



Special General Meeting

Summary of Proposed Amendments to The Pharmaceutical Regulation

College of Pharmacists of Manitoba
February 2018



College of Pharmacists of Manitoba Special General Meeting

Monday, February 12, 2018
St. Boniface Research Centre
351 Tache Avenue, Winnipeg, Manitoba
6:45 p.m. Registration
7:00 p.m. – 9:00 p.m. Meeting

The College will be convening a Special General Meeting on Monday, February 12, 2018, at 7:00 p.m. at the St. Boniface Research Centre with pharmacists, pharmacy technicians and other stakeholders invited to participate in discussions regarding the topics outlined in the agenda below. This meeting will take the format of a Council update on each agenda item followed by an opportunity for members to discuss the item. Recommendations expressed at the meeting will be forwarded to Council for further consideration.

A G E N D A

CHAIR – Jennifer Ludwig, President of CPhM

1. Convene – 7:00 p.m.
President Jennifer Ludwig
2. Proposed Amendments to The Regulation to *The Manitoba Pharmaceutical Act*
 - a. Addition to the conditions listed in Schedule 3 for which a member may prescribe (if a training program is completed)
 - b. Removal of the Prescription Drug Category (ATC – anatomic therapeutic chemical classification) Drug List from Schedule 3
 - c. Addition of Schedule 4 – conditions for which a member can prescribe when an assessment and diagnosis is made by a physician, nurse practitioner, or other designated health professional (under development)
 - d. Travel Health
 - e. Part 14: Administration of Drugs by Members
 - f. Next steps in moving the proposed amendments forward
3. Update on the Implementation of Test Ordering by Community Pharmacists
4. College of Pharmacists of Manitoba 2018 Annual General Meeting
140th Year Anniversary Celebration & 2018 Awards Luncheon
10:00 a.m. on Saturday, May 12, 2018, at the Manitoba Club
5. Open Discussion – Jennifer Ludwig, President
6. Adjourn – 9:00 p.m.

The evening's program will be accredited for 2.00 CEU.

Videoconference Sites:

Not all locations are available for all programs/meetings. Please contact the College office to confirm the availability of your selected site. For a complete listing of videoconference site locations, click [here](#).

Live Webcasting:

In addition to live webcasting, this program will be recorded and posted on the sbrstream.ca website. For instructions on webcasting, click [here](#). Members must fill out an evaluation form in order to receive accredited CEU for live webcasting.

Register to the College by calling 204.233.1411 or emailing rsvp@cphm.ca.

The College of Pharmacists of Manitoba Rules of Procedure

1. A Notice of Meeting will be forwarded to the entire membership no less than twenty-one (21) days prior to the scheduled meeting.
2. A quorum is required to convene a meeting and to transact any business. A quorum must be at least 5% of the voting members in attendance.
3. A Parliamentarian will assist with parliamentary procedure as the need arises.
4. Robert's Rules of Order will govern.
5. The Chair of the general meeting may permit discussion of motions that are for information and do not require action by the College. Motions, either simple or by resolution, accepted at an annual general meeting, or a special general meeting, requiring action on behalf of the College shall be forwarded to Council for consideration and decision.
6. All voting members must sign the attendance sign-in sheet.
7. Voting cards will be issued to all voting members.
8. All members and Council members may speak only once to any given resolution and debate may be limited, unless permission to the contrary is given by the assembly.
9. All persons wishing to address the meeting are requested to speak at the microphone and are further requested to identify themselves by name before speaking.
10. The Mover and Seconder can speak first, followed by other speakers. The Mover has the option of being the last speaker to the motion.
11. Speakers must address the chair.
12. All members present are encouraged to engage in discussion, but only voting members and Council members may make motions and vote.
13. The members of the College consist of the persons whose names are on the register and who have paid the fees prescribed in the bylaws.
14. Every member who is a licensed pharmacist and members of Council are entitled to vote at a meeting of the College.
15. Non-members and observers are welcome to attend, but are unable to engage in discussion or vote.
16. Motion forms will be provided. Motions should be in writing on these forms and the appropriate copy given to the Chair at the time of making the motion.

