On April 17, 2015, Council approved the concept that distribution of all Exempted Codeine Preparations to patients be entered into the DPIN system. The proposal outlines that upon review of the patient and their symptoms, the pharmacist may prescribe the drug and the prescription is entered into the DPIN system. This will strengthen safeguards for the proper use of exempted codeine preparations and guard against potential abuse by patients and deter patients who seek the drug from multiple pharmacies.

A practice direction is currently under development and, in time, will be provided to the members and stakeholders for their review and feedback. Once the practice direction is approved, it will be the responsibility of all pharmacists to only issue exempted codeine preparations pursuant to a prescription (by a pharmacist or another prescriber).

As the College nears implementation of this significant enhancement to patient care and safety, a public awareness campaign will be prepared and implemented province-wide.
Dual membership: Canadian Pharmacists Association & Pharmacists Manitoba

Pharmacists in Manitoba can now belong to CPhA only through Pharmacists Manitoba (formerly known as the Manitoba Society of Pharmacists). Members of Pharmacists Manitoba are automatically CPhA Associates, but will need to register with CPhA to access new benefits. Visit the members-only section of the Pharmacists Manitoba website at www.pharmacistsmb.ca for details. Pharmacists who are not members of Pharmacists Manitoba can no longer access CPhA benefits.

Background

In June 2014 the Canadian Pharmacists Association (CPhA) adopted a new governance and membership model to give pharmacy a stronger national voice. As of January 1, 2015, all 10 provincial pharmacy advocacy associations, plus the Association of Faculties of Pharmacy of Canada (AFPC) signed on as Organizational Members of CPhA, and all members of those associations are CPhA Associates. The CPhA Board of Directors is made up of representatives from each of the CPhA Organizational Members, plus six individual skills-based representatives. Barret Procyshyn, Pharmacists Manitoba Vice President, represents Pharmacists Manitoba on the CPhA Board.

VISION
Lead in patient safety by creating the framework for collaborative and innovative patient-centred pharmacy practice.

MISSION
To protect the health and well-being of the public by ensuring and promoting safe, patient-centred and progressive pharmacy practice in collaboration with other health-care providers.

VALUES
Integrity
We act with professional, fair and honest conduct.

Respect
We are considerate of the values and needs of others.

Excellence
We strive to be innovative and attain high quality and exemplary performance.

Accountability
We are responsible for our actions in an open and transparent manner.

Collaboration
We strive to include teamwork and partnership.

Lifelong Learning
We continue to enhance our knowledge and competency.
Dear Members,

On Monday, June 22, 2015, members will be voting on small changes to the regulations that will increase our scope of practice and clarify the administration of the Td vaccines. It is necessary for members to attend this meeting (so we can achieve quorum) and vote on a change in regulations that benefits the health of Manitobans and the profession of pharmacy. The ability for members to vote on changes to the regulations is a privilege that few other regulatory bodies have in the country. With that ability comes the responsibility to take action and attend the Special General Meeting on June 22, 2015, to vote on this change to the regulations that govern your practice.

If the membership votes in favor of the changes to the regulations, these changes must be sent to the Minister of Health and approved before they can be implemented. This will not be the last meeting to be called for members to vote on the regulations. As we move forward, it may be necessary to make additional changes to the regulations to improve pharmacists’ ability to care for their patients, and to prepare for eventually coming under the Regulated Health Professionals Act.

I am very pleased to announce that on June 3, 2015, at the Manitoba Institute for Patient Safety (MIPS) Annual General Meeting, Deputy Registrar Susan Lessard-Friesen was elected to the Board of Directors for MIPS. At that same meeting, Registrar Ronald Guse, who was on the first MIPS Board in 2004 and vice-chair of the board, was thanked for his contributions to the board over the past 10 years. Susan’s election to the Board will continue the College’s ability to grow and foster patient safety at the College and in pharmacy practice.

The College is looking forward to listing the first pharmacy technicians in Manitoba under the December 2006 Pharmaceutical Act. The College office has received several applications for pharmacy technicians in training, and, for the first time the PEBC (OSPE) will be available in Winnipeg this fall.

In August, the District V Meetings of the National Association of Boards of Pharmacy will be held in Fargo, North Dakota. This is an important opportunity for regulatory authorities from the Iowa, Manitoba, Minnesota, Nebraska, North Dakota, Saskatchewan, and South Dakota to collaborate on the current issues for practice, patient safety and professional development.

Remember, the continuation of patient-centered, high quality, health-care is in your hands. We must all work together to ensure we are continuing to improve our profession in order to provide excellent and safe care to all Manitobans.

Sincerely,

Glenda Marsh, BSc.(Pharm.)
President
College of Pharmacists of Manitoba

“This will not be the last meeting to be called for members to vote on the regulations.”
Pharmacist and Pharmacy Technician Competency Review Surveys

This June and July, the Pharmacy Examining Board of Canada (PEBC) is conducting concurrent surveys of pharmacists and pharmacy technicians in order to update the blueprints for the Qualifying Examinations which are administered on behalf of provincial regulatory authorities. This updating of the blueprints, which are based on the new NAPRA Entry-to-Practice Competencies, will help to ensure that the competencies measure the most important practice activities at entry-to-practice.

