From the February 13, 2006 Council Meeting:

COUNCIL:

- Passed a motion approving changes to the wording of section 3 of the Emergency Contraception Care Practice Guideline.
- Passed a motion that the Standards of Practice Committee review the self-assessment document for pharmacists and recommend how the ISMP self-assessment document can be incorporated into community practice.
- Passed a motion that in addition to a fine or suspended license, the Discipline and/or Complaints Committee might require the pharmacy to perform a patient safety assessment such as the ISMP assessment.
- Passed a motion that the Complaints Committee consider posting a summary of all medication incidents in the M.Ph.A. Newsletter for the knowledge of all pharmacists and this summary would be anonymous and not include any names of pharmacists or pharmacies.
- Passed a motion that the Professional Development Committee develop a patient safety education session geared towards community pharmacy.
- Passed a motion that all Discipline Hearing fines and costs be due within 30 days of the decision with no extensions.
- Passed a motion that Dr. Al Eros be appointed Chair of the Board of Examiners Committee.
- Passed a motion that the two envelope system, as previously used in past elections to Council, continue.
- Passed a motion that Dimenhydrinate to be rescheduled to be a NAPRA Schedule II product rather than a Schedule III product.
- Passed a motion that the primary method of M.Ph.A. document publication and distribution be moved to an electronic format (CD, DVD, Website, etc.). The intent will be to distribute an updated CD copy to each member each licensing year, recognizing that provision of a hardcopy will be on a cost recovery basis.

• enclosed with this newsletter mailing

- M.Ph.A. Practice Guideline: Emergency Contraception (EC) Care (updated February 13, 2006)
- M.Ph.A. Practice Guideline: Principles of Advertising
- Health Canada Advisories
Please be advised the Annual General Meeting of the M.Ph.A. is scheduled for

Saturday, April 8, 2006 at the Clarion Hotel
1445 Portage Avenue, Winnipeg, Manitoba • 10:30 a.m to 12:00 p.m. - Manitoba Room

MANITOBA PHARMACEUTICAL ASSOCIATION
ANNUAL GENERAL MEETING

The Annual General Meeting of the Manitoba Pharmaceutical Association is scheduled to commence at 10:30 a.m., at the Clarion Hotel, 1445 Portage Avenue, in Winnipeg, at which time a series of annual reports will be presented.

The reports will be presented for information and any issues arising from the reports will be referred to the Issues Forum, which will occur in the afternoon.

Please be advised that members will have an opportunity to discuss issues at the Issues Forum and any proposed changes to the regulations or bylaws at special general meetings leading up to the annual general meeting.

AGENDA - ORDER OF BUSINESS
CHAIR - GARY CAVANAGH

1. Reading of the minutes of the 2005 Annual General Meeting, Registrar
2. Reading of the minutes March 23, 2005, Special General Meeting, Registrar
3. Reading of the minutes January 4, 2006, Special General Meeting, Registrar
4. Business arising from the minutes
5. Report of Executive Treasurer
6. Registrar's Report
7. President's Address
8. Report of Elections Committee
9. Committee and Liaison Reports (passed for information as a group)
10. Faculty of Pharmacy Report and Notice of Motion

NOTICE OF MOTION: Pat Trozzo will move or cause to be moved, seconded by Lois Cantin “That M.Ph.A. support the continuation of the $100.00 levy, per member’s annual license fee, to the Faculty of Pharmacy, University of Manitoba, for 2007 licensing year.

11. Unfinished Business
12. New Business
   a) Prescription Information Services of Manitoba (PrISM) Report

The Order of Business is designed to allow the formal Annual General Meeting to complete its mandate of closing the dealings that have been completed for the previous fiscal year. Reports are to encompass that fiscal year only. Those issues requiring detailed discussion or where resolution cannot be established will be forwarded to the Issues Forum to be held at the Manitoba Pharmacy Conference.
~ Annual General Meeting ~ Rules of Procedure ~