Clarification:

- Only licensed pharmacists and Council members have the right to vote; however, all members who are on the College register and have paid a fee for the current year can speak, but not vote.
- Regarding the right to speak at meetings of the College, Robert's Rules would apply and the voting members (licensed pharmacists with a vote) and Council members attending the meeting would decide in each incident whether or not an attendee at the meeting would have the right to speak.

Summary of Proposed Amendments to the Pharmaceutical Regulation

PROPOSED AMENDMENT TO THE REGULATION	RATIONALE	SUGGESTED NEW WORDING IN THE REGULATION
<p>Additions to the conditions listed in Schedule 3 for which a member may prescribe (if a training program is completed)</p>	<p>It was identified by the members that the current list of conditions and drugs listed in Schedule 3 to the Regulation is outdated. An ad-hoc committee was established to review and make recommendations for additional conditions for which a pharmacist may prescribe. Please see the June 2017 Discussion Document on Pharmacist Prescribing for further information on the rationale for the recommended additions to Schedule 3 made by the ad-hoc committee. Note that since the June 2017 meeting, folliculitis has been removed from the proposed additions and travel health (see more information below) has been added. Completion of an additional training program would be required for pharmacists requesting authorization to prescribe for any of the new conditions listed in Schedule 3.</p>	<p>See Appendix 1 for suggested changes to Schedule 3 to the Regulation.</p>
<p>Removal of the Prescription Drug Category (ATC – anatomic therapeutic chemical classification) Drug List from Schedule 3</p>	<p>The use of drug lists such as the ATC categories severely limits pharmacists in their ability to prescribe according to changes in nationally-accepted and recommended drug treatment guidelines. The time and resources required to update these categories when needed is problematic. Additionally, in the majority of the other provinces across the country, pharmacists do not prescribe to a drug list but rather, they prescribe to the current recommended drug treatment guidelines for the condition.</p>	<p>In Part 15 of Regulation:</p> <p>118(2) Subject to this Part, a member who has completed a training program approved by the council may prescribe a drug included in the category for a condition listed in Schedule 3 to this regulation.</p> <p>See Appendix 1 for suggested changes to Schedule 3 to the Regulation.</p>
<p>Addition of Schedule 4 – conditions for which a member can prescribe when an assessment and diagnosis is made by a physician, nurse practitioner, or other designated health professional</p>	<p>On hold for further development in consultation with members and stakeholders. Please see the June 2017 Discussion Document on Pharmacist Prescribing and Appendix 2, Overview of Proposed Amendments for Pharmacist Prescribing , for additional information.</p>	<p>None at this time.</p>

PROPOSED AMENDMENT TO THE REGULATION	RATIONALE	SUGGESTED NEW WORDING IN THE REGULATION
Travel Health	<p>A Travel Health Working Group consisting of pharmacists with a special interest in travel health was formed to discuss the inclusion of travel health in the Regulation. It was recommended by the group that travel health be included as a condition in Schedule 3 to the Regulation in accordance with specific criteria and scope of practice. It was felt that travel health did not fit as a specialty for an Extended Practice Pharmacist designation because of the requirement for a collaborative practice.</p> <p>It is suggested that:</p> <ul style="list-style-type: none"> • To be authorized by Council, to practice in travel health, pharmacists must be certified by the International Society of Travel Medicine (ISTM) and must be authorized by the College to administer drugs and vaccines by injection. • The scope of practice for pharmacists who are certified in travel health is disease prevention and standby emergency treatment (SBET) in accordance with guidelines established by the ISTM. • Interdisciplinary communication, collaboration and referral to other primary care providers are vital components of a pharmacist’s practice in travel health and are dependent on the point of care, patient need and safety. • To maintain competence to practice, ISTM certification in travel health and authorization by the College to practice in travel health, pharmacists must participate in the ISTM Certificate in Travel Health™ Renewal Program. • Pharmacists authorized in travel health must prescribe, dispense and administer preventative drug and vaccine therapy and SBET in accordance with the College Practice Directions on <i>Prescribing</i> and on <i>Standard of Practice #4: Prescribing and Dispensing</i>. • Once the practice of travel health has been established for pharmacists, the working group will assess whether a second tier of the practice within a more focused and limited scope and corresponding educational requirement may be beneficial to patients. <p>For more information on Travel Health, please see Appendix 3.</p>	<p>See Appendix 1 for suggested changes to Schedule 3 to the Regulation.</p> <p>Furthermore, Council would make the necessary motions regarding the education, training and certification requirements to practice and prescribe in travel health.</p>

