

Special General Meeting

COLLEGE OF PHARMACISTS OF MANITOBA

FEB 12, 2018



Overview

1. Proposed Amendments to the Regulation
 - a) Additions 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 Codes from Schedule 3
 - c) Addition of Schedule 4 – Conditions for which a pharmacist can prescribe when assessment and diagnosis is made by a designated health professional (under development)
 - d) Travel Health
 - e) Part 14: Administration of Drugs by Members
 - f) Additions to the lab tests included in Schedule 1 - Tests that a Member may Order
 - g) Next steps in moving the proposed amendments forward
2. Update on the Implementation of Test Ordering by Community Pharmacists
3. College 2018 AGM - 140th Year Anniversary & 2018 Awards Luncheon
4. Open Discussion

Proposed Amendments to the Regulation

Discussion Document on Pharmacist Prescribing



Part I: Rationale for recommendations made by the ad-hoc committee on self-limiting conditions

Part II: Consideration of a new category of pharmacist prescribing when an assessment and diagnosis is made by a physician, nurse practitioner or other designated health professional

Additions to Schedule 3 Conditions

Proposed Amendment to The Regulation	Rationale	Suggested New Wording
Additions to the conditions listed in Schedule 3 for which a member may prescribe (if a training program is completed)	<ul style="list-style-type: none">▪ Current list of conditions and drugs listed in Schedule 3 is outdated▪ Ad-hoc committee established to review and make recommendations for additional conditions for which a pharmacist may prescribe▪ <u>June 2017 Discussion Document on Pharmacist Prescribing</u><ul style="list-style-type: none">▪ Since the June 2017 meeting, folliculitis has been removed from the proposed additions and travel health has been added▪ Additional training program would be required for pharmacists requesting authorization to prescribe for any of the new conditions listed in Schedule 3	See Appendix 1 for suggested changes to Schedule 3 to the Regulation.

Overview of Proposed Amendments for Pharmacist Prescribing

	Schedule 3 (Part I) ^[1]
Enabling legislation	Subsection 118(2) of the Pharmaceutical Regulation
Required education program	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
Collaborative drug therapy management	Yes, when required and upon patient referral

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

Overview of Proposed Amendments for Pharmacist Prescribing

Schedule 3 (Part I)		
Conditions	Current	Proposed
	<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• seborrhoeic dermatitis (excluding pediatric)• recurrent oral aphthae• vomiting of pregnancy, unspecified• smoking cessation	<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)

Removal of Drug Categories

Proposed Amendment to The Regulation	Rationale	Suggested New Wording
Removal of the Prescription Drug Category (ATC – anatomic therapeutic classification) Drug List from Schedule 3	<ul style="list-style-type: none">▪ ATC categories severely limit the pharmacist in their ability to prescribe according to changes in nationally-accepted and recommended drug treatment guidelines▪ Time / resources required to update these categories when needed is problematic▪ In the majority of provinces, pharmacists prescribe to the current recommended drug treatment guidelines for the condition, not a drug list	<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>

Proposed Schedule 3 Amendments

~~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

Proposed Schedule 3 Amendments Continued

Condition	Prescription Drug Category (ATC — (anatomic therapeutic chemical classification))
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

Proposed Schedule 3 Amendments Continued

Condition	Prescription Drug Category (ATC — (anatomic therapeutic chemical classification))
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	

Proposed Schedule 3 Amendments Continued

Condition	Prescription Drug Category (ATC — (anatomic therapeutic chemical classification))
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)	

Addition of Schedule 4

Proposed Amendment to The Regulation	Rationale	Suggested New Wording
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	<ul style="list-style-type: none">▪ On hold for further development in consultation with members and stakeholders▪ June 2017 Discussion Document on Pharmacist Prescribing▪ Overview of Proposed Amendments for Pharmacist Prescribing	None at this time

Overview of Proposed Amendments for Pharmacist Prescribing

Schedule 3 (Part I) Conditions

Current

- atopic dermatitis, allergic contact dermatitis, irritant contact dermatitis, urticaria
- acne vulgaris (mild)
- tinea pedis
- candida stomatitis
- unspecified haemorrhoids without complication
- vasomotor and allergic rhinitis
- seborrhoeic dermatitis (excluding pediatric)
- recurrent oral aphthae
- vomiting of pregnancy, unspecified
- smoking cessation

Proposed

- 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)

