


Professional Development Committee Draft Regulations Discussion Document
March 6th and 20th, 2007

Section of the Act	Suggested Draft Regulations	Background Information on Regulation	PD Committee Discussion
<p><u>Professional Development (15(1c)) and Continuing Competence (15(1c))</u></p> <p>Pharmacist licence application 15(1) A person who intends to engage in the practice of pharmacy must be on the register of pharmacists or the conditional register of pharmacists, and must</p> <p>(a) provide to the registrar an application, in the form prescribed in the by-laws, for a category of pharmacist licence that is appropriate for the applicant's practice intentions;</p> <p>(b) serve a period of internship, or practise a number of hours, in accordance with the regulations;</p> <p>(c) meet any continuing competency or professional development requirements set out in the regulations;</p> <p>(d) provide an undertaking that his or her practice of pharmacy will be conducted in accordance with this Act, the by-laws, the code of ethics, the standards of</p>	<p>Renewal of pharmacist licence 16 A pharmacist is entitled to have his or her pharmacist licence renewed upon:</p> <p>(a) meeting all the same requirements of s.15 of the Act and s.11, 12 and 13 of these regulations for an initial application for a pharmacist licence, and</p> <p>(b) providing evidence to the registrar that, in the preceding 12-month period, he or she has:</p> <p>(i) participated in a continuing competence program or an equivalent program approved by the council; and</p> <p>(ii) maintained a learning portfolio documenting his or her professional development, in a form approved by the council.</p>		<p>Opening remarks provided by the Chair and President reaffirmed the direction that the "Suggested Regulations" are purely draft. All suggested regulations are open for discussion, amendment or exclusion.</p> <p>The committee also reviewed the Alberta College of Pharmacists Regulation on Continuing Competence (Alberta Regulation 129/2006, Health Professions Act, Pharmacists Profession Regulation). In comparison, the AB regulation describes the requirements set out in the AB Competency Assurance Program in detail. It was suggested that incorporating the MPhA PD requirements in the regulation, as AB has done, would increase the enforceability of the requirements. While this may be seen as an advantage, it was the consensus of the committee that it would be more appropriate in MB to develop standards related to competency assurance/quality assurance. This would allow for a greater degree of flexibility as we develop and implement our competency assurance/quality assurance program.</p> <p>(b) (i) – statement is well-worded,</p>

Professional Development Committee Draft Regulations Discussion Document
March 6th and 20th, 2007

Section of the Act	Suggested Draft Regulations	Background Information on Regulation	PD Committee Discussion
<p>practice and all relevant practice directions; (e) pay to the college the fees provided for in the by-laws for the appropriate category of pharmacist licence; and (f) meet any other requirements set out in the regulations.</p>			<p>flexibility is required until we have determined the most effective continuing competence/competency assurance/quality assurance program for MB pharmacists.</p> <p>(b) (ii) – suggestion to amend wording slightly to “ been involved in continuing professional development and has maintained a learning and practice portfolio demonstrating learning outcomes, in a form and within requirements approved by the council.”</p>
<p><u>Prescribing and Administering Drugs (73(1k))</u></p> <p>Regulations 73(1) The council may make regulations</p> <p>(k) respecting the prescribing and administering of drugs by a member, either independently or collaboratively with other practitioners, including</p> <p>(i) specifying the qualifications and other requirements that a</p>	<p>PART 12 – PRESCRIBING BY MEMBERS </p> <p>Prescribing by members 86(1) Subject to this part, any member with a Part A practicing licence may prescribe the following drugs:</p> <ul style="list-style-type: none"> (a) a drug listed on schedule 2 of the manual; (b) a drug listed on schedule 3 of the manual; and (c) a drug which is not listed in the manual, but has been issued a drug identification number or natural health product number under the <i>Food and Drugs Act</i> (Canada), for the purposes of allowing the patient to access benefits under a 	<p>Part 12 - Prescribing by Members</p> <p>86(1) Prescribing by members This section permits all members with a Part A license to prescribe a non-prescription drug or a product with a DIN or NPN in order for it to be covered as a benefit under a drug plan. A similar authority is given to Registered Nurses (Extended Practice). This activity recognizes the role pharmacist has been performing in community practice for many, many years. Section 73 (1k)iv of the Act</p>	<p>It should be clear in the definitions that the manual refers to the NAPRA National Drug Schedules – we may want to consider using the term, NAPRA National Drug Schedules rather than the term, manual.</p> <p>Suggest to add: 86 (1) (d) and other drugs as designated by Council.</p>

Professional Development Committee Draft Regulations Discussion Document
March 6th and 20th, 2007


