compounding are required to develop policies, training programs, and quality assurance programs as outlined in the NAPRA Model Standards by June 1, 2018, with the exception of beyond-use dating policies. Pharmacies will have an additional year to validate all staff engaged in sterile compounding as outlined in the Standards, and the training and validation must be completed by June 1, 2019.

Pharmacies engaged in sterile and non-sterile compounding are required to meet all NAPRA Model Standard requirements, including beyond-use dates and physical facility requirements, by January 1, 2021. The College extended the beyond-use dating policies until January 1, 2021, as beyond-use dating is dependent on the physical compounding facility.
The Institute for Safe Medication Practices Canada is an independent national not-for-profit organization committed to the advancement of medication safety in all healthcare settings. ISMP Canada works collaboratively with the healthcare community, regulatory agencies and policy makers, provincial, national and international patient safety organizations, the pharmaceutical industry and the public to promote safe medication practices. ISMP Canada’s mandate includes analyzing medication incidents, making recommendations for the prevention of harmful medication incidents, and facilitating quality improvement initiatives.

**ISMP Newsletter Subscriptions**

ISMP Canada Safety Bulletins are designed to disseminate timely, targeted information to reduce the risk of medication incidents. The purpose of the bulletins is to confidentially share the information received about medication incidents which have occurred and to suggest medication system improvement strategies for enhancing patient safety. The bulletins will also share alerts and warnings specific to the Canadian market place. The following ISMP Canada Safety Bulletins have been issued since the last issue of the Newsletter: ISMP Canada Safety Bulletins for Practitioners, 2017 - Volume 17:

- Errors Associated with Hospital Discharge Prescriptions: A Multi-Incident Analysis

Also see 2016 - Volume 16:

- Allergy Never Events

SafeMedicationUse.ca Newsletters and Alerts for Consumers, 2017 - Volume 8:

- Some Medications Don't Mix

- What to Expect if the Pharmacy Makes a Mistake

All issues of the ISMP Canada Safety Bulletins, including those issued in previous years, are freely downloadable from the ISMP Canada website at www.ismp-canada.org.

ISMP Canada is pleased to distribute The Medication Safety Alert! (US) newsletters along with ISMP Canada Safety Bulletins to Canadian practitioners and corporations.

To subscribe and for more information on all ISMP Canada’s publications, events and services visit the ISMP Canada website at www.ismp-canada.org.
The Canadian Medication Incident Reporting and Prevention System (CMIRPS) is a collaborative pan-Canadian program of Health Canada, the Canadian Institute for Health Information (CIHI), the Institute for Safe Medication Practices Canada (ISMP Canada) and the Canadian Patient Safety Institute (CPSI). The goal of CMIRPS is to reduce and prevent harmful medication incidents in Canada.

Report medication incidents (including near misses)

Online: www.ismp-canada.org/err_index.htm

Phone: 1-866-544-7672
ISMP Canada strives to ensure confidentiality and security of information received, and respects the wishes of the reporter as to the level of detail to be included in publications.

Sign up:
To receive this publication or other medication safety publications sign up at: www.ismp-canada.org/subscription.htm

For more information, visit CMIRPS, call 1-866-544-7672, or email cmirps@ismp-canada.org.

Building awareness for the systems that can lead to adverse events, changing the culture to reporting and learning from medication incidents, are some of the key factors in improving patient safety.
Opioid Replacement Therapy

The College of Pharmacists of Manitoba, together with the College of Physicians and Surgeons of Manitoba and the College of Registered Nurses of Manitoba, present two opportunities for their members to participate in Opioid Replacement Therapy 101: An Introduction to Clinical Practice.

This two day workshop will feature presentations from a variety of healthcare professionals involved in the treatment of addiction. Participants will have the opportunity to examine the challenges of addiction treatment, strengthen problem-solving skills, and benefit from a sharing of experiences between physicians, pharmacists, and nurses working in the field of addiction.

Opioid Replacement Therapy 101: An Introduction to Clinical Practice replaces the Principles for the Provision of Opioid Dependence Treatment by Manitoba Pharmacists certificate program previously offered by the College as the required opioid dependence treatment training program for pharmacists dispensing methadone. Every methadone dispensing pharmacy must have at least one pharmacist trained in either the old or the new program, but it is expected that every pharmacist in a methadone-dispensing pharmacy should be trained as more workshops become available.