PROPOSED AMENDMENT TO THE REGULATION	RATIONALE	SUGGESTED NEW WORDING IN THE REGULATION
<p>Part 14: Administration of Drugs by Members</p>	<p>LOWERING THE AGE RESTRICTION</p> <p>The College has been contacted by members requesting that the minimum age for pharmacist administered drugs and vaccines be lowered. The majority of provinces have a minimum age of 5 years for the administration of drugs/vaccines by injection, and some a minimum of 2 years or no minimum for topical and inhalation/intranasal administration of drugs and vaccines.</p> <p>The College is proposing that the minimum age be lowered to the age of 2 years for vaccines administered by a pharmacist by any route (advanced, oral, topical or inhalation), and the age of 2 years for drugs administered by an advanced route. There is currently no age restriction for pharmacist administration of drugs (not including vaccines) via oral, topical, and inhalation routes.</p> <p>Administering injections to patients under the age of 5 years would require additional training to ensure that pharmacists were knowledgeable and competent to administer any drug or vaccine to children under the age of 5. Most injection programs were developed with the age of 5 years set as the minimum age restriction. Additional considerations in very young children include the need to use anxiety reduction techniques for this age group, and landmarking/administration in the thigh versus the shoulder when required.</p> <p>Although additional training would be required by pharmacists if they were able and chose to administer drugs and vaccines by injection to children under the age of 5 years, points to consider for pharmacist-administration of drugs and vaccines in children from a minimum age of 2 years and older include, but are not limited to:</p> <ul style="list-style-type: none"> • Most two year olds would have already received a live attenuated vaccine through the routine immunization schedule. • Most two year olds would be large enough to receive an IM injection in the deltoid. • The intranasal flu vaccine can be administered to children 24 months and older. • Children under the age of two have regular appointments with a pediatrician or primary care practitioner to receive their immunizations and the frequency of these visits decrease after 18 months. 	<p>In Part 14 of the Regulation:</p> <p>MEMBERS MAY ADMINISTER DRUGS</p> <p>Administration of drugs — all members</p> <p>108(1) A member or an intern may administer a prescription drug or a non-prescription drug to a patient by the following means:</p> <ul style="list-style-type: none"> (a) orally, including sublingual and buccal; (b) topically, including ophthalmic, otic and intranasal; (c) via inhalation. <p>108(2) Despite subsection (1), a vaccine may not be administered to a patient who is under the age of twoseven.</p> <p>Drugs that may be administered by certified members</p> <p>110 A member who is certified in an advanced method may use that method to administer any of the following drugs:</p> <ol style="list-style-type: none"> 1. A member may administer a vaccine that is prescribed by an an authorized practitioner to a person who is at least twoseven years of age, using an advanced method