Section of the Act	Suggested Draft Regulations	Background Information on Regulation	PD Committee Discussion
<p>member must have or meet,</p> <p>(ii) designating drugs that a member may prescribe or administer,</p> <p>(iii) specifying circumstances in which a member may prescribe or administer a drug, and</p> <p>(iv) specifying measures to address situations in which a member sells a drug that he or she has authority to prescribe;</p>	<p>drug plan.</p> <p>Prescribing by members in hospital 86(1.1) Any member with a Part A practicing licence working in a facility with a hospital pharmacy licence, may upon receipt of a prescription to be dispensed to an in-patient of a hospital designated under <i>The Health Services Insurance Act</i>.</p> <p>(a) issue a new prescription for a drug deemed equivalent by the hospital formulary to the one specified in the original prescription; or</p> <p>(b) issue a new prescription for a different dosage or dosage form.</p> <p>Prescribing by clinical pharmacists 86(2) Subject to this part, a member who is a clinical pharmacist may prescribe a drug listed on schedule 1 of the manual, within the scope of his or her specialty.</p> <p>Prescribing by clinical assistant specialist 86(3)</p>	<p>describes the need to address the potential for conflict of interest where the pharmacist that prescribes the drug, also sells the drug. This is covered somewhat under section 87 of these regulations, but may require a change to the Code of Ethics.</p> <p>86 (1.1) Prescribing in members in hospitals Presently, hospital pharmacists are permitted to make changes in the drug orders that are consistent with the hospital formulary and permitted by the Pharmacy and Therapeutics Committee. This section would ensure that ability continues.</p> <p>86 (2 & 3) prescribing by Clinical Pharmacists These sections state that clinical pharmacists can prescribe schedule 1 drugs.</p>	<p>Committee members stated they were unsure whether section 87 does address “conflict of interest” adequately.</p> <p>Suggest to change to: 86 (1.1) Any member with a Part A practicing licence employed by or working in a facility – must define facility in broad terms. Question: Does wording permit a rural community pharmacist who provides service to a hospital or PCH to prescribe? Suggestion to amend to: 86 (1.1) “Any member with a Part A practicing licence employed by a facility, may upon receipt of a prescription to be dispensed to an inpatient, client or resident of a facility:”</p> <p>Suggestion to define: Facility – a hospital or personal care home designated under the Health Services Insurance Act or other institutional care site (e.g. CancerCare) in Manitoba.</p>

Section of the Act	Suggested Draft Regulations	Background Information on Regulation	PD Committee Discussion
	<p>In addition to the requirements of this part, a member who is a clinical assistant specialist may prescribe a drug only in accordance with the requirements of <i>The Medical Act</i> and regulations applicable to clinical assistants.</p> <p>Prescribing in emergency 86(4) Notwithstanding subsection (2), where the minister gives council written notice that a public health emergency exists in all or part of the province, council may approve members to prescribe drugs listed on schedule 1 of the manual, under any conditions deemed appropriate by council, until the state of emergency is lifted.</p>	<p>86(4) Prescribing in Emergency In cases of emergency, such as a pandemic event where there is a need to get prescription medication to the general population, Council will be able to approve members to prescribed certain drugs and certain conditions.</p>	<p>Formulary – drug formulary as designated by a facility.</p> <p>Question:</p> <p>Will Part B pharmacists be allowed to declare a specialty practice?</p> <p>Suggestion to amend: Specialty Practice Qualifications 84 Except with regard to the clinical assistant specialty, a member is qualified as a specialist in a requested area upon providing evidence satisfactory to the registrar that:</p> <ul style="list-style-type: none"> (a) the applicant has practiced at least 3 years in a health care setting; (b) the applicant practices in a setting consistent with the requested area of specialty with a frequency acceptable to council; (c) the applicant practices in a setting collaboratively with other health professionals working in the requested area of specialty; (d) the applicant has: <ul style="list-style-type: none"> (i) obtained certification as a specialist in the requested area through an organization or agency acceptable to council; (ii) has work experience related to the requested specialty



Professional Development Committee Draft Regulations Discussion Document
March 6th and 20th, 2007

Section of the Act	Suggested Draft Regulations	Background Information on Regulation	PD Committee Discussion
	<p>Criteria for prescribing 87 A member may only prescribe a drug where:</p> <ul style="list-style-type: none"> (a) the member has made a reasonable inquires to assess whether the drug will be safe and effective in the circumstances of the patient, including with regard to: <ul style="list-style-type: none"> (i) the patient’s symptoms; (ii) the patient’s medical history or information; (iii) the patient’s allergies; (iv) other medications the patient may be taking; and (v) any other inquires reasonably necessary in the circumstances. (b) The member has assessed or can assess the patient in person; (c) the drug is prescribed in circumstance which is within the member’s usual scope of practice or specialty; (d) the member has complied with any policies or rules related to prescribing at the pharmacy at which the member practices; (e) the member has complied with any applicable practice directions; (f) the member has assessed that the prescription is reasonably necessary or desirable to treat the patient’s symptoms; (g) the member has assessed that the 	<p>87 Criteria for prescribing This section describes the process a member must follow when prescribing a drug. This is a new area of practice for pharmacists and is applicable to all instances when a member prescribes.</p>	<p>acceptable to council; and (iii) has passed a competency assessment acceptable to council.</p> <p>Suggestion to amend: 87 (a) (ii) the patient’s medical history and relevant demographic information;</p> <p>87 (b) – questioning the use of “in person” – the wording needs to be improved in this section to clearly define what is meant by “has assessed or can assess the patient in person”. Would have assessed in person and then later prescribe at a distance be acceptable?</p>