Space in each session is limited and pre-registration is required. Please follow the links below for more information including prerequisite readings, registration deadlines and instructions, and learning objectives:

- Thursday, March 9 and Friday, March 10, 2017 (spots still available!)
- Thursday, May 11 and Friday, May 12, 2017

This program has been accredited for up to 12 Mainpro+ credits (equivalent to 12 CEU) by The College of Family Physicians of Canada and the Manitoba Chapter. The College of Pharmacists of Manitoba recognizes accredited learning activities that have been accredited by The College of Family Physicians of Canada.
Discipline Decision

Lavtej Sekhon

Decision and Order of the Discipline Committee: Lavtej Sekhon

Pursuant to the Notice of Hearing dated May 3, 2016, it was alleged that Mr. Lavtej Sekhon, being a pharmacist and pharmacy manager of Rockwood Pharmacy in Stonewall, under the provisions of The Pharmaceutical Act, C.C.S.M., c.P60 (the “Act”) and a registrant of the College, was guilty of professional misconduct under the Act or had contravened the Code of Ethics (“Code”) approved pursuant to Section 76(1) of the Act, and acted contrary to his professional duties in his role as a pharmacist and pharmacy manager, in that he:

1. failed to maintain a Perpetual Inventory Record (record of purchases and sales transactions) of a drug or drugs listed in a schedule to the Controlled Drugs and Substances Act, S.C. 1996, c.19 (“CDSA”) between January 2014 and April 30, 2015, in contravention of section 7 of the College’s Practice Direction: Standards of Practice – Community, and the Narcotic and Controlled Drug Accountability Guidelines (“Accountability Guidelines”),

2. failed to complete and record a quarterly physical count of a drug or drugs listed in a schedule to the CDSA between October 2014 and April 30, 2015, in contravention of section 7 of the College’s Practice Direction: Standards of Practice – Community, and the Accountability Guidelines;

3. failed to report the loss or theft of a drug or drugs listed in a schedule to the CDSA, within 10 days, between May 12, 2015, and August 28, 2015, as required under section 42 of the Narcotic Control Regulations, and in contravention of section 7 of the Practice Direction: Standards of Practice – Community, and the Accountability Guidelines,

4. failed to take all reasonable steps to protect a drug or drugs listed in a schedule to the CDSA, from a loss or theft as required by section 43 of the Narcotic Control Regulations,

5. failed as a pharmacy manager, to take reasonable steps to ensure the pharmacy student, XX, was properly trained and supervised on May 12, 2015, in contravention of section 65(1)(a) and (b), and section 65(2) of the Pharmaceutical Regulation, Man Reg 185/2013 (the “Pharmaceutical Regulation”),

6. failed as a pharmacist, to take reasonable steps to ensure the pharmacy student, XX, was properly trained and supervised on May 12, 2015, in contravention of section 68(1) of the Pharmaceutical Regulation;

7. failed as a pharmacy manager, to take reasonable steps to ensure the pharmacy assistant, XX, was properly supervised between May 1, 2014, and June 15, 2015, in contravention of section 65(1)(a) and (b), and 65(2) of the Pharmaceutical Regulation,

8. failed as a pharmacist, to supervise a pharmacy assistant, XX, between May 1, 2014, and June 15, 2015, in contravention of section 68(1) of the Pharmaceutical Regulation;

9. failed to ensure as a pharmacy manager that only a member fill and provide prescriptions to patients by directing pharmacy assistant XX to fill and provide prescriptions to patients on several occasions between May 1, 2014, and
June 15, 2015, contrary to section 3(1) of the Act, contrary to sections 57, 64 and 68 of the Pharmaceutical Regulation; contrary to sections 1, 2, 7 of the Practice Direction: Standards of Practice – Community, contrary to statements I, VII, VIII, X of the Code of Ethics (“Code”) approved pursuant to Section 76(1) of the Act, and in contravention of Practice Direction – Ensuring Patients Safety, and liable under section 99 of the Act;

10. failed to act with honesty and integrity and with respect for the profession in contravention of his ethical obligations outlined in Statements VIII, and X of the Code, by altering documents and impeding an investigation between May 12, 2015, and July 13, 2015, related to the actions of student XX, contrary to section 82(6) of the Act, and in contravention of sections 1 and 7 of the Practice Direction: Standards of Practice – Community,

11. failed to open the Rockwood Pharmacy to the public on several occasions between May 1, 2014, and June 12, 2015, in contravention of section 5 of the Practice Direction: Standards of Practice – Community, and section 34(2) of the Pharmaceutical Regulation;

12. failed to abide by the suspension of his pharmacist licence and the conditions imposed on him as a pharmacy owner between August 15, 2015, and March 6, 2016, pursuant to section 40(1) of the Act, by practicing pharmacy contrary to section 18(b) of the Pharmaceutical Regulation, and Statement VIII and X of the Code and section 7 of the Practice Direction: Standards of Practice – Community (the “Charges”).

