Orientation

to the New Practice Framework

December 2013
(Updated January 19, 2015)
Forward
The new Pharmaceutical Act (SM 2006, c.37), its accompanying Pharmaceutical Regulation, which includes the standards of practice, and the Code of Ethics will come into effect on January 1, 2014. All pharmacists in Manitoba have a professional obligation to remain aware of all statutory requirements under this Act and Regulations as they may be amended from time to time.

Disclaimer
This guide focuses on key changes to the legislation and standards that govern the pharmacy profession in Manitoba. As a professional health practitioner in a self-regulated profession, each pharmacist is responsible for understanding and practising according to all related requirements and laws. It remains the pharmacist’s responsibility as a professional to interpret and apply this information within the context of their own practice.

Acknowledgement
The College would like to acknowledge the Alberta College of Pharmacists (ACP) for granting permission to use and adapt the ACP’s Orientation to the New Practice Framework home study program in development of this Manitoba specific manual.

Feedback
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# Table of Contents

1. Welcome
   1.1 Orientation Manual Overview 6
   1.2 Introduction 7
   1.3 Orientation objectives 7
   1.4 How to use this manual 8
   1.4.1 Reading and interpreting the standards and practice directions 8
   1.4.2 Icon legend 9
   1.4.3 Important Notes 9

2. Registration categories for pharmacists and pharmacies 12
   2.1 A survey of registration categories 12
   2.1.1 Pharmacists 12
   2.1.2 Pharmacy technicians and Pharmacy assistants (Other persons) 15

2.2 Pharmacies 16

3. Maintaining professionalism 19

4. Examining pharmacist-patient relationships 21
   4.1 Establishing a professional relationship 21
   4.2 Establishing and maintaining confidentiality 21
   4.3 Ensuring patient safety 22

5. Dispensing 23
   5.1 Responsibility for Dispensing 23
   5.2 Quality assurance 24

6. Patient education and counselling 25
   6.1 Dialogue with a patient 25
   6.2 Written material 26
   6.3 Deliveries and Patient’s Agents 26
   6.4 Documentation 27
   6.5 Responsibilities with Schedule II and III drugs 27

7. Compounding 29

8. Prescribing 30
   8.1 An introduction to pharmacist prescribing 30
## Orientation to the New Practice Framework

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.2</td>
<td>Fundamentals of prescribing</td>
<td>33</td>
</tr>
<tr>
<td>8.2.1</td>
<td>Competence</td>
<td>33</td>
</tr>
<tr>
<td>8.2.2</td>
<td>Adequate information</td>
<td>33</td>
</tr>
<tr>
<td>8.2.3</td>
<td>Informed Decision</td>
<td>34</td>
</tr>
<tr>
<td>8.2.4</td>
<td>Approved indications</td>
<td>34</td>
</tr>
<tr>
<td>8.2.5</td>
<td>Documentation and notification of other health professionals</td>
<td>34</td>
</tr>
<tr>
<td>8.3</td>
<td>Adapting a prescription</td>
<td>34</td>
</tr>
<tr>
<td>8.4</td>
<td>Continued Care prescriptions</td>
<td>36</td>
</tr>
<tr>
<td>8.5</td>
<td>Prescribing in an emergency</td>
<td>37</td>
</tr>
<tr>
<td>8.6</td>
<td>Prescribing for Schedule II and III Drugs and Medical Devices</td>
<td>37</td>
</tr>
<tr>
<td>8.7</td>
<td>Prescribing of Drugs for Self-limiting Conditions</td>
<td>37</td>
</tr>
<tr>
<td>8.8</td>
<td>Extended Practice Prescribing</td>
<td>38</td>
</tr>
<tr>
<td>8.9</td>
<td>Prescribing and Dispensing</td>
<td>39</td>
</tr>
<tr>
<td>9</td>
<td>Administration of drugs</td>
<td>39</td>
</tr>
<tr>
<td>9.1</td>
<td>Certification in administration of injections</td>
<td>40</td>
</tr>
<tr>
<td>9.2</td>
<td>Practice Direction – Administration of Drugs by Injection</td>
<td>41</td>
</tr>
<tr>
<td>9.3</td>
<td>Documentation for all types of Administration</td>
<td>42</td>
</tr>
<tr>
<td>10</td>
<td>Ordering Tests</td>
<td>43</td>
</tr>
<tr>
<td>10.1</td>
<td>Ordering tests – all members</td>
<td>43</td>
</tr>
<tr>
<td>10.2</td>
<td>Ordering tests – extended practice pharmacists</td>
<td>44</td>
</tr>
<tr>
<td>10.3</td>
<td>Ordering tests – hospital pharmacy</td>
<td>44</td>
</tr>
<tr>
<td>11</td>
<td>Test Interpretation</td>
<td>45</td>
</tr>
<tr>
<td>12</td>
<td>Supervision</td>
<td>46</td>
</tr>
<tr>
<td>13</td>
<td>Patient records and documentation</td>
<td>50</td>
</tr>
<tr>
<td>13.1</td>
<td>Documentation</td>
<td>50</td>
</tr>
<tr>
<td>13.2</td>
<td>Patient records</td>
<td>52</td>
</tr>
<tr>
<td>13.2.1</td>
<td>What is a patient record?</td>
<td>52</td>
</tr>
<tr>
<td>13.2.2</td>
<td>Record retention</td>
<td>53</td>
</tr>
<tr>
<td>Appendix B</td>
<td>Standards of Practice</td>
<td>56</td>
</tr>
<tr>
<td>Appendix C</td>
<td>Schedule 1 - Tests a member may order</td>
<td>59</td>
</tr>
<tr>
<td>Appendix D</td>
<td>Schedule 2 – Vaccines a member may administer as a part of provincial program</td>
<td>60</td>
</tr>
<tr>
<td>Appendix E</td>
<td>Schedule 3 – Drugs a member may prescribe (if a training program has been completed)</td>
<td>61</td>
</tr>
</tbody>
</table>
1 Welcome

1.1 Orientation Manual Overview

On January 1, 2014, new rules for the practice of pharmacy in Manitoba come into effect. This change will bring an unprecedented opportunity for pharmacists to expand their scope of practice to provide optimal patient care. The new Act, Regulation, standards of practice and Code of Ethics provide a framework for your practice. This framework is designed to enable continued high quality patient care by all pharmacists and to serve as a foundation for the addition of new services. The standards of practice and practice directions shape and guide professional practice within the framework.

There will be a change at the Manitoba Pharmaceutical Association. After 135 years, the name of the Manitoba Pharmaceutical Association will change to the College of Pharmacists of Manitoba (“College”). For this reason, the term College will be used in this document and thereafter.

New opportunity brings added responsibility. To ensure this responsibility is carefully executed, the College has developed an orientation manual to help pharmacists become knowledgeable about the new areas of practice and new responsibilities.

The Orientation to the New Practice Framework will help pharmacists understand and apply the new legislative framework to their patient care services. This orientation manual highlights key changes and additions to the Act, Regulations and standards of practice, and notes implications for change or modification to current practice.
1.2 Introduction

The Pharmaceutical Act and the Pharmaceutical Regulation to The Pharmaceutical Act grant to pharmacists the privilege of self-regulation. This legislation establishes standards for pharmacy practice as well as standards for operating licensed pharmacies. Under this legislation, the College is granted the authority to create by-laws and practice directions for the standards of practice of pharmacy. Together, these documents create a framework for pharmacy practice in Manitoba. The Code of Ethics is created by Manitoba pharmacists and was recently updated and passed in 2012.

The Practice Framework

<table>
<thead>
<tr>
<th>The Pharmaceutical Act</th>
<th>Code of Ethics</th>
<th>By-Laws</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation (including Standards of Practice)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Practice Directions</td>
<td>Descriptors</td>
<td>Applications, forms and fees</td>
</tr>
</tbody>
</table>

1.3 Orientation objectives

After studying this guide, you will be able to:
1. describe the new registration requirements for pharmacists,
2. describe the different components possible for community and hospital pharmacy,
3. identify new practice requirements for all pharmacists,
4. differentiate among the types of pharmacist prescribing,
5. identify the limitations of adapting a prescription,
6. identify additional requirements for pharmacists who will administer drugs by injection,
7. identify additional registration requirements for pharmacists to obtain authority to prescribe drugs for Self-limiting Conditions,
8. identify additional registration requirements for an Extended Practice pharmacist and explain their expanded authority for prescribing and ordering of lab tests, and
9. understand the additional documentation requirements outlined in the new Regulation and Practice Directions and the communication a pharmacist must have with other health professionals.

1.4 How to use this manual

Remember that this manual is a supplement to, not a substitute for, the practice rules. The Orientation to the New Practice Framework refers to but does not duplicate the new standards, practice directions, code of ethics and legislation. A review of these documents in addition to this manual is strongly recommended. These documents need to be within reach as they are frequently referenced and a review of the actual standards and practice directions will help to understand each of the concepts discussed.

1.4.1 Reading and interpreting the standards and practice directions

- The standards of practice in the Regulation are one part of the framework that governs pharmacist practice. They must be read or considered in the context of the overall legislative scheme and practice framework which includes the relevant acts, regulations, the Code of Ethics and practice directions.

- The intention of the standards of practice is to set out the minimum acceptable standard of practice for pharmacists. For each Standard, a practice direction can be developed to provide detailed rules of application of practice. Compliance with both the standard and the practice direction is mandatory in daily practice.

- This manual, the standards of practice and practice directions use the legal writing style for lists. Often only the second-last item in a list will end with “or” or “and.”
  - When a list of items is shown, if the second-last item ends with “or,” it means each item in the list ends with or. In other words, the list is giving several alternatives from which a person may choose one or more.
  - If the second-last item in a list ends with “and,” it means each item in the list ends with “and”. In other words, the list is giving a group of items, all of which apply.
1.4.2 Icon legend
This manual incorporates a side bar with icons to emphasize special sections. In some cases, the icon will refer to a standard, practice direction, regulation or act for further details on the topic. Other icons may indicate to exercise caution in pharmacy practice, or points which require particular attention.

This icon signals a reference to another document for full details.

Below this icon will be a reference. The reference includes the initials of the document title, followed by the relevant section of the document. For example, REG 30(1) refers to the Pharmaceutical Regulation to *The Pharmaceutical Act*, Section 30, and item 1.

Documents referenced in this guide include:

- REG = Pharmaceutical Regulation to *The Pharmaceutical Act*
- ACT = *The Pharmaceutical Act (Dec 2006)*
- PD = *Practice Direction*

This icon signals that the topic deals with matters that require particular caution in your practice.

This icon signals that a practice direction is available for this subject.

This icon signals information that may be new to you or that includes details you should be particularly attentive to.

1.4.3 Important Notes
Practise within the limits of your own competencies

Authorization should never be interpreted as obligation. Just because the legislation or standards authorize an activity does not mean that a pharmacist must undertake that activity. If a pharmacist does not have the competencies or appropriate information required for the activity, or is not willing to take
responsibility/liability for his or her decisions, the pharmacist should not undertake the activity.