Section of the Act	Suggested Draft Regulations	Background Information on Regulation	PD Committee Discussion
	<p>prescription is for a drug of reasonable cost in the circumstances of the patient.</p> <p>Controlled substances 88 This Part is subject to the restrictions set out in the <i>Controlled Drugs and Substances Act</i> (Canada) and the regulations under that Act.</p> <p>Prescribing record 89(1) A member who issues a prescription must make and retain a record of:</p> <ul style="list-style-type: none"> (a) the name of the patient; (b) the address of the patient; (c) the name of the drug prescribed; (d) the strength (where applicable) and quantity of the prescribed drug; (e) the directions for use; (f) the number of refills available to the patient; (g) the name of the member issuing the prescription; (h) the date of the prescription; and (i) the treatment goal, diagnosis or clinical indication when issuing the prescription. 	<p>88 Controlled Substances Notwithstanding a pharmacist can now prescribe an exempted codeine preparation, this section anticipates changes to the federal Controlled Drugs and Substances Act (CDSA) that will extend the ability to prescribe controlled substances to other health care professions.</p> <p>89(1) Prescribing Record The prescribing record will largely reflect the requirement for the prescription record as described under 58(3) of these regulations and can be on the same document if the medication is being filled at the same pharmacy. Consistent with RN(EP)s and Clinical Assistants, the record must also indicate the treatment goal, diagnosis or clinical indication.</p>	<p>89 (1) Prescribing Record</p> <p>Suggestion to include:</p> <ul style="list-style-type: none"> (j) the patient's Personal Health Information Number (PHIN) or other acceptable identification.

Section of the Act	Suggested Draft Regulations	Background Information on Regulation	PD Committee Discussion
	<p>Method of keeping prescribing records 89(2) The information required by subsection (1) may be recorded and retained electronically or on paper. </p> <p>Continuing care refills 90(1) Subject to this section, a member with a Part A practicing licence may authorize an additional refill of a prescription, beyond those authorized by the original practitioner issuing the prescription, where:</p> <ul style="list-style-type: none"> (a) the patient has a continuing need or chronic condition; (b) the prescribing practitioner or clinical pharmacist has not responded to an inquiry for refill authorization and it would be onerous or impossible for the patient to contact or attend with the original practitioner issuing the prescription in a timely manner; (c) the history of the patient with the subject drug has been stable, without any recent changes of dosage; (d) the patient advises that they have not recently experienced any adverse drug reactions to the subject drug; (e) the prescription was previously filled at the same pharmacy where the member practices; and (f) the member complies with any applicable practice directions. <p>Requirements for refills</p>	<p>90(1) Continuing Care refills As presently allowed under the Joint Agreement the MPhA has with the College of Physicians and Surgeons under a interpretation of professional judgment, pharmacists will now have the authority under the regulations to provide a refill of a chronic care medication. As stated in the Joint Agreement this authority is not to replace medical care, but is in support of it.</p>	<p>Require clarification in (c) of what is meant by “stable”.</p>

Section of the Act	Suggested Draft Regulations	Background Information on Regulation	PD Committee Discussion
	<p>90(2) Where a member authorizes a refill under subsection (1), the member must</p> <ul style="list-style-type: none"> (a) promptly advise the original practitioner who issued the prescription; (b) enter the refill into DPIN; and (c) keep the records required by part 8 of this regulation. <p>Restrictions on refills</p> <p>90(3) A member may not authorize a refill under subsection (1):</p> <ul style="list-style-type: none"> (a) where the refill quantity is in excess of the original prescribed refill amount; (b) where the drug falls under the <i>Controlled Drugs and Substances Act</i> (Canada) unless it is issued in compliance with sections 88 and 90(1) of the regulations; (c) where the drug is a benzodiazepine, unless: <ul style="list-style-type: none"> (i) the drug is used to manage a convulsive disorder; or (ii) there is a serious risk of seizure due to sudden withdrawal; (d) where the patient appears to be using continuing care refills to avoid obtaining ongoing medical care. 	<p>90(2&3) Restriction on Refills These sections describe the present restrictions on "continued care prescriptions", but anticipates changes to the CDSA that would allow analgesia for patients in need.</p>	

