From The Council Meeting of April 28, 2000

• Council approved changes to be the minimum physical standards for pharmacy (will be distributed at a later date)
• Council scheduled a retreat for the fall.
• Accepted a schedule of district meetings in September.
• Approved a pilot project for enhancing the role of the technician in an institutional setting.
• Approved a gridline for blister packing (enclosed in this mailing)
• Approved the following for inclusion into the Code of Ethics (must be accepted by general meeting in order to be in effect)
  - A pharmacists shall not use their professional relationship with a patient to derive any personal gain.
  - A pharmacist may accept a gift of substantial nature from a patient only after the patient has received independent financial and/or legal advice.
• Council learned that out of the 42 pharmacists in the graduation class, only 6 are leaving the province.
NEED A PHARMACIST ADVOCATE?

The 90’s brought many changes to our lives both in the home and in the workplace. We are working harder than ever trying to balance the many demands on our time and energy. Sometimes it becomes more than we can comfortably handle alone, and sometimes we just need help dealing with a tricky professional situation. We need an advocate..... someone on our side.... someone who will listen and help us to find a solution.

The Pharmacist at Risk Committee, in order to keep up with the times, offers you a pharmacist advocate for all of your concerns.

Members:

Jim Alexander                             Gerry Morrow
Barbara Cinnamon                      Archie Orlikow
Morna Cook                               Greg Skura
Verne Cooke                               Yvonne Skura
Theresa Crann                             Gordon Walkty
Penny Globerman                        Don Watt
Myron Kurjewicz

Just Call 992-2704
Let us help you keep it together

CORRECTION

It has been brought to our attention that an error occurred in our list of pharmacists who registered more that 30 CEUs before October 31, 1999, as printed in the Professional Development Committee report to the April 29, 2000 Annual General Meeting. The list should show that Shelley Stepanuik registered 36.75 CEUs for 1999. We apologize for this error.

IN MEMORIAM

John A. Moir
January 4, 2000

William Henderson
January 21, 2000

Samuel Pechet
April 13, 2000

Cliff Bagrie
April 23, 2000
American Physician Prescriptions

Please be reminded that prescriptions written by an American licensed practitioner are not valid in Manitoba. The definition of a practitioner is a medical, dental or veterinarian licensed in any province in Canada. However, an American patient can attend a Canadian practitioner and receive a prescription. The prescription could then be filled. As stated above in this newsletter, the College of Physicians and Surgeons of Manitoba does not condone the practice of Physicians simply co-signing an American written prescription and, further, the Canadian physicians may not be covered by their liability insurance for that process.

RISK OF IMPORTANT DRUG INTERACTIONS BETWEEN ST. JOHN’S WORT AND PRESCRIPTION DRUGS

Health Canada would like to advise physicians, pharmacists, complementary medicine practitioners, and other health care professionals of the potential for clinically significant drug interactions when certain prescription medications are used in combination with St. John’s Wort (*hypericum perforatum*). St. John’s Wort is a herbal product which is available without a prescription at supermarkets, pharmacies, and health food stores as capsules, tablets, liquids, ointments, and teas. St. John’s Wort products with DIN status are labelled for use as remedies for a range of disorders including nervousness, tension, insomnia, nervous headache, and neuralgic pain. Various reports also attribute antidepressant properties to this herb.

St. John’s Wort appears to decrease the blood levels of some concomitantly administered drugs, an effect which may be related to the induction of enzymes of the cytochrome P450 metabolic pathway and/or the P-glycoprotein transporter. Substances which induce drug metabolism decrease the plasma concentration of co-administered drugs that are substrates for these enzymes. Induction can be expected to reduce the therapeutic effects of medicines that are de-activated by these enzymes and to enhance the pharmacodynamic activity of prodrugs that are activated as a result of metabolism.

Further information is available through Health Canada website [www.hc.sc.gc.ca](http://www.hc.sc.gc.ca) and search “St. John’s Wort”
Patient Confidentiality in the Pharmacy

The Manitoba Pharmaceutical Association has been advised there are a number of pharmacies where patients are receiving confidential information about their medication or treatment in a non-confidential manner. Pharmacists are reminded that personal health information must not be overheard by other patients or non-dispensary staff.

According to the standards under the Pharmaceutical Act and the Personal Health Information Act, conversation with a patient regarding their prescribed medication and care must be provided in a confidential manner.