The Pharmaceutical Regulation and *The Pharmaceutical Act* grant authority to pharmacists to undertake the following included practices:

- dispense, compound, sell a drug by retail (a Schedule I, Schedule II or Schedule III drug),
- administer drugs through an “advanced method” upon completion of additional training. Advanced methods include administration through intradermal, subcutaneous or intramuscular injection, intravenously through an established central or peripheral venous access device and rectally,
- prescribe Schedule II and III drugs and medical devices. Upon completion of additional training, pharmacists can prescribe from a limited list of Schedule I drugs for Self-limiting conditions. Extended Practice pharmacists will have independent prescribing authority within their specialty area,
- provide a continued care prescription for a Schedule I drug if it is not reasonably possible for the patient to see a health professional to obtain a prescription and there is an immediate need for drug therapy,
- order from a limited list of tests for monitoring patient’s therapy. Extended Practice pharmacists will be permitted to order lab tests within their scope of practice and in relation to any medications they prescribed; and
- interpret patient-administered automated tests

### 1.4.4 Understanding your new practice framework

The remainder of this manual describes the changes arising from the new legislation, standards of practice and practice directions. These are only highlights and pharmacists are expected to read the Regulation including the standards of practice in their entirety.

The standards of practice now included in the Regulation state the minimum requirements for seventeen aspects of pharmacy practice as follows:

1. Patient counselling
2. Referring a patient
3. Collaborative care
4. Prescribing and dispensing drugs
5. Administration of drugs
6. Drug distribution
7. Test interpretation
8. Extemporaneous compounding
9. Incidents and discrepancies
10. Transfer of patient care
11. Termination of relationship with patient
12. Records and information
13. Policies and procedures
14. Pharmacist to staff ratio
15. Pharmacy facilities
16. Technology
17. Drug product acquisition and handling

**Practice Direction**

For each standard of practice, a practice direction will be drafted by a Standards of Practice committee. Members and stakeholders will be consulted prior to the approval of practice directions by council.

> Definition: A practice direction is a written statement made by Council for the purposes of giving direction to members and owners about the conduct of their practice and pharmacy operations. Compliance with approved practice directions is required under The Pharmaceutical Act.

A practice direction must:

1. have clearly defined and specific objectives that are directly linked to clear and verifiable outcomes,
2. be of the level necessary to achieve stated objectives,
3. serve the public interest consistent with the mandate of the College
4. allow for periodic assessment of its effectiveness and be subject to regular reviews,
5. be published by Council in a standard form.

Practice directions already approved by Council can be reviewed on the College website under the webpage entitled, “Pharmacy Practice - Standards of Practice and Practice Directions” or by linking: http://mpha.in1touch.org/site/legislation?nav=practice#standards

Other practice directions are in development or may be available for member feedback. Members are encouraged to visit the website regularly for new practice directions.
2 Registration categories for pharmacists and pharmacies

Following is an overview of the changes to registration categories for pharmacists and pharmacies.

2.1 A survey of registration categories

2.1.1 Pharmacists

Under the previous Pharmaceutical Act, the College established and maintained three registers – pharmacists, students and a conditional register. The new legislation requires the College create additional registers – academic, intern and extended practice pharmacists. All members within each register must meet the registration requirements set out in the Regulation and will be restricted to activities permitted under that specific register.

<table>
<thead>
<tr>
<th>Regulated Registrants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmacists</td>
</tr>
<tr>
<td>Interns</td>
</tr>
<tr>
<td>Students</td>
</tr>
<tr>
<td>Extended Practice</td>
</tr>
<tr>
<td>Academic</td>
</tr>
<tr>
<td>Conditional</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Non-Regulated Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Practising</td>
</tr>
<tr>
<td>Honorary</td>
</tr>
<tr>
<td>Honorary Life</td>
</tr>
</tbody>
</table>

Pharmacists

Under the previous legislation, a pharmacist applying for licensure would apply for either a patient care or non-patient care licence. The new Regulation does not distinguish between patient and non-patient care however an applicant will have to indicate their intended scope of pharmacy practice on the application. A member, as set out in Section 18 of the new Regulation, has a responsibility to engage and perform only in those aspects of the practice of
pharmacy for which they have the requisite knowledge, skill and judgment.

Under the new Regulation, applicants for registration as a pharmacist must provide a criminal record check (on or before June 1, 2015), a child abuse registry check (on or before June 30, 2016) and an adult abuse registry check (on or before June 30, 2016).

Within two years of the Regulation coming into effect, the College must make available to the public on its website, a profile of each pharmacist listed on the register or conditional register. The profile must contain the member’s name, date of initial registration in Manitoba, category of pharmacist licence and any current certification of the member as a specialist or an extended practice pharmacist. Information pertaining to any disciplinary action taken against a member within the last 10 years and any practice restrictions must be included in the member’s profile. A complete list of all information to be included in pharmacist profiles can be viewed at Part 5 of the Regulations.

Under the new legislation, members must be covered by professional liability insurance that provides a minimum of $2,000,000 per claim or per occurrence and a minimum $4,000,000 annual aggregate. This insurance can be through an employer or through a personal insurance plan. It is important to know the limitations of an employer insurance plan.

Extended Practice Pharmacist
A pharmacist certified as a specialist (in an approved area of practice) working in a collaborative practice with a physician or a registered nurse (extended practice) and who meets the education, training and practice hour requirements specified in the Regulation may apply for registration as an extended practice pharmacist. Once approved, an extended practice pharmacist may prescribe a drug listed in Schedule I of the Manual (a prescription medication) and order lab tests within the scope of his or her specialty in accordance with the applicable practice directions.

Interns
Interns are registrants who are either in the fourth year of their degree program or have completed a degree in pharmacy, but have not yet met all the requirements for licensure in Manitoba. Internationally trained pharmacists, unlicensed out-of-province interns, and pharmacists pursuing reinstatement will be registered in this category while completing their registration requirements. An intern is required to complete 600 hours of supervised practical
training. However, 240 of these hours can be attained prior to graduation. The intern must secure a preceptor pharmacy and a preceptor pharmacist approved by Council.

A Pharmacy Intern under a member’s supervision may engage in any aspect of the practice of pharmacy excluding practices requiring additional training and being certified by the College such as administering injections and prescribing drugs from Schedule 3 (self-limiting conditions) of the Regulations, unless the intern has received the training in the undergraduate program at the Faculty of Pharmacy, University of Manitoba. Part of the postgraduate intern training may include performing the final check of a prescription, if permitted by the preceptor. The preceptor or another licenced pharmacist does not have to perform the final check if that has been done by the intern (as allowed by the regulations section 70 (1j) and 70 (1k)). However, the preceptor would make this decision and bear the responsibility.

**Students**
A student must be registered in a pharmacy educational program approved by Council. All activities undertaken by a student must be under the direct supervision of a member. The permitted activities of a student are described in the supervision section of this guide as well as the practice direction for Supervision.

**Academic Registrants**
The academic registry allows a person who is entitled to practise pharmacy in other jurisdictions to receive additional education and training in Manitoba. A person on the academic register may be referred to as a “pharmacy resident”. An example of this would be a licensed pharmacist from another province who attends a Manitoba hospital for additional knowledge and training for a short period of time.

**Non-practicing, honorary and honorary life members**
The College By-laws have provisions for the membership categories of non-practicing, honorary member and honorary life member. 

A non-practicing pharmacist is a member who has voluntarily retired or resigned from practice as a pharmacist or a member registered with the College but residing outside the province of Manitoba. These members, upon payment of a fee, are entitled to receive the Newsletter and Friday Five. They will also receive notice and may attend meetings of the College, but are not entitled to vote at any meetings or nominate any candidate for election.
Council may confer on a non-pharmacist an *honorary membership* for valuable and notable service rendered to the profession of pharmacy. However this individual is not considered a member (licensed pharmacist) of the College.

An *honorary life membership* in the College is conferred on a member of the profession, in recognition of meritorious service rendered on behalf of the profession of pharmacy.

### 2.1.2 Pharmacy technicians and Pharmacy assistants (Other persons)

Prior to the new legislation, many of the support staff in the pharmacy dispensary were referred to as pharmacy technicians. This title is now restricted to those individuals who have qualified to become a pharmacy technician. The term, pharmacy assistant, can be used by those persons who are not qualified as technicians but are working in the dispensary. The work of the pharmacy assistant will not change under the new legislation.

*A pharmacy technician is a person who has completed a pharmacy technician training program approved by Council. A pharmacy technician must also pass any examinations approved by Council and submit an application to the registrar.*

National initiatives, including the development of a national pharmacy technician qualifying exam and an accreditation of pharmacy technician training programs, have been developed. The College must maintain a list of pharmacy technicians who have met the education and training requirements however, the list is not an indication of continued qualification. Pharmacy technicians are not members of the College.

A pharmacy technician can assist pharmacists and carry out some activities under indirect supervision. Details of these activities are included in the Supervision section later in this manual. The role and responsibilities of pharmacy technicians are clearly described in the Regulation.

Please refer to the College website for information on how a pharmacy assistant can become a pharmacy technician. A pharmacy assistant cannot perform the duties of a pharmacy technician.
2.2 **Pharmacies**

*The Pharmaceutical Regulation* permits the registrar to issue licences for the following categories of pharmacies:

- a community pharmacy,
- a hospital pharmacy, or
- a clinical practice pharmacy.

A licence is issued to the pharmacist listed as the pharmacy manager responsible for the pharmacy operation. The pharmacy manager and pharmacy owner are jointly responsible to ensure the pharmacy operates in accordance with the Regulations, including the standards of practice and practice directions.

Under the new legislation, every owner must be covered by commercial general liability insurance with a minimum limit of $5,000,000.

**Community pharmacy**

A community pharmacy licence authorizes the operation of a pharmacy that offers retail sale of drugs to the public and will serve patients who will attend the pharmacy in person to receive their drugs. The pharmacy must be accessible to the public and the hours of operation must meet the needs of the community served by the pharmacy. A community pharmacy may deliver drugs to a patient in Manitoba or outside of Manitoba if the patient normally attends the pharmacy without the pharmacy requiring a distant care component.

**Hospital pharmacy**

A hospital pharmacy licence will be issued to a pharmacy that is located within a hospital and will serve in-patients and out-patients of the hospital.

**Clinical practice pharmacy**

A clinical practice pharmacy licence will be issued if the pharmacy or pharmacist will not dispense, prepare for dispensing or sell drugs or products listed in the NAPRA Manual or for which a drug identification or natural health product number has been issued. The pharmacist will either provide care to patients and advise health care professionals about enhancing patient care or use the pharmacy for the sole purpose of training and educating pharmacy personnel. The facility must comply with the Practice Direction - Clinical Practice Pharmacy.

