

COLLEGE OF PHARMACISTS
OF MANITOBA
ANNUAL REPORT 2017



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President and Registrar's Message



For the College of Pharmacists of Manitoba (College), 2017 has been a year of collaboration and change. College Council, members, stakeholders, and staff have worked together to meet opportunities and challenges for pharmacy practice at both a national and local level.

Across Canada and throughout the world, the opioid crisis continues. A collaborative and dynamic approach that traverses the healthcare professions and engages patients and the public is needed to mitigate the harms of opioid misuse and abuse in our communities. On the home front in Manitoba, College Council and staff, together with other health regulators, government and stakeholders, have worked together to create opportunities for education and resources that acknowledge the important role pharmacy professionals have in addressing the opioid crisis.

Also of national and local significance, College Council approved the implementation schedule for the National Association of Pharmacy Regulatory Authorities' (NAPRA) Model Standards for Pharmacy Compounding of Non-Hazardous and Hazardous Sterile Preparations. The implementation schedule is the outcome of considerable stakeholder and member consultation and reflects our shared goal of enhancing patient care and safety in Manitoba.

Learning from medication incidents to improve processes, practice, and patient safety is the goal of continuous quality improvement programs such as Safety IQ. Sharing this learning with pharmacy teams at both the provincial and national levels results in a proactive approach to building a safer healthcare system. In April of 2017, the College Council approved Safety IQ and a pilot was launched with a full-day in-person training of staff and management from 20 volunteer pharmacies in August 2017 where the principles and tools of Safety IQ were introduced. Safety IQ is the result of collaboration between the College, the Institute for Safe Medication Practices Canada, patient safety advocate Melissa Sheldrick, and the pharmacy teams who have volunteered. College Council is grateful to all of the participants who are contributing to making this program a success.

Throughout 2017, we saw a steady increase in the number of pharmacy technicians seeking listing with the College. This increase aligns with a significant number of community pharmacies moving forward with establishing a Pharmacy Technician Final Check Program at their practice site so that pharmacy technicians may practice to a full scope and efficiencies in drug distribution processes are realized.

At the 2017 Annual General Meeting, we saw great member support to continue to move forward with work begun in late 2016 by an ad-hoc committee struck to expand pharmacist prescriptive authority in relation to self-limiting conditions and travel health through amendments to Schedule 3 of the Regulation. We thank Vice President Kevin Hamilton for his leadership in these efforts and the many pharmacists that have volunteered their time to contribute to this initiative. Their work has given rise to a list of several additional conditions for which evidence exists that pharmacist prescribing can benefit patient care. It is anticipated that a formal consultation on the proposed amendments to the Regulation will take place mid-year in 2018.

In 2017, progress was made to facilitate member and stakeholder engagement and consultation through the use of electronic surveying and voting. Fostering strong relationships with patients, the public, members and stakeholders remains a priority and Council relies on consultation with these groups to inform decisions aimed at enhancing pharmacy practice to improve patient care and safety for Manitobans. We look forward to continuing these strong relationships committed to achieving our mission of public protection in the coming year.



Jennifer Ludwig, BSc. (Pharm.)
Council President



Susan Lessard-Friesen, BSc. (Pharm.),
Registrar

Public Representative's Message



As a public representative on Council, it is my privilege and responsibility to ensure the voice of the public is heard during regulatory discussions held at the College of Pharmacists of Manitoba. With a mission of protecting the health and well-being of the public, Council and the College have a weighty responsibility in their trust.

I was appointed to Council while under the previous legislation, and I am pleased to have been a part of the efforts of the College and the Council to enable an expanded scope of practice for pharmacy professionals and additional components of *The (2006) Pharmaceutical Act* aimed at improving care and safety for patients. It has been my observation over my many years on Council that the College has remained diligent in its work to protect the public and to ensure patients in Manitoba have access to quality pharmacy care. I look forward to continuing my work on Council knowing that all of our efforts are grounded in a foundation built on trust, integrity and accountability to the public that we serve.