The Manitoba Pharmaceutical Association Golf Tournament

The Association Tournament will be on Thursday, September 7th, 2000 at the Selkirk Golf and Country Club, 100 Sutherland Avenue in Selkirk, Manitoba. It will be a 12:30 p.m. shotgun start. The entrance fee is $65.00 (heck of a deal) and includes golf, supper and taxes.

Last year’s winners were:
- Randy Gray   Men's Low Gross (73)
- Bill Bilton   Men's Low Net (71)
- Brenda Parrot Lady’s Low Gross (80)
- Bev Theissen  Lady’s Low Net (76)
- Earl Winzinowich  Putting Contest Winner

The pharmacists of Manitoba at the Annual Golf Tournament raised $420.00 for the Multiple Sclerosis Society of Canada and over $850.00 for the Canadian Foundation for Pharmacy. This is a truly great event for two great causes.

Get your registration in early (see enclosed registration form), you don’t want to be left out of this one!!!

Dispensing Methadone

There have been many inquiries into the office regarding the dispensing of methadone for narcotic maintenance or analgesia. In 1992, the federal government released guidelines for methadone maintenance programs. To date, these guidelines have not been revised. The Manitoba Pharmaceutical Association office has printed information available regarding the preparation and dispensing of methadone and patient care. Also, information can be obtained through The Addictions Foundation of Manitoba.

Any pharmacy can dispense methadone, but only certain physicians can prescribe the drug. Please check with the local Health Canada office (Mr. Rick Brown @ 983-3747) or the Ottawa office (1-613-954-6540) for a listing of methadone prescribers.
Health Canada Re-alignment, July 1, 2000

The current Health Protection and Health Promotion and Programs branches will be realigned into three branches:

Health Products and Food,
Environmental and Product Safety
Population and Public Health

The activities of the Medical Services branch will be realigned to focus exclusively on Aboriginal health issues and the delivery of health services to First Nations and Inuit communities. To reflect this focus, the name of the branch will be changed to First Nations and Inuit Health Branch.

Compounding versus Manufacturing

NAPRA, CSHP and Health Canada are currently developing guidelines for the application of “Good Manufacturing Practices” requirements as related to the practice of pharmacy. An initial draft policy was circulated to stakeholders last summer and a response was submitted by the provincial pharmacy Registrars. Based on the responses, a second draft of the policy was produced. Should anyone wish to review the second draft document, copies are available from the Association office at 233-1411.

Lead Control Program, City of Winnipeg Water Department

This spring, the Water and Waste Department of the City of Winnipeg will begin a lead control program of adding a corrosion inhibitor, orthophosphate, to the water supply. This program will reduce the amount of lead leached into the drinking water from corrosion of plumbing fixtures and pipes with contain lead.

Pharmaceutical preparations in the pharmacy should use distilled water and not tap water. Should there be other uses of tap water in your pharmacy practice, you may want to obtain more information about the lead control program by contacting City of Winnipeg staff at 986-5323.

Suspended Physician

Effective midnight May 5th, 2000, Dr. Raj. S. Ahluwalia is suspended from the practice of medicine in Manitoba for a period of six months. This suspension will remain in effect until November 5th, 2000.

As a result, Dr. Ahluwalia cannot prescribe medications during the period of suspension. However, any existing prescriptions written prior to the suspension that include refill authorizations can be refilled.
Safeguards for Electronic Information under the Personal Health Information Act (PHIA)

Section 4 of regulations PHIA states:

- Safeguards for electronic information

4 A trustee who maintains personal health information in electronic form shall also

a) keep an electronic record of every successful or unsuccessful attempt to gain access to personal health information maintained in electronic form;

b) keep an electronic record of every addition to deletion or modification of personal health information maintained in electronic form;

c) ensure that every transmission of personal health information maintained in electronic form is recorded; and

d) regularly review the electronic record to detect any security breaches.

These safeguards must be in place by December 11, 2000. You may want to advise your pharmacy software provider of this section and ask how they plan to comply. The Association will be distributing more information, as it becomes available.

News from the Annual General Meeting

- The Council of the Manitoba Pharmaceutical Association for the next two years will be:

  Stuart Bellingham  Lois Cantin, President-elect
  Ron Eros, President  Gary Cavanagh, Executive Treasure
  Penny Murray  Joanne Johnson
  Dennis Wong  Scott McGibney
  Dexter Boyd, Past President  David Collins, Dean
  Diane Granger, Lay person

- Changes to the By-laws were accepted and copies will be mailed to all pharmacy managers and, upon request, pharmacists. They will also be posted at the MPhA home page located in the NAPRA website (www.napra.org) The pertinent changes are:

  All motions passed at a general meeting, requiring action on behalf of the Association, must be forwarded to the Council for consideration and decision.
Funds and securities to be invested in accordance with the approved Investment Policy.