1. A Notice of Meeting will be forwarded to the entire membership no less than 21 days prior to the scheduled meeting.
2. A quorum must be present to hold a meeting. Must be at least 5% of the membership in attendance.
3. A Parliamentarian will assist with parliamentary procedure as the need arises.
4. Roberts Rules of Order will govern.
5. The chair of the general meeting may permit discussion of motions that are for information and do not require action by the Association. Motions either simple or by resolution, accepted at an annual general meeting, or a special general meeting, requiring action on behalf of the Association shall be forwarded to Council for consideration and decision.
6. All members must sign the attendance sign-in sheet.
7. Voting cards will be issued to all voting members.
8. All members may speak only once to any given resolution and debate may be limited, unless permission to the contrary is given by the assembly.
9. All members are requested to speak at the microphone and are further requested to identify themselves by name before speaking.
10. The mover and seconder can speak first, followed by other speakers. The mover has the option of being the last speaker to the motion.
11. Speakers must address the chair.
12. All members present are encouraged to engage in discussion, but only voting members may make motions and vote.
13. Members who hold some type of membership with the Manitoba Pharmaceutical Association other than a practicing licence in a patient care or a non-patient care setting, are entitled to speak but not vote.
14. Non-members and observers are welcome but are unable to engage in discussion or vote.
15. Motion forms will be provided. Motions should be in writing on these forms and the appropriate copy given to the chair at the time of making the motion.
16. During voting on motions, members are to remain in the meeting room.

In keeping with Motion #10 of the June 16, 2002 Special General Meeting Minutes, the above set of rules of procedures has been compiled for the membership's information and this basic set of procedures will be made available at every Annual General Meeting and Special General Meeting so the membership can effectively proceed with the meeting on a timely basis.

~ Ballot Counting Process for the 2006 Council Elections ~

For clarification, please be advised the vote receiving and tallying procedure is as follows:

- Once the ballot envelopes are received at the MPhA office, they are given to the Executive Assistant, Ms. Judy Higham.
- Ms. Higham ensures the enveloped marked “Ballot” is signed and records the pharmacist's name identified on the envelope (to prevent a pharmacist from voting more than once).
- If the envelope is not signed, or if the pharmacist placed his/her ballot in the envelope mailed to the office and not in the envelope marked “Ballot”, those votes would be set aside as “spoiled” and brought to the attention of the Election Committee for their final determination.
- If the ballot envelope and vote is received as it ought to be, the sealed (unopened) ballot envelope is placed in a ballot box.
- For the entire election period this process is followed until the time the votes are counted.
- As described in the By-laws (S. 2.12), the President appoints the Election Committee.
- The evening of the vote counting, the Registrar, in accordance with the By-Laws (S. 2.9 and 2.14) provides the ballot box to the Committee as well as the presumed spoiled ballots, and the necessary materials to do the count.
- Typically, the Registrar and another staff person or, our legal counsel Mr. Marr, in the presence of the Election Committee open the “ballot” envelopes and place the folded ballots onto the table or in another box.
- The folded ballots are then taken by two people from the election committee, unfolded and read to the third person on the committee to tally the votes. The ballot opening rate far exceeds the ballot reading rate and it would be impossible for anyone to observe the pharmacist’s vote through the folded ballot or by which ballot came from which envelope and/or make a mental note of who voted for whom, even if one was so inclined.
- The Election Committee will also watch for further spoiled ballots.

After all envelopes are opened and votes tallied, the Election Committee prepares their report identifying the pharmacists' names that received the top four amount of votes in each electoral district. Pursuant to S. 2.17 of the By-laws, the report is given to the Registrar, who then gives it to the Chairperson to announce at the Annual General Meeting.

Please note: Candidates are invited to appoint an observer to watch the process.
**MANITOBA PHARMACY CONFERENCE 2006**

*Generation Rx: The Evolution of Pharmacy*

**AWARDS PRESENTATION**

Annual Awards Banquet • Saturday, April 8, 2006
6 pm Reception • 7 pm Dinner • 9 pm Awards Presentations

---

**2006 Recipient of the Whitehall Robins Bowl of Hygeia**

Ms. Nancy Metcalfe, Morden, Manitoba

This award is given annually in appreciation of the time and personal sacrifice devoted by pharmacists to the welfare of their respective communities. In 1958 E. Claiborne Robins, President of A.H. Robins and a third-generation pharmacist in his family, established the “Bowl of Hygeia” Award for outstanding community service by pharmacists. The award, an impressive mahogany plaque that features the “Bowl of Hygeia” cast in bronze, is presented annually to a recipient selected by each of the participating pharmaceutical associations.

Nancy Metcalfe is the recipient of this year's Whitehall Robins Bowl of Hygeia Award. In Nancy's case, the community is perhaps better described as the global village. Every year Nancy has journeyed to various parts of the Third World to provide medical/pharmaceutical care and spiritual care to the less privileged. As part of a multidisciplinary team of self-funded medical professionals and other volunteers, Nancy arranges transportation of the medicines that will be used in the temporary medical clinics in areas with little medical service. Nancy's efforts have involved work in Haiti, Philippines, Equador, Jamaica, Thailand, and the Congo to name a few. There are few pharmacists that contribute both locally and internationally with the dedication of Nancy Metcalfe.