From my perspective as a public representative and patient advocate on Council, I am honored to be part of a coalition of professionals consistently focused on improving health outcomes and safety for patients. The level of dedication by Council, staff and fellow committee members has been exceptional and I believe Manitobans could not be better served.



Donna Forbes
Public Representative

Principles

OVERVIEW

The College of Pharmacists of Manitoba (College), incorporated in 1878 under an act of the legislature, is entrusted with the administration of *The Pharmaceutical Act (The Act)* of Manitoba. The Act governs, among other things, the registration, education, licensing, standards of practice, and complaints and discipline process for pharmacists and pharmacies in Manitoba.

OUR VISION

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

OUR 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 healthcare providers.

OUR VALUES

INTEGRITY

We act with professional, fair and honest conduct.

RESPECT

We are considerate of the values and needs of others.

EXCELLENCE

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

ACCOUNTABILITY

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

COLLABORATION

We strive to include teamwork and partnership.

LIFE-LONG LEARNING

We continue to enhance our knowledge and competency.

Strategic Plan

On a biennial basis, and in election years, the College Council participates in a strategic planning session to set the course for the term of the new Council. In October 2016, the new Council undertook a review of the previous 2014 strategic plan and confirmed that for the 2016 to 2018 Council term, the following would serve as the four strategic initiatives for the College to pursue:

ENHANCE THE QUALITY ASSURANCE PROGRAM FOR PHARMACY PRACTICE

1. Enhance and improve quality assurance programs for pharmacists and the operation of pharmacies.
2. Develop and implement a pharmacist and stakeholder awareness campaign for the quality assurance program.

CONTINUE TO OPERATIONALIZE THE (2006) PHARMACEUTICAL ACT

1. Implement pharmacist test ordering authority in community practice.
2. Continue development of practice directions in support of legislation and in collaboration with our stakeholders.

BUILD AND STRENGTHEN RELATIONSHIPS WITH STAKEHOLDERS

1. Enhance consultation and collaboration with stakeholders, provincially, nationally, and internationally.
2. Continue to support the College of Pharmacy in development and introduction of the proposed entry-level PharmD program.
3. Meet with the Minister of Health, at least, annually.

EFFECTIVE MANAGEMENT OF ALL COLLEGE RESOURCES

1. Provide for sufficient resources to accomplish the key strategies.
2. Be fiscally responsible.
3. Foster volunteerism.

By-Law Changes

The Council of the College is responsible for developing and upholding the By-Laws governing the regulation of the College's internal affairs. During 2017, the Council amended significant areas of the By-Laws to permit electronic voting by the members. Electronic voting applies to Council elections and voting on regulation amendments which, at the time of preparing this Annual Report, are voted on by members. These By-Law changes signal greater efficiency and accessibility for pharmacy professionals in the province when it comes to the democratic processes and consultations that govern the work of the College Council. Additionally, the By-Law was further amended to clarify the beginning and end of a Councillor's term, revise the process for scheduling Appeal Panels, and reflect the 2018 applications and fees. An extensive review of the By-Law changes was provided in the College's [Winter 2017 Newsletter](#).

College Structure

The structure of the College of Pharmacists of Manitoba is established in accordance with legislation and by decisions of the Council. The overarching goal of the established committees is to direct the work of the College to ensure the College meets its mandate of public protection in keeping with its strategic initiatives and in collaboration with its stakeholders.