Pharmacy registrants

In June and July, PEBC is conducting an important survey to evaluate the importance of each of the competencies required of pharmacists at the beginning of their professional practice. The competencies that form the basis of the test content outline for the PEBC Pharmacist Qualifying Examination were recently updated by the National Association of Pharmacy Regulatory Authorities (NAPRA). Data from the survey will be used to update the Qualifying Examinations for pharmacists to reflect the revised competencies and their importance in practice. It is critical that a large number of pharmacists from Manitoba participate in order to accurately reflect practice in our jurisdiction.

Registered pharmacists in active practice are needed to take the survey. If you are in active practice in a patient care setting, and are willing to participate in the survey as a representative of Manitoba, please take a few minutes now to register for the survey.

Pharmacists are invited to register to participate at [https://www.surveymonkey.com/s/PEBC_Ph2015](https://www.surveymonkey.com/s/PEBC_Ph2015)

Please note, some institutions may block the linkage to survey monkey. If this occurs, we recommend that you use a home computer. If the link still does not work, please send your name, personal e-mail address and province/territory to [PEBC@proexam.org](mailto:PEBC@proexam.org).

Pharmacy technicians

In June and July, PEBC is conducting an important survey to evaluate the importance of each of the competencies required of pharmacy technicians (both regulated and non-regulated) at the beginning of professional practice (after completing training). The competencies that form the basis of the test content outline for the PEBC Qualifying Examination for pharmacy technicians were recently updated by NAPRA. Data from the survey will be used to update the Qualifying Examinations to reflect the revised competencies. It is critical that a large number of pharmacy technicians from Manitoba participate in order to accurately reflect practice in our jurisdiction.

Pharmacy technicians in active practice in a patient care setting are needed to take the survey. If you are in active practice in a patient care setting, and are willing to participate in the survey as a representative of Manitoba, please take a few minutes now to register for the survey by clicking this link:

[https://www.surveymonkey.com/s/PEBCTech](https://www.surveymonkey.com/s/PEBCTech)

Please note, some institutions may block the web link to survey monkey. If this occurs, we recommend that you use a home computer. If the link still does not work, please send your name, personal e-mail address and province/territory to [PEBCTechs@proexam.org](mailto:PEBCTechs@proexam.org).
Pharmacy technician regulation update

A pharmacy technician’s scope of practice focuses on the knowledge, skills, and abilities associated with the technical aspects of prescription and patient information, and of product and drug distribution. In the Spring 2015 Newsletter, the College outlined the process for new applicants and current pharmacy assistants to achieve pharmacy technician status in Manitoba.

Pharmacy staff interested in achieving pharmacy technician status in Manitoba are encouraged to carefully review the Pharmacy Technicians section of the website for pharmacy technician-in-training application requirements. In particular, please note that the Structured Practical Training must be completed in Manitoba. Those who are planning to work in another province as a pharmacy technician must check with the regulatory body in that province to ensure their Manitoba pharmacy technician status will be recognized in that province.

The deadline for successfully passing the PEBC Pharmacy Technician Evaluating Examination is December 31, 2018. The College Council supports this new deadline.

Motion:
Candidates must pass the PEBC Evaluating Examination prior to December 31, 2018. Not passing the Evaluating Examination prior to December 31, 2018, would require an individual to enroll in a CCAPP accredited pharmacy technician training program in order to qualify for pharmacy technician status in the future.

Notice from the Pharmacy Examining Board of Canada (PEBC)

The Pharmacy Examining Board of Canada (PEBC) has recently added Winnipeg as a site for Part II (OSPE) of the September Pharmacy Technician Qualifying Examination, in addition to Part I (MCQ), for those working towards becoming a PEBC certified pharmacy technician. The deadline for applications for the Winnipeg site for residents of Manitoba only has been extended from June 10, 2015 to July 17, 2015. Applicants can make their payment on the PEBC website up until noon on June 10th. After this time, applicants will need to print the application form from the website, complete their application manually and submit the appropriate payment (certified cheque or money order) with their application, by mail or courier.

The PEBC website (www.pebc.ca) has detailed information about application procedures, eligibility, examination locations, examination costs and what to expect when taking the examinations. All questions about this information or regarding Certification with PEBC must be directed to the PEBC office by email to: pebcinfo@pebc.ca.
It takes a village...to care for an aging parent

Many are familiar with the saying, “It takes a village to raise a child.” Well so too does it take a village to care for a parent. More so than ever before, older adults are being cared for at home where they can access a full range of health services. Pharmacies play a big role of supporting older adults to access their, often complex, medication therapy regimens with provision of compliance packaging. The question is, “are pharmacists doing enough to ensure that older adults are receiving their medications safely?”