---

**Recipient of the 2005 Pharmacist of the Year**

Mr. Ralph Whitfield, Souris, Manitoba

This award is given annually to a Manitoba Pharmacist who, in the opinion of his/her peers, has made a significant contribution to the profession during his/her career. Ralph Whitfield is the recipient of the 2005 Pharmacist of Year Award.

Ralph Whitfield has worked in drugstores since Grade 11 in Boissevain, except for 2 ½ years as a CIBA sales representative. He opened Whitfield Drugs in Souris in 1956, always working and expanding, including an adjacent Medical Centre. He was awarded the Bowl of Hygeia in 1979 for outstanding initiatives on Town Council and many new community projects. Ralph is in his 50th year of providing care at Whitfield Drugs, in a friendly, proficient, dedicated and courteous manner, often with a light-hearted twist of humor. He has extended himself beyond what is expected by providing patient care at all hours of the day or night. Ralph is highly regarded by his staff and his customers and is a true testament having made a significant contribution to the Profession of Pharmacy.
2006 Recipient of the Bonnie Schultz Memorial Award For Practice Excellence - Mrs. Grazia Prochazka, Winnipeg, Manitoba

The recipient of this award demonstrates outstanding excellence in optimizing patient care. Factors considered include serving as a role model; excellence in communication skills; compassion, empathy and concern; and demonstration of skilled practice.

Grazia Prochazka graduated from the Faculty of Pharmacy in 1987. She went on to complete a Residency in Hospital Pharmacy at Winnipeg's Health Sciences Centre in 1988. Following her residency, she worked in the Pediatric Intensive Care Unit of Children's Hospital and in 1989, became staff pharmacist at Misericordia Hospital. Her duties included rotations in inpatient dispensing, chemotherapy preparation, clinical functions (ICU rounds, pain consults) drug information and outpatient dispensing. When the Misericordia Hospital converted to a long-term care facility in 1998, Grazia accepted the opportunity to transfer to Deer Lodge Centre and continued caring for the residents in Interim Care at the Misericordia Hospital.

Grazia is the pharmacist member of the Deer Lodge Centre Pain Committee, a member of the WRHA Long-Term Care Pharmacy Advisory Council and also serves as Chair of the Misericordia Long-Term Care Interdisciplinary Pharmacy Committee. She has also served on various committees of the WRHA pharmacy program dealing with issues including medication safety, a review of intravenous drug monographs and the development of a career ladder for pharmacists.

Grazia's motivation for becoming a pharmacist comes from a deep desire to help others. She states, “Anything that can make a person's life better, from making suggestions on optimum medication usage to lending an ear when a patient or family member needs to talk, is the most important thing that I as a pharmacist can do”.

M.Ph.A. AWARDS PRESENTATION

M.Ph.A. Awards Luncheon
Sunday, April 9, 2006 • 12:00 noon

50 Year Gold Pins
Harvey Cantin
William Dixon
Dennis McMahon
Harold Charlat
Harry Kaplan
Matthew Olynyk
Gary Cutler
William Lifchus
Harry Shapiro

25 Year Silver Pins
Errol Aqui
Robert Bulloch
Tannis Butterworth
Wilfred Dilay
Janet Evans
Barbara Hayes
Pat Honcharik
Heather Keenes
Anthony Ko
Olaf Koester
G. Patricia Lehmann
Zoe Leslie
David McKay
Suzanne McKay
Victor Nieckarz
Russell Rosmus
Catherine Savage
Karl Sigurdson
Barbara Sroll
Patricia Tonin
Michele Tumber
Dan Wasko
Joanne Winzinovich
Sonia Wriedt
2005 M.Ph.A. Learning Portfolio Review

We are presently conducting the 2005 M.Ph.A. Learning Portfolio Review. Twenty percent of practising licensed pharmacists were randomly selected to participate in this revised review process and the letters were sent out in early February notifying them of their selection. These pharmacists have been asked to forward to the MPhA the CEU certificates or other supporting documents that will confirm their participation in the accredited learning activities listed on the Professional Development Log sheets they submitted with their 2006 licence applications. Once the review is completed, it will no longer be necessary to retain the 2005 PD Year documentation. However, pharmacists may want to retain an electronic copy of their learning portfolio as part of their c.v. in the event that they may change their position or move out of province.