Council

OFFICERS

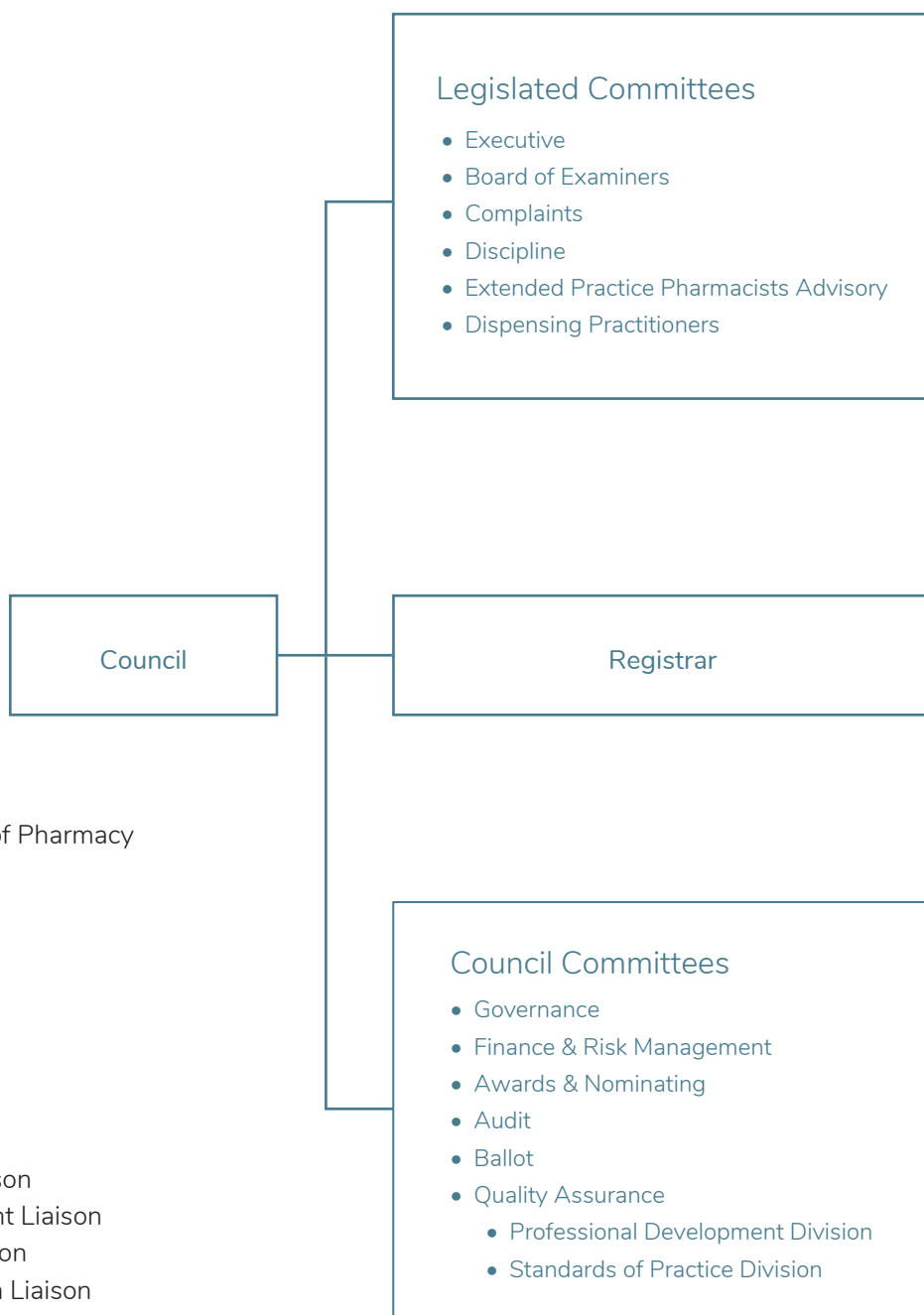
Jennifer Ludwig, President
 Kevin Hamilton, Vice President
 Petr Prochazka, Executive Treasurer
 Glenda Marsh, Past President