**Components of Community or Hospital Pharmacy**
A community or hospital pharmacy must indicate on their application if one or more of the following additional components is also being applied for:

a) **central-fill component** - the pharmacy will store and prepare, package and label drugs pursuant to a prescription for dispensing for other pharmacies. The Practice Direction – *Central Fill* outlines the requirements for the pharmacy providing centralized prescription processing services as well as the pharmacy obtaining the prescription processing services.

b) **secondary hospital component** – the hospital or community pharmacy will provide pharmacy services for patients in another hospital.

c) **personal care home component** – the pharmacy will serve residents of a personal care home as defined in *The Health Services Insurance Act*.

d) **distance care component** – the pharmacy will also serve patients who do not reside in Manitoba and who will not attend the pharmacy in person. This component is for International Prescription Service (IPS) pharmacies and out of province mail order pharmacies.

e) **external dispensing component** – the main pharmacy may operate an external dispensing site located in a Manitoba community that does not have reasonable access to pharmacy services. An external dispensing site is a place where medications are stored, prepared, packaged and then dispensed directly to patients. It is either staffed by a pharmacy technician or may be a mechanical automated dispensing system. These locations can only be open when the main pharmacy is also open. The main pharmacy must be linked to the external site by computer and by live two-way video and audio communication so patients can communicate with a pharmacist at the main pharmacy and supervision can be provided to any technician at the external site.

f) **satellite pharmacy component** – the main pharmacy establishes a satellite facility located in a Manitoba community that does not have reasonable access to pharmacy services. The satellite pharmacy must have a pharmacist on site during all hours of operation and the pharmacist **must** work with a physician or a registered nurse.
(extended practice). No drugs may be left on site when the satellite is not open.

g) **lock and leave component** - a community pharmacy may also apply for a lock and leave component whereby the pharmacy is located within a larger operation and the pharmacy manager must close off the dispensary and public access to Schedule III drugs while the larger operation remains open. The Practice Direction – *Lock and Leave Component* – states specific requirements and condition for this type of pharmacy component.

All components of community and hospital pharmacy must comply with all regulations and applicable practice directions.
3 Maintaining professionalism

Code of Ethics
The new Code of Ethics was approved by members at the Annual General Meeting of the College on April 21, 2012, and governs the conduct of members, students, interns and owners. The Code of Ethics contains ten general statements describing the key principles to follow in practice of pharmacy. Descriptors have been created for each statement to provide pharmacists with examples of how the statements might apply in pharmacy practice.


Statement I  Pharmacists shall maintain a high standard of professional competence throughout their practice.

Statement II  Pharmacists shall cooperate with colleagues and other health care professionals to ensure optimal patient-centered care.

Statement III  Pharmacists shall contribute to societal health needs and promote justice in the distribution of health resources.

Statement IV  Pharmacists shall respect and protect the patient’s right of confidentiality.

Statement V  Pharmacists shall respect the autonomy, values and dignity of each patient.

Statement VI  Pharmacists shall respect and maintain a professional relationship with each patient.

Statement VII  Pharmacists shall hold the health and safety of each patient to be of primary consideration.

Statement VIII  Pharmacists shall act with honesty and integrity.

Statement IX  Pharmacists shall respect the rights of patients to receive healthcare.

Statement X  Pharmacists shall respect and honour the profession of pharmacy.
The Code of Ethics require a pharmacist to act professionally. A member must not practise under conditions that compromises their professionalism or requires another pharmacist to practise under such conditions.

Both the Code of Ethics and standards of practice discuss the importance of working collaboratively with other health care professionals and other persons who provide care to the patient to ensure optimal patient-centered care. Pharmacists must recognize the skills, knowledge, competencies and roles of the other providers and communicate effectively and appropriately with them.
4 Examining pharmacist-patient relationships

4.1 Establishing a professional relationship

The Code of Ethics state that pharmacists must maintain a professional relationship with each patient and their primary consideration is the health and safety of each patient.

The pharmacist must identify the patient’s health needs and expectations, collect the information required to provide pharmacist services to the patient and make decisions in the best interest of the patient. The patient’s autonomy to make their own informed health care decisions must be respected.

The Practice Directions – “Transfer of Patient Care” and “Termination of Relationship with Patient” will outline the requirements if either the patient or pharmacist terminates the professional relationship.

4.2 Establishing and maintaining confidentiality

In addition to the requirements in the Code of Ethics, standards of practice and practice directions, pharmacists are reminded that they must meet the requirements of other applicable privacy legislation such as the Personal Health Information Act.

Confidentiality is critical in a professional relationship with the patient.

All communication about a patient’s health, including drug therapy, must be conducted in a manner that maintains confidentiality.

To ensure that confidentiality is maintained, a pharmacist must move to a private counselling area before having a conversation with a patient which involves personal health information. The area for confidential communication must have sound barriers that prevent conversations from being overheard and visual barriers that prevent others from seeing what drug, health product or medical device is being provided or discussed. Pharmacy staff must also prevent others from seeing patient health information.

The responsibility to ensure confidentiality includes everything from conversations with the patient to conversations with other health professionals and documentation and disposal of records.
4.3 Ensuring patient safety

The Code of Ethics - Statement VII states that pharmacists shall hold the health and safety of each patient to be of primary consideration. In the Regulation, Section 83 – Ensuring Patient Safety states that a pharmacist must review each prescription and the patient’s record and take appropriate action when an actual or potential drug related problem is identified.

A pharmacist should find out what condition or symptom is being treated, any previous history of complaint and length of patient’s present symptoms. A medication history including diseases, allergies, current medication therapy as well as medications previously tried should also be conducted. A pharmacist must determine if there is an actual or potential drug related problem, specific to the patient and the drug therapy such as the patient receiving the wrong product or an inadequate or excessive dose or is not compliant. In collaboration with the patient and the prescriber, the pharmacist must take the appropriate action to address the actual or potential drug related issue.

Pharmacists must evaluate the health needs of the patient and the appropriateness of the therapy prescribed. Through effective and ongoing patient counselling, a pharmacist can provide the patient with sufficient information to enable the patient to safely and effectively manage their drug therapy. Pharmacists can also determine the possible effectiveness of the drug therapy and assess if the patient is experiencing any adverse reactions or possible drug interactions.
5 Dispensing

5.1 Responsibility for Dispensing

The Pharmaceutical Act includes in the practice of pharmacy, the compounding and dispensing of drugs.

The Act states:

"dispense" means to provide a drug pursuant to a prescription, but does not include the administration of a drug.

The Regulation states:

"preparing a drug for dispensing" means to count, measure or pour the amount of a drug designated in a prescription into a container and label the container for the purposes of dispensing, and includes pre-packaging a drug before a prescription is received.

It is important to keep in mind the following requirements and limitations regarding dispensing:

1. The assessment and approval of prescriptions for filling or refilling must only be done by a pharmacist, an academic registrant or an intern.

2. Once the prescription is assessed and approved, or in anticipation of the approval, the drug preparation, packaging and labelling (preparing a drug for dispensing) can be done by a pharmacist, intern, pharmacy student, technician or another person (pharmacy assistant).

3. The final check of the process in # 2 above must only be done by a pharmacist or a postgraduate intern (or by a pharmacy technician under specific authorization of Council upon application by a pharmacy).

4. Patient counselling must only be done by a pharmacist, an academic registrant or an intern. Patient counselling, as described in the standards of practice, includes the provision of sufficient information to enable the patient to safely and effectively use the drug through direct conversation with the patient or their agent. Failing direct communication, this standard could be satisfied by providing written information. However, the provision of written information does not take the place of direct verbal communication with the patient, but
can be used when direct verbal communication is not possible.

5. After approval and patient counselling, the drug may be given or delivered to the patient or their agent by a pharmacists, intern, pharmacy student, technician, another person (pharmacy assistant) or delivery person.

5.2 Quality assurance

Standard 9 in the Standards for Practice states the pharmacist’s responsibility to expeditiously address, document and report incidents, discrepancies and adverse events in dispensing medications and in providing patient care.

Definitions:
A medication incident is described as an erroneous medication commission or omission that has been subjected upon a patient. The error could have potentially caused harm to the patient.

A medication discrepancy is an erroneous medication commission or omission that has not been released for the patient, but would have resulted in a medication incident should it have gone undetected.

An adverse drug event is the occurrence of an unexpected and undesired incident that does result in patient harm such as injury, adverse outcome or death.

The pharmacy owner and all pharmacists have a responsibility to do what they can to prevent drug incidents and adverse drug events. Part of prevention is recording these occurrences, and analyzing them to prevent them from happening again. The current Community Standards of Practice that will become a practice direction under the new Act require that all drug incidents be recorded and the pharmacy manager review and implement measures required to prevent re-occurrence.

If a medication error is discovered and corrected before the drug is released to the patient, recording the medication discrepancy is not mandatory. However, a review of medication discrepancies would be beneficial to determine whether changes should be made in the dispensing process to prevent them from happening in the future.
6 Patient education and counselling

When dispensing a medication to a patient, pharmacists are expected to provide the patient with the necessary information to allow him or her to receive the optimal benefit from the drug therapy. Patient counselling must only be done by a licenced pharmacist, an academic registrant or an intern. Pharmacy students, under the direct supervision of a licenced pharmacist, can counsel patients.

Standard of Practice #1 – Each time a drug is dispensed pursuant to a prescription, a pharmacist must provide the patient with sufficient information to enable the patient to safely and effectively manage his or her drug therapy. The Practice Direction – Patient Counselling outlines the specific requirements for patient counselling as well as documentation.

6.1 Dialogue with a patient

When a drug is dispensed or sold to a patient for the first time, the pharmacist must discuss the following:

1- Confirm the patient’s identity,
2- Identify the name and strength of the drug being dispensed,
3- Identify the purpose of the drug,
4- Provide directions for use including frequency, duration and route of therapy,
5- Identify the importance of compliance and the procedure if a dose is missed,
6- Discuss common adverse effects, drug and food interactions and therapeutic contraindications that may be encountered, including their avoidance, and the action required if they occur,
7- Discuss activities to avoid,
8- Discuss storage requirements,
9- Provide prescription refill information,
10- Provide information on how to monitor response to therapy,
11- Provide information regarding expected therapeutic outcomes,
12- Provide information regarding when to seek medical attention, and
13- Provide other information unique to the specific drug or patient.

If the patient or their representative has language or communication difficulties, the pharmacist must use reasonable means to provide the required information to the patient.
If a drug therapy problem is identified during counselling, then appropriate action must be taken to resolve the problem.

For repeat and refill prescriptions, the pharmacist may exercise professional judgment as to the content of dialogue. To be clear, patient counselling is not an option on refill prescriptions, only the content may differ from the first time dispensing. Pharmacists are encouraged to ask specific questions regarding changes to dosage regimens, compliance, efficacy and the presence of adverse effects.

If the patient refuses to participate in patient counselling, the pharmacist shall document the refusal in a permanent record. Documentation of patient counselling is discussed in Section 6.4.

6.2 Written material
The pharmacist is encouraged to provide appropriate written supplemental information with each new prescription. However, it cannot replace the need and requirement for individual patient counselling on all prescriptions. Pharmacists must be familiar with the content of the information provided and review the material in context of that particular patient. When reviewing the drug information leaflet with the patient, the pharmacist should discuss the information pertinent to the patient or any information that may be missing and details, such as side effects which may cause patient concern.

6.3 Deliveries and Patient’s Agents
When a patient has requested delivery of their medication, the pharmacist shall make all reasonable attempts to contact the patient directly to provide counselling. Failing this, the pharmacist must provide written drug information and a pharmacy contact number for any patient enquiries. Follow-up telephone contact is even more important when attempts to counsel the patient prior to the delivery have failed.