Pharmacists should understand the requirement to provide patient medication counselling with all prescriptions dispensed regardless of whether it is a new prescription for the patient or a refilled medication they have been receiving for a number of years. As well, it is important to remember that this requirement to provide patient medication counselling remains regardless of whether the prescription is picked up by a family member or friend, or delivered to the patient’s home. Simply sending out a written medication information sheet to every patient that receives blister packaged medications, without an understanding of the individual patient’s counselling needs or whether they may be receiving assistance from a family member, home care nurse or other caregiver, is not meeting the requirement to provide patient medication counselling.

Below are some examples of situations that have been reported to the College in which a patient’s need for medication counselling is not being met:

• The prescription is sent to the pharmacy by fax and is delivered to the patient’s home (i.e., there is no contact between the pharmacist and the patient). A written medication information sheet is sent to the patient with the prescription; however, the information contains a great deal of medical terminology that the patient does not understand and finds overwhelming. Some patients may also have literacy issues or English may not be their first language.

• The patient’s family member or friend picks up the prescription from the pharmacy. A pharmacy assistant asks the person if the patient has any questions for the pharmacist. As the person is simply picking up the prescription, they do not have any questions or simply feel it is none of their business to ask questions regarding the medications.

• The patient picks up the prescription at the pharmacy and the pharmacy assistant asks if they have any questions for the pharmacist. The patient would like to receive counselling on their medications but, does not have specific questions and feels the pharmacist is too busy to speak with them. The pharmacy assistant documents that the patient has refused counselling. This does not comply with the patient counselling standard or practice direction!

Pharmacists need to understand that should prescriptions be delivered or picked-up by a patient’s agent, it is still the pharmacist’s responsibility to make a reasonable attempt to contact the patient directly by phone to provide medication counselling. The Patient Counselling Practice Direction describes the pharmacist’s responsibility in this respect and provides additional guidance that communication with the patient must be specific to the patient’s condition and needs, assess the patient’s level of understanding, and respond to the patient at the appropriate literacy level.

For those patients who do not pick-up their prescriptions from the pharmacy, pharmacists should be taking an extra step to determine if the patient is still managing their care independently or if a family member, home care nurse or other caregiver should be receiving regular verbal medication counselling on the patient’s behalf from the pharmacist. Patients in Manitoba, their families and other caregivers have the right to expect direct communication with their pharmacist each and every time a prescription is filled to improve medication safety.
**Health Product InfoWatch**

The Canadian Adverse Reaction Newsletter (CARN) has a new format, look and name: Health Product InfoWatch. The Health Product InfoWatch is published monthly in an easy to read format that includes a monthly recap of health product advisories and summary safety reviews, as well as a growing selection of new health product safety information.

To subscribe to Health Product InfoWatch, you can do so directly on the Stay Informed - MedEffect Canada page.

May 2015

- Review article: Febuxostat and international reports of agranulocytosis and drug rash with eosinophilia and systemic symptoms
- Product monograph update: Nexavar (sorafenib)

**MedEffect e-Notice**

MedEffect e-Notice is a free service that sends health product alerts right to your e-mail inbox. Advisories and recalls are an important source of information regarding the post-market safety and effectiveness of health products. Pharmacists are reminded of their responsibility to subscribe to MedEffect e-Notice to receive important health and safety advisories including notices about drug recalls, as these notices are distributed by Health Canada. By being informed of these important advisories in a timely manner, pharmacists will be better able to respond quickly to address patient inquiries and safety issues. To subscribe to Health Canada MedEffect e-Notices, go to:


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**.pharmacy domain - now accepting applications**

NABP launched the .pharmacy top-level domain to provide consumers around the world a way to easily identify safe and legal online pharmacies and pharmacy resources. Starting on April 1, 2015, the National Association of Boards of Pharmacy® (NABP®) began accepting applications for .pharmacy domain names from all dispensing pharmacies. Entities with a pharmacy related website may apply and if approved, will be eligible for a .pharmacy domain name.

Except for those already Verified Internet Pharmacy Practice Sites® (VIPPS®) or Veterinary-Verified Internet Pharmacy Practice Sites® (Vet-VIPPS®) accredited or NABP e-AdvertiserCM-approved, pharmacy entities seeking a .pharmacy domain name must first submit an application, supporting documentation, and an application fee to NABP. NABP will evaluate these documents to ensure compliance with program standards. Please note, as part of the application process, the content of the proposed website must be available for review by NABP. NABP is establishing a network of international regulatory groups to facilitate evaluation of international domain name applications. Once approved, applicants will be able to register the domain name through an approved domain registrar.

NABP will grant use of the .pharmacy domain to legitimate website operators that adhere to pharmacy laws in their jurisdictions and in which their patients and customers reside, so that consumers can easily find safe online pharmacies.

Additional information about the .Pharmacy TLD Program online is available at [www.safe.pharmacy](http://www.safe.pharmacy).