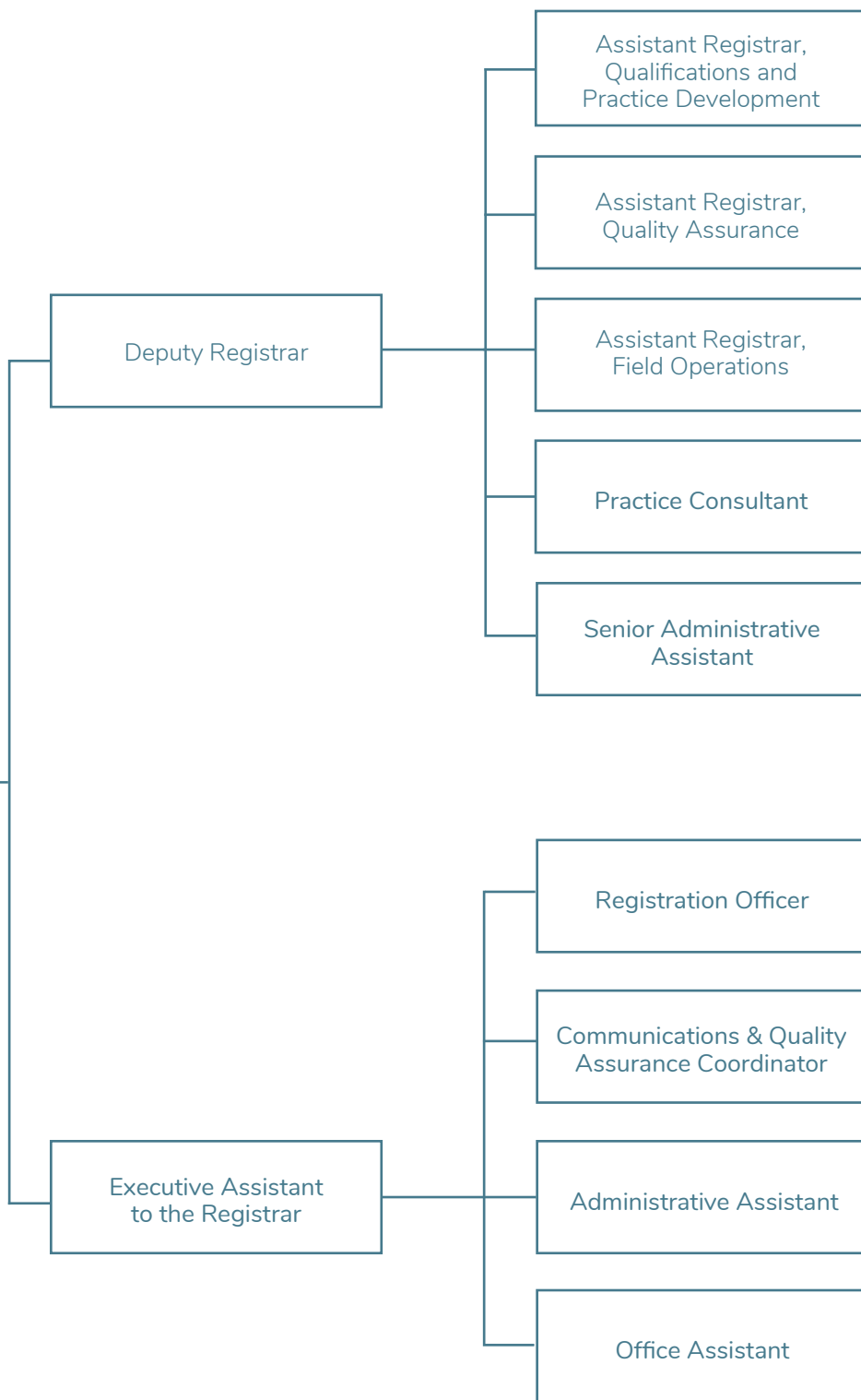
COUNCILLORS

Wendy Clark, District 2
 Donna Forbes, Public Representative
 Travis Giavedoni, Public Representative
 Kevin Hamilton, District 2
 Jennifer Ludwig, District 2
 Glenda Marsh, District 2
 Geoff Namaka, District 1
 Rik Panciera, Public Representative
 Petr Prochazka, District 1
 Sonal Purohit, District 1
 Dr. Lalitha Raman-Wilms, Dean, College of Pharmacy
 Derrick Sanderson, District 2
 Dinah Santos, District 1
 Audra Taylor, Public Representative
 Cheryl Zelenitsky, Public Representative

LIAISONS TO COUNCIL

Susan Balagus, Pharmacy Technician Liaison
 Dr. Patricia Caetano, Manitoba Government Liaison
 Michael Szelemej, Pharmacy Student Liaison
 Dr. Brenna Shearer, Pharmacists Manitoba Liaison
 Grazia Prochazka, Canadian Society of Hospital Pharmacists
 - Manitoba Branch Liaison





PRACTICING RESPONSIBLY GOVERNANCE

Committees

LEGISLATED COMMITTEES

EXECUTIVE COMMITTEE

Mandate: To consider matters between Council meetings and make recommendations to Council.