If a patient sends someone to pick up their prescription, they are not necessarily giving consent to have their personal health information disclosed to that individual. It is essential that pharmacists use their professional judgment in these situations to ensure that patients are appropriately counselled on their medications while not compromising the security of their personal health information. In some cases it may be reasonable to provide counselling through the agent while in other instances it may be more appropriate for the pharmacist to contact the patient by phone to provide counselling on their medication. Providing relevant
written drug information may be helpful in these cases, but it does not take the place of patient counselling. Documenting the manner in which patient counselling was provided to the patient is recommended.

### 6.4 Documentation

Section 73 of the Regulation states upon dispensing a medication and counselling the patient, a counselling record must be made. Section 3.0 of the Practice Direction - Patient Counselling further outlines documentation requirements for patient counselling. A simple example of a counselling record or log should allow for identifying a particular prescription dispensed, whether counselling was provided or if it was refused by the patient, and identify the pharmacist that interacted with the patient. The counselling record should allow for space in which to document any additional discussions that took place with the patient outside of regular counselling (e.g., change in dose, change in appearance, etc.). All patient interactions and counselling documented on the counselling record must be retained for 5 years. Pharmacy managers need to review the practice direction and ensure a system is in place to provide patient counselling and retain the required records.

### 6.5 Responsibilities with Schedule II and III drugs

Manitoba has adopted the National Association of Pharmacy Regulatory Authorities (NAPRA) Supplemental Standards of Practice for Schedule II and III which can be found on the College’s website under Standards of Practice. This document outlines the minimum standards for pharmacists when consulting on the use of medications in each drug schedule. Practice Directions have also been developed regarding the sale of Schedule II and III drugs.

Schedule II drugs may be sold without a prescription and are available only from a licensed pharmacist in an area of the dispensary with no public access and no opportunity for patient selection. A licensed pharmacist **must** enter into dialogue with the patient or designate seeking to purchase or treat a condition using a Schedule II drug. Products containing 8mg of codeine can only be sold for recognized medical or dental purposes.

Schedule III drugs may be sold in a self-selection area of the pharmacy immediately adjacent to the dispensary and under the direct supervision of a licensed pharmacist who is available to assist the patient or designate in medication selection. A licensed pharmacist must be available and accessible to a person who needs to self-select a Schedule III drug.
A pharmacist must be available and take reasonable steps to provide information and assistance to patients who are purchasing Schedule II and III drugs. When the patient requests a Schedule II or III product, the pharmacist shall collect information to assess the patient’s knowledge and needs before providing advice. When the patient asks for a product by name the pharmacist shall use this opportunity to assess the patient's knowledge about the product and provide additional information if required.

It is important to review the two Practice Directions: Sale of “Schedule II Drugs” and Sale of “Schedule III Drugs”.
7 Compounding
Pharmacists are required to acquire and maintain the compounding skills necessary to compound prescriptions normally encountered in practice. A patient may be referred to another pharmacy if a pharmacist is unable to provide a compounded product.

Standard of Practice #8 - *Extemporaneous Compounding* states that a pharmacist must ensure that extemporaneous compounding is done in a manner that ensures the preparation is safe and of an appropriate consistency and quality. The current Extemporaneous Compounding Guidelines remain effective under the new legislation. Manitoba has adopted by reference the guidelines of the Canadian Society of Hospital Pharmacists (CSHP), National Association of Provincial Regulatory Authorities (NAPRA) and the Health Products and Food Branch Inspectorate Policy on Manufacturing and Compounding Drug Products in Canada POL-0051. National work is currently being done to establish new standards for both sterile and non-sterile compounding.

Compounding may be performed by a pharmacy assistant, pharmacy technician, pharmacy student or intern under a pharmacist’s supervision if a pharmacist has approved the formulation and process.
8 Prescribing

8.1 An introduction to pharmacist prescribing

The information in the following section of the manual will introduce you to pharmacist prescribing.

The Pharmaceutical Regulation authorizes the following distinct types of prescribing:

- adapting a prescription - Section 69(4),
- renewing continued care prescriptions - Section 122,
- prescribing in a public health emergency - Section 118(4),
- pharmacist prescribing of the following:
  - a drug listed on Schedule II or III or an unscheduled drug with a drug identification number or natural health product number,
  - a medical device approved by Health Canada – Section 118(1),
- prescribing for a condition listed in Schedule 3 of the Regulation (see Appendix E). Often referred to as a self-limiting condition prescribing. Schedule 3 to the Regulation lists the conditions and the category of drugs limited to self-limiting condition prescribing– Section 118(2).
- Extended practice prescribing – prescribing of a drug listed in Schedule I of the Manual (NAPRA) by an extended practice pharmacist within the scope of their specialty – Section 118(3).

Adapting a prescription, prescribing in a public health emergency and prescribing of a Schedule II or Schedule III drug or a medical device, may be performed by any licensed pharmacist on the College register in accordance with practice directions approved by council. A pharmacist may prescribe a drug listed in Schedule 3 of the regulations for a self-limiting condition (not including smoking cessation) once they receive a Certificate of Authorization to Prescribe a Drug for Self-Limiting Conditions (not including smoking cessation) from the College. In order to prescribe a drug for smoking cessation, a pharmacist must receive a Certificate of Authorization to Prescribe a Drug for Smoking Cessation from the College.

For more information on how to receive authorization from the College, please see section 8.7 Prescribing of Drugs for Self-Limiting Conditions.
Orientation to the New Practice Framework

Only a member who is an extended practice pharmacist may prescribe a drug listed in Schedule I of the Manual (NAPRA) within the scope of their specialty.

Types of prescribing

**A Licensed Pharmacist**

<table>
<thead>
<tr>
<th>Adapting a prescription</th>
<th>Continued Care Prescriptions</th>
<th>Prescribing in a public health emergency</th>
<th>Prescribing of a Schedule II or III drug or a medical device</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Only when the minister has given notice to council of a public health emergency</td>
<td>Upon assessing the patient and determining the drug needed and prescribing to enhance compliance and/or allow coverage by a third party payer.</td>
</tr>
<tr>
<td>Altering dosage strength, interval or formulation</td>
<td>Renewing a prescription for continuity of care</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Pharmacist with Additional Training**

<table>
<thead>
<tr>
<th>Prescribing of a drug for a self-limiting condition (Schedule 3 to the Regulations)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A licensed pharmacist who has received a Certificate of Authorization to Prescribe a Drug for Self-Limiting Conditions (not including smoking cessation) and/or a Certificate of Authorization from the College to Prescribe a Drug for Smoking Cessation.</td>
</tr>
</tbody>
</table>

**Extended Practice Pharmacist**

<table>
<thead>
<tr>
<th>Prescribing of a drug listed in Schedule I of NAPRA manual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmacist certified as a specialist and registered as an extended practice pharmacist can prescribe medications within the scope of their specialty practice</td>
</tr>
</tbody>
</table>

Although a pharmacist may be authorized to prescribe in emergencies and adapt a prescription, the pharmacist is **never** obligated to prescribe. As with all activities, a pharmacist is expected to practise within their area of competence, to evaluate each situation and to make a conscious decision whether or not to prescribe. Evaluation of the situation will require many of the same considerations made when dispensing drugs pursuant to prescriptions, but there are some additional requirements that will be described below.

**Determining if you are or are not prescribing**

When a drug-related problem is identified while filling a prescription a pharmacist may choose to do what has always been done: contact the prescriber to discuss their concerns about the
prescription. If, as a result of that conversation, the original prescriber directs the pharmacist to make a change to the prescription, the prescription may be changed under the authorization of the prescriber and the pharmacist signs or initials it as before. In this case the pharmacist is not the prescriber. However, the pharmacist may adapt the prescription if consultation with the prescriber is not possible or not necessary. The pharmacist will in fact become the prescriber and will be expected to follow the standards for adapting a prescription. Under the limitations of the Regulation, a pharmacist can only adapt the dosage strength, the dosage interval or regimen and/or the formulation of the drug.

Generic substitution following the Manitoba Drug Benefits and Interchangeability Formulary is not considered prescribing. Subsection 79(1), of *The Pharmaceutical Act*, indicates that when a pharmacist is presented with a prescription for a drug listed on the Formulary, they will dispense either the brand name product or an interchangeable product listed and charge the patient the cost of the lowest priced interchangeable product. Under the new Act, the prescriber can instruct the pharmacist either in writing on the prescription or verbally to provide “No Substitution” or the patient may advise the pharmacist of their preference for “No Substitution”. In either case, the pharmacist will dispense the specific drug prescribed and charge the listed cost of that specific product. A pharmacist should ensure the instructions for “No Substitution” are documented on the prescription and patient’s record and whether the instructions were received from the prescriber or the patient.

*The Pharmaceutical Act*, under Section 79(2), discusses the protocol if a lowest cost generic is not available from the manufacturer. If the lowest priced interchangeable product is not available despite reasonable efforts to obtain it, the amount charged for another interchangeable product must be the cost of the next lowest priced interchangeable product that is available.

In environments where there are automatic substitution policies or treatment protocols, there may be situations where a pharmacist will make changes to prescriptions that are not considered prescribing. If a pharmacist is following the direction of a policy, a protocol, or a prescription or drug order and is not required to assess the situation and use their judgment, they are not prescribing. In a hospital or personal care home facility where a committee of health professionals has determined, for example, that all orders for drug B will be replaced with drug A, or a drug order states “if INR is between X and Y, give warfarin Z mg daily”, the pharmacist is not prescribing. If a pharmacist is required to
assess the situation to determine whether a policy or a protocol applies to this patient in this situation, they may be making a prescribing decision. If in doubt, the pharmacist should adhere to appropriate prescribing standards.

8.2  **Fundamentals of prescribing**

There are several concepts common to all types of prescribing with which all pharmacists must be familiar. These concepts include:

- individual requisite knowledge, skill and judgment,
- adequate information,
- informed decision,
- approved indications, and
- documentation and notification of other health professionals.

The Practice Direction –“Prescribing” incorporates all of these concepts into the written guidelines.

8.2.1  **Competence**

A pharmacist should prescribe a drug or medical device for which they have the knowledge, skill and judgment with regard to the drug or device and also the condition for which it is prescribed. A pharmacist should not prescribe for any patient unless they know what condition is being treated and have knowledge and understanding of the condition.

8.2.2  **Adequate information**

A pharmacist must have enough information about the specific patient’s health status to ensure that the prescribing decision will maintain or enhance the effectiveness of the drug therapy and will not put the patient at increased risk. A pharmacist must conduct a patient assessment prior to prescribing and should only prescribe for a patient they have seen and assessed in person. The Practice Direction –“Prescribing” outlines the information that should be acquired in a patient assessment. A patient assessment includes but would not be limited to the following:

- a) Demographic information
- b) Signs and symptoms
- c) Laboratory and other test results
- d) Medical history
- e) Allergies
- f) Current medications
- g) Extent and result of current treatment
- h) Pregnancy and lactation status if applicable
- i) Patient preferences
8.2.3 Informed Decision

A pharmacist prior to issuing a prescription must provide the patient with sufficient information to enable the patient to make an informed decision about the treatment. This information is further described in the Practice Direction – “Prescribing and Dispensing” and includes:

1. the nature of the treatment,
2. its anticipated effect,
3. the significant risks involved, and
4. the therapeutic alternatives to the treatment.