PROPOSED AMENDMENT TO THE REGULATION	RATIONALE	SUGGESTED NEW WORDING IN THE REGULATION
	<p>Pharmacists are the most accessible health care professionals. Lowering the age limit for pharmacist administered drugs and vaccines to the age of two years would further increase access for younger children.</p> <p>CHANGING AUTHORIZED PRACTITIONER TO PRACTITIONER Pharmacists who have the necessary training and authorization to prescribe for conditions such as travel health and contraception would need to have the ability to prescribe and then administer that drug or vaccine.</p> <p>Currently, for an advanced method, a prescription is required from an authorized practitioner for the drug or vaccine to be administered by a pharmacist, with the exception of the publically funded vaccines included in Schedule 2 to the Pharmaceutical Regulation. "Authorized practitioner" means a practitioner authorized to prescribe drugs under the <i>Controlled Drugs and Substances Act</i> (Canada). A pharmacist is not considered an authorized practitioner. Only medical practitioners or physicians, dentists and nurse practitioners are included in the definition of an authorized practitioner as it applies to the practice of pharmacy in Manitoba. However, pharmacists are considered practitioners. "Practitioner" is defined in the <i>Pharmaceutical Act</i> as</p> <p>(a) a person licensed to practise medicine, dentistry, veterinary medicine, veterinary surgery or veterinary dentistry in Manitoba or in any other province, or in a territory of Canada; or</p> <p>(b) a person designated as a practitioner in the regulations, or who is a member of a class of persons designated as practitioners in the regulations. Pharmacists are designated as practitioners under the Pharmaceutical (General Matters) Regulation.</p> <p>Using "practitioner" instead of "authorized practitioner" would allow pharmacists to administer the drugs and vaccines that they have prescribed.</p> <p>MANITOBA IMMUNIZATION MONITORING SYSTEM TO PANORAMA Panorama replaced the Manitoba Immunization Monitoring System (MIMS) as the provincial immunization registry in 2015. The Regulation would be updated to reflect this change.</p>	<p>described in clause 107(a) or (b).</p> <p>2. A member may administer a drug other than a vaccine that is prescribed by an authorized practitioner to a person over the age of two five years.</p> <p>3. A member may administer a vaccine listed in Schedule 2 to this regulation, which is provided under a provincial immunization program free of charge to patients who meet provincial criteria, as long as the member complies with the program requirements.</p> <p>Reporting about vaccine administration 111 A member who administers a vaccine to a patient must report the details of the administration (which may include personal health information as that term is defined in <i>The Personal Health Information Act</i>) to the Manitoba Immunization Monitoring System Panorama maintained by the Department of Health. The report must be in the form and be provided at the time that the minister requires.</p>

PROPOSED AMENDMENT TO THE REGULATION	RATIONALE	SUGGESTED NEW WORDING IN THE REGULATION
<p>Additions to Schedule 1 – Tests that a Member may Order</p>	<p>It was identified by stakeholders working on the implementation of test ordering by community pharmacists that, in addition to serum drug levels, it would be valuable for members to have the ability to order urine drug levels. This would allow pharmacists to further reduce opioid-related harms by ordering urine drug tests for drugs of abuse (and other drugs if necessary).</p> <p>Although albumin and creatinine are currently included in Schedule 1, a member may also need to order an albumin/creatinine ratio test.</p>	<p>In Schedule 1 – Tests that a Member may Order:</p> <p>Serum and urine drug levels Serum creatinine Blood Urea Nitrogen International Normalized Ratio Partial Thromboplastin Time Lipid panel HbA1C (glycolated hemoglobin) Blood glucose Thyroid function Complete Blood Count Liver function Electrolytes Iron Indices Vitamin levels Total & Direct Bilirubin Albumin Albumin/Creatinine Ratio Total Protein</p>

Appendix 1

SCHEDULE 3 (Subsection 118(2))

DRUGS THAT CONDITIONS FOR WHICH A MEMBER MAY PRESCRIBE (IF TRAINING PROGRAM COMPLETED)