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**Save the date! College golf tournament September 10, 2015**

Save the date for the College of Pharmacists of Manitoba Annual Golf Tournament on Thursday, September 10, 2015. This year’s tournament is taking us north of Winnipeg to the Teulon Golf & Country Club. The event will have lots of prizes, an opportunity for pharmacies and other businesses to sponsor a hole and have a great day on the course. The number of attendees for this event have been steadily dropping. if you would like to be sure the Annual Tournament continues, you need to attend!
Safe handling and labelling of cytotoxic medications in the community for patients, their families and pharmacies

An increasing number of cytotoxic chemotherapy agents are manufactured in oral formulations. Many of these new oral agents are dispensed from community pharmacies in Manitoba, and pharmacists must ensure they are appropriately handled and labelled.

Cytotoxic medications are a category of hazardous medications, and are deemed to pose maximal risk in the event of occupational exposure\(^3\). Potential adverse effects associated with exposure to cytotoxic medications include infertility, miscarriages, and skin rashes, among other serious health conditions.

Whenever possible, it is recommended that oral cytotoxic medications be dispensed in their original packaging. If the patient or caregiver requires the cytotoxic medication to be dispensed in a vial or compliance package, it is important to follow the recommendations listed below:

1) Pharmacy tools used for cytotoxic medications, such as counting trays or blister packaging equipment, must be kept separate from tools used for non-hazardous medications\(^1,3\).

2) Pharmacy staff who are counting and dispensing oral cytotoxic medications must wear chemotherapy resistant gloves. Hands must be washed before and after glove application\(^1,3\).

3) Oral cytotoxic agents must not be loaded into and dispensed from automated packaging or counting machines\(^1,3\).

4) Manipulations to oral cytotoxic drugs, such as compounding, splitting, or crushing, must be performed in a designated compounding area that is separate from other drug compounding and dispensing and can be thoroughly cleaned.

5) Pharmacies who dispense oral cytotoxic agents must have a written emergency plan in the event of accidental exposure and spills\(^1\).

Appropriate auxiliary labels on cytotoxic medications are very important to inform healthcare workers and family members of the nature of the drug(s) and the precautions required when handling these medications. Family members or healthcare workers often help patients take these medications, and it is the responsibility of the pharmacy to label cytotoxic medications appropriately to alert caregivers and the public of these risks.

When compliance packaging cytotoxic drugs, it is important to dispense these medications in a compliance pack separate from the patient’s other medications. Many new oral cytotoxic chemotherapy agents are prescribed according to a chemotherapy cycle, and not daily. In addition, a patient’s dose can change quickly based on the patient’s bloodwork levels or adverse events associated with the medication.

A recent Institute for Safe Medication Practices (ISMP) Canada Multi-Incident Analysis involving Oral Chemotherapy Agents identified medication name mix-ups as a common cause of medication errors associated with oral cytotoxic agents. Recent mix-ups cited in the multi-incident analysis include Nexavar (sorafenib) and Nexium (esomeprazole), and...
The Institute for Safe Medication Practices Canada is an independent national not-for-profit organization committed to the advancement of medication safety in all healthcare settings. ISMP Canada works collaboratively with the healthcare community, regulatory agencies and policy makers, provincial, national and international patient safety organizations, the pharmaceutical industry and the public to promote safe medication practices. ISMP Canada’s mandate includes analyzing medication incidents, making recommendations for the prevention of harmful medication incidents, and facilitating quality improvement initiatives.

ISMP Newsletter Subscriptions
ISMP Canada Safety Bulletins are designed to disseminate timely, targeted information to reduce the risk of medication incidents. The purpose of the bulletins is to confidentially share the information received about medication incidents which have occurred and to suggest medication system improvement strategies for enhancing patient safety. The bulletins will also share alerts and warnings specific to the Canadian marketplace.

The following ISMP Canada Safety Bulletins have been issued since the last issue of the Newsletter.

2015 - ISMP Canada Safety Bulletins
2015 - Volume 15
• Missed Doses of Allergen Extracts Contribute to Serious Reaction - Issue 5
• Analysis of Incidents Involving Oral Chemotherapy Agents - Issue 4
• ALERT: Shortage of Topical Epinephrine 1:1000 Poses Safety Risks - Issue 3

2015 - SafeMedicationUse.ca Safety Newsletters and Alerts for Consumers
2015 Volume 6
• Caution: Not All Medicines Are Taken Every Day
• Beware: Medicine Names May Sound Alike, but the Medicines May Be Very Different!
• Same Brand Name, Different Ingredient

References:

Report medication incidents (Including near misses)
Online: www.ismp-canada.org/err_index.htm
Phone: 1-866-544-7672
ISMP Canada strives to ensure confidentiality and security of information received, and respects the wishes of the reporter as to the level of detail to be included in publications.

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

Contact us
Email: cmirps@ismp-canada.org
Phone: 1-866-544-7672

The Canadian Medication Incident Reporting and Prevention System (CMIRPS) is a collaborative pan-Canadian program of Health Canada, the Canadian Institute for Health Information (CIHI), the Institute for Safe Medication Practices Canada (ISMP Canada) and the Canadian Patient Safety Institute (CPSI). The goal of CMIRPS is to reduce and prevent harmful medication incidents in Canada.

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

To subscribe and for more information on all ISMP Canada’s publications, events and services visit the ISMP Canada website at www.ismp-canada.org.
Professional development (PD) update

Take the summer to develop and expand your knowledge!