Can a pharmacy transfer drugs without a wholesale licence?

Health Canada requires an Establishment Licence for pharmacy to pharmacy, or pharmacy to wholesale transfer of drugs. An Establishment Licence is a “wholesale” licence requirement under the Regulations to the Food and Drug Act that cover the transfer of drugs from a “wholesale” to a pharmacy, another wholesale, or hospital.

- For the pharmacy to pharmacy drug transfer for a specific prescription “for emergency purposes” only, transfer can occur without an Establishment Licence. It is also permitted for the transfer of drugs back to the wholesale from where the drugs were purchased.

- A Health Canada Establishment Licence is required in any non emergency drug transfer from one pharmacy to another pharmacy, and drug transfer from a pharmacy to a wholesale who was not the original supplier of the drug.

Further information on Establishment Licensing is available from Health Canada at (204) 943-5490. Information on pharmacy to pharmacy transfer for emergency use is available from the MPhA at 233-1411.

2006 Manitoba Pharmacy Directories

2006 Manitoba Pharmacy Directories are updated and available on the Manitoba webpage. Please go to www.napra.ca and click on MB and then Pharmacy Directory.

Please be advised that the directory is updated at the beginning of every month.

CSHP Fellowships

CSHP Fellow status is conferred by the Board of Fellows upon CSHP Members who have demonstrated noteworthy, sustained service and excellence in the practice of pharmacy in an organized healthcare setting.

The following Manitoba Members have received CSHP Fellow status in 2005/06:

**Alfred Gin**, B.Sc.Pharm., Pharm. D.

**Nicolas Honcharik**, Pharm. D.

**Pat Trozzo**, B.Sc.(Chem.), B.Sc.Pharm., BCPS

• in memoriam •

**Audrey Vineberg** ~ October, 2005

**John D. Nicolson** ~ October 2, 2005

**Eric J. Lee** ~ November 4, 2005

**Samual H. Brickman** ~ December 1, 2005

**C. Manson Martin** ~ December 1, 2005

**Thelma O’Brien** ~ December 5, 2005

**Kenneth M. White** ~ December 16, 2005

**Ray O. Albi** ~ January, 2006

**David Keynes** ~ January 4, 2005
Clinical Assistant: Prescribing Authority

Clinical Assistants

Effective immediately, Clinical Assistants can issue prescriptions under the delegated authority of a medical practitioner. The Clinical Assistant (CA) practice is relatively new to Manitoba. The regulation to the Medical Act was approved in 1999 and the Winnipeg Regional Health Authority (WRHA) hired the first CA in early 2002. Manitoba is the first Province in Canada to pass regulations permitting the practice of Clinical Assistants; several other provinces are now considering similar regulations. Clinical Assistants are healthcare providers who practice medicine under direct physician supervision. A Clinical Assistant is a “physician extender”, who augments a physician's practice.

Clinical Assistants are dependant practitioners who practice medicine autonomously, but not independently. This physician-CA supervisory relationship is mandated through regulations, and is the principle on which the profession is founded. Currently there are approximately 15 CA's practicing in a variety of medical and surgical specialties throughout the WRHA. Some Clinical Assistants working for the WRHA are using the term Physician's Assistant.

The CAs will help improve access to health care services, assist in waiting time reduction, provide both acute and chronic disease management, and enhance the collaborative practice provided by their physician-CA team and other healthcare professionals. In Manitoba, there are two categories of Clinical Assistants, Certified & Non-certified.

Certified Clinical Assistants abbreviated “CA (cert.)” are individuals who have successfully completed an accredited Physician Assistant (PA) training program in either the U.S. or Canada. They must have also passed the national credentialing exam for the country in which they trained. There is currently only one PA training program in Canada operated by the Canadian Armed Forces, and is based out of CFB Borden Ontario. The Canadian military has utilized PA's for several decades to support healthcare services needed for military personnel both at home and while on deployment in foreign countries. Currently two civilian PA training programs are being developed and awaiting final funding approval, the University of Manitoba Medical School and the Justice Institute of British Columbia. Both programs are working towards a September 2007 enrolment.

Physician Assistant training programs are 27-36 months in duration, and are based on a medical model similar to physician training. The breadth of learned medical knowledge is similar, but the depth of PA education is less comprehensive than that for a physician. A majority of PA training programs are part of the Faculty of Medicine at their respective universities. Entry requirements include prior healthcare education training and experience, such as a Registered Nurse or Paramedic.