Condition	Prescription Drug Category (ATC — (anatomic therapeutic chemical classification))
Atopic dermatitis Allergic contact dermatitis Irritant contact dermatitis Urticaria	D07AA: Corticosteroids, weak (group I) D07AB: Corticosteroids, moderately potent (group II)
Acne vulgaris (mild)	D10AE01: Benzoyl Peroxide D10AF01: Clindamycin D10AF51: Clindamycin, combinations
Tinea pedis	D01AE: Other antifungals for topical use
Candidal stomatitis	A07AA02: Nystatin
Unspecified haemorrhoids without complication	C05AA: Corticosteroids
Vasomotor and allergic rhinitis	R01AD: Corticosteroids R01AX03: Ipratropium Bromide
Seborrhoeic dermatitis (excluding pediatric)	D01AE: Other antifungals for topical use
Recurrent oral aphthae	A01AC: Corticosteroids for local oral treatment
Vomiting of pregnancy, unspecified	R06AA59: Doxylamine, Combinations
Smoking Cessation	N07BA: Drugs used in nicotine dependence
Calluses, corns and warts (excluding facial and genital warts)	
Dysmenorrhea	
Emergency contraception	
Impetigo (non-bullous, mild)	
Gastroesophageal reflux disease	
Herpes labialis (recurrent, excluding pediatric under the age of 2 years)	
Herpes zoster (prevention)	
Hormonal contraception (self or pharmacist-administered)	

Appendix 1

Pinworms/threadworms	
Tinea corporis	
Tinea cruris	
Urinary tract infection (recurrent, uncomplicated, non-pregnant)	
Vaginal candidiasis (recurrent, uncomplicated, non-pregnant)	
Travel health (disease prevention and standby emergency treatment)	

Appendix 2

Overview of Proposed Amendments for Pharmacist Prescribing

	Schedule 3 (Part I) ¹		Potential Schedule 4 (Part II) ²
Enabling legislation	Subsection 118(2) of the Pharmaceutical Regulation		Potential amendment to the Pharmaceutical Regulation
Required Education Program	yes		yes
Diagnosis by physician, NP or other designated health professional	no, patient identifies the condition or it is a previously diagnosed, recurrent and/or chronic condition		yes
Collaborative drug therapy management	yes, when required and upon patient referral		yes
Conditions	<p>Current</p> <ul style="list-style-type: none"> • atopic dermatitis, allergic contact dermatitis, irritant contact dermatitis, urticaria • acne vulgaris (mild) • tinea pedis • candida stomatitis • unspecified haemorrhoids without complication • vasomotor and allergic rhinitis • seborrheic dermatitis (excluding pediatric) • recurrent oral aphthae • vomiting of pregnancy, unspecified • smoking cessation 	<p>Proposed</p> <ul style="list-style-type: none"> • Calluses, corns and warts (excluding facial and genital warts) • Dysmenorrhea • Emergency contraception • Impetigo (non-bullous, mild) • Gastroesophageal reflux disease • Herpes labialis (recurrent, excluding pediatric under the age of 2 years) • Herpes zoster (prevention) • Hormonal contraception (self or pharmacist-administered) • Pinworms/threadworms • Tinea corporis • Tinea cruris • Urinary tract infection (recurrent, uncomplicated, non-pregnant) • Vaginal candidiasis (recurrent, uncomplicated, non-pregnant) • Travel health (disease prevention and standby emergency treatment) 	<ul style="list-style-type: none"> • hypertension • allergic conjunctivitis • migraine • erectile dysfunction • onychomycosis

¹ Presented as Part I in the CPhM Discussion Document on Pharmacist Prescribing. June, 2017.

² Presented as Part II in the CPhM Discussion Document on Pharmacist Prescribing. June, 2017.



Travel Health Working Group Summary

February 12, 2018

Travel Health Working Group Members

Kevin Hamilton, Vice President, Chair
Ryan Buffie
Hans Epp
Britt Kural

Barret Procyshyn
Doug Thidrickson
Lucy-Rose Vuong
Susan Lessard-Friesen, Registrar, Staff Support