Section of the Act	Suggested Draft Regulations	Background Information on Regulation	PD Committee Discussion
	<p>PART 13 – ADMINISTRATION OF DRUGS </p> <p>Administration of drugs by members 91(1) Any member with a Part A practicing licence may administer a drug listed in the manual or has been issued a drug identification number or natural health product number under the Food and Drugs Act (Canada) to a patient: (a) orally; (b) topically; (c) via inhalation.</p> <p>Certification in drug administration  91(2) Council may establish a training program to certify members in other methods of drug administration, and specify the frequency by which the certification must be renewed.</p> <p>Use of titles 91(3) No person may represent that they are certified in drug administration unless they hold current certification under subsection (2).</p> <p>Advanced drug administration 91(4) A member who has current certification in drug administration may administer a drug: (a) through subcutaneous injection; or (b) through intramuscular injection.</p>	<p>Part 13 - Administration of Drugs</p> <p>91(1) Administration of drugs by members As permitted by the Act, pharmacist will be able to administer drugs. This section allows all members with a Part A license to administer drug by the three routes identified.</p> <p>91(2) Certification in drug administration If a member wants to administer drugs beyond the three routes identified in 91(1) without becoming a clinical pharmacist, Council can establish a training program to do so. As described in section 91(4), this certification would permit subcutaneous and intramuscular injections.</p>	<p>Suggestion to amend 91 (1)</p> <ul style="list-style-type: none"> (a) to enterally, sublingually or buccally; (b) topically, including ophthalmic and otic preparations (c) via inhalation; (d) via the intranasal route; (e) rectally (f) via an established intravenous route. <p>Or is topical inclusive of intranasal and rectal administration routes?</p>


Section of the Act	Suggested Draft Regulations	Background Information on Regulation	PD Committee Discussion
	<p>Administration by clinical assistant specialist 91(5) Notwithstanding anything in this section, a member who is a clinical assistant specialist may administer a drug in accordance with the requirements of <i>The Medical Act</i> and regulations applicable to clinical assistants.</p> <p>Drug administration record 92(1) A member who administers a drug to a patient must make and retain a record of:</p> <ul style="list-style-type: none"> (a) the name of the patient; (b) the address of the patient; (c) the name of the drug administered; (d) the manufacturer of the drug; (e) the method of administration; (f) the name of the member administering the drug; (g) the date of the administration; and (h) the price charged for administration. 	<p>As described in section 91(5), a clinical assistant specialist can administer drugs in accordance with the authority to do so as granted under the regulations to the Medical Act.</p> <p>A Part A member cannot delegate the administration of a drug to anyone else, except an intern.</p> <p>91(1) Drug administration record Anytime a drug is administered, this record must be kept.</p>	<p>92 (1)Suggestion to: - amend A member who administers a drug to a patient must make and retain a record of or document in a facility record: - remove (d) and (h) - amend: (d) to the total dose of the drug administered; and (e) to the route of administration; and (g) to the date and time of the administration</p> <p>For every member who administers a drug to a patient, there must be kept a record of the administration.</p>

Section of the Act	Suggested Draft Regulations	Background Information on Regulation	PD Committee Discussion
	<p>Method of keeping drug administration records 92(2) The information required by subsection (1) may be recorded and retained electronically or in written form. </p>		<p>It would be sufficient for the pharmacist to sign for the drug administration on the Medication Administration Record (MAR).</p> <p>Method of keeping drug administration records 92 (2) amend to: The information required by subsection (1) must be recorded and retained electronically or in written form and for facilities, according to their policies and procedures.</p>
<p>Interpretation of Patient-Administered Automated Tests (73(1))</p> <p>73(1) The council may make regulations</p> <p>(l) respecting the interpretation of patient-administered automated tests by a member, including</p> <p>(i) specifying the qualifications and other requirements that a member must have or meet,</p> <p>(ii) designating patient-administered automated tests that a member may interpret, and</p> <p>(iii) specifying circumstances in which a member may interpret a</p>	<p>PART 14 – TEST INTERPRETATION </p> <p>Interpretation of tests by members 93(1) Any member with a Part A practicing licence may interpret and advise the patient of the results and implications of any patient administered tests available through retail sale.</p>	<p><u>Part 14 - Test Interpretation</u></p> <p>93(1) Interpretation of tests by members Any test that is available for purchase through retail sale can be interpreted by a member and the member can provide advice to the patient. Presently, it may be considered outside the scope of practice and outside any malpractice insurance.</p>	<p>Part 14 – Test Interpretation Suggest that “patient-administered automated tests” be defined.</p> <p>93 (1) Interpretation of tests by members The committee suggests Standards of Practice and/or guidelines be established for test interpretation by pharmacists to maintain quality control. It seems inconsistent that Part A pharmacists may order tests for chronic conditions as described in 95 (1) however, they may only interpret and advise the patient of the results and implication of any patient-administered tests available through</p>