A lay member from Council to become a member of the Board of Examiners.

- The policy for Lock & Leave to reflect “that a Lock & Leave Pharmacy be open at least 40 hours per week or 50% of the weekly hours of the balance of the store.”

- Changes to the Standards of Practice as follows:

  Addition to the Patient Counselling Standard:

  E) Pharmacist’s Responsibility when asked to Provide a Drug that may Harm the Patient

  1) In this section, "standard of care"* means the level of professional service that a reasonably prudent pharmacist would provide in caring for the patient in order to provide reasonable protection of the patient from harm.

  2) Ethically, pharmacists are obliged to hold the health and quality-of-life of their patients to be a prime consideration in all professional interactions. The standard of care when dispensing a drug includes a duty to inform the patient of the realistic consequences of its use, and to respect patient autonomy. The pharmacist must respect the autonomy of the patient to make decisions. This requires eliciting informed consent, where the pharmacist is satisfied that the patient possesses sufficient information and mental capacity to understand the risks and benefits of taking a particular drug, so that the patient may voluntarily accept or reject that particular treatment. During this process, the pharmacist is obliged to accurately disclose the material risks and benefits that are reasonably known, or can be reasonably expected under the circumstances.

  3) Should the pharmacist not be satisfied that the patient has made an informed decision, the pharmacist may compromise respect for autonomy and exercise professional judgement in a manner which will reduce what the pharmacist believes might be an unsafe consequence for the patient to an acceptable level.

  *"In common law, the standard of care for a pharmacist would be what a responsible pharmacist would do, that is the standard of the profession. Courts look towards expert witnesses, legislation and standards of practice accepted by regulatory bodies as evidence of standard of care"

  M. Berry, “Canadian Pharmacy Law”, August1998, paragraph 5.251

The following would become “E” under the Drug Distribution Standard.

Additions to the Drug Distribution Standard:

E) Pharmacists’ Responsibility in the Refusal to Provide Products or Services for Moral or Religious Reasons

  1) Pharmacists shall hold the health and safety of the public to be their first consideration in the practice of their profession. Pharmacists who object, as a matter of conscience, to providing a particular pharmacy product or service must be prepared to explain the basis of their objections. Objecting pharmacists have a responsibility to participate in a system designed to respect a patient’s right to receive pharmacy products and services.
2) The following policy reflects the need to meet a patient's requirements for pharmacy products and services while respecting a pharmacist's right of conscience:

i) A pharmacist is permitted to object to the provision of a certain pharmacy product or service if it appears to conflict with the pharmacist's view of morality or religious beliefs and if the pharmacist believes that his or her conscience will be harmed by providing the product or service. Objections should be conveyed to the pharmacy manager, not to the patient.

- Much discussion occurred regarding making it obliguary for a Pharmacist, who refuse to provide products or services for Moral or Religious reasons, to refer the patient to an alternative source. This matter was referred to the Issues Forum for discussion, but no discussion was generated. Further written comments or recommendation may be forwarded to the Registrar.

- M.Ph.A. support the continuation of the $75.00 levy, per member’s annual license fee, to the Faculty of Pharmacy, University of Manitoba for the 2001 licensing year, and that this is subject to an annual review at each subsequent Annual Meeting.

**Mutual Recognition Agreement (MRA) Signed**

The President and the Registrar of The Manitoba Pharmaceutical Association signed the MRA in Halifax on April 9th, 2000. The agreement was signed by all pharmacy regulatory authorities, excluding Quebec and the territories. Notwithstanding, the MRA has a strong commitment to bring these jurisdictions into the agreement by the implementation date of July 1st, 2001. The Association recognises the previous Registrar, Stewart Wilcox, for all his work leading up to the signing of the final document.

The MRA establishes the conditions under which a pharmacist who is licensed/registered in one Canadian jurisdiction will have his/her qualifications recognised in another Canadian jurisdiction which is party to the Agreement.