Overview

- To be authorized by the College of Pharmacists of Manitoba (College) to practice in travel health, pharmacists must be certified by the International Society of Travel Medicine (ISTM) and must be authorized by the College to administer drugs and vaccines by injection.
- The scope of practice for pharmacists who are certified in travel health is disease prevention and standby emergency treatment (SBET) in accordance with guidelines established by the ISTM.
- Interdisciplinary communication, collaboration and referral to other primary care providers are vital components of a pharmacist's practice in travel health and are dependent on the point of care, patient need and safety.
- To maintain competence to practice, ISTM certification in travel health and authorization by the College to practice in travel health, pharmacists must participate in the ISTM Certificate in Travel Health™ Renewal Program.
- Pharmacists authorized in travel health must prescribe, dispense and administer preventative drug and vaccine therapy and SBET in accordance with the College Practice Directions on *Prescribing* and on *Standard of Practice #4: Prescribing and Dispensing*.
- It is recommended that travel health be included as a condition in Schedule 3 of the Regulation to the *Pharmaceutical Act* in accordance with the criteria and scope of practice listed above, and as described further in this report.
- The Travel Health Working Group is committed to continuing this important work on implementation of the practice of travel health for pharmacists in Manitoba. Once the practice of travel health has been established for pharmacists, the working group will assess whether a second tier of the practice within a more focused and limited scope and corresponding educational requirement may be beneficial to patients.

Scope of Practice

The following table outlines the proposed scope of practice for pharmacists who are certified in travel health and authorized by the College to practice. The scope of practice is restricted to risk assessment, education, mitigation of travel-related risks and SBET.

*College of Pharmacists of Manitoba 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.*

Member of the National Association of Pharmacy Regulatory Authorities



Reference: ISTM Body of Knowledge

<https://www.istm.org/bodyofknowledge>

OBJECTIVE	TASK	EXAMPLES	REFERENCE: Refer to subsection in Body of Knowledge
Risk Assessment	Assessment of fitness/contraindications to travel and referral as appropriate	Pre-existing illness such as uncontrolled CHF, fitness to fly	III.A.
	Collect relevant medical history	Previous vaccinations, allergies, chronic illness, concurrent medications, screening for good mental health and personal resilience to stress in hostile environments	III.C-D
	Address unique management issues with special population groups	Expatriates, Immunocompromised, pregnant	III.E-U
	Risk assessment of travel itinerary	Season of travel, high-risk activities, travel to rural vs. urban areas	III.B.
	Address unique management issues associated with special activities and itineraries	Last-minute travel, diving, mass gatherings	III.V-HH
Education about Disease Prevention and Health Maintenance	Education of general travel risks	Animal contact, food consumption, walking barefoot	III.NN-TT
	Communication of relevant geographic risk, prevention, transmission, symptoms and diseases associated with travel	Dengue, polio, MERS COA	IV.A-CCC
	Communication of relevant conditions associated with travel	Barotrauma, jet lag, altitude sickness	V.A-Q
	General travel health issues	Aeromedical evacuation, accessing medical care abroad and travel health info online	VII.A-D; L; O
Vaccines, Medications or Devices to Reduce Travel Health Risks	Prescribing routine, recommended and required vaccinations	Vaccines for tetanus-diphtheria, Hepatitis A, Hepatitis B, Yellow fever	II.C-AA
	Administration of vaccinations	Per College standards of practice	
	Prescribing for PREVENTION of travel-related conditions	Antimalarial drugs, medications to prevent altitude sickness, compression stockings, doxycycline for leptospirosis	III.II.1-4
	Prescribing for SELF-TREATMENT of travel-related conditions	Antibiotics for travelers' diarrhea, travel health kits	III.JJ-MM
Assessment after Travel	Triage and referral for post-travel illness.	When to self-treat, see family doctor or referral to WRHA travel health clinic	VI.A-B
VI: POST TRAVEL ASSESSMENT: C-H is outside scope of practice. This includes the diagnostic and management implications of the following symptoms: C) Diarrhea and other Gastro-Intestinal Complaints D) Eosinophilia E) Fever F) Respiratory Illness G) Skin Problems H) Other			
Administrative and General Travel Medicine Issues	Travel clinic management	Yellow fever vaccination record, updating references, staff training	VII.E-K
	Cold chain management of medications and vaccines	Storage, transport, handling cold chain breaks	II.B