Mr. Sekhon failed to appear before a panel of the Discipline Committee (the “Panel”) on July 20, 2016. Mr. Anthony Kavanagh appeared as legal counsel on behalf of the Complaints Committee. He provided the Panel with proof that:

1. Mr. Sekhon is a member of the College of Pharmacists of Manitoba;

2. Mr. Sekhon was validly served with the Notice of Hearing dated May 3, 2016; and

3. The College complied with the jurisdictional requirements of sub-sections 46(2) and 46(3) of the Act.

After hearing from Mr. Kavanagh, the Panel agreed to adjourn the matter peremptorily to August 30, 2016.

The Panel re-convened on August 30, 2016, but Mr. Sekhon failed to appear. The Panel then proceeded with the hearing in Mr. Sekhon’s absence as it was entitled to do pursuant to section 53 of the Act.

The Panel found Mr. Sekhon guilty of all Charges.
In making their decision, the Panel considered the evidence presented by the Complaints Committee and determined that Mr. Sekhon is ungovernable and he had repeatedly displayed a significant disregard for the Act, the Regulations and the Code of Ethics. The Panel considered Mr. Sekhon's conduct to pose a significant risk to the public. As such, pursuant to sections 55 and 56 of the Act, the Panel ordered:

1. Mr. Sekhon to pay a fine of $10,000.00;

2. Mr. Sekhon to pay 50% of the costs leading up to the July 20, 2016, hearing;

3. Mr. Sekhon to pay 50% of the costs of the August 30, 2016, hearing;

4. Mr. Sekhon to pay 100% of the costs of the July 20, 2016, hearing;

5. The cancellation of Mr. Sekhon’s licence to practice pharmacy; and

6. The cancellation of Mr. Sekhon’s registration with the College of Pharmacists of Manitoba.
News and Events

Honouring Excellence in Pharmacy Practice:
The College of Pharmacists of Manitoba Awards Recipients

Each year, the College gives pharmacists and members of the public an opportunity to recognize excellence in pharmacy practice in Manitoba by nominating a pharmacist for one of its prestigious awards. Congratulations to all the pharmacists who went above and beyond their duties to advance the pharmacy profession for their patients and colleagues in 2017.

2016 Pharmacist of the Year Award
Mr. Kyle MacNair, Carman

This award is given annually to a Manitoba Pharmacist who, in the opinion of his/ her peers, has made a significant contribution to the profession during his/her career, has been elected to office in provincial and/or national pharmacy organizations and possesses high practice standards and innovation.

Pfizer Consumer Healthcare Bowl of Hygeia Award
Mr. Darren Murphy, Winnipeg

The Pfizer Consumer Healthcare Bowl of Hygeia Award is presented in recognition of the time and personal sacrifice devoted by pharmacists to the welfare of their respective community. This award was established in 1958 and awarded to a pharmacist for outstanding community service.

Bonnie Schultz Memorial Award for Pharmacy Practice Excellence
Mr. Michael Armas, Winnipeg

The Bonnie Schultz Memorial Award for Practice Excellence is given on occasion to a pharmacist or a group of pharmacists who demonstrate outstanding excellence in optimizing patient care, serve as a role model, demonstrate superior communication skills, display compassion, empathy and concern.

Patient Safety Award
Ms. Kim McIntosh, Ms. Nicole Nakatsu, Mr. Michael Sloan, Ms. Diana Heywood, RN MN and Dr. Marina Reinecke, MBChB, CCFP (ISAM Certified)

This award recognizes the achievement of an individual pharmacist, a group of pharmacists, an interdisciplinary group (that includes a pharmacist or pharmacists as key participants) or a pharmacy organization that has made a significant and lasting contribution to improving patient safety and health care quality through a specific initiative or project. The Patient Safety Award for 2017 is presented in recognition of this interdisciplinary team’s work in development of the interprofessional education program, Opioid Replacement Therapy 101: An Introduction to Clinical Practice.
Honorary Life Membership

Ms. Penny Murray, Winnipeg

This award is presented to pharmacists who have made a significant contribution to the profession of pharmacy in Manitoba and at the national level.