Each provincial jurisdiction is now required to make the necessary regulatory changes to have the agreement implemented by the target date of July 1st, 2001. Pharmacists wishing a copy of the text of the agreement can contact the Association office (at 233-1411) or visit the National Association of Pharmacy Regulatory Authorities website at [www.napra.org](http://www.napra.org).
NOTICE OF DECISION

On the 3rd of March, 2000, the Discipline Committee found pharmacist Ms. Lori Akladyous guilty of:

a) on or about March 18th, 1999, receive a prescription order for Patanol and erroneously dispensed the medications Betoptic S and Timoptic XE.

b) Fail to provide patient counselling on the medications described in a), as required by the Standards of Practice.

c) Fail to document the medication error described in a) as required by the Standards of Practice.

And resolved that Ms. Akladyous:

a) be fined $300.00 (three hundred dollars),

b) be assessed a portion of the costs by the hearing today and previous adjournments,

c) practice supervised by a licensed pharmacist, as determined by the Registrar, in a patient care setting for a period of 80 hours and receive a favourable report. (Should the report not be favourable, the 80 hours are to be repeated, until favourable, within a three-month time frame.)
PRESCRIBING AND TREATMENT: SELF AND FAMILY  (reprinted from the College of Physicians and Surgeons of Manitoba)

Federal and provincial legislation have specific provisions requiring that the subject of a prescription is to be a patient. The following provision of the Code of Conduct is relevant:

"An ethical physician will limit self-treatment or treatment of family members to minor or emergency medical services only; such treatments should be without fee;"

The College considers the immediate family to be the spouse or significant other, parents, siblings or children.

Statement of principles:

1. Medical management of a physician or a physician's family should be conducted by a colleague except where emergency circumstances prohibit, or the conditions are minor and self limiting.
2. A physician must never initiate any pharmacologic management, which is not consistent with the above principle.
3. A physician must never sign a prescription for oneself or one's family member even when pharmacologic management is being directed by a colleague when the pharmacologic product is: a narcotic, a controlled drug, has psychotropic properties, or is otherwise habituating or addicting.

L&E/09-94

A statement is a formal position of the College with which members shall comply.
News From Manitoba Health.....

Pharmacists can be proud of their effective use of the Drug Programs Information Network (DPIN) since it was initiated in July 1994. DPIN is a very efficient clinical tool that features “real time” drug use review, valuable drug interaction information and financial adjudication of drug claims.

In order to validate the accuracy of information transmitted to DPIN, Manitoba Health has asked pharmaceutical consultant, Allen Lytwyn, to visit pharmacies throughout Manitoba that are connected to DPIN. As a fellow pharmacist, Allen welcomes the opportunity to discuss any issues that you may have about DPIN. All appointments are prearranged with pharmacist managers.

Allen has developed a presentation booklet that explains the Pharmacare/DPIN system and outlines a series of questions that allows him to collect your input. In addition, a sampling of prescriptions, that have been entered into DPIN, is surveyed to ensure that DPIN has received this information correctly. The accuracy of this DPIN information is important to the health and safety of all Manitobans.

Allen's follow-up visit is conducted to deliver a report on the findings that each pharmacy will find useful in its day to day operation.

Manitoba Health values the comments of all pharmacists. The information gained by Allen’s surveys will be very beneficial in the continued successful operation of DPIN. Allen will relay your issues to the program management and will work to ensure that all health professionals can continue to access accurate DPIN information. Allen can be reached at phone: 786-7192, fax: 786-6634 or e-mail: alytwyn@health.gov.mb.ca

Formulary Reminder

- Bulletin #23 of the Manitoba Drug Benefits and Interchangeability Formulary Amendments was faxed to all Pharmacies in Manitoba in April 2000.
- The consolidated Manitoba Formulary and the most current bulletins are available on the Internet at www.gov.mb.ca/health/mbdif for your convenience. A copy of the complete Manitoba Formulary containing Bulletin #23 amendments, along with a copy of this bulletin, will be available on the Internet as of May 15, 2000.
- Manitoba Health will mail a printed hardcopy of the consolidated Manitoba Formulary, which will include the Bulletin #23 update, to all pharmacies in the very near future.

Watch for future news from Manitoba Health.
Notice of National (NAPRA) Drug Schedule Changes

May, 2000

Effective immediately, unless indicated

Please make all necessary changes on your copy of the NATIONAL (NAPRA) DRUG SCHEDULES. An updated copy of the National Drug Schedules is available at www.napra.org

1. Cimetidine

The federal government has removed
“Cimetidine and its salts, except when sold in concentrations of 200 mg or less per oral dosage unit and indicated for the treatment of heartburn”
from Schedule F (prescription status). This decision became effective March 23, 2000.