The pharmacist must answer any specific questions asked by the patient. The patient’s consent is valid if the patient is informed and believed to have the capacity to understand the information presented.

8.2.4 Approved indications

All drugs prescribed must be for indications approved by Health Canada for that drug or be considered best practice or accepted clinical practice in peer-reviewed clinical literature. Examples of peer-reviewed literature include published journals, current clinical practice guidelines or consensus guidelines. If the indication for use is not Health Canada approved, it may be part of an approved research protocol.

8.2.5 Documentation and notification of other health professionals

A prescription must be written in a clear, concise, easy-to-read format including all required information and the pharmacist must sign the prescription. The pharmacist must include on the prescription the treatment goal, diagnosis or clinical indication at the time the prescription was written.

The practice direction states when a prescription is issued, a prescribing record must be made and retained documenting all details included on the prescription as well as the rationale for the prescribing decision, the follow-up plan and notification of other health professionals. The rationale for prescribing should include pertinent details of your assessment and the patient history.

8.3 Adapting a prescription

Practice Direction – “Adaptation of a Prescription” outlines the guidelines for this type of prescribing.
Orientation to the New Practice Framework

Adaptation of a prescription must be based on an existing prescription written by a licensed practitioner and is limited to:

- Dosage strength,
- Dosage interval and/or
- Formulation

A prescription can be adapted if the pharmacist has knowledge of the patient, the condition being treated and the drug therapy and IF one or more of the following applies:

1. The drug prescribed is not commercially available or may be temporarily unavailable from the supplier,
2. Information is missing from the prescription and sufficient information about the drug therapy can be obtained from the patient, the patient’s record or other sources to determine that the adaptation will support compliance of the prescribed dosage,
3. Adaptation will facilitate patient adherence,
4. Adaptation will enable the patient to benefit from approved or existing third party coverage.

A prescription for a drug covered under *The Controlled Drugs and Substances Act* can be adapted only when the total amount of milligrams prescribed is not exceeded.

The pharmacist must document and keep a record of all information related to adaptation of the prescription including:

1. Create a new prescription record signed by the adapting licensed pharmacist.
2. Clearly reference on the new prescription, the location of the original prescription.
3. Document the patient’s agreement to the adaptation.
4. Document the following:
   a) Patient name and, when available, the personal health information number (PHIN),
   b) Licensed pharmacist’s name and signature or initials,
   c) Original prescription information,
   d) Rationale for the decision to adapt,
   e) Description of adaptation and
   f) Follow-up plan when appropriate to do so

The prescriber of the original prescription must be promptly notified and provided with the pharmacy name and address as well as the documented information above.

For further information, please see the Practice Aid: Adaptation.

**Checklist for Adaptation of a Prescription**
When adapting a prescription, a pharmacist must:

- have an original prescription from an authorized prescriber,
- have knowledge of the patient, the condition being treated and the drug therapy,
- obtain patient’s agreement with the adaptation,
- create a new prescription with pharmacist signature,
- document the rationale for the decision to adapt the prescription, and notify the original prescriber promptly.

8.4 **Continued Care prescriptions**

A licensed pharmacist under *The Pharmaceutical Act* is authorized to refill a prescription beyond those authorized on the original prescription if:

a) the patient has a continuing need or a chronic condition which is considered stable;
b) the prescribing practitioner has died or retired within the previous six months;
c) the prescribing practitioner has not responded to a refill authorization request;
d) the patient’s history with the prescribed drug has not changed;
e) the patient has not experienced any adverse reactions to the medication; and
f) the prescription was originally filled by the same pharmacy.

A pharmacist who authorizes a refill for a continued care prescription must promptly notify the original practitioner who issued the prescription, unless the practitioner has died or retired.

A pharmacist cannot authorize a refill quantity which is larger than that of the original prescription. A benzodiazepine cannot be renewed through continued care unless the drug is used to manage a convulsive disorder or if there is a risk of a seizure due to sudden withdrawal of the medication. Drugs covered under *The Controlled Drugs and Substances Act* also cannot be renewed as a continued care prescription.

A pharmacist must use their professional judgment to evaluate each situation and the information available. If the patient appears to be using continued care refills to avoid visiting their physician then the refill must not be authorized. **Remember that the authority to prescribe must never be interpreted to be an expectation to prescribe.** This statement is true even when considering whether to renew a prescription.
8.5 *Prescribing in an emergency*

Emergency prescribing is expected to be a rare occurrence. If a public health emergency was to occur in all or part of the province, the Minister of Health may give notice to the College that the situation necessitates that pharmacists be able to prescribe drugs outside their current authorization (Schedule I medications). Council may then approve members to prescribe under conditions set out by council until the state of emergency ends.

8.6 *Prescribing for Schedule II and III Drugs and Medical Devices*

Under the Pharmaceutical Regulation, any member can prescribe:

a) a drug listed on Schedule II of the NAPRA manual (non-prescription, pharmacy access only),
b) a drug listed on Schedule III of the NAPRA manual (non-prescription, patient self-selection area)
c) a drug with a drug identification or natural health product number which is not listed in the NAPRA manual,
d) a Health Canada approved medical device

Some possible conditions for pharmacists prescribing these medications or medical devices may be for a patient’s insurance coverage or to incorporate a Schedule II or III drug or a vitamin preparation into a patient’s compliance packaging.

8.7 *Prescribing of Drugs for Self-limiting Conditions*

Pharmacists can receive authorization from the College to prescribe for the self-limiting conditions listed in Schedule 3 to the Regulation with the exception of smoking cessation; just for smoking cessation; or for all self-limiting conditions and smoking cessation.

Successful completion of the Self-Limiting Conditions Independent Study Program available through AdvancingPractice.com website, a completed Application for Authorization to Prescribe a Drug Included in Schedule 3 to the Pharmaceutical Regulation for Self-Limiting Conditions (not including smoking cessation) and a Certificate of Authorization to Prescribe a Drug for Self-Limiting Conditions from the College of Pharmacists of Manitoba is required before pharmacists can prescribe for the conditions and the drugs (not including smoking cessation) listed in Schedule 3 to the Manitoba Pharmaceutical Regulations.

In order to prescribe a drug for smoking cessation, Manitoba pharmacists must view the Fundamentals of Self-Limiting
Conditions Prescribing for Manitoba Pharmacists presentation available at www.cphm.ca (or through the Advancing Practice program, Self-Limiting Conditions Independent Study Program), have successfully completed a smoking cessation program approved by Council, have read the product monographs of the drugs that the pharmacist is prescribing, reviewed other resources when necessary or appropriate, completed an Application to Prescribe a Drug Included in Schedule 3 to the Pharmaceutical Regulations for Smoking Cessation and received a Certificate of Authorization to Prescribe a Drug for Smoking Cessation from the College of Pharmacists of Manitoba before they can prescribe a drug listed in Schedule 3 to the Pharmaceutical Regulations for smoking cessation.

SCHEDULE 3 – DRUGS THAT A MEMBER MAY PRESCRIBE (IF APPROPRIATE TRAINING PROGRAMS COMPLETED)

<table>
<thead>
<tr>
<th>Condition</th>
<th>Prescription Drug Category (ATC — (anatomic therapeutic chemical classification)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atopic dermatitis</td>
<td>D07AA: Corticosteroids, weak (group I)</td>
</tr>
<tr>
<td>Allergic contact dermatitis</td>
<td>D07AB: Corticosteroids, moderately potent (group II)</td>
</tr>
<tr>
<td>Irritant contact dermatitis</td>
<td></td>
</tr>
<tr>
<td>Urticaria</td>
<td></td>
</tr>
<tr>
<td>Acne vulgaris</td>
<td>D10AE01: Benzoyl Peroxide</td>
</tr>
<tr>
<td></td>
<td>D10AF01: Clindamycin</td>
</tr>
<tr>
<td>Tinea pedis</td>
<td>D01AE: Other antifungals for topical use</td>
</tr>
<tr>
<td>Candidal stomatitis</td>
<td></td>
</tr>
<tr>
<td>unspecified haemorrhoids without complication</td>
<td>C05AA: Corticosteroids</td>
</tr>
<tr>
<td>Vomotor and allergic rhinitis</td>
<td></td>
</tr>
<tr>
<td></td>
<td>R01AD: Corticosteroids</td>
</tr>
<tr>
<td></td>
<td>R01AX03: Ipratropium Bromide</td>
</tr>
<tr>
<td>Seborrhoeic dermatitis (excluding pediatric)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>D01AE: Other antifungals for topical use</td>
</tr>
<tr>
<td>Recurrent oral aphthae</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A01AC: Corticosteroids for local oral treatment</td>
</tr>
<tr>
<td>Vomoting of pregnancy, unspecified</td>
<td></td>
</tr>
<tr>
<td></td>
<td>R06AAS09: Doxylamine, Combinations</td>
</tr>
<tr>
<td>Smoking Cessation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>N07BA: Drugs used in nicotine dependence</td>
</tr>
</tbody>
</table>

8.8 Extended Practice Prescribing

A pharmacist may apply for registration as an extended practice pharmacist if she or he:

a) Meets one or more of the qualifications under section 96 of the regulation
b) is qualified as a specialist under a program approved by the College (Section 96(g)) or
c) has a postgraduate clinical degree of Pharmacy (Pharm D, Masters or PH.D.) or
d) has successfully completed certification as a Diabetes Educator, Respiratory Educator or Anticoagulation Provider

The pharmacist must also meet the specialty practice hours requirements listed in Section 96 of the Regulation.
An extended practice pharmacist must practise in a collaborative practice with a physician or a registered nurse (extended practice). There is a possibility to practice with a registered nurse if approved by the Council and the Minister. Once registered with the College as an extended practice pharmacist, they will have additional prescribing authorization for Schedule I drugs of the Manual but only within the scope of their specialty.

8.9 Prescribing and Dispensing

When a patient receives a prescription from a prescriber, they have the right to choose the pharmacy where they would like to fill the prescription. If a pharmacist issues a prescription to a patient, the patient still has the right to determine where he/she will have the prescription filled. The Regulation requires that the patient also be provided with the prescription. Practice Direction – “Prescribing and Dispensing”, sets out the guidelines whereby a prescribing pharmacist can dispense a prescription they issued. The prescribing pharmacist must advise the patient or their agent that they may choose to have another pharmacy dispense the prescription. The patient should be presented with information about the medication and therapeutic alternatives so they can make an informed decision about filling the prescription. The patient must have the mental capacity to make an informed decision and provide the pharmacist with informed consent to dispense the drug that they prescribed. This consent must be documented on the prescription record.

A pharmacist shall not refuse to prescribe a drug because a patient or their agent refuses to fill the prescription at the prescribing pharmacist’s practice site.

9 Administration of drugs

Any licensed pharmacist may administer a prescription or non-prescription drug to a patient by the following means:

a) Orally including sublingual and buccal;
   b) Topically, including ophthalmic, otic and intranasal;
   c) Via inhalation.