This summer, take some time to review a previously recorded professional development program by visiting Previously Recorded Programs on www.cphm.ca or visit Upcoming Professional Development Opportunities for upcoming live programs. If you haven’t already done so, consider completing the requirements to be authorized to prescribe a drug for the self-limiting conditions or for the administration of injections. For information on expanded scope of practice certifications, please see Expanded Scope of Practice on www.cphm.ca. Check the Friday Five bi-weekly e-bulletin regularly to stay up to date with new professional development opportunities.

Immunization Competencies Education Program (ICEP) has been updated to the Education Program for Immunization Competencies (EPIC)

The Immunization Competencies Education Program (ICEP) on Advancing Practice, one of the online components of the CCCEP Stage II injection training program offered by the College of Pharmacists of Manitoba and the College of Pharmacy at the University of Manitoba, has been updated and is now called the Education Program for Immunization Competencies (EPIC). The updated program has the required CCCEP Stage II accreditation when taken along with the practical training offered by the College of Pharmacists of Manitoba (or College of Pharmacy). Since ICEP and EPIC are considered separate programs, ICEP and EPIC will be hosted on AdvancingPractice.com concurrently; however, participants are no longer able to purchase the old ICEP program. ICEP participants will be given until August 2015 to complete their modules.

Pharmacists who purchased ICEP from Oct 1, 2014, to March 31, 2015, but did not complete all the modules, will be granted free access to EPIC after ICEP expires on August 1, 2015. However, participation will not be transferred from one program to the other, so pharmacists must complete all module requirements within one of the programs. Pharmacists who have purchased and completed the program from October 1, 2014, to March 31, 2015, will be granted free access to a mini update on Advancing Practice. For those who do not get access to the new version, but are interested in viewing the updates, a mini update will be available for purchase from Advancing Practice in August 2015.

“Certificate program” versus “certification”

As published in the April 10, 2015, Friday Five, pharmacists are reminded that a continuing education certificate program is not professional certification. Completion of a continuing education certificate program does not result in professional certification of the participant in an area of practice.

The primary focus of a continuing education certificate program is on the provision of education. The learner assessment is used to confirm that participants have achieved the intended learning outcomes of the program.

On the other hand, the primary focus of professional certification is on assessment. The assessment is independent of a specific class, course, or other education program, and also independent of any provider of classes, courses, or programs. In summary, pharmacists must not use the term “certification” to describe the completion of a continuing education certificate program or the completion of a course in which they have received a certificate.

For example, participants who achieve the certificate of completion of a QUIT program may state that they hold a continuing education certificate in providing QUIT smoking cessation services. The program certificate does not provide participants with professional certification credentials. In other words, a pharmacist may complete a QUIT certificate program, but they do not have smoking cessation or QUIT certification.

For more information, please see page three and four of the Canadian Council on Continuing Education in Pharmacy (CCCEP) Policy on the Accreditation of Continuing Education Certificate Programs.
Quality Assurance Committee

In keeping with the College’s Strategic Plan, Council has approved implementation of a new Quality Assurance (QA) Committee. A major focus of the QA Committee will be to make recommendations to Council on improvements to the College’s current Quality Assurance/Continuous Quality Improvement (QA/CQI) Program. Improvements to the program will be aimed at identifying more effective ways to accurately reflect and measure performance in pharmacy practice.

Members will remember a survey that was conducted in February 2013 in which guiding principles that have been established for further development of the College’s QA/CQI Program were introduced and confirmed by the membership. The guiding principles are:

1. **Always Improving**
   
   The need to design a program that would support continuous quality improvement for pharmacy professionals

2. **Practice and Performance-Based Recognition** of the value of assessing pharmacist practice and performance as compared to competency assessment alone

3. **Relevant to Practice**
   
   Recognition of the impact of environmental/external factors such as the pharmacist’s physical environment, including pharmacy systems and operations and practice framework which, in addition to competence, influence performance

4. **Fair Assessment**
   
   Incorporating best practice models for performance assessment that are measurable, fair, valid and transparent based on experience and evidence provided by other sectors, industries and/or jurisdictions

5. **Using Existing Resources**
   
   The desire to develop a QA/CQI Program that builds on existing infrastructure including assessment tools and processes in consideration of the limited resources (financial, human resources, time) available to both the pharmacist and the College

6. **Practical**
   
   Envisioning a QA/CQI Program that would be implemented in a staged approach as available resources allowed

7. **Meaningful**
   
   Adopting a communication/social marketing strategy that engages pharmacists, the College and other stakeholders in the initial stages and throughout the development process to solicit feedback and guidance that will ensure the program effectively meets the needs of all groups

To view further information on the College’s QA/CQI Program and survey results on the guiding principles, please refer to the Spring 2014 Newsletter.