Section of the Act	Suggested Draft Regulations	Background Information on Regulation	PD Committee Discussion
	<p>(f) the name of the member interpreting the test; and</p> <p>(g) the date of the test.</p> <p>Method of keeping prescribing records 94(2) The information required by subsection (1) may be recorded and retained electronically or in written form.</p>		<p>Method of keeping prescribing records 94 (2) The information required by subsection (1) must be recorded and retained electronically or in written form and, for facilities, according to their policies and procedures.</p>
<p>Ordering and Receiving Screening and Diagnostic Tests (73(1m))</p> <p>73(1) The council may make regulations</p> <p>(m) respecting the ordering and receiving of screening and diagnostic tests by a member, including</p> <p>(i) specifying the qualifications and other requirements that a member must have or meet,</p> <p>(ii) designating screening and</p>	<p>PART 15 – ORDERING AND RECEIPT OF REPORTS</p> <p>Ordering tests by members 95(1) Any member with a Part A practicing licence may order and receive copies of a screening or diagnostic test which is advisable for the monitoring of a chronic condition, after the member has received approval from the patient's practitioner .</p>	<p><u>Part 15 - Ordering and Receipt of Reports</u></p> <p>95(1) Ordering tests by members This section would allow a Part A member to consult with the patient's practitioner and, upon approval of the practitioner, order a test and receive a copy of the report. It is not certain at this time what processes would need to be established with the laboratory technologists. The intention of this section is that the authorizing practitioner would get the original</p>	<p>Part 15 – Ordering and Receipt of Reports</p> <p>Suggest to amend to: Ordering tests by members for chronic conditions 95 (1) Any member with a Part A practicing licence may order and receive copies of a screening or diagnostic test which is advisable for the monitoring of a chronic condition in a collaborative setting.</p> <p>It is suggested that Standards of Practice should be developed</p>

Professional Development Committee Draft Regulations Discussion Document
March 6th and 20th, 2007

Section of the Act	Suggested Draft Regulations	Background Information on Regulation	PD Committee Discussion
<p>diagnostic tests that a member may order and receive, and (iii) specifying circumstances in which a member may order and receive a screening or diagnostic test;</p>	<p>Ordering tests by members in hospital 95(2) Any member with a Part A practicing licence practicing in a pharmacy with a hospital pharmacy licence, may, in accordance with hospital policy, order a screening or diagnostic test for a person who is an in-patient of a hospital designated under <i>The Health Services Insurance Act</i>.</p> <p>Ordering tests by clinical pharmacist 95(3) In addition to the tests referred to in subsections (1) and (2), a member who is a clinical pharmacist may order and receive the results of screening and diagnostic tests which are within the scope of the member's specialty.</p>	<p>report.</p> <p>95(2) Ordering test by members in hospital This section is intended to continue the authority that pharmacists have to order tests in a hospital practice.</p> <p>95(3) Ordering test by a clinical pharmacist This section allows clinical pharmacist to order tests that are consistent with their specialty practice area.</p>	<p>regarding the process and parameters of establishing a collaborative setting as defined in the regulations.</p> <p>Suggest to include: 95 (4) Ordering tests in emergency Notwithstanding subsection (3), where the minister gives council written notice that a public health emergency exists in all or part of the province, council may approve members to order tests, under any conditions deemed appropriate by council, until the state of emergency is lifted.</p> <p>Revise numbering to; 95 (5) Results to be made available</p>

Section of the Act	Suggested Draft Regulations	Background Information on Regulation	PD Committee Discussion
	<p>Results to be made available 95(4) A member who orders and receives the results of a screening or diagnostic test must promptly forward the results to a health professional responsible for the patient's care who can interpret the results and advise the patient if:</p> <ul style="list-style-type: none"> (a) the results reveal medical issues requiring attention; or (b) the member is not competent to interpret the results. <p>Test ordering and results record 96(1) A member who orders and receives the results of a screening or diagnostic test must make and retain a record of: </p> <ul style="list-style-type: none"> (a) the name of the patient; (b) the address of the patient; (c) the nature of the test ordered or recommended; (d) the health professional to whom the results were forwarded or the recommendation was made; (e) the name of the member requesting the test; (f) the date of the test was ordered or recommended; (g) the date the results were received; 	<p>95(4) Results to be made available Should the test ordered by the member under section 95(1), 95(2) and 95(3) reveal an issue that requires medical attention or the member is not competent to interpret the result, the result must be forwarded to the responsible practitioner or health care profession.</p> <p>96(1) Test and results record A member that orders and receives result from a screening or diagnostic test must make a record according to this section.</p>	<p>96 (1) Test ordering and results record A member who orders and receives the results of a screening or diagnostic test must make and retain a record of: Suggest re-numbering and additions as follows:</p> <ul style="list-style-type: none"> (a) remains (a) (b) remains (b) (c) remains (c) (d) replace with (f) (e) remains (e) (f) change to "the date test done" (g) remains (g) (h) change to "the date and information communicated to the patient" (i) add original (d) (j) add original (h)

Professional Development Committee Draft Regulations Discussion Document
March 6th and 20th, 2007