The awards for the Pfizer Consumer Healthcare Bowl of Hygeia, the Pharmacist of the Year, the Bonnie Schultz Memorial Award for Pharmacy Practice Excellence, and the Patient Safety Award will be presented at the Annual Awards Gala on Saturday, April 8, 2017, at the Delta Hotel.

The Honorary Life Member Award will be presented at the College’s Annual Awards Luncheon on Sunday, April 9, 2017, at the RBC Convention Centre.

25 Year Silver Pins and Certificates

Lisa Adriaansen  Gordon Basaraba
Robert Becker     Maria Bybel
Stacey Calista    Wendy Clark
Paul Clark        Jeffrey Coldwell
Jack Greenberg    David Huston
Christine Klimuk  Lisa Linnick
Minh Ai Ly        Kristina Paunovic
Steven Sawchuk    Christopher Siddorn
Wendy Simoens     Catherine Smart
Heather Todoruk   Patricia Toth
Jeffrey Uhl       Darren Warren
Deanna Werry

50 Year Gold Pins and Certificates

Sheldon Berkle    Russell Keeler
Maureen Morin     Rose Popeski

The 25 year and the 50 year award recipients will be honored at the Annual Awards Luncheon scheduled for Sunday, April 9, 2017, at the RBC Convention Centre.

Save-the-Date: Annual General Meeting

The Annual General Meeting of the College of Pharmacists of Manitoba will be held at 9:00 a.m. on Saturday, April 8th, 2017, at the RBC Convention Centre (Pan Am Room) in Winnipeg. All voting members are encouraged to attend.

Staff Updates

The College welcomes Krista Campbell as Office Assistant (term) and congratulates Brittany Delaquis on her promotion from Office to Administrative Assistant.

Krista comes to the College with an extensive background in customer service, office administration and bookkeeping. Welcome Krista!
News and Events

Frequently Asked Questions: Interns and Preceptors

The primary purpose of the College internship is to prepare graduates for pharmacy practice in a professional setting. The internship acts as a bridge between academic and applied pharmacy. An experienced preceptor educates an intern on pharmacy practice through a process of explanation, repetitive practice, and constructive criticism.

Internships must fulfill the requirements outlined in the College Internship Manual, which are based on the standards and competencies set by the National Association of Pharmacy Regulatory Authorities (NAPRA).

The following FAQ addresses some of the most common questions and concerns the College receives from both interns and preceptors.

1. How long will my internship take?

Graduates of post-secondary pharmacy programs from outside Manitoba must serve a 600 hour internship to be completed in a period of 15 to 21 weeks.

For students of the Rady Faculty of Health Sciences College of Pharmacy at the University of Manitoba, 240 hours of the internship period can be served prior to graduation as part of the University’s 4th year Structured Practical Experiential Program. The remaining 360 hours must be completed after final rotations are complete at the College of Pharmacy.

2. Can I work more than 40 hours per week to complete my internship more quickly?

An intern cannot work more than eight hours per day or more than 40 hours per week at their preceptor pharmacy.

3. Will my internship be paid?

Whether an intern works for wages or not is based solely on the discretion of the pharmacy owner or manager. The College does not oversee pharmacy team wages.

4. Can a family member act as my preceptor?

Family members are not permitted to serve as preceptors for their relations, including parents, children, husbands, wives, aunts, uncles, cousins, grandparents, grandchildren, sisters, brothers, and in-laws.
5. How do I find a preceptor to supervise my internship?

Preceptors are licensed pharmacists who have been practicing in Manitoba for two years or more, are compliant with all aspects of The Pharmaceutical Act, and have been approved by the College to act as preceptors.

Interns are responsible to find their own preceptors. The College website provides a searchable listing of licensed pharmacists in the province of Manitoba. Interns can use this list to contact pharmacies to ask if there is a pharmacist on staff who is willing to act as their preceptor.

Once a pharmacist has agreed to act as a preceptor, the intern can log into their Online profile with the College and follow the “Name Your Preceptor” link that will open a simple form. Once this short form has been filled out, an email notifying the College of the intern’s request will automatically be generated. The College will then notify the potential preceptor and provide them with instructions to apply to become a preceptor.