Only a pharmacist who holds a current certification may administer a drug using an "advanced method" which includes the following methods:

a) Intradermal, subcutaneous or intramuscular injection;
   b) Intravenously through an established central or peripheral venous access device;
c) Rectal administration.

The College and other recognized sources currently offer an Administration by Injection training program. At the end of the program, the pharmacist is trained to give injections via intradermal, subcutaneous and intramuscular routes. This program does not qualify the pharmacist to administer drugs intravenously or rectally. Additional training programs for these types of administration will be made available sometime after 2014.

A member may not administer a vaccine to a person who is under the age of seven. A member who is certified may administer any of the following drugs:
1. A vaccine prescribed by an authorized practitioner to a person who is at least 7 years old.
2. A drug other than a vaccine prescribed by an authorized practitioner to a person over the age of 5 years.
3. The following vaccines which is provided under a provincial immunization program free of charge to a patient who meets the provincial criteria:
   - Human papillomavirus (HPV) vaccine
   - Tetanus-diptheria-acellular pertussis vaccine
   - Pneumococcal polysaccharide (Pneu-P-23) vaccine
   - Influenza vaccine

Pharmacies must register with Manitoba Health, Healthy Living and Seniors (MHHLS) as a vaccine provider to order the publicly-funded vaccines from the Provincial Vaccine Warehouse. Please refer to the MHHLS website for more information.

9.1 Certification in administration of injections
A pharmacist who wishes to become certified to administer injections must:
1. successfully complete the online CCCEP-accredited program entitled, “Immunization Competencies Education Program” (ICEP), and the Manitoba Specific Module both available through the Advancing Practice website;
2. attend and successfully complete the College’s Administration of Injections Practical Skills Workshop
3. possess valid certification in CPR Level C or Level HCP and Emergency or Standard First Aid from an accredited training program;
4. apply to the College for certification.

Additional training must be completed for intravenous administration of drugs through an established central or venous access line. In addition to completed training, a certified member must be practicing in a collaborative practice with a physician or registered nurse (extended practice) and the practice must meet requirements approved by council.

9.2 Practice Direction – Administration of Drugs by Injection

The Practice Direction entitled, “Administration of Drugs and Vaccines” outlines standards and guidelines that pharmacists and pharmacies must follow for this restricted activity. For this expanded scope of practice, the pharmacist must be competent and/or certified for administration of drugs and must possess current certification in emergency first aid and “CPR Level C.”

The pharmacy must maintain a policy and procedure manual that includes administration of drugs and emergency response protocols. The pharmacy must be able to provide a clean, safe, appropriately private and comfortable environment for the administration. A readily accessible supply of epinephrine syringes (“pens”) for emergency use, diphenhydramine, cold compresses and non-latex syringes must be available. The pharmacy must provide for proper disposal of waste materials. It is the responsibility of the pharmacist administering the drug to ensure the pharmacy has met these requirements prior to any administration.

Prior to administration, the pharmacist must perform a basic assessment of the patient proportional to the complexity of administration as well as assess the appropriateness of the drug for the specific patient. Permission and informed consent must be obtained from the patient after providing the patient the name of the medication, its indication, benefits and risks, expected reactions, side effects and other relevant information as per the practice direction. The clearly labeled drug must be stable, been prepared aseptically and have been properly stored. The pharmacist must ensure the route of administration and the site has been appropriately prepared. To ensure the safety of the pharmacist and
the patient, the pharmacist must take appropriate precautions by washing hands before and after caring for the patient and wearing gloves to prevent contact with body fluids or contaminated surfaces or objects.

The pharmacist must monitor the patient post injection and be prepared to respond to any complications. Documentation of the administration must be done in compliance with the regulations and practice directions. Relevant information should be forwarded to other health professionals and provincial health agencies as appropriate.

9.3 *Documentation for all types of Administration*

When a pharmacist administers a drug to a patient, a record must be made and retained in the pharmacy with the following information:

a) the patient’s name and address;
b) the name of the drug and total dose administered;
c) for an advanced method or vaccination, the manufacturer, lot number and expiry date of the drug;
d) for an advanced method, the route of administration and location on the body where the drug was administered;
e) the name of the pharmacist administering the drug;
f) the date and time of administration;
g) any adverse events;
h) the price, if there is a charge for administration.
10 Ordering Tests
The new *Pharmaceutical Regulation* provides pharmacists with the authority to order and receive the results of laboratory tests following the guidelines and restrictions set out in the Regulation and the practice direction. Pharmacists will be able to play a more active role in monitoring of patient’s medication therapy.

Test ordering authority may be delayed for some areas of practice following proclamation of the Act. Pharmacists in community practice will not be allowed to order tests until the College, Manitoba Health and laboratory service providers establish the necessary infrastructure to enable such test ordering.

10.1 Ordering tests – all members
Any pharmacist may order and receive the results of a screening or diagnostic test specified in Schedule 1 of the Regulation. (Appendix C). The test order must be in relation to a drug prescribed to a patient and with the objective to monitor the patient’s drug therapy regime to ensure that it is safe and optimal. Pharmacists working in a hospital may order laboratory tests as determined by hospital policy rather than the schedule in the Regulation.

**SCHEDULE 1 – TESTS THAT A MEMBER MAY ORDER**

<table>
<thead>
<tr>
<th>Test Description</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Serum drug levels</td>
<td>Thyroid function</td>
</tr>
<tr>
<td>Serum creatinine</td>
<td>Complete Blood Count</td>
</tr>
<tr>
<td>Blood Urea Nitrogen</td>
<td>Liver Function</td>
</tr>
<tr>
<td>International Normalized Ratio (INR)</td>
<td>Electrolytes</td>
</tr>
<tr>
<td>Partial Thromboplastin Time</td>
<td>Iron Indices</td>
</tr>
<tr>
<td>Lipid panel</td>
<td>Vitamin levels</td>
</tr>
<tr>
<td>HbA1C (glycolated hemoglobin)</td>
<td>Total &amp; Direct Bilirubin</td>
</tr>
<tr>
<td>Blood glucose</td>
<td>Albumin</td>
</tr>
<tr>
<td></td>
<td>Total Protein</td>
</tr>
</tbody>
</table>

*Further descriptors within the categories will be needed in order to clarify the test being ordered. This additional information will be forthcoming.

**Note:** Test ordering in community pharmacy has been delayed by Manitoba Health.
10.2 Ordering tests – extended practice pharmacists
In addition to laboratory tests listed in Schedule 1, an extended practice pharmacist is permitted to order and receive results of screening and diagnostic tests that are within the scope of their practice. An extended practice pharmacist may also order a test in relation to any drug that they may have prescribed for the patient.

10.3 Ordering tests – hospital pharmacy
A hospital pharmacist may, in accordance with hospital pharmacy policy, order and receive results of screening and diagnostic tests for a person who is an in-patient of the hospital. In this case, the hospital pharmacist is bound by hospital policy which may restrict or limit activities and/or follow-up actions permitted. Hospital policy will determine the laboratory tests a pharmacist may order for in-patients.

10.4 Practice Direction – Test Orders
The Practice Direction entitled, “Test Orders” stipulates the conditions when ordering a test, the actions a pharmacist must undertake and the documentation that must be completed. A laboratory test may be ordered to ensure optimal medication therapy and must be within the scope of the pharmacist’s practice. The pharmacist must counsel the patient regarding the test – the clinical significance of the test, potential implications of the results, the proper procedure for the test and how the results will be communicated to the patient. The prescriber of the medication must be provided with relevant information about the patient’s condition and the rationale for the test. The results of the test and any recommendations must also be communicated to the prescriber promptly and without delay.

When ordering laboratory tests, the pharmacist must be available and readily accessible to respond to and act on any critical tests results or must have alternate arrangements or a designate in place. Further details will be included in the practice direction. The pharmacist must document and maintain a record of all patient laboratory test results and should be able to easily access this information either electronically or in written form.
11 Test Interpretation

In the new Standards of Practice, Standard 7 states a member must interpret a patient-administered automated test in a competent and accurate manner. A member can interpret the results of the test but cannot perform the test for the patient. A pharmacist shall interpret tests results which are within their knowledge, skill and experience and for automated tests that are approved by Health Canada.

The Practice Direction entitled, “Test Interpretation” outlines the responsibilities of the pharmacist undertaking this activity and the requirements for documentation. A pharmacist should confirm the test was performed correctly by the patient taking into consideration various factors which may affect the results and discuss the results in a confidential manner. The patient should be given an interpretation of the test results and explained what action they should take and what action if any the pharmacist will take and if the patient should see their practitioner.

For all tests interpreted, a pharmacist must document the following information:

1. Name and address of patient
2. Pharmacist interpreting the test
3. Nature of the test
4. The result of the test
5. Any recommendations made or actions taken as a consequence of the test results
6. Date of the test
7. Date the test was interpreted

The documentation should be recorded in an easily retrievable manner either electronically or in written form.
12 Supervision
A member may supervise an intern, a pharmacy technician, a pharmacy student or other individuals in the practice of pharmacy. A pharmacist on the conditional register for temporary practice or who has conditions placed on their licence which precludes them from providing supervision may not supervise other individuals.

A member must be satisfied that interns, students, pharmacy technicians and other persons being supervised are authorized to perform the activity, and that they have the knowledge, skills and ability to perform the activity safely and effectively. These individuals may require a period of orientation to the workplace procedures.

Only pharmacy technicians who qualify as pharmacy technicians under Section 60(2) of the Regulation may supervise technicians in training. All other pharmacy technicians are under either the direct or indirect supervision of a licensed pharmacist. A pharmacist or a pharmacy technician who supervises must remain responsible for the delivery of all components of an activity.

There are two levels of supervision: direct and indirect. In the Regulation, when the term, “supervision” is used without reference to direct supervision it can be interpreted as “indirect” supervision. If a pharmacist or pharmacy technician provides either direct or indirect supervision, they must:

- be competent and authorized to perform the activity being supervised,
- be competent to supervise the performance of the activity being supervised,
- be satisfied that the supervised individual has the knowledge, skills and experience to perform the activity,
- ensure that the individual being supervised complies with the legislation governing the practice and specific activity, and
- ensure that the individual does not engage in any activity that requires a pharmacist or pharmacy technician to perform the final check of that activity.

A postgraduate pharmacy intern may need to “practise” performing the final check of a prescription. If permitted by the preceptor, a pharmacist does not have to perform the final check if that has been done by the postgraduate intern (as allowed by the regulations sections 70 (1j) and 70 (1k). The preceptor would make this decision and bear the responsibility.
In addition, when providing **direct** supervision, a licensed pharmacist or pharmacy technician must:

- be physically present and immediately available when the supervised individual is performing the restricted activity, and
- be able to observe and promptly intervene and stop or change the actions of the individual who is under supervision.

When providing **indirect** supervision, a licensed pharmacist or pharmacy technician must:

- have procedures in place that:
  - comply with the standards, and
  - ensure the safety and integrity of the dispensing or compounding of drugs by the individual you are supervising,
- ensure that the individual you are indirectly supervising complies with the procedures, and
- be readily available for consultation by the individual who is under supervision and, if necessary, for providing hands-on assistance to the individual.