Section of the Act	Suggested Draft Regulations	Background Information on Regulation	PD Committee Discussion
	<p>(h) the date the results were made available to other health professional responsible for the patient's care.</p> <p>Method of keeping prescribing records 96(2) The information required by subsection (1) may be recorded and retained electronically or in written form.</p>		<p>Pharmacists should be reminded of their responsibilities under PHIA for the security of test results and records.</p> <p>Method of keeping prescribing records Suggest amend to: 96 (2) The information required by subsection (1) must be recorded and retained electronically or in written form and, for facilities, according to their policies and procedures.</p>
<p>Pharmacy Technicians: Definition and delegated functions (73(1p))</p> <p>Pharmacy Students and Interns: Definition and Delegated Function (73(1p))</p> <p>"pharmacy technician" means a person who has the qualifications, experience and other requirements set out in the regulations.</p> <p>"student" means a person whose name is entered on the register of students.</p> <p>"intern" means (a) an applicant for a pharmacist</p>	<p>PART 7 – DUTIES AND DELEGATION</p>	<p>“Dispense” in the act means the provision of a drug pursuant to a prescription. Technicians may not dispense, but the new regulations may allow technicians to “prepare a drug for dispensing” by doing the final check only after the filling of the prescription was approved by a pharmacist. Once the medication has received the final check, it will be “dispensed” (meaning given to the patient by the pharmacist).</p> <p><u>Part 7 – Duties and Delegation</u> This section takes the definition of the “practice of pharmacy” and “included practices” (section 2) as described in the act that only a pharmacist can do, and allows the</p>	

Professional Development Committee Draft Regulations Discussion Document
March 6th and 20th, 2007

Section of the Act	Suggested Draft Regulations	Background Information on Regulation	PD Committee Discussion
<p>licence who is serving a period of internship; or (b) a person approved by council to serve an internship for educational purposes; and whose name is entered on the register of interns.</p> <p>73(1) The council may make regulations</p> <p>(p) prescribing circumstances in which a member may delegate tasks to students, interns, pharmacy technicians and other persons, under clause 3(2)(f);</p> <p>Application to other persons 3(2) Nothing in this Act prevents</p> <p>(f) a pharmacy technician, student, intern, or other person from engaging in the practice of pharmacy under the supervision of a member, to the extent permitted by the regulations;</p>	<p>Duties of pharmacist 50 Except as permitted by s.3(2) of the Act, no person except a member must:</p> <ul style="list-style-type: none"> (a) sell a drug by retail; (b) engage in any included practice; (c) provide copies of a prescription to a patient; or (d) assess and approve a prescription for filling or refilling. <p>Duties of interns 51 Subject to section 50, an intern may be delegated and engage the practice of pharmacy or any other task, under the supervision of a member with a Part A practicing licence.</p> <p>Delegation to pharmacy technicians 52(1) A member may not delegate any task to a person under this section unless the person is qualified as a pharmacy technician.</p> <p>Qualification of pharmacy technicians 52(2) A person is qualified as a pharmacy technician if the person:</p> <ul style="list-style-type: none"> (a) has graduated from a program of 	<p>pharmacist to delegate some of these duties.</p> <p>50 Duties of Pharmacist This section recognizes that the regulations can describe what can be delegated and to who, but these four tasks cannot be delegated to anyone. In other words, only a pharmacist can do these four tasks. Section 3(2) of the Act does recognize that other health care professionals might do some of these tasks in the practice of their profession.</p> <p>51 Duties of an Intern This section allows all duties of a pharmacist, except those described in section 50, to be delegated to an intern under supervision.</p> <p>52 Technicians Technicians will not registered or regulated under Bill 41. When first approached, government advised MPhA that we can define technicians and what they can do, but we cannot regulate (register, license and discipline) them.</p>	<p>Duties of a pharmacist Suggest to amend to: Except as permitted by s.3(2) of the Act, no person except a member may:</p> <ul style="list-style-type: none"> (a) sell a drug by retail; etc.

Professional Development Committee Draft Regulations Discussion Document
March 6th and 20th, 2007

Section of the Act	Suggested Draft Regulations	Background Information on Regulation	PD Committee Discussion
	<p>pharmacy technician training approved by council;</p> <p>(b) has passed an examination approved by council; or</p> <p>(c) has work experience and passed a competency assessment acceptable to council.</p> <p>Duties of pharmacy technicians 52(3) A pharmacy technician may engage in the following aspects of the practice of pharmacy, under the supervision of a member with a Part A practicing licence:</p> <p>(a) compounding;</p> <p>(b) dispensing, subject to approval under s.50(d) and any standards related to counselling the patient; and</p> <p>(c) identifying and assessing when drug-related problems require referral to the member.</p>	<p>This section provides a definition of technician and what areas of the practice of pharmacy can be delegated to them. Remember that "dispense" means to provide a drug pursuant to a prescription (i.e. give to a patient and/or send it on delivery). A technician can only dispense when the prescription is approved by the pharmacist for filling under section 50(d) and counseling has occurred. Realizing dispensing is the actual giving of the drug to the patient, it would be difficult for only a pharmacist to "dispense". This would also allow for tele-pharmacy satellite settings where the technician might be the only person in the same location as the patient.</p> <p>Technicians will be able to identify drug related problems, through the data entry process for example and then bring this information to the attention of the pharmacist.</p>	