The conditions for which a pharmacist authorized to practice in travel health may prescribe for disease prevention and SBET include:

- Altitude illness (includes acute mountain sickness, high altitude cerebral edema & high altitude pulmonary edema)
- Cholera
- Diphtheria
- Haemophilus influenzae type B
- Hepatitis A
- Hepatitis B
- Herpes zoster
- Human Papillomavirus
- Japanese encephalitis
- Leptospirosis
- Malaria
- Measles
- Meningococcal disease
- Mumps
- Pertussis
- Pneumococcal disease
- Polio
- Rabies
- Rotavirus
- Rubella
- Influenza
- Tetanus
- Tick-borne encephalitis
- Traveler's diarrhea
- Tuberculosis*
- Typhoid
- Varicella zoster
- Yellow fever
- Other travel related conditions as preventative treatments become available (e.g., dengue, chikungunya, zika, etc.)

* additional training and referral for tuberculin skin testing is required as the Regulation only allows for pharmacists to interpret patient-administered automated tests

Collaboration with Health Providers

Interdisciplinary communication, collaboration and referral to other primary care providers are vital components of a pharmacist's practice in travel health and are dependent on the point of care, patient need and safety.

Collaboration is expected to occur in the following 3 scenarios:

1. With the family practitioner when a pre-travel health assessment is required,
2. With the family practitioner to communicate travel recommendations and



3. Upon referral to a travel health physician and/or emergency physician when a post-travel assessment is required.

Maintaining Competence to Practice in Travel Health

The ISTM Certificate In Travel Health™ Renewal Program

To maintain competence to practice in travel health, pharmacists must retain their ISTM certification by completing required activities and applying for renewal every 10 years. Renewal may be accomplished through participating in continuing professional development (CPD) activities directly relating to topics identified in the ISTM Body of Knowledge or retesting (i.e., taking and passing the ISTM certification examination).

Pharmacists seeking renewal through CPD activities are required to accumulate 200 CPD points within the 10-year renewal period. At least 80 of the 200 points must be earned during the last 5 years of the renewal period. One hundred and forty (140) of the 200 points must be earned through participation in a minimum of three continuing education events defined as face-to-face, educational events and/or distance learning events.

Acceptable professional development activities include:

- participating in continuing education events;
- teaching, lecturing, speaking, and mentoring;
- publishing, including authoring, peer-reviewing, and serving on editorial boards;
- direct travel medicine patient care and clinical activities;
- committee/volunteer activities;
- clinical supervision of healthcare professionals, students or trainees;
- peer practice review/travel medicine practice audits; and
- serving as a travel medicine consultant.

Amendments to the Regulation Required to Enable Pharmacist Practice in Travel Health

To enable the practice of Travel Health for pharmacists in Manitoba the following amendments will be required:

- An amendment to the conditions listed in Schedule 3 of the regulation to add Travel Health;
- Amendments to Part 14: Administration of Drugs by Members of the regulation to permit pharmacists authorized in travel health to prescribe and administer vaccines to children at least 2 years of age and older and adults. It would also be desirable to include amendments to this part to permit all pharmacists authorized by the College to administer drugs and vaccines by injection, to administer vaccines listed in Schedule 2 to the regulation by any route of administration appropriate to children at least 2 years of age and older providing the pharmacist complies with provincial program immunization requirements; and,
- Should the decision be made to permit pharmacists authorized in travel health to prescribe and administer drugs and vaccines to children at least 2 years of age and older, an additional educational program will need to be developed for pharmacists to be trained to administer drugs and vaccines to children within the age group of 2 to 5 years. In addition, further amendments will need to be made in line with those described above for both pharmacists authorized in travel health and all pharmacists authorized to administer drugs and vaccines by injection, to permit these pharmacists to administer vaccines to children at least 2 years of age and older by any route of administration appropriate.