Non-Certified Clinical Assistants (abbreviated “CA”) are individuals whose credentials have been verified and applications approved by the College of Physicians & Surgeons of Manitoba (CPSM). They must then pass the Registered Clinical Assistant (RCA) Part I exam administered by the University of Manitoba. Applicants for registration as a Non-Certified CA must meet the following requirements:

a) have a degree in medicine from a faculty of medicine acceptable to the council (CPSM);

b) be licensed or registered to provide healthcare under an act of legislature; or

c) be certified as an Emergency Medical Attendant-level III (EMA III).

After orientation and training within a specific area of practice, the Non-Certified CA must complete the RCA Part II exam. The University of Manitoba office of Continuing Medical Education also administers this exam.

Legislation

Clinical Assistants are registered pursuant to the Clinical Assistant Regulation (Regulation 183/99) of The Medical Act (C.C.S.M.c.M90). This permits registration of Clinical Assistants on Part 2 of the Clinical Assistant Register. The CA must enter into a contract of supervision with a licensed physician(s), and a list of alternate supervising physicians must also be submitted and approved. In conjunction with the contract of supervision, the physician must submit a detailed practice description outlining the CA's duties and functions. These practice descriptions must be approved by the College of Physicians & Surgeons of Manitoba (CPSM) prior to the CA entering into clinical practice.

. . . continued next page
Clinical Assistants . . . continued . . .

Information on the Prescription and DPIN Data Entry

The authority to issue a prescription is outlined in section 16(1-3) of the Clinical Assistant Regulation. Clinical Assistants cannot prescribe narcotics or controlled substances. The Federal Controlled Drug & Substances Act restricts this authority to prescribe these products to physicians, dentists, and veterinary practitioners.

The prescriptions from Clinical Assistants must include all the unusual prescribing information plus the:

- name and signature of the CA followed by the designation “CA(Cert.)” or “CA”
- contact telephone number for the CA,
- name of the Supervising Physician,
- treatment goal and/or diagnosis and/or clinical indication.

Prescriptions are entered into the Drug Programs Information Network (DPIN) using the name and authority of the Supervising Physician, as indicated on the prescription form.

Included with this newsletter is the current list of Clinical Assistants approved by the College of Physicians and Surgeons of Manitoba.

Scope of Practice

The Clinical Assistant’s (CA) scope of practice must mirror that of the supervising physician. The CA effectively extends the same services to clients as does the physician. The CA may not provide services for any physician that is not listed in the contract of supervision, or that are outside of the supervising physician's scope of practice. Each supervising physician must submit a detailed practice description outlining the duties & functions of the CA in relation to the physician's practice. This practice description must be approved by CPSM.

Clinical Assistant & Pharmacist Collaboration

As with anyone employed in a healthcare field, collaboration & cooperation between all healthcare professionals is essential. The clinical assistant prescriber-pharmacist collaboration is crucial to ensure that both patient safety & quality outcomes in disease management / prevention are met. The inclusion of “the treatment goal and/or diagnosis and/or clinical indication” on the prescription is critical for patient care and safety and successful implementation of treatment plans.

Clinical Assistants in Manitoba

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Araneta</td>
<td>Jose Alberto V.</td>
</tr>
<tr>
<td>Cabuhat</td>
<td>Noel Portacio</td>
</tr>
<tr>
<td>Dascal</td>
<td>Mario Andres</td>
</tr>
<tr>
<td>Iman</td>
<td>Auelker</td>
</tr>
<tr>
<td>Ives</td>
<td>Russell Rexford</td>
</tr>
<tr>
<td>Jones</td>
<td>Ian William</td>
</tr>
<tr>
<td>Liu</td>
<td>Hongwei</td>
</tr>
<tr>
<td>Maslyak</td>
<td>Oksana</td>
</tr>
<tr>
<td>Nguyen</td>
<td>Tai Van</td>
</tr>
<tr>
<td>Philpott</td>
<td>Christopher Robert</td>
</tr>
<tr>
<td>Rhule</td>
<td>Christopher Andrew</td>
</tr>
<tr>
<td>Semanyenzi</td>
<td>Theoneste</td>
</tr>
<tr>
<td>Stepaniuk</td>
<td>Jon Gordon Pierre</td>
</tr>
<tr>
<td>Stroescu</td>
<td>Daniela Violeta</td>
</tr>
<tr>
<td>Ten Eyck</td>
<td>Kerry Albert</td>
</tr>
<tr>
<td>Yan</td>
<td>Hong Zhi</td>
</tr>
<tr>
<td>Zhang</td>
<td>Manna</td>
</tr>
</tbody>
</table>

Donation to the Faculty of Pharmacy Building

Mr. Kris Thorkelson, has donated $500,000 to the Faculty of Pharmacy in appreciation for the education that facilitated his current success.