A licensed pharmacist may supervise the actions of students, interns, other pharmacists, pharmacy technicians and other individuals employed in the pharmacy.

**Pharmacist to Staff Ratio**

The previous regulations stipulated a specific pharmacist to staff ratio for both community and hospital pharmacy. The new Regulation does not provide for a specific ratio however Standard of Practice #14 states:

> “A member and an owner must ensure that a pharmacy is operated with a ratio of members to pharmacy technicians, interns, students and other staff or workers that ensures safe and effective pharmacy practice.”

**Supervision of Students, Pharmacy Technicians and Other Persons**

Interns are authorized by the *Pharmaceutical Regulation* to perform the same restricted activities as a licensed pharmacist under either direct or indirect supervision. The supervising pharmacist must use the rules previously described and their professional judgment to determine which level of supervision is appropriate. Registration with the College is required to be classified as an intern or a pharmacy student.
A pharmacy student under direct supervision, in addition to performing the tasks of a pharmacy technician or other persons (pharmacy assistant), may also:

- compound where the formulation and process has been approved by a pharmacist;
- educate a patient about their drug or drug therapy; and
- receive and record prescriptions.

A pharmacy technician may compound drugs under indirect supervision if the supervising pharmacist deems it to be appropriate based on the rules of supervision previously described.

Section 64 of the Regulation outlines the activities that an individual employed in a pharmacy who is not a member, intern, pharmacy technician or student can perform.

Following the rules of supervision outlined previously, individuals who are employed in a pharmacy (pharmacy assistant) can assist by:

- preparing and pre-packaging a drug for dispensing,
- selecting an appropriate container,
- replenishing drug storage containers and dispensing machines,
- attaching the prescription label to a container,
- compounding if a member has approved the formulation and process,
- entering prescription information into a database, and
- managing drug inventory.

In addition to these activities, a pharmacy technician may under a member's supervision:

- review the information in a prescription for compliance with federal and provincial law;
- identify drug-related problems require referral to a pharmacist,
- instruct a patient on how to operate a medical device, but not provide an explanation involving the interpretation of the results of the device;
- ask and receive a refill authorization from a practitioner on an existing prescription without any changes to the prescription as originally prescribed;
- dispense a drug if the supervising pharmacist has approved filling the prescription and the supervising pharmacist counsels the patient;
- perform necessary tasks at an external dispensing site; and
• perform a final check when the medication was prepared by another technician, student, intern or a pharmacy assistant, but only if the pharmacy manager has received approval from council for the drug packaging preparation process.

A pharmacy technician in training may perform the tasks of a pharmacy technician under the direct supervision of a pharmacist or a pharmacy technician. A pharmacy technician continues to be qualified if they have worked as a pharmacy technician for at least 600 hours in the preceding three year period. At least once every two years, a pharmacy manager must conduct a performance review for each pharmacy technician or ensure that a review is conducted.

The review must:
• document the hours worked as a pharmacy technician since the last review,
• assess performance in terms of quality of patient care, administrative skills and ability to work with the rules governing the pharmacy and pharmacy practice,
• document the professional development activities the pharmacy technician has participated in that are consistent with the professional development program approved by council.

The College must maintain a list of pharmacy technicians who have met the basic education/training requirements, however not the ongoing requirements for practice hours or continuing competency. The employer is responsible for ensuring the pharmacy technician continues to meet the practice hours and continuing competency requirements.
13 Patient records and documentation

Documentation and patient records should serve as a record of the critical thinking, problem-solving skills and judgment the pharmacist used and to describe events or discussions they had with patients and their caregivers. They will also help the pharmacist and other members of the pharmacy team provide better patient care. 1

13.1 Documentation

Documentation establishes accountability and responsibility for professional activities. It is a key component in demonstrating how a pharmacist exercises their professional judgment. 2

Documentation should contribute to continuity and/or coordination of care and should be organized in such a way that the patient’s needs, the pharmacist’s actions, and patient outcomes are accurately described. 3

Note that a pharmacist is creating a permanent health care record every time they document. The following points should be considered to ensure that the record accurately reflects the care provided to the patient. 4

- Documentation should occur immediately after the activity.
- Significant information must not be purposefully omitted. Include all information deemed necessary to support the identification of drug-related problems, recommendations and decisions.
- Writing should be clear, logical and precise.
- All documentation should be legible and non-erasable.
- Notes should not be deleted, removed or rewritten from any part of the record. If an error is made in a manual record, cross out the error with a single line, initial it and date it. If an error is made in an electronic record, leave it and cross-reference it to the corrected statements provided.

Many standardized styles are used to document clinical activities, including:

- SOAP (Subjective, Objective, Assessment and Plan);
- DRP (Drug-related problem, Rationale, Plan);

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1 Documentation guidelines for pharmacists 2004, Ontario College of Pharmacists, Pharmacy Connection Jan-Feb 2004
2 Documentation guidelines for pharmacists 2004, Ontario College of Pharmacists, Pharmacy Connection Jan-Feb 2004
3 Documentation guidelines for pharmacists 2004, Ontario College of Pharmacists, Pharmacy Connection Jan-Feb 2004
4 IMPACT Clinical Documentation Guidelines, http://www.impactteam.info/about.html
Orientation to the New Practice Framework

- DAP (Data, Assessment, Plan);
- DDAP (Drug-related problem, Data, Assessment, Plan); and
- FARM (Findings, Assessment, Recommendations, Monitoring).

A standardized style is not required, and may not always be appropriate. However, using a standardized style encourages complete data and consistent processes, and improves the organization of your thoughts.  

Canadian pharmacists have convenient access to rich sources of documentation tools and examples. Two websites to consider are the National Association of Pharmacy Regulatory Authorities (NAPRA) site and the Integrating Family Medicine and Pharmacy to Advance Primary Care Therapeutics (IMPACT) site.

NAPRA provides a series of Pharmacy Practice Resources to help comply with the Model Standards of Practice for Canadian Pharmacists. The resources available on NAPRA’s website (http://www.napra.org/docs/0/95/157.asp) include care plan development and documentation tools and guides. A link to the NAPRA website is located on the College website.

The information from the IMPACT program and the toolkit may be valuable in evaluating and modifying your practice to meet the new standards. The demonstration project IMPACT is funded by the Ontario Ministry of Health and Long Term Care. It aims to improve drug therapy using a collaborative care model, integrating a pharmacist into family practice. Over the course of the project, the IMPACT team coordinated pharmacist training and placement, physician and patient selection, patient referral, implementation and evaluation. A toolkit for pharmacists was created as part of the project. The toolkit guides a pharmacist working in a collaborative practice model as an integral member of a family health team. Most of the tools and recommendations can be adapted to other practice models.

More information including
- documentation guidelines,
- sample documentation of pharmacist assessments,
- pharmacist recommendations or interventions,
- patient consultations, and
- consultation letters

5 IMPACT Clinical Documentation Guidelines, http://www.impactteam.info/about.html
6 IMPACT Pharmacist Toolkit, http://www.impactteam.info/about.html
is available on the IMPACT website at www.impactteam.info/about.html.

13.2 Patient records
The Standards of Practice (Records and Information #12) state that a member and an owner must create, maintain and retain records as required by the legislation in a form and manner that allows them to be accessed promptly as needed to provide patient care and to comply with legislative requirements. Pharmacists should remember that all records about a patient are accessible by the patient under The Personal Health Information Act.

13.2.1 What is a patient record?
In the past, a pharmacy record would include the demographic information of the patient and a profile of the medications dispensed. The new Regulation authorizes members an expanded scope of pharmacy practice whereby pharmacists can prescribe, order laboratory tests and administer medications. Documentation of these patient care services is mandatory under the legislation and practice directions and must be also included in the patient record.

A patient record must contain:
- patient profile,
- a drug profile, and
- a record of care.

A record of care includes:
- drug-related problems and the actions taken or monitoring plans created to deal with them,
- prescriptions adapted,
- drugs prescribed,
- drugs administered by injection,
- lab tests ordered, and
- other information such as prescriptions that were not filled and summaries of consultations with other health care providers.

The requirements for the patient record are included in Appendix F of the Orientation Manual.

In addition to being complete and accurate, records must be clear, concise and in a format that facilitate sharing to ensure continuity of care can be provided to the patient. All records must be current and be easily retrieved.
Please watch for further information from the College with respect to NAPRA Standards on Pharmacy Practice Management Systems.

### 13.2.2 Record retention

The original prescription becomes a part of the prescription record which must be retained for 5 years from the last date of the last refill.

According to the new Regulation, the retention period is also 5 years from last activity on the patient record for the following records:

- a) Prescription record;
- b) Drug label;
- c) Patient profile;
- d) Counselling record;
- e) Drug acquisition and sales;
- f) Prescriptions or copies of them, if they were refused to be filled;
- g) Drug administration record;
- h) Test interpretation record;
- i) Test ordering and results record;
- j) Prescribing record

These records can be recorded and retained either electronically or in written form. However if a signature or initial is required on the record then it must be an original or electronic signature or initial.

The Practice Direction – Standard of Practice #12 – *Records and Information* outlines the requirements for electronic records and the need for a computer system to identify each user who is granted access, to control access to users and also to create an audit trail of access. The computer system must have sufficient security to ensure only authorized users have access. Backup of electronic records should occur daily and be tested regularly. The electronic records should be retrievable in the event that the system malfunctions or is destroyed.

Pharmacy records including back-ups stored on or off-site must have adequate security to protect the records from unauthorized access, theft, use or loss.
Conclusion

The Orientation to the New Practice Framework Manual provides a review of the changes in legislation and the subsequent new documents - the Code of Ethics and the Practice Directions. It is imperative that all pharmacists review and become familiar with the legislation in addition to reading this manual. Pharmacists must consider what action must be taken to comply with the new legislation and other learning required to apply the expanded scope to individual pharmacy practice.

The new legislation, standards of practice and Code of Ethics lay out a pathway to an expanded scope of pharmacist practice. The new legislative framework offers opportunities for pharmacists to fully use their skills and training and to lead the way in pharmacy practice and to optimize patient care.

The legislation and standards will inform and guide specific areas of an individual's pharmacy practice. They will not, however, dictate its scope. Each pharmacist controls their scope of practice. Each pharmacist must decide how they will incorporate these new opportunities into their day-to-day work.