Section of the Act	Suggested Draft Regulations	Background Information on Regulation	PD Committee Discussion
	<p>Limits on delegation to pharmacy technicians 52(4) The following tasks may be delegated to a pharmacy technician, under supervision of a member and in accordance with applicable practice directions:</p> <ul style="list-style-type: none"> (a) interpreting the contents of a prescription; (b) selecting an appropriate drug container; (c) preparing a drug for dispensing; (d) replenishing drug storage containers and dispensing machines; (e) managing drug inventory; (f) performing a final check on the packaging or pre-packaging of drugs, container selection, and labelling performed by another technician, student or intern, prior to dispensing; (g) preparing a prescription label; (h) attaching a prescription label to a drug container; (i) recording and retrieving data regarding a patient or prescription; 	<p>Section 52(4) lists other things a technician can do, that really are not included in the definition of the practice of pharmacy. The final check on the preparing medication pursuant to a prescription, for example, is not covered in the practice of pharmacy. So this activity is under section 52(4) whereas “dispensing” is under 52(3) because that is under the practice of pharmacy.</p> <p>It will be the pharmacy manager and the pharmacist (see sections 55 & 56) who determine who is meets the qualifications and what is being delegated. All activities are under supervision by a member (Part A and Part B pharmacists).</p>	<p>Limits on delegation to pharmacy technicians Suggestion to re-order and amend as follows: 52 (4) The following tasks may be delegated to a pharmacy technician, under supervision of a member and in accordance with applicable practice directions (should this be “directives”?):</p> <ul style="list-style-type: none"> (a) add “receiving the prescription from a patient” (b) replace with (j) (c) replace with (i) (d) replace with original (a) (e) replace with (g) (f) replace with (b) (g) replace with (c) (h) remains (h) (i) replace with (f) (j) replace with (d) (k) replace with (e) <p>All activities are under supervision of Part A members only.</p> <p>Will pharmacy managers who do not meet the direct patient care practice hour requirements be classified as</p>


Professional Development Committee Draft Regulations Discussion Document
March 6th and 20th, 2007

Section of the Act	Suggested Draft Regulations	Background Information on Regulation	PD Committee Discussion
	<p>and</p> <p>(j) collecting information from a patient for a patient profile.</p>		<p>Part B members? Under section 39 Pharmacy manager qualifications in the regulations, it states a pharmacy manager must hold a Part A practicing licence.</p> <p>There was considerable discussion among committee members regarding whether pharmacy technicians should be allowed to demonstrate and instruct on the proper use of medical devices and patient self tests, e.g. glucometer. The consensus of the group was pharmacy technicians should be allowed to:</p> <ul style="list-style-type: none"> - provide instruction on how to properly perform a self-test; - demonstrate and provide instruction on how to use medical devices for self-testing, e.g. glucometers; - record test results. <p>Pharmacy technicians should not be allowed to:</p> <ul style="list-style-type: none"> - interpret test results; - communicate test results to a patient; and - instruct patients on the proper use of drug delivery/administration devices, e.g. inhalers.




Section of the Act	Suggested Draft Regulations	Background Information on Regulation	PD Committee Discussion
	<p>Duties of students 53(1) The following aspects of the practice of pharmacy may be delegated to a student, under the direct supervision of a member with a Part A licence:</p> <ul style="list-style-type: none"> (a) compounding; (b) dispensing, subject to approval under s.50(d) and any standards related to counselling the patient; (c) advising on the contents, therapeutic values and hazards of drugs; (d) advising on the use, calibration, effectiveness and hazards of devices; and (e) identifying and assessing drug-related problems and making recommendations to prevent or resolve them. <p>Limits on delegation to students 53(2) The following tasks may be delegated to a pharmacy student, under supervision of a member and in accordance with applicable practice directions:</p> <ul style="list-style-type: none"> (a) interpreting the contents of a prescription; (b) receiving and recording verbal prescriptions; (c) selecting an appropriate drug 	<p>53 Students Students are in the first three years of their pharmacy practice. As with technicians, this section describes what can be delegated and what other activities they can do. There is a slight difference that these activities can only be done under <u>direct</u> supervision of a Part A licensed pharmacist.</p>	<p>Limits on delegation students Suggestion to amend and re-order as follows: 53 (s) The following tasks may be delegated to a pharmacy student, under direct supervision of a Part A licensed pharmacist and in accordance with applicable practice directives: (a) receiving prescriptions from patients;</p>

Section of the Act	Suggested Draft Regulations	Background Information on Regulation	PD Committee Discussion
	<p>container;</p> <p>(d) preparing a drug for dispensing;</p> <p>(e) pre-packaging drugs for the purpose of dispensing;</p> <p>(f) replenishing drug storage containers and dispensing machines;</p> <p>(g) managing drug inventory;</p> <p>(h) performing a final check on the packaging or pre-packaging of drugs, container selection, and labelling performed by another technician, student or intern, prior to dispensing;</p> <p>(i) preparing a prescription label;</p> <p>(j) attaching a prescription label to a drug container;</p> <p>(k) recording and retrieving data regarding a patient or prescription; and</p> <p>(l) collecting information from a patient for a patient profile.</p> <p>Policies regarding students 53(3) Notwithstanding anything else in this section, a pharmacy manager must take reasonable steps to ensure that:</p>	<p>Section 53(3) anticipates there may be different levels of activities a student may perform depending</p>	<p>(b) remains (b) (c) replace with (l) (d) replace with (k) (e) replace with (a) (f) replace with (i) (g) replace with (c) (h) replace with (d) (i) replace with (h) (j) remains (j) (k) replace with (e) (l) replace with (f) (m) replace with (g)</p>