The undergraduate laboratory in the new Faculty of Pharmacy building under development at the Bannatyne campus will be named the Thorkelson Undergraduate Laboratory. Mr. Thorkelson is a Council member of the Manitoba Pharmaceutical Association.
<table>
<thead>
<tr>
<th>No.</th>
<th>Principle</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>All promotional material or broadcasts, whether in print, spoken or via electronic media, will be considered advertising and governed by this document.</td>
</tr>
<tr>
<td>2.</td>
<td>Advertising that uses the terms “medications”, “medicine”, “drugs” or similar words would be interpreted to include both prescription and non-prescription products unless qualified in the advertisement using the same size font.</td>
</tr>
<tr>
<td>3.</td>
<td>Advertising can clearly cite prescription medication prices as permitted by the Code of Ethics and the regulations to the Food and Drugs Act, but cannot use vague references to prices by using such terms as low, lower or lowest, discount, extra saving or similar such description.</td>
</tr>
<tr>
<td>4.</td>
<td>Advertising of prescription medication shall support safe and appropriate use of medication and not influence the public into situations of overuse of medication or purchase of large quantities.</td>
</tr>
<tr>
<td>5.</td>
<td>Advertising prices of non-prescription drugs and unscheduled medicine are not restricted as described in 3) when the advertising is in good taste and does not detract from the public esteem for the profession or not encourage large quantity purchases.</td>
</tr>
<tr>
<td>6.</td>
<td>Promotional events used to encourage members of the public to come into the pharmacy cannot be connected with filling prescriptions without including the statement about the role of the pharmacist providing patient care.</td>
</tr>
<tr>
<td>7.</td>
<td>Advertising of Schedule 2 drugs must include a statement that advises the patient the drug can only be purchased after consultation with the pharmacist regarding conditions and symptoms being treated.</td>
</tr>
<tr>
<td>8.</td>
<td>Promotional events or advertising shall not encourage the transfer of prescriptions in order to receive a gift or additional gratuity.</td>
</tr>
<tr>
<td>9.</td>
<td>Promotional events or advertising shall not entice or restrict patients to purchase drugs on a particular day or days in order to qualify for a greater gratuity which would be inconsistent with proper medication use, cause excessive purchases and storing of medication and create patient safety issues at the pharmacy due to an additional workload.</td>
</tr>
<tr>
<td>10.</td>
<td>Advertising of professional services and fees by the pharmacist or pharmacy must be in compliance with the Code of Ethics which states, in part, that advertising cannot “be undignified, in bad taste, superfluous, inaccurate, claim superiority over other pharmacies, or imply anything that would tend to lower the image of the profession of pharmacy” and cannot imply “the pharmacy offers superior or exclusive professional service”.</td>
</tr>
<tr>
<td>11.</td>
<td>Advertising shall not contravene federal legislation regarding drugs, diseases or natural health products.</td>
</tr>
</tbody>
</table>

This document has been reprinted and included in this newsletter mailing so that a copy can be placed in your M.Ph.A. Binder.
Advertising Principles

As reported in this newsletter, Council has approved the enclosed *Principles of Advertising in Manitoba Pharmacies* document. This document is intended to provide direction on how pharmacies advertise their products and services. Advertising restrictions are described in the *Code of Ethics*, which is the statutory authority as to what is acceptable. These principles provide a consistent interpretation of the advertising section of the *Code of Ethics* and assistance for pharmacies wishing to advertise in the province. Although the document is not intended to impact upon existing pharmacy names, it will be used for all new pharmacies wishing to open in the province.

Notice of Conviction

On January 26, 2006, Med Center Canada Inc. plead “guilty” in Provincial Court to two offences under *The Pharmaceutical Act*.

During the period of time related to the charges (mid 2003 to mid 2004), MedCenter was a “storefront” operation and was not licensed as a pharmacy. At this time, the President and CEO of MedCenter was Mr. Alexander Duncan Glassey. The corporation essentially ran a referral business, which obtained drug orders from customers (primarily residents of the United States), collected payment, and arranged for a licenced pharmacy to fill the prescriptions.

In contravention of s.56 of *The Pharmaceutical Act*, MedCenter engaged in advertising and communication using restricted designations which implied that it was a pharmacy licenced in Manitoba.