Potential Schedule 4 (Part II) Conditions

- hypertension
- allergic conjunctivitis
- migraine
- erectile dysfunction
- onychomycosis



Recommendations from the
Travel Health
Working Group

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 of Recommendations

- To be authorized by the College to practice in travel health, pharmacists must be certified by the International Society of Travel Medicine (ISTM) and must be authorized to administer drugs and vaccines by injection.
- The scope of practice in travel health is disease prevention and standby emergency treatment (SBET).
- Interdisciplinary communication, collaboration and referral to other primary care providers are vital components of a pharmacist's practice in travel health.
- To maintain competence to practice, pharmacists must participate in the ISTM Certificate in Travel Health™ Renewal Program.

Overview of Recommendations

- 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 separate category of conditions in Schedule 3 with separate requirements for prescribing i.e., ISTM certification, authorization to administer drugs by injection, etc.
- Once the practice of travel health has been established for pharmacists, the working group will continue their work to 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.

Scope of Practice Table

Objective	Task	Examples	Reference: 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

Scope of Practice Table

Objective	Task	Examples	Reference: subsection in Body of Knowledge
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

Scope of Practice Table

Objective	Task	Examples	Reference: subsection in Body of Knowledge
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

Scope of Practice Table

Objective	Task	Examples	Reference: subsection in Body of Knowledge
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
<p>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</p>			
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

Conditions

- 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 pharmacists to interpret patient-administered automated tests


The International
Society of Travel
Medicine (ISTM)
Certificate in
Travel Health™
and Renewal
Program



ISTM: International Society of Travel Medicine

- ISTM (International Society of Travel Medicine) 
 - Pharmacists, physicians, nurses and other medical professionals committed to the advancement of travel medicine
 - The largest organization of its type
 - Fosters research, facilitates rapid exchange of information, and provides educational programming to serve the travel medicine community

ISTM: Certificate in Travel Health™

- CTH® (Certificate in Travel Health™) 
 - Exam is offered at least once yearly at locations around the world (upcoming is Bangkok, Thailand and Atlanta, Georgia)
 - Successful candidates receive the Certificate in Travel Health™ or CTH® designation
 - Valid for 10 years and can be renewed through rewriting or a process of accruing credits through professional and development activities (i.e. Attending conferences, reviewing publications, teaching, research, clinical work and other which most travel medicine professionals already participate in)
 - Based on a comprehensive Body of Knowledge comprising the scope and extent of knowledge required for professionals working in the field of Travel Medicine

ISTM: Certificate in Travel Health™ Continued

- CTH® (Certificate in Travel Health™)  continued
 - Major content includes global epidemiology of health risks, vaccinology, malaria prevention, special populations, and pre travel counseling designed to maintain the health of the traveling public
 - <http://www.istm.org/bodyofknowledge>
 - Global recognized “Gold” standard of expertise and commitment to the field of Travel Health enhancing professional credibility

Collaboration

with other health care 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 three scenarios:

- With the family practitioner when a pre-travel health assessment is required,
- With the family practitioner to communicate travel recommendations, and
- Upon referral to a travel health physician and/or emergency physician when a post-travel assessment is required.

Misconceptions about travel health

*Sometimes, we don't know
what we don't know.*

- Travel health knowledge is all about the vaccines
- Travel health consults are not necessary for “simple” cases
- No additional formal training is necessary for pharmacists to practice travel health

Myth #1: Travel health is all about the vaccines

- There ARE absolutely a lot of vaccines and medications used in travel health to know all the ins & outs about
- However, **quality travel health ADVICE = most valuable**
 - Look beyond the medications and assess the need
- Travel health is about meaningful and effective
 - Pre-travel preparations
 - What to know during travel
 - and the part we always forget about: post-travel follow-up
- Sometimes, we are their ONLY point of contact before travellers embark on their journeys

Myth #2: Travel health consults are not necessary for “simple” cases

- Think of a common medication you dispense or come across on a daily basis
 - Now think of all the possible ways in which this prescription could be more complicated than meets the eye
- Now imagine the simplest travel health case scenario you can think of
 - What kinds of complications can you think of that makes it not as simple as it seems?
 - Vaccine timing (last minute travel or inappropriate dosing)
 - Age
 - Travelling for special populations (pediatric, pregnancy, senior, immunocompromised)

Myth #3: No additional formal training is necessary for pharmacists to practice travel health

- Travel Health knowledge is vast, diverse and specialized
 - Expands beyond what we have been exposed to in formal training
 - To be an effective travel health practitioner, we need to be up to date on all the risks on a broad scale that goes beyond our borders
- Every situation is individualized based on effectiveness, appropriateness, cost (big deterrence to seek care)
- International Society of Travel Medicine (ISTM) certification is the GOLD STANDARD for which we should be using to provide the most appropriate care to our travellers

Travel Health and Pharmacy

- Travel health is a PUBLIC HEALTH SAFETY issue
 - To protect our travellers is to protect ourselves and the community that our travellers come back to
- It is an opportunity to expand our scope and add value to our professional duties
- Let's make it happen!