Participation as a member of the QA Committee is on a volunteer basis and it is anticipated that the committee will likely meet two to four times per year. At the time of the survey, members were initially invited to volunteer for the QA Committee and several members have already put their name forward as expressing an interest to participate but Council had yet to appoint the QA Committee. Plans to have the first meeting of the committee at that time were delayed but, we are now prepared to have the first meeting of the committee in early September. Those members who have already volunteered for the committee will be contacted to confirm they are still interested in participating. As well, we would like to again extend the invitation to all members who may be interested in participating on the QA Committee by asking them to send an email to Sarah Mann at smann@cphm.ca. Members will be notified of the September meeting date by email to their email address listed in the College’s database. For further information on the QA Committee, please contact Susan Lessard-Friesen (slessard-friesen@cphm.ca or 204-233-1411).
Discipline Decision

Shouren Bose

Pursuant to the Notice of Hearing (the “Notice”) dated the 25th day of February, 2014, it was alleged that Mr. Shouren Bose, being a pharmacist under the provisions of the Pharmaceutical Act ("Act"), and a registrant of the College, was guilty of unskilled practice and professional misconduct, or both, as described in Section 35 of the Act.

Mr. Bose entered a plea of guilty to the following, in that, in his role as pharmacist and/or pharmacy manager at the Prairie Trail Pharmacy located at Suite 100 – 1345 Taylor Avenue, Winnipeg, Manitoba, he:

• Possessed cocaine for personal use in contravention of section 4(1) of the Controlled Drugs and Substances Act, S.C. 1996, c. 19, (the “CDSA”), and section 2 of the MPhA Code of Ethics (the “Code”);

• Personally misused cocaine in contravention of section 7 of the MPhA Community Standards of Practice (the “Standards”) and section 2 of the Code;

• Supplied drugs listed in a schedule to the CDSA, including morphine tablets and ketamine powder, on multiple occasions to a patient of Prairie Trail Pharmacy, without first receiving a prescription for in contravention of section 31 of the Narcotic Control Regulations, C.R.C., c. 1041, section 7 of the Standards, and sections 1, 2, and 13 of the Code;

• Interfered with the College’s investigator who was conducting a preliminary investigation by contacting patient, the complainant, on September 13, 2013, after being specifically instructed by the investigator not to do so and agreeing not to do so, thereby contravening section 2 of the Code;

• Counseled patient, the complainant, on September 13, 2013, to mislead the investigator and to destroy evidence in order to obstruct and mislead the investigator in contravention of section 20(2) of the Act, and section 2 of the Code;

• Failed to maintain a Narcotic and Controlled Drug Perpetual Inventory record system and failed to perform and document inventory counts of narcotic and controlled drugs at a minimum of every three months in contravention of the MPhA Narcotic & Controlled Drug Accountability Guidelines;

• Failed to properly store and label finished bulk compounded drug products at Prairie Trail Pharmacy in contravention of sections 13 and 15 of the Pharmaceutical Regulation, Man Reg 56/92 (the "Regulation"), the MPhA Extemporaneous Compounding Guideline, and the MPhA Pharmacy Standards (Minimum Pharmacy Site Requirements) (the “Pharmacy Standards”);

• Failed to properly prepare an oral suspension/syrup of clonidine (the “clonidine solution”) in the prescribed strength, resulting in an overdose and two hypotensive incidents requiring emergency intervention for patient, a minor, in contravention of sections 13 and 22.1(2) of the Regulation and sections 1, 2 and 8 of the Code;

• Failed to ensure the extemporaneous preparation of the clonidine solution was done in compliance with the Institute for Safe Medication Practices Safety Bulletin dated February 23, 2011, which was distributed to all members of the College in the MPhA Newsletter dated March 2011, contrary to section 13 of the Regulation and sections 1 and 8 of the Code;

• Misled hospital staff inquiring about the extemporaneous preparation of the clonidine solution thereby concealing the error, compromising the safety of and increasing the risk to patient, a minor, in contravention of section 14 of the Regulation;

• Failed to document and advise patient, his parent, and the prescribing physician of the medication error in contravention of sections 9.4 and 9.6 of the Standards; and

• Failed to securely retain prescription records in the possession of Prairie Trail Pharmacy in contravention of section 22 of the Regulation, the Pharmacy Standards, and section 18 of The Personal Health Information Act C.C.S.M. c.P33.5.

The Discipline Committee (“Committee”) finds that the following disposition should serve to protect public’s interest and confidence. The Committee finds, pursuant to section 36(2) of the Act that Mr. Bose is guilty of unskilled practice and professional misconduct, and pursuant to sections 37 and 38(1)(a) of the Act, orders that:

a) Mr. Bose be suspended for a period of one year, commencing July 8, 2014, and ending July 8, 2015, at which time Mr. Bose may apply to the Registrar for a pharmacist licence; and

b) During the time Mr. Bose is suspended, he will, at his own cost:

1. complete a chemical abuse assessment as approved by the Registrar and provide the Registrar with a copy of the findings; and

2. comply with all recommendations from the chemical abuse assessment and provide monthly reports in writing, supporting satisfactory conduct, to the Registrar; and

Continued on page 13.
3. make and maintain contact with the Pharmacists at Risk Committee and instruct the Committee to contact the Registrar should he fail to maintain a satisfactory relationship with that Committee.