NAPRA has not yet received a formal request for an amendment to the national scheduling model to correspond to this federal action. Accordingly, in keeping with NAPRA policy, cimetidine over 100 mg remains in Schedule 1. To summarize, cimetidine will be represented in the National Drug Schedules as follows:

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“Cimetidine and its salts, except when sold in concentrations of 200 mg or less per oral dosage unit and indicated for the treatment of heartburn*. F1
(for information – see below)
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Schedule 1
“Cimetidine and its salts (in concentrations over 100 mg per oral dosage unit)”
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Schedule 3
“Cimetidine and its salts (in concentrations of 100 mg or less per dosage unit)”
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2. Meclizine

The federal government intends to de-regulate meclizine up to 25 mg, as of July 12, 2000.

Please be advised that a final determination of the OTC Scheduling status of this drug is underway. National Drug Scheduling Advisory Committee (NDSAC) members reviewed Pfizer’s scheduling request at the December 1999 meeting, and have asked for additional information before a final decision can be made. The committee will be meeting via teleconference call in early May to finalize the scheduling decision.

3. Gamma-hydroxybutyrate (GHB)

Part I of the Schedule to Part G of the Food and Drug Regulations is amended by adding the following after item 7:
8. 4-hydroxybutanoic acid [gamma-hydroxybutyrate (GHB)] and any salt thereof

Gamma-Hydroxybutyrate (GHB) is a central nervous system depressant. This amendment adds GHB to Part I of the Schedule to Part G of the Food and Drug Regulations.

GHB is currently listed in Schedule III of the Controlled Drugs and Substances Act (CDSA), which prohibits possession, possession for trafficking, trafficking, importation, exportation, possession for purposes of exportation and production of this drug and related products. Schedule III is associated with particular offenses and punishments described in Part I of the CDSA.

The CDSA and its Regulations do not currently allow for any legal distribution of GHB, based on the premise that it is essentially an illicit substance with no recognized medical or scientific use in Canada. The addition of GHB to the Schedule to Part G of the Food and Drug Regulations will allow for its legitimate distribution and possession under controlled conditions for medical or scientific purposes, currently prohibited under the CDSA. It will also facilitate the research on the use of GHB for the treatment of narcolepsy and will allow patient access to this treatment. Narcolepsy is a sleeping disorder associated with excessive daytime sleepiness and cataplexy. Cataplexy involves a striking, sudden episode of muscle weakness triggered by emotions that may result in temporary paralysis.

The Controlled Drugs and Substances Act came into force on May 14, 1997. It replaced the Narcotic Control Act and Parts III and IV of the Food and Drugs Act. The existing Narcotic Control Regulations as well as Parts G and J of the Food and Drug Regulations remain in force under the authority of the CDSA. Part G of the Food and Drug Regulations (Part G Regulations) regulates the possession, sale and distribution of substances commonly referred to as Controlled Drugs. The Part G Regulations define and provide an appropriate level of control for Controlled Drugs. These Regulations require dealers to be licensed in order to produce, manufacture, distribute, import and export these drugs. Licensed dealers must meet security requirements and obtain permits to import and export Controlled Drugs. These Regulations restrict the distribution activities of pharmacists, hospitals and practitioners and outline the records which must be kept for these drugs.

Drugs listed in Part I of the Schedule to Part G include amphetamines, certain barbiturates and other psychoactive substances. These substances have a significant abuse potential. GHB shares many of the same pharmacological properties with these drugs.

GHB is an unapproved drug in the United States. It is presently the subject of several investigational new drug (IND) applications with the Food and Drug Administration and is being studied for commercial development in the United States. GHB is approved in some European countries for use as an anesthetic in humans.

This recommended degree of regulatory control is based on the risk factors and potential for abuse of GHB. The ability to produce euphoric states and the alleged utility as an anabolic agent of GHB may cause it to be misused or abused by individuals that seek euphoric states, bodybuilders, and individuals that use GHB to commit sexual assaults. Therefore, it’s scheduling to Part I of the Schedule to Part G of the Food and Drug Regulations is essential to ensure properly controlled access. Any alternatives to the degree of control would need to be established through additional scientific information, and clinical and enforcement experience.