Please note that licensed pharmacists are not obligated to supervise internships and the preceptor role is entirely voluntary. If the pharmacist does not meet the requirements to become a preceptor, the intern will be responsible for finding another eligible pharmacist to act as their preceptor.

6. How will my internship be evaluated?

The preceptor will evaluate the intern three times throughout their internship using the assessment forms outlined in the College Internship Manual.

Following each evaluation, the completed assessment forms shall be signed by both the preceptor and the intern and submitted to the College within seven days of the completion of the portion of the internship. Success will be based on the preceptor’s assessment of the intern’s performance.

Interns and preceptors are also required to assess the internship program using the forms contained in the Internship Manual and submitted to the College within seven days of completion of the internship.

7. Once I complete my internship, is my preceptor required to recommend me to become a licensed pharmacist in Manitoba?

No, if a preceptor has doubts about the competency of their intern, they should not recommend them to be licensed to practice pharmacy in Manitoba. The Statement of Completion of Internship contained in the Internship Manual offers the following options:

- A declaration that the intern has successfully completed their internship whereby the preceptor recommends the intern to be licensed to practice pharmacy in the province of Manitoba

- A declaration that the intern has not successfully completed their internship and a recommendation that they should not be licensed to practice pharmacy in Manitoba

- A request that the intern be evaluated by another Preceptor selected by the Registrar for a period of at least 40 hours
News and Events

Interns and Preceptors Cont`d

8. Can I perform all the duties of a pharmacist during my internship?

A post-graduate pharmacy intern can engage in any pharmacy practice under the supervision of a pharmacist excluding practices that require additional training or College authorization. For instance, pharmacy practices such as administering injections or prescribing Schedule III Drugs require College authorization. A post-graduate intern can only perform these tasks if they have received the appropriate training at the Rady Faculty of Health Sciences College of Pharmacy at the University of Manitoba and they perform the task under the direct supervision of a preceptor pharmacist who is authorized to perform the task.

An intern can also perform a final medication check (as outlined by the Pharmaceutical Regulations to The Act, sections 70 (1j) and 70 (1k); however, this is allowed at the discretion of the preceptor who will remain accountable for the final medication check.

9. What happens if my preceptor does not recommend me for licensure to practice pharmacy in Manitoba?

If an intern is not recommended by their preceptor, the intern will not be registered as a pharmacist under The Pharmaceutical Act. In this instance, one of the following will occur:

- The Registrar will forward all relevant information to an Internship Assessment Panel to examine the case and make a recommendation for further action which could include, but is not limited to:
  - Continued internship
  - Communication skill development
  - Change of preceptor
  - Reversal or overruling of the preceptor’s decision

- The preceptor requests a second opinion from another experienced preceptor selected by the Registrar. If the second preceptor does not recommend the intern for registration, the case will be forwarded to an Internship Assessment panel.

An unsuccessful intern can appeal the Assessment Panel’s decision with College Council within ten days of notification of the Panel’s decision. Please see the Internship Manual for full details of the appeal process.
Grant Opportunity:
NABP/AACP District Five Individual Study Grant

The National Association of Boards of Pharmacy (NABP)/American Association of Colleges of Pharmacy (AACP) (US) District V has announced that the study grant competition is now open. The College of Pharmacists of Manitoba is a longstanding member of the District V of the NABP/AACP.

District V of NABP/AACP will provide grant money, not to exceed US$3,000 per grant, to award two grants within the District to study topics which benefit students, pharmacy education, or pharmacy practice. Topics of interest to the Boards and Colleges in District V are suggested, but researchers will not be limited to these topics. The grant recipients or designates will present their report or findings at the District V Annual Meeting in the year following the award.

The deadline for submissions is March 31, 2017. For more information, please see the study grant announcement.

Drug Schedules Notice Board
NDSAC Meeting of March 19-20, 2017

January 19, 2017

The proposed meeting of the National Drug Scheduling Advisory Committee (NDSAC) for March 19-20, 2017 is cancelled.

The next meeting of the Committee is scheduled for June 11-12, 2017. The deadline to receive submissions for a drug scheduling application for this meeting is by end of day Wednesday, April 12, 2017.