c) Upon completion of the period of suspension, Mr. Bose may apply for re-instatement of his pharmacist licence, subject to all of the re-licensing requirements of the College.

d) Upon relicensing with the College, the following conditions will be placed on his licence:

   1. he cannot be a pharmacy manager;
   2. he cannot be a preceptor;
   3. he cannot have ordering / signing authority for drugs covered under the Controlled Drugs and Substances Act; and
   4. he cannot work in a pharmacy without another person present in the dispensary.

e) Upon relicensing by the College, Mr. Bose must advise the pharmacy manager in all pharmacies who employ him in some capacity that:

   1. monthly narcotic inventory verification counts must occur;
   2. another pharmacist must verify all calculations for compounding medication before the compounding begins; and
   3. he has restrictions placed on his licence as listed in item “d” above.

f) Mr. Bose pay a contribution towards the costs of the College for the investigation and hearing in the amount of $15,000.00 (fifteen thousand dollars) within 30 days of the decision, with no extension being granted.

Adult Abuse and Child Abuse Registry checks are due June 1, 2016

Practising pharmacists are reminded of their obligation to provide the College a copy of their Child Abuse Registry Checks and Adult Abuse Registry Checks by the June 1, 2016 deadline. It is recommended to apply for these record checks well in advance of the June 1, 2016, deadline. Please see the links below to apply:

Adult Abuse Registry Check* (must be completed and submitted to the College office before June 1, 2016)

More information - http://manitoba.ca/fs/pwd/adult_abuse_registry.html


Child Abuse Registry Check* (must be completed and submitted to the College office before June 1, 2016)


Thank you to those members who submitted their criminal record checks in time for the June 1, 2015, deadline. Those who have not yet provided a criminal record check must pay a fine and submit their criminal record check no later than July 30, 2015. All criminal record checks must be submitted to the College office within 60 days of the June 1, 2015, deadline (July 30, 2015.) Those members who do not comply with this deadline will have their licence suspended for a serious risk to the public.
Changes to M3P form security features

In the Friday Five, the College notified members of upcoming changes to the M3P prescription form security features. As of April 21, 2015, the first series of M3P prescription pads with these new forms were distributed to some prescribers in Manitoba. Pharmacists can check both old and new M3P prescription forms for the following security features.

Security features of an M3P prescription form:

1. A screened print (faded grey scale) of the College of Pharmacists of Manitoba logo centered in the background of the form.
2. There are perforation marks on all four sides of the form.
3. The form number (along the side margin) and the word “PHARMACY” (located at the bottom of the form) are printed in two different tones of red. The form number is a deep red tone, whereas “PHARMACY” is a brighter tone.
4. The form number is slightly embossed, due to the printers stamping process. The indentation can be felt on both sides of the form. (The word “PHARMACY” is not embossed.)

New security features of M3P prescription forms numbered “5000000” and higher:

Starting in April 2015, all forms numbered “5000000” and higher feature a heat sensitive, colour changing ink on the reverse. The red check mark on the reverse side of the pharmacy copy will fade and reappear when rubbed or breathed upon.

Note: The new check-mark security feature is limited to M3P forms bearing numbers “5000000” or higher.

Both the old and new M3P prescription forms will be in circulation for a period of time.

These security features are intended to assist in verifying the authenticity of an M3P prescription form and cannot be relied upon as the only method for verifying that an M3P prescription is valid. Pharmacists must use their professional judgment when reviewing all M3P prescriptions as there is always the risk of an altered, lost or stolen prescription form being presented at the pharmacy. Should there be a question as to the validity of an M3P prescription, the pharmacist must contact the prescriber to confirm. For additional information on safeguards and elements of the Manitoba Prescribing Practices Program, please visit: http://mpha.in1touch.org/site/pd_previous?nav=qa

Manitoba Alliance of Health Regulatory Colleges (MAHRC)

The College of Pharmacists of Manitoba is a member of the Manitoba Alliance of Health Regulatory Colleges (MAHRC) which is an association of 22 health-care regulatory bodies in Manitoba. The Alliance was formed to unite the health-care regulatory colleges, share best practices and ensure safe, competent and ethical care from all regulated health professionals. Each college sets rules and supports for member education, registration and practice expectations, and takes appropriate action if those rules are not met. The Regulated Health Professions Act (RHPA) is the legal framework under which all regulated health professions will be governed. This RHPA has streamlined many processes across the 22 regulated health professions, including the complaints, investigation and discipline process.

The Government of Manitoba is currently working with the College of Registered Nurses of Manitoba and the College of Physicians and Surgeons of Manitoba to transition them to this new legislation. Eventually all colleges will fall under this new Act. The latest Pharmaceutical Act is aligned with the RHPA for when pharmacists fall under that legislation. The College of Audiologists and Speech Language Pathologists was the first college to come under the RHPA in 2014.

For more information on the Alliance, please see mahrc.net
Independent prescribing of certain CDSA drugs for medical residents...coming soon!