In contravention of s.2(1) of *The Pharmaceutical Act*, MedCenter engaged in the practice of pharmacy without a licence, by selling or offering to sell drugs by retail.

The Provincial Court imposed a total fine of $15,000 and costs of $5,000 in relation to the two convictions.

The University of Manitoba’s Faculty of Manitoba has the privilege of hosting Professional Development Week, January 17-21, 2007. This annual national student conference is open to members of the Canadian Association of Pharmacy Students and Interns (CAPSI) and promises to be the most exciting and educational in PDW history!

Up to 1000 students from across the country will have the opportunity to explore the profession of pharmacy with the conference theme *Embracing Diversity: Putting the Pieces Together*. The educational portion of will include talented and dynamic speakers who are experts and leaders in a wide range of fields including economics, business, microbiology, forensics and hospital & community practice. Opening the conference will be Keynote Speaker, Myrella Roy, who currently serves as the Executive Director of the Canadian Association of Hospital Pharmacists and will speak on her experiences with Pharmacists Without Borders. Closing the conference as a Motivational Speaker will be Stephen Lewis UN Special Envoy for HIV/AIDS in Africa.

Aside from the great line-up of speakers, students can also participate in several competitions such as compounding, patient interviews, essay and pharmafacts. The conference also offers many fun-filled social events that allow students to meet their future colleagues from across the country.

The PDW 2007 Planning Committee is looking forward to January 2007 and hosting this conference with the spirit and hospitality Manitoba is known for! For more information please contact pdw2007@hotmail.com or visit our website at www.pdw2007.umphsa.ca.

Adrienne Dufour & Cheryl Shaver
PDW 2007 Planning Committee Chair & Vice Chair
Manitoba Prescribing Practices Program
Prescriptions from other Provinces

From time to time Manitoba pharmacists are asked to dispense medications that require a Manitoba Prescribing Practices Program (M3P) prescription form but these prescriptions are written by an authorized practitioner from another province who does not have the appropriate form. On first reading, Regulation 20(2) requires that all prescriptions for sales reportable narcotics and other M3P scheduled products be presented on an M3P form.

Excerpt from The Pharmaceutical Regulations:

20(2) No pharmacist shall fill a prescription for a drug listed in a schedule that has been made by the council and the College of Physicians and Surgeons unless

(a) the prescription is dated and signed by an authorized practitioner on a form approved by council;

(b) the pharmacist has taken reasonable steps to satisfy himself or herself that

(i) the prescription has been given by an authorized practitioner registered and entitled to practice in a province or territory of Canada,

(ii) the prescription form clearly and accurately sets out the name and dosage form of the drug, the quantity to be dispensed, and directions for use, including intervals at which the drug is to be taken,

(iii) all patient and prescription information required by section 18 has been included on the prescription form,

(iv) the drug that has been prescribed is within the authorized practitioner's scope of practice, and

(v) the drug that has been prescribed is consistent with standards of care and patient safety;

(c) only one drug is prescribed on the prescription form; and

(d) the prescription is presented to the pharmacist within three days of the date set out on the prescription form by the authorized practitioner.

The regulation describes the requirements that need to be met for a prescription written by a Manitoba authorized practitioner. Since the inception of the “triplicate prescription program” in 1990 pharmacists have used their professional judgment when filling out of province prescriptions. This ability has been re-enforced by a recent Council decision to permit pharmacists to fill prescriptions for medications covered under the M3P program on forms that are in use in the province or territory where the practitioner resides. Prescriptions written by authorized practitioners in other provinces and territories need only meet the requirements in place in their jurisdiction for the prescription to be filled in Manitoba.

Although the prescription may be legally filled, pharmacists should be certain that the order is written by a licensed physician, dentist or veterinary surgeon qualified and permitted to prescribe the drugs on the M3P schedule. The prescription still needs to meet the criteria that it be consistent with standards of care and patient safety and is within the authorized practitioner's scope of practice as required by section 20(2)(b)(iv) and (v).

Specialized prescription forms for narcotics and controlled drugs being used in other provinces:

British Columbia - two copy special form for the same drugs covered in Manitoba with the exception that secobarbital and nabilone are not covered in B.C.

Alberta - triplicate form for “sales reportable” narcotics, butalbital and methylphenidate and combination products containing codeine.