Questions



Amendments to Part 14: Administration of Drugs by Pharmacists

- Lowering the age restriction
- Changing “authorized practitioner” to “practitioner”
- Changing the name of the provincial immunization registry from the “Manitoba Immunization Monitoring System (MIMS)” to “Panorama”

Lowering the Age Restriction

- Members have requested that the minimum age for pharmacist administered drugs and vaccines be lowered
- Proposing the age of 2 years for vaccines administered by any route (advanced, oral, topical or inhalation)
- Proposing the age of 2 years for drugs administered by an advanced route
 - Currently no age restriction for administration of drugs via oral, topical or inhalation routes
- Additional training would be required by pharmacists if they chose to administer drugs and vaccines by injection to children under the age of 5 years

Lowering the Age Restriction Continued

- 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:
 - Most two year olds would have already received a live attenuated vaccine
 - 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
 - Frequency of doctor visits decrease after 18 months
 - Further increases access to drugs and vaccines for younger children

Changing “Authorized Practitioner” to “Practitioner”

- Pharmacists who have the necessary training and authorization to prescribe for conditions such as travel health and contraception need to have the ability to prescribe and then administer that drug or vaccine
- 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 publically funded vaccines included in Schedule 2)
- A pharmacist is not an authorized practitioner, but is a practitioner
 - Pharmacists are designated as practitioners under the Pharmaceutical (General Matters) Regulation
- Using “practitioner” instead of “authorized practitioner” would allow pharmacists to administer drugs and vaccines that they have prescribed.

Proposed Part 14 Amendments

Administration of drugs — all members

108(1) A member or an intern may administer a prescription drug or a non-prescription drug to a patient by the following means:

- a) orally, including sublingual and buccal;
- b) topically, including ophthalmic, otic and intranasal;
- c) via inhalation.

108(2) Despite subsection (1), a vaccine may not be administered to a patient who is under the age of ~~twoseven~~.

Proposed Part 14 Amendments

Drugs that may be administered by certified members

110 A member who is certified in an advanced method may use that method to administer any of the following drugs:

1. A member may administer a vaccine that is prescribed by an ~~an~~ **authorized** practitioner to a person who is at least ~~two~~**seven** years of age, using an advanced method described in clause 107(a) or (b).
2. A member may administer a drug other than a vaccine that is prescribed by an ~~an~~ **authorized** practitioner to a person over the age of ~~two~~**five** years.
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.

Manitoba Immunization Monitoring System (MIMS) to Panorama

- Panorama replaced the Manitoba Immunization Monitoring System (MIMS) as the provincial immunization registry in 2015.

Proposed Part 14 Amendments Continued

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 *The Personal Health Information Act*) 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.

Additions to Schedule 1 Lab Tests

- It would be valuable for members to be able to order urine drug levels in addition to serum drug levels
 - Allows pharmacists to further reduce opioid-related harms by ordering urine drug tests for drugs of abuse
- Although albumin and creatinine are currently included in Schedule 1, a member may also need to order an albumin/creatinine ratio test

Proposed Additions to Schedule 1

TESTS THAT A MEMBER MAY ORDER

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

Next Steps in the Proposed Regulation Amendment Process

PHASE 1: Identification of Regulations Requiring Amendment

PHASE 2: Consultation, Feedback and Development of the Amendments

PHASE 3: Approval and Implementation of Regulation Amendments

Identification of Regulations Requiring Amendment

Date	Activity
Dec. 2015	Council motion to establish an Ad-hoc Committee to examine Schedule 3 conditions
Feb. 2016	Council appointments members to Ad-hoc Committee on Schedule 3 Conditions - Kevin Hamilton, Chair and including but not limited to representatives from Pharmacists Manitoba, CSHP-MB Branch and College of Pharmacy
May – Oct. 2016	Ad-hoc Committee undertakes work to conduct environmental scan and develop recommendations for addition of conditions to Schedule 3
Dec. 2016	Ad-hoc Committee reports initial findings to Council
Jan. 2017	Ad-hoc Committee discusses educational requirements for proposed additional Schedule 3 conditions and placement of travel health
Feb. 2017	Ad-hoc Committee provides Council with an update on work
Mar. 2017	Ad-hoc Committee meets to continue discussion on additional conditions, educational requirements and recommendations to Council