The Registration of Medical Practitioners Regulation was amended May 4, 2015, to allow medical residents, who meet certain criteria, expanded prescribing privileges. The new regulation will allow medical residents on the Educational Register, who are in a residency program, to apply to the College of Physicians and Surgeons of Manitoba (CPSM) for approval to independently prescribe certain narcotic controlled drugs and targeted substances without requiring a co-signature of the supervising medical practitioner.

Even though the regulation passed to allow this independent prescribing, all Controlled Drugs Substances Act (CDSA) medication prescribed by medical residents on an outpatient basis will still require a co-signature of the supervising medical practitioner, until further notice. The CPSM is presently working with Manitoba Health in consultation with the College of Pharmacists of Manitoba, to develop a method to identify and acknowledge the independent prescribing privileges of approved medical residents and develop a process for DPIN entry.

As more information becomes available, the College of Pharmacists of Manitoba will inform members this change in the Friday Five and the Prescribing Authority Table on www.cphm.ca will be updated.

Pharmacist (Public) Profiles

Under Part 5 of the Pharmaceutical Act, the College is obligated to make public the profiles of all practising pharmacists in Manitoba, by January 1, 2016. In Part 5 of the Regulations, it states that each profile must contain the following information about the member and his or her practice in Manitoba and elsewhere:

- Each member’s name, date of registration and primary employer. If a member chooses, the College will also list the member’s gender, self-declared language proficiencies, and work telephone number.
- The authorization of the pharmacists, such as administration of drugs and vaccines by injection, self-limiting conditions authorizations and smoking cessation authorizations.
- Any current certification of the member as a specialist or an extended practice pharmacist.
- Restrictions and records of the pharmacist such as the date and a brief description of any final disciplinary action taken against the member after January 1, 2009, and whether in Manitoba or elsewhere, unless the action has been reversed on appeal.
- The date and a brief description of any censure of the member and any current restrictions, terms or conditions on the member’s registration or licence, including any geographic or practice restrictions, pending qualification for full registration.
- The commencement date of any current interim suspension from the practice of pharmacy imposed on the member.
- The date of any malpractice court judgment against the member by a court in any jurisdiction within the last 10 years, the name of the court that issued it, and if the member has initiated an appeal respecting the malpractice judgment.
- A description of any offence under the Criminal Code (Canada), the Controlled Drugs and Substances Act (Canada), or the Food and Drugs Act (Canada), of which the member has been convicted within the past 10 years, if the council determines that the conviction is reasonably relevant to the member’s competence or to the safe practice of pharmacy. The description must include the date of the conviction and the name of the court imposing the conviction.

Prior to pharmacist profiles appearing online, pharmacists will have an opportunity to review the information that will be posted. Please note, practising pharmacists already have a section on their home page called “My Pharmacist (Public) Profile.” This section is currently under development, and when the pharmacist profiles review process begins, this is where pharmacists will be able to review their public pharmacist profile prior to posting online. Those pharmacists who wish to dispute the factual accuracy of information in their Pharmacist Profile, must forward a letter to the Registrar outlining the basis of the dispute and provide additional information to that effect. Details on this process will be included in the instructions the College will provide notifying pharmacists that the review process has begun. The commencement of the review process will be announced in both the Friday Five and an email to all practising members in the coming months.
Welcome to the Profession & Awards Ceremony

The class of 2015 received their College of Pharmacists of Manitoba Pins and Mortar & Pestles at the “Welcome to the Profession” Ceremony on Thursday, May 28, 2015.

Congratulations to the following award winners:

**CPhM Gold Medal - Riley Love**
(pictured with CPhM Councillor, Petr Prochazka)

**CPhM Silver Medal - Alysha Dudych**
(pictured with CPhM Councillor, Petr Prochazka)

**CPhM President’s Prize - Amanda Mazinke**
(pictured with CPhM Councillor, Petr Prochazka)

Preceptor of the Year Awards

Community Preceptor of the Year – Britt Kural

Hospital Preceptor of the Year – Mark Friesen

Pharmacy Team of the Year – St. Boniface Hospital Intensive Care Medical-Surgical Team  (Giuseppe Aletta, Rob Ariano, Meghann Klowak, Travis Warner, Monica Wong)

Elective Preceptor of the Year – Dr. Chris Louizos

Fourth Year Teaching Award – Dr. Lavern Vercaigne

Welcome, Sarah Mann

Please join the College in welcoming Sarah Mann, Office Assistant. Sarah has a background in administrative healthcare. Sarah joined the College on May 5, 2015.

Welcome, Chantal MacDonald

Please join the College in welcoming Chantal MacDonald, Administrative Assistant. Chantal’s background and experience includes working as an administrative and pharmacy assistant. Chantal’s responsibilities at the College will focus on administration of the registration and listing process for pharmacy technicians in Manitoba and the Multiple Prescribing Practices Program.

Welcome, Devyn Swark

Please join the College in welcoming third year, University of Manitoba pharmacy student, Devyn Swark. As the College’s Summer Apprentice, Devyn will be working with College staff on several pharmacy practice projects throughout the summer.

**In Memoriam**

Keith Lavallee
March 3, 2015

Paul Cheop
April 14, 2015