The College will be working on providing pharmacists with ongoing information about the legislation and its approval as well as educational opportunities, so pharmacists can begin to expand their pharmacy practice.
Appendix A - Code of Ethics

<table>
<thead>
<tr>
<th>Statement</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Statement I</td>
<td>Pharmacists shall maintain a high standard of professional competence throughout their practice.</td>
</tr>
<tr>
<td>Statement II</td>
<td>Pharmacists shall cooperate with colleagues and other health care professionals to ensure optimal patient-centered care.</td>
</tr>
<tr>
<td>Statement III</td>
<td>Pharmacists shall contribute to societal health needs and promote justice in the distribution of health resources.</td>
</tr>
<tr>
<td>Statement IV</td>
<td>Pharmacists shall respect and protect the patient's right of confidentiality.</td>
</tr>
<tr>
<td>Statement V</td>
<td>Pharmacists shall respect the autonomy, values and dignity of each patient.</td>
</tr>
<tr>
<td>Statement VI</td>
<td>Pharmacists shall respect and maintain a professional relationship with each patient.</td>
</tr>
<tr>
<td>Statement VII</td>
<td>Pharmacists shall hold the health and safety of each patient to be of primary consideration.</td>
</tr>
<tr>
<td>Statement VIII</td>
<td>Pharmacists shall act with honesty and integrity.</td>
</tr>
<tr>
<td>Statement IX</td>
<td>Pharmacists shall respect the rights of patients to receive healthcare.</td>
</tr>
<tr>
<td>Statement X</td>
<td>Pharmacists shall respect and honour the profession of pharmacy.</td>
</tr>
</tbody>
</table>
Appendix B - Standards of Practice

Standards of practice
56(1) The following standards of practice are established:

1. Patient counselling
Each time a drug is dispensed pursuant to a prescription, a member must provide the patient with sufficient information to enable the patient to safely and effectively manage his or her drug therapy.

2. Referring a patient
A member must refer the patient to another appropriately qualified regulated health professional when (a) the care or treatment required by the patient is beyond the scope of the member's professional practice or competence; (b) the patient's condition cannot be effectively treated within the practice of pharmacy; or (c) the patient's condition has not adequately or appropriately responded to drug therapy or other therapy provided by the member.

3. Collaborative care
A member must work collaboratively with other health care professionals and others who provide care to the patient, as circumstances require, in order to provide integrated care and avoid duplication of services. When a member and one or more other persons are providing care to a patient, the member must (a) treat the other provider with respect; (b) recognize the skills, knowledge, competencies and roles of the other provider, and communicate effectively and appropriately with them; and (c) explain to the patient the member's role and responsibility.

4. Prescribing and dispensing drugs
A member who prescribes a drug must provide a written prescription to the patient and advise the patient that he or she may choose to have the prescription dispensed at another pharmacy or by the prescribing member.

5. Administration of drugs
A member who administers a drug to a patient must (a) do so only with the patient's authorization; (b) have policies and procedures in place respecting the administration of drugs and be prepared to immediately respond in emergencies, like anaphylaxis; and (c) only administer a drug if the pharmacy has facilities that are appropriate for the administration.
6. **Drug distribution**
A member must comply with the conditions of sale for all prescription and non-prescription drugs, in accordance with applicable legislation, to ensure the safety and quality of drugs being distributed.

7. **Test interpretation**
A member must interpret a patient-administered automated test in a competent and accurate manner.

8. **Extemporaneous compounding**
A member must ensure that extemporaneous compounding is done in a manner that ensures the preparation is safe and of an appropriate consistency and quality.

9. **Incidents and discrepancies**
A member must expeditiously address, document and report incidents, discrepancies and adverse events in dispensing drugs and in providing patient care.

10. **Transfer of patient care**
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.

11. **Termination of relationship with patient**
A member who terminates a relationship with a patient must have reasonable grounds for doing so and document those reasons on the patient record. The member must give the patient notice of the intention to terminate care and provide such notice as is commensurate with the continuing care needs of the patient. However, advance notice is not required if (a) the patient poses a risk to the member or to others at the practice site or if the patient has failed to respect professional boundaries; and (b) the member provides for continuity of care by offering to provide information to another member.
12. Records and information
An owner must not request or require a member to use, disclose or otherwise deal with a record containing the personal health information of a patient in a way that is not consistent with the obligations that a member has under the Act, this regulation, The Personal Health Information Act or under any other law. A member and an owner must create, maintain and retain records as required under the Act and this regulation and in a form and manner that allows them to be accessed as promptly as needed in order to provide patient care and to otherwise comply with the requirements of the Act, this regulation, The Personal Health Information Act and any other law. A pharmacy manager and an owner must ensure that the policies and procedures of the pharmacy are consistent with the obligations that members have under The Personal Health Information Act and any other law.

13. Policies and procedures re safe practice
A pharmacy manager must establish, implement and maintain written policies and procedures to
(a) identify, mitigate and avoid situations that expose patients and staff to inappropriate risk;
(b) ensure safe and effective pharmacy practice; and (c) set out the role of staff in the pharmacy with respect to the matters set out in clauses (a) and (b).

14. Pharmacist to staff ratio
A member and an owner must ensure that a pharmacy is operated with a ratio of members to pharmacy technicians, interns, students and other staff or workers that ensures safe and effective pharmacy practice.

15. Pharmacy facilities
A pharmacy manager and an owner must ensure that the facilities in the pharmacy are safe, sanitary, appropriate and accessible for the professional practice conducted in the pharmacy.

16. Technology
A pharmacy manager and an owner must establish, implement and maintain written policies for the assessment and use of technology that ensures safe and effective pharmacy practice.

17. Drug product acquisition and handling
A member is responsible for ensuring the safety, accuracy and quality of the products and services that the member acquires or supplies.
## Appendix C - Schedule 1 - Tests a member may order

**SCHEDULE 1**  
(Section 100)

**TESTS THAT A MEMBER MAY ORDER**

- Serum drug levels
- Serum creatinine
- Blood Urea Nitrogen
- International Normalized Ratio
- Partial Thromboplastin Time
- Lipid panel
- HbA1C (glycated hemoglobin)
- Blood glucose
- Thyroid function
- Complete Blood Count
- Liver function
- Electrolytes
- Iron Indices
- Vitamin levels
- Total & Direct Bilirubin
- Albumin
- Total Protein
## Appendix D - Schedule 2 – Vaccines a member may administer as a part of provincial program

<table>
<thead>
<tr>
<th>SCHEDULE 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Section 110)</td>
</tr>
</tbody>
</table>

### VACCINES THAT A MEMBER MAY ADMINISTER AS PART OF PROVINCIAL PROGRAM

- Human papillomavirus (HPV) vaccine
- Tetanus–diphtheria–acellular pertussis vaccine
- Pneumococcal polysaccharide (Pneu-P-23) vaccine
- Influenza vaccine
**Appendix E**
**Schedule 3 – Drugs a member may prescribe (if a training program has been completed)**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Prescription Drug Category (ATC — (anatomic therapeutic chemical classification))</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atopic dermatitis</td>
<td>D07AA: Corticosteroids, weak (group I)</td>
</tr>
<tr>
<td>Allergic contact dermatitis</td>
<td>D07AB: Corticosteroids, moderately potent (group II)</td>
</tr>
<tr>
<td>Irritant contact dermatitis</td>
<td></td>
</tr>
<tr>
<td>Urticaria</td>
<td></td>
</tr>
<tr>
<td>Acne vulgaris</td>
<td>D10AE01: Benzoyl Peroxide</td>
</tr>
<tr>
<td></td>
<td>D10AP01: Clindamycin</td>
</tr>
<tr>
<td>Tinea pedis</td>
<td>D01AE: Other antifungals for topical use</td>
</tr>
<tr>
<td>Candidal stomatitis</td>
<td></td>
</tr>
<tr>
<td>Unspecified haemorrhoids without complication</td>
<td>C05AA: Corticosteroids</td>
</tr>
<tr>
<td>Vasmotor and allergic rhinitis</td>
<td>R01AD: Corticosteroids</td>
</tr>
<tr>
<td></td>
<td>R01AX05: Ipratropium Bromide</td>
</tr>
<tr>
<td>Seborrhoeic dermatitis (excluding pediatric)</td>
<td>D01AE: Other antifungals for topical use</td>
</tr>
<tr>
<td>Recurrent oral aphthae</td>
<td>A01AC: Corticosteroids for local oral treatment</td>
</tr>
<tr>
<td>Vomiting of pregnancy, unspecified</td>
<td>R06AA59: Doxylamine, Combinations</td>
</tr>
<tr>
<td>Smoking Cessation</td>
<td>N07BA: Drugs used in nicotine dependence</td>
</tr>
</tbody>
</table>
**Appendix F**  
**Documentation Requirements**

<table>
<thead>
<tr>
<th>Type of Record</th>
<th>Required information</th>
</tr>
</thead>
</table>
| **Patient Profile**                 | a) The patient’s name, address and telephone number  
b) The patient’s date of birth  
c) The patient’s personal health identification number  
d) The patient’s sex/gender  
e) Any known drug allergies, sensitivities and other contraindications or precautions  
f) Disease states and chronic conditions |
| **Prescription Record**              | a) The name and address of patient  
b) The name and address of the prescriber  
c) The name of drug  
d) The number of refills  
e) The manufacturer  
f) The strength and quantity  
g) The directions for use  
h) The date the drug and each refill is dispensed  
i) The total price charged  
j) The signature or initials of the person preparing the drug for the final check and the member doing the final check  
k) The signature or initials of the member approving the prescription for filling or refilling when the final check is performed by someone who is not a member or postgraduate intern |
| **Adapted Prescription Record**     | a) Patient name and PHIN when available  
b) Licensed pharmacist’s name and signature or initial  
c) Original prescription information  
d) Rationale for the decision to adapt the prescription  
e) Description of adaptation  
f) Follow-up plan, when appropriate  
g) Patient’s agreement to adaptation |
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<th>Type of Record</th>
<th>Required information</th>
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| **Prescribing Record** (Practice Direction – Prescribing) | a) The name and address of the patient  
   b) The date of birth  
   c) The name of drug/device prescribed  
   d) The strength (if applicable) and quantity  
   e) The directions for use  
   f) The number of refills  
   g) The name of the licensed pharmacist issuing prescription  
   h) The date of the prescription  
   i) The treatment goal, diagnosis or clinical indication  
   j) The rationale for the prescribing decision  
   k) The follow-up plan  
   l) Other health professionals notified |
| **Drug Administration Record** (Regulations - Section 113) | a) The name and address of the patient  
   b) The name of the drug and total dose administered  
   c) For advanced method or vaccination by any method, identification of the manufacturer:  
     i. Identification of manufacturer  
     ii. Lot number and expiry date of the drug  
     iii. The route of administration  
     iv. The location on body where drug was administered  
   d) The name of the member administering the drug  
   e) The date and the time of administration  
   f) Any adverse events  
   g) The price, if there is a charge for administration |
| **Test Ordering and Results Record** (Practice Direction – Test Orders) | a) The name and address of the patient  
   b) The name of the pharmacist requesting the test  
   c) The nature of the test ordered or recommended  
   d) The rationale for ordering or recommending  
   e) The health professional to whom results or recommendations will be forwarded  
   f) Any recommendations made or actions taken as a consequence of the result received and the date they occurred |
### Orientation to the New Practice Framework

The date the test was ordered or recommended
The date the results were received
The date the results were communicated by the pharmacist to the practitioner responsible for the patient’s care

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<th>Type of Record</th>
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| **Test Interpretation Record**  
(Practice Direction – Test Interpretation) | a) The name of the patient  
b) The address of the patient  
c) The name of the pharmacist interpreting the test  
d) The nature of the test  
e) The result of the test  
f) Any recommendations made or actions taken as a consequence of the result received  
g) The date of the test  
h) The date the test was interpreted |