This amendment will impact on the following sectors:

Public Sector

Substances of significant abuse potential are not normally made available without a prescription. Initially, this amendment will make GHB available to Canadian patients only via the Special Access Program of Health Canada. The Special Access Program provides legal access to drugs which are not approved for use or not currently available for sale in Canada. Eventually, should the manufacturer apply to market this product in Canada and it is approved, this drug would become available to patients on prescription only. Prescription access to GHB will benefit Canadians by decreasing the opportunities for improper use and by ensuring professional guidance and care.

Pharmaceutical Industry Sector

The addition of GHB to the schedule to the controlled drug regulations and its classification as a prescription product will limit its sale subject to professional intervention, thereby reducing misuse and decreasing liability to the manufacturer. Mandatory requirements for dealer licensing, security and record-keeping at all levels further ensure that supplies are kept within legal
channels. These requirements will have a minimal cost impact on the industry as most companies already handle controlled drugs. Therefore, the addition of a single product will have little impact.

**Health Insurance Plans**

The scheduling of GHB may result in its coverage by both provincial and private health care plans should this product eventually be approved for sale in Canada.

**Health Care Sector**

The provinces may incur costs to cover medical services for patients desiring access to the drug. However, professional intervention will reduce the need for health care services ensuing from improper use. There will be costs relative to the record keeping and related security requirements but the overall costs should be minimal.

*This proposed amendment does not alter existing compliance mechanisms under the provisions of the Controlled Drugs and Substances Act enforced by the Therapeutic Products Programme of Health Canada. Parliament has provided the Government, through the Controlled Drugs and Substances Act, with the tools that are necessary to combat illegal possession, trafficking, production, importation and exportation of controlled drugs and substances.*

**4. Tiger Balm Pain Relieving Ointment**

The formula of Tiger Balm products is being modified to comply with the current National Drug Schedules. The existing products contain 25% camphor and therefore appear in Schedule 2. The new modified products will be available beginning June 15th, 2000. The camphor content of the new products has been reduced to 11% and therefore, appear in the Unscheduled Drugs section of the National Drug Schedules as follows:

**Camphor (in oleaginous vehicles and in liquid forms in concentrations up to and including 11%)**

The new products include:

- Tiger Balm Red Strong DIN 02241380
- Tiger Balm White Regular DIN 02241381
- Tiger Balm Ultra DIN 02241382
Dear Colleague,

A very warm welcome awaits you in Ottawa, Canada when the National Association of Pharmacy Regulatory Authorities (NAPRA) hosts the 4th International Conference on Pharmaceutical Competence, October 15-18th, 2000.

This year’s Conference, the fourth in a series which began in 1993 in Amsterdam, will enable pharmacy practitioners, educators, regulators and administrators from around the world to further the development of international mutual recognition agreements for pharmacists...bringing us closer to "Developing the Global Pharmacist". Conference participants will also be addressing the advent of Internet pharmacies and other important issues affecting the practice of pharmacy globally.

This Conference offers a golden opportunity for us to directly influence the future of pharmacy at an international level. Everyone with an interest in the growth of our profession...pharmacists, pharmacy students, and pharmacy educators, regulators, and administrators...should plan to attend. The setting will be superb – Ottawa is nothing short of glorious in the fall, resplendent with crimson and gold foliage. The great variety of deciduous trees found in the surrounding Gatineau Hills create one of the most brilliant displays of autumnal colour in North America.

We look forward to welcoming you to Canada’s capital in October.

Best regards
Barbara Wells B.Sc.Phm.
Executive Director—NAPRA

Preliminary Program.........................

Sunday, October 15
12:00 noon - 6:00 pm
Registration

6:00 pm - 7:00 pm
Opening Ceremonies

7:00 pm - 10:00 pm
Welcome to Canada Reception Westin Hotel

Monday, October 16
8:00 am - 9:00 am
Breakfast in Exhibitors’ Hall

9:00 am - 9:30 am
The Global Pharmacist Keynote speaker

9:30 am - 10:45 am
The International Core Competencies Plenary session to ratify the International Core Competencies (ICC)

11:00 am - 12:00 noon
How do existing competencies and standards compare with the International Core Competencies? Presentation by Educational Testing Services (ETS), with a facilitated discussion.

1:00 pm - 2:30 pm
Licensing and Re-licensing Requirements: A country-by-country survey
Presentations on existing licensing and continuing competence requirements, with a facilitated discussion.
3:00 pm – 5:00 pm
**International mutual recognition agreements: Mobility for professionals**
What can we learn from other trades and professions? Panel presentations, with a facilitated discussion.