Bylaw Updates

The Council of the College, in an effort to reflect the standards indicated by the Auditor General of Manitoba, has made changes to the Bylaw to increase the number of consecutive terms from three total terms to five total terms for the Board of Examiners, the Complaints Committee and the Discipline Committee, as follows:

**Board of Examiners**

8.04(b) The Voting Members appointed to the Board of Examiners must serve for a term of two years and will be eligible for re-appointment for a maximum of four further consecutive terms.

**Complaints Committee**

8.05(b) A member of the complaints committee must serve for a term of two years and will be eligible for re-appointment for a maximum of four further consecutive terms.

**Discipline Committee**

8.07(b) A member of the discipline committee must serve for a term of two years and will be eligible for re-appointment for a maximum of four further consecutive terms.
Naloxone: New Resources & Updated Guideline

As of December 22, 2016, naloxone hydrochloride nasal spray, when indicated for emergency use, has been granted Schedule II status in Manitoba. The College document, Guidelines for Pharmacists Selling Naloxone as a Schedule II Drug have been updated to include information specific to naloxone nasal spray.

The College has also developed several new resources for pharmacists and their patients to supplement the College Guidelines and support naloxone dispensing in community pharmacies:

- Naloxone Frequently Asked Questions
- Checklist for Naloxone Injection Training
- Checklist for Naloxone Nasal Spray Training
- Naloxone Brochures in colour and black and white for pharmacists to share with their patients

Naloxone injection education checklist.
The College encourages all pharmacies to carry and dispense naloxone kits to provide as many people as possible access to the drug.

If your pharmacy carries naloxone kits and provides education and training on the use of naloxone in an emergency, we invite your pharmacy manager to provide the College with your pharmacy’s

- name,
- address, and
- phone number.

We will add your pharmacy to the list of Pharmacies Carrying Naloxone Kits in Manitoba the College developed to make it easy for the public and healthcare professionals to find a naloxone provider. You can email the above information to rcarlson@cphm.ca with the subject line, Naloxone Kits. The College updates the list on a regular basis.

Warm Weather - Golf Fever

The College is looking forward to spring and what better way to kick off spring fever than golf?

This year offers a change to the College’s annual golf tournament with a shift from September to June and a new course just 30 minutes from Winnipeg. Scottswood Links boasts a beautiful new clubhouse and we are excited to be among the first to use the new space. A beautiful golf course in a quiet and relaxing country setting with charming hospitality makes it one of Manitoba’s premier courses.

Take advantage of the early bird and student registration fees and register yourself for a foursome today using our 2017 Registration Form! We’ll see you Thursday, June 15th!
Pharmacy Student Summer Job Opportunity: Advance Patient Safety and Pharmacy Practice with the College of Pharmacists of Manitoba

The College of Pharmacists of Manitoba (College) is offering an exciting summer opportunity to a student who is passionate about patient safety and innovative pharmacy practice. With the launch of a pilot program, Safety Improvement in Quality (Safety IQ), a framework for a national medication and near-miss reporting system for community pharmacies, we need a student to join our team to support research and implementation of the program. You will have hands-on experience and learning in the area of quality assurance, a system of practice with growing influence in the pharmacy profession across the country. Join us and build experience with pharmacy regulation and practice innovation in Manitoba!

Duties and responsibilities will include:

• Research and reporting on pharmacy practice projects as identified by the Registrar

• Participation in Field Operations through attending on site pharmacy inspections with the College Staff and conducting the associated research and administrative support

• Research and administrative support for Standards of Practice Committee and Professional Development programs for pharmacist and pharmacy technicians

• Maintenance of the College's library of resources and Pharmacy archives

• Research and document historical events of the College

• General office duties

• Other projects as assigned

Qualifications:

• Pharmacy student registered with the College of Pharmacists of Manitoba

• Letter of recommendation from the Dean, College of Pharmacy, University of Manitoba

• Familiar with Microsoft Word, Excel, Outlook and Power Point

• Skilled in conducting research literature reviews

• Excellent communication and organizational skills

• Candidates must be self-directed, detail-oriented, and work well with others

• Registered as a full-time student in the previous academic year and returning to university on a full-time basis in the next academic year

Forward all applications to:

Kathy Klimasara, Executive Assistant to the Registrar
College of Pharmacists of Manitoba
200 Taché Avenue, Winnipeg, MB R2H 1A7

Fax: (204) 237-3468, or Email: kklimasara@cphm.ca

Deadline for applications: Monday, March 20, 2017 – 4:00 p.m.