Section of the Act	Suggested Draft Regulations	Background Information on Regulation	PD Committee Discussion
	<p>(a) the pharmacy under his or her supervision has developed policies regarding the appropriate delegation of tasks to students with regard to their skill level and professional development; and</p> <p>(b) the members under the manager's supervision only delegate tasks to students in accordance with the policy.</p> <p>Duties of other persons 54(1) A person other than a member, intern, pharmacy technician, or student may not engage in or be delegated any aspects of the practice of pharmacy. </p> <p>Limits on delegation to other persons 54(2) A member may delegate to a person other than a member, intern, pharmacy technician or student, the following tasks provided they are performed under supervision and in accordance with applicable practice directions: </p> <p>(a) preparing a prescription label;</p> <p>(b) attaching a prescription label to a drug container;</p> <p>(c) recording and retrieving data regarding a patient or prescription;</p> <p>(d) collecting demographic information from</p>	<p>upon the year of enrollment and individual capabilities.</p> <p>54) Other persons Anything listed in this section or under the definition of practice of pharmacy cannot be delegated to "other persons". Anything listed in 54(2) can be done by anybody under supervision. The high school student, for example, could work in the dispensary to do data entry, collecting addresses, etc.</p>	<p>Duties of other persons</p> <p>Limits on delegation to other persons 54 (2) It was the consensus of the committee to suggest removal of (a) and (b), i.e. other persons would not be allowed to:</p> <p>(a) prepare a prescription label, and (b) attach a prescription label to a drug container.</p> <p>Continuing on this point, some members considered situations in which only pharmacy assistants (others) would be available in the pharmacy. In these situations, the</p>

Section of the Act	Suggested Draft Regulations	Background Information on Regulation	PD Committee Discussion
	<p>a patient; and</p> <p>(e) managing drug inventory.</p> <p>Dispensing by health professionals 54(3) Notwithstanding subsection (2), a member may delegate the dispensing of drugs to a person registered as a health professional under an Act of the Legislature, subject to approval under s.50(d) and any standards related to counselling the patient.</p> <p>Pharmacy manager to arrange supervision 55(1) A pharmacy manager must take reasonable steps to ensure that supervision is provided to interns, pharmacy technicians, students and other persons in accordance with this part, the standards of practice and any relevant practice directions. </p> <p>Member to supervise 55(2) A member must take reasonable steps to ensure that his or her supervision of</p>	<p>54(3) Dispensing by health professionals A pharmacist can delegate dispensing (giving a drug to a patient pursuant to a prescription) to another health care professional, if the pharmacist has approved the prescription for filling or refilling. The patient counseling would need to be done as required in the standards of practice. A scenario where this might apply is a pharmacist sending medication prepared pursuant to a prescription to a medical clinic for a nurse or physician to provide the medication to the patient (dispense) and the pharmacist has done the counseling or has sent counseling instructions for the health care professional to provide.</p> <p>55 and 56 Supervision and delegation As delegation requires supervision, the pharmacy manager and the individual pharmacists would be responsible that the supervision and</p>	<p>pharmacist would then be required to assume some of the technical tasks that could have been otherwise delegated to a certified/accredited pharmacy technician. In these situations, it may be seen as the pharmacist having to take a step backward as far as the tasks they would be involved in. However, the point was made that the purpose of pharmacy technician accreditation/certification is not to produce authorized dispensers of prescriptions but, rather to ensure that pharmacy technicians have the required skill set to perform the function.</p>

Professional Development Committee Draft Regulations Discussion Document
March 6th and 20th, 2007

Section of the Act	Suggested Draft Regulations	Background Information on Regulation	PD Committee Discussion
	<p>interns, pharmacy technicians, students and other persons is provided in accordance with this part, the standards of practice and any relevant practice directions. </p> <p>Delegation to qualified persons 55(3) A member must not delegate a task to any person, unless that person is reasonably qualified and competent to engage in the specified task. </p> <p>Oversight of delegations 55(4) A pharmacy manager must take reasonable steps to ensure that members under his or her supervisions do not delegate tasks to any person, unless that person is reasonably qualified and competent to engage in the specified task.</p> <p>General operation 56 Notwithstanding anything else in this part, a member or owner may delegate a task to any person, without providing supervision, to the extent that the task is related primarily to the general operation of the business or institution, and not to the care of patients; </p>	<p>delegation is in compliance with standards of practice and practice directions and the person is qualified and competent to receive the delegation.</p>	