**Free Evening**
Optional: Private receptions for delegates hosted by the diplomatic community are being arranged.

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**Tuesday, October 17**
8:00 am – 9:00 am
**Breakfast in Exhibitors’ Hall**

9:00 am – 10:30 am
**Mutual Recognition Agreements/Reciprocity/Harmonization within the Profession**
Presentations on existing agreements within the profession, and facilitated discussion.

11:00 am – 1:00 pm
**Developing the Global Pharmacist: charting our course**
Workshop sessions and report back to plenary.

2:00 pm – 3:00 pm
**How the Internet has impacted on the practice (and regulation) of pharmacy globally**
Panel discussion and presentations.

3:30 pm – 5:00 pm
**The regulation of Internet pharmacies: an international challenge**
A discussion of the issues facing regulators. Includes a presentation on NABP’s “Verified Internet Pharmacy Practice Sites” (VIPPS) program.

6:30 pm – 7:30 pm
Reception hosted by the Canadian Pharmacists Association at the Chateau Laurier Hotel

7:30 pm – Fall Festival Dinner and evening of entertainment – Chateau Laurier Hotel

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**Wednesday, October 18**
7:00 am – 8:00 am
**“ Fun Run” along the scenic Rideau Canal**

9:00 am – 10:30 am
**Pharmacy Issues of International Importance**
Open forum on selected topics.

11:00 am – 12:00 pm
**Pharmacy Issues continued**

1:00 pm – 2:30 pm
**Where do we go from here?**
Future actions to develop the global pharmacist

2:30 pm – 3:00 pm
**Date and location of the 5th International Conference on Pharmaceutical Competence**
Closing remarks. End of the 4th International Conference on Pharmaceutical Competence

A companion/guest program, which will include an excursion to Montreal, is under development.

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**See**

[www.napra.org](http://www.napra.org) for conference information, registration and updates!
COMPLIANCE PACKAGING GUIDELINES

Non-compliance and medication errors can significantly impact patient care resulting in negative health consequences for the patient, increase use of limited health care resources, and increased expenditures for third party payers. Compliance packaging has been widely recognized by patients, caregivers and allied health care professionals to enhance patient compliance, permit more efficient utilization of health care personnel and reduce medication incidents and discrepancies.

These guidelines are directed towards pharmacy practices, which service patients within the community. However, they may also have applications in personal care home settings. The goal of these recommendations is to provide patients and caregivers with consistent, user-friendly compliance packaging.

1) **Description of the drug appearance**
   The description must include the shape and color of the dosage and may also include size, form and identifiable markings.

2) **The location of the description of the drug on the package**
   The description must appear on the package or on a label affixed to the package.

3) **Placement of labels**
   All labels must be affixed directly to the package.

4) **Compliance with labeling requirements**
   All labeling information must be in compliance with section 19(1) of the regulations to the Pharmaceutical Act.

5) **Standardization of dosing time (changed from dosing information)**
   Information must appear on the package indicating where the individual doses of the various prescriptions are to be found on the blister card (e.g. morning, noon, evening, or at bedtime). Further, the pharmacy must have a readily retrievable recording system in place, manual or on computer, to ensure current, consistent packaging and location of doses in the card, from refill to refill of the same medication.

6) **Lot Number and Expiry date**
   The lot number and expiry date does not have to be identified if the packages are prepared pursuant to a prescription and have not been prepared in anticipation of receiving a prescription. Any compliance packaged medication cannot be repackaged more than once for the same patient when lot numbers and expiry dates are not tracked.

7) **Repackaging of returned medication**
   In compliance with Section 23 of the Regulations to the Pharmaceutical Act medications returned by one patient cannot be repackaged for another patient. However, pharmacists may accept the
return of medication to be repackaged for the same patient in incidents where a change in dosage has occurred. (see section 6)

If the pharmacy uses:
   a) the heat seal method of compliance packaging, or
   b) does not track the expiration dates
medication can only be repackaged once.

If the pharmacy uses:
   a) the cold seal method of compliance packaging, and
   b) does track the expiration dates
medications can be repackaged until the expiration date.

A system must be in place to identify medication that has already been repackaged. (It’s recommended blister cards, that already contain repackaged medication, be marked with an “R” for example, to identify it cannot be repacked again.)

8) **Changes in Drug or Dosage Regimen**

Upon notification of an additional drug and/or dose to the patient’s compliance packages, the pharmacy must:
   a) repackage the compliance pack,
   b) provide supplementary compliance packages, or
   c) provide non-blister type packaged medications
within a reasonable time frame and in keeping with professional judgement.