Saskatchewan - triplicate form for “sales-reportable” narcotics, methylphenidate and combination products containing codeine

Ontario - no special form or program

Quebec - no special form or program

New Brunswick - no special form or program

Nova Scotia - triplicate form for all narcotic and controlled medications

P.E.I. - no special form or program

Newfoundland & Labrador - tamper Resistant Prescription forms for “sales-reportable” narcotics, “sales-reportable” controlled drugs anorexiants, amobarital and butalbital containing products.
**focus on patient safety**

Building an awareness for the systems that can lead to adverse events and changing the culture from “blaming” to reporting and learning from medication adverse events are some of the key steps in addressing patient safety in pharmacy practice. It is hoped that this column may facilitate taking those key steps.

*From the Institute for Safe Medication Practices (ISMP) - US*

**Where’s the leading zero?**

A community pharmacy in the US received a hospital discharge prescription for a 7-month-old infant. The prescription indicated that a one-month supply of famotidine suspension 40 mg/5 mL should be dispensed. However, the instructions appeared to be written as “14 mL po bid.” Fortunately, before the medication was prepared and dispensed, the pharmacist recognized the high dose and contacted the prescriber. It was discovered that the correct dose should have been 0.4 mL (3.2 mg) instead of 14 mL (112 mg), but the prescriber failed to include the “leading zero” (the zero preceding the decimal point). Errors in which the leading zero has been omitted often lead to a 10-fold overdose (“.4” becomes “4” because the decimal point is not seen). In this case, there was a chance for a 35-fold overdose because in addition to not including the zero, the prescriber wrote the decimal point in such a way that it looked more like a line than a point and was subsequently interpreted as the number “1” causing “.4” to become “14.”

**Saving money on refurbished equipment may prove costly in the long run.**

Recently, a malfunctioning computer keyboard was replaced with a refurbished keyboard in one pharmacy. It was later discovered that the “M” key on this refurbished keyboard was not functioning properly. Consequently, the pharmacy found at least two order entry errors where “mg” became “g” when it was printed on medication administration records used for a long-term care facility. Fortunately, no error affecting a patient actually occurred. If the misprint had resulted in a 10-fold overdose, rather than a 1,000-fold overdose, it’s more likely that the error could have reached the patient. It has now become pharmacy policy that a new, inexpensive keyboard is kept in the pharmacy and accessible to all pharmacy personnel to use as needed.

*Copyright © 2006 ISMP. All rights reserved*

Provided by the Institute for Safe Medication Practices (ISMP), this information has appeared in the ISMP Medication Safety Alert! Community/Ambulatory Care Edition. This newsletter is a monthly compilation of medication-related incidents, error-prevention recommendations, news, and editorial content designed to inform and alert community pharmacy practitioners to potentially hazardous conditions that may affect patient safety. Individual subscriptions prices are $45 (US) per year for 12 monthly issues, delivered electronically. Discounts are available for organizations with multiple pharmacy sites. For more information, send an e-mail message to community@ismp.org or call 215-947-7797.

**ISMP Canada and the Canadian Medication Incident Reporting and Prevention System (CMIRPS)**

ISMP Canada is collaborating with the Canadian Institute for Health Information (CIHI) and Health Canada to establish and implement the Canadian Medication Incident Reporting and Prevention System (CMIRPS). Strategies to prevent harm from medication incidents are based on systems analysis and rely on the collection and sharing of information about medication incidents. The term “medication incident” is widely used to represent the preventable subset of potential and actual adverse drug events. When implemented, CMIRPS will accept incident reports from both individual practitioners (ISMP Canada’s lead role) and health service organizations (CIHI’s lead role). Of interest are reports of potential and actual incidents, both critical and noncritical, related to any medication, and occurring at any stage of the medication use system.

Although CMIRPS is still in the development stage, individual practitioners are already submitting incident reports through the ISMP Canada voluntary practitioner reporting program component. This service offers confidential (or anonymous, if preferred) reporting of incidents and does not collect identifying information about individual patients. Reports are accepted from anyone working within the health care system, including health care professionals, such as physicians, nurses, pharmacists, technicians, and paramedics, as well as risk managers and staff of regulatory colleges, coroners’ offices, and insurance providers. A variety of reporting channels are available, including telephone, electronic submission through a web portal, and mail.

Report a medication incident through the ISMP Canada website at www.ismp-canada.org, or by telephoning 1-866-54-ISMPC. Additional information about the CMIRPS individual practitioner reporting component is available at http://ismp-canada.org/cmirps.htm; e-mail: cmirps@ismp-canada.org.

If you have made changes in your pharmacy, which focus on patient safety that you would like to share with your colleagues, please contact Susan Lessard-Friesen at 233-1411.