Identification of Regulations Requiring Amendment

Date	Activity
Apr. 2017	Ad-hoc Committee reports to Council on recommendations, Council accepts recommendations and requests EPPh Advisory Committee review whether travel health should be added to section 96 of regulation, at AGM Council reports to membership on potential additions to Schedule 3 and member motion in support of additional conditions and travel health to be added to Schedule 3
May 2017	EPPh Advisory Committee establishes a Travel Health Working Group to consider placement of travel health in the regulation i.e., Schedule 3 condition or as a specialty under section 96 of the regulation
June 2017	Special General Meeting to introduce findings and recommendations of Ad-hoc Committee to membership including establishment of Travel Health Working Group
Sept. 2017	Travel Health Working Group begins work to conduct an environmental scan to assist in determining the scope of practice, educational requirements and other practice requirements for pharmacists practising in travel health

Identification of Regulations Requiring Amendment

Date	Activity
Nov. 2017	Travel Health Working Group meeting
Jan. 2018	Travel Health Working Group meeting
Feb. 2018	Travel Health Working Group meeting
Feb. 2018	Travel Health Working Group provides recommendations to Council for approval on placement of travel health as a separate condition within Schedule 3

Consultation, Feedback and Development of the Amendments

Date	Activity
	Introduction of proposed amendments to expand pharmacist prescribing with Deputy Minister of Health (June 2017, Nov. 2017) and Minister of Health (Sept. 2017)
Dec. 2017 - Present	Council and College staff create amendments to regulation to add 13 conditions and travel health to Schedule 3, remove drug list from Schedule 3, propose Schedule 4 (under development) and amend Part 14 to permit travel health pharmacists to prescribe and administer drugs and vaccines, authorized pharmacists to administer drugs and vaccines by injection to children 2 years of age and older
	Introduction of proposed amendments to expand pharmacist prescribing with stakeholder groups (Doctors Manitoba - Oct. 2017, CPSM and CRNM - Dec. 2017)
Feb. 2018	Special General Meeting to inform and update members on proposed amendments to regulation to expand pharmacist prescribing
Mar. 2018	Member survey to confirm proposed amendments

Approval and Implementation of Regulation Amendments

Date	Activity
Feb. 2018	Council approves proposed amendments for consultation and feedback

Regulation Amendment & Consultation Process

Phase 1:

- Policy Statement
- Identification of Regulations Requiring Amendment



Phase 2:

- Consultation, Feedback and Development
- Feedback process

Phase 3:

- Approval and Implementation
- Review Process
- Urgent Matters

* Full Regulation Amendment & Consultation Process document can be reviewed on the College website



Update on the Implementation of Test Ordering by Community Pharmacists

Lab Test Ordering by Community Pharmacists

- The College has been meeting regularly with representatives from Pharmacists Manitoba, Dynacare, Manitoba eHealth, and the University of Manitoba College of Pharmacy to discuss the implementation of test ordering
- The group has suggested revisions to the Practice Direction - Test Orders, created a new Test Ordering Workflow Process Map, and revised the Manitoba Pharmacist Laboratory Requisition Form
 - These documents will be sent to Standards of Practice (SOP) for review
 - Upon recommendation from the SOP Division, Council will be asked to approve the documents for consultation
- Working with eHealth to enable community pharmacies to have access to eChart
- Developing the timeline and details of a phased rollout with a small number of pharmacies in Winnipeg and rural Manitoba
- More information to follow!



**College of
Pharmacists of
Manitoba
140th AGM and
Awards Luncheon**



**College of
Pharmacists of
Manitoba
140th AGM and
Awards Luncheon**

Date: Saturday, May 12th, 2018

Time: 12:00 pm

Location: Manitoba Club
194 Broadway
Winnipeg, Manitoba

Open Discussion

Questions?

- ▶ Jennifer Ludwig
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Thank you for
your participation