Upon notification of a discontinued drug and/or dose, the pharmacy must retrieve the patient’s compliance packages, and
   a) repackage the compliance packs, or
   b) provide non-blister type packaged medications,
within a reasonable time frame and in keeping with professional judgement.

(This section will cover item #9 “Packaging of Specialized Dosages”, as well.)
9) Packaging of Specialized dosages
Should a patient require medication over a shorter period of time than the total time span of the other medication(s) dispensed, it is important the cards are numbered in order for them to be used in the correct sequence. If an antibiotic is introduced during a medication packaging cycle (i.e. 4, 8, 12 weeks) an additional card is recommended. The pharmacist should use their professional judgement in the packaging of medications to be used on an “as needed” basis.

10) Child Resistant Closures
The pharmacy is responsible for informing patient and caregivers that compliance packaging is not child resistant. Permission from the patient or caregiver must be documented and kept on file.

11) Type of Packaging
The pharmacy must not dispense in compliance packaging any drug which is not appropriate for such packaging, according to manufacturer’s directions, compendial sources or the pharmacist’s professional judgement. Policy must be established for the appropriate packaging of medication where physical or chemical form, light sensitivity, therapeutic incompatibility or risk of interaction with another drug in the compartment, could potentially reduce the effectiveness of the medication. When using a heat-sealing systems, care must be taken not to disrupt the integrity of the dosage form.

12) Placing doses in card compartments for sealing
Attention must be made to proper hygiene when placing the dosages in the blisters on the compliance packaging cards. Ongoing hand washing with a hypoallergenic soap, the use of rubber gloves and prevention of cross contamination, for patients with known anaphylactic responses to certain medications, must all be addressed in established policy.

13) Disposal of Compliance Packaging
The pharmacy must dispose of labelled compliance packaging in such a manner as to ensure patient confidentiality in compliance with the Personal Health Information Act and Regulations.
Multiple Prescription Program Update (formerly the Triplicate Program)
A number of calls have been received in the office regarding which drugs require a multiple prescription (Specifically Part III Controlled Drugs or steroid prescriptions). Testosterone products for example, are “not” covered by the multiple prescription program (i.e. Andiol®, Climacteron®, Anapolon®). An up-to-date list of drugs covered by the program has been included with this newsletter.

Questions regarding the filling of triplicate prescriptions requiring two drug strengths (i.e. MS Contin® 75mg q12h) have also been received. Although the regulations allows for only one prescription per form, separate prescription numbers may be used.

MS Contin 60mg  i q12h
MS Contin 15mg. i q12h

Information such as date, or clarification of instructions does not necessarily mean a new triplicate must be obtained. Physicians can be called and the appropriate documentation written and initialled on the prescription and College copy. The program is not in place to prevent patient from receiving safe, effective and timely provision of medication.

One last gentle reminder about multiple prescriptions, don’t forget to write in the physician’s address. Old forms did include the physician’s address, but they were omitted from new forms require that they be written in.

Handling of Medication
Another call was received with respect to the handling of medications. Pharmacists are reminded the handling of product must be kept to a minimum. The use of clean counting trays and spatulas, and regular hand washing practices are essential. Established policy and procedures must be in place to ensure the process of preparing prescriptions and compliance packaging is performed in such a manner as to optimize the sanitary preparation of medications.

Manager and Staff Changes
Pharmacists are reminded that section 51 of the Pharmaceutical Act requires that the Association be notified in writing of any changes in employment of licensed pharmacists and students employed in the pharmacy.

Changing Instructions on the Prescription Label
The Regulations specify that, “the directions for use, as prescribed,” must appear on the prescription label. However, provided that the intent of the prescription is not changed, additional information may appear on the label. In the absence of instructions, placing the most common manufacturer’s instructions, although it may appear to be in the best interest of the patient, would not be in compliance with section 18(1). Pharmacists are obligated to contact the physician whenever, in discussion with the patient, questions arise in regards to directions for use.

Code of Ethics
A report was received from a hospital pharmacist that patient’s requiring compounded prescriptions are regularly sent, by some community pharmacists, to hospitals to have them prepared. This practice is neither in the best interest of the patient nor elicits respect and confidence of the public. Staff shortages at various institutions have also made this practice even more strenuous. Pharmacists are required by the Code of Ethics to maintain a high standard of professional competence throughout their practice and every attempt must be made to prepare all prescriptions for your patients.
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