Jennifer Ludwig, President, Chair
Kevin Hamilton, Vice President
Petr Prochazka, Executive Treasurer
Glenda Marsh, Past President

BOARD OF EXAMINERS

Mandate: To consider and decide on applications for registration and conditional registration in accordance with The Pharmaceutical Act.

Dr. Lalitha Raman-Wilms, Chair Grazia Prochazka
Karen Dimarco Audra Taylor
Jennifer Ludwig

COMPLAINTS COMMITTEE

Mandate: To address formal complaints submitted by a patient or their agent, a co-worker, employer, or healthcare professional, through the established complaints resolution process.

Pat Trozzo, Chair Petr Prochazka
Donna Forbes Tim Saunders
Travis Giavedoni

DISCIPLINE COMMITTEE

Mandate: To hear matters referred by the Complaints Committee pertaining to actions, practice or judgment not reflecting standards required by legislation and the Code of Ethics.

Ron Eros, Chair Penny Murray
Shannon Trapp, Vice Chair Jagjit Pachu
Wendy Clark Rik Panciera
Ron Corrigan Audra Taylor
Kevin Hamilton Zahid Zehri
Britt Kural Cheryl Zelenitsky

DISPENSING PRACTITIONERS COMMITTEE

Mandate: To consider and decide on applications from practitioners who are not members, in accordance with section 11 of the Regulation to The Pharmaceutical Act, to be designated as a dispensing practitioner in order to improve patient care and safety in remote communities that do not have reasonable access to pharmacy services.

Jill Hardy, Chair Rani Chatterjee-Mehta

EXTENDED PRACTICE ADVISORY COMMITTEE

Mandate: To provide oversight and make recommendations to Council on matters that relate to extended practice pharmacists as described in Part 12 of the Regulation to The Pharmaceutical Act.

Rob Ariano, Chair Sharon Smith
Deb Elias Ashley Walus
Travis Giavedoni Barb Wasilewski
Tammy Hagyard-Wiebe Cheryl Zelenitsky
Dr. Brent Kvern Dr. Anna Ziomek
Rik Panciera

COUNCIL COMMITTEES

GOVERNANCE COMMITTEE

Mandate: To provide initial and ongoing review of, and to make recommendations to Council about, the governance structure of the College of Pharmacists of Manitoba.

Kyle MacNair, Chair Geoff Namaka
Shawn Bugden Rik Panciera
Gary Cavanagh Derrick Sanderson

AWARDS & NOMINATING COMMITTEE

Mandate: To recommend to Council the recipients of The Pharmacist of the Year, Bonnie Schultz Memorial Award for Pharmacy Practice Excellence, Bowl of Hygeia, Patient Safety Award, Honorary Life Membership, Honorary Membership, Centennial Award, and other awards of the College as determined by Council.

Glenda Marsh, Chair Leann McCannel
Dr. Lalitha Raman-Wilms Scott McFeetors
Ronald Guse Grazia Prochazka
Grant Lawson

FINANCE & RISK MANAGEMENT COMMITTEE

Mandate: To oversee the financial affairs of the College and be responsible for making recommendations to Council regarding organizational risk.

Petr Prochazka, Chair Sheldon Kokorudz
Carol Davis Cheryl Zelenitsky
William Eamer Ashley Walus
Travis Giavedoni

AUDIT COMMITTEE

Mandate: To review the draft annual financial statements of the College after preparation by the auditor.

Travis Giavedoni, Chair William Eamer
Carol Davis Ashley Walus

COUNCIL COMMITTEES

QUALITY ASSURANCE COMMITTEE

Mandate: To serve as a resource to Council by providing oversight, monitoring and evaluation of the College's Quality Assurance/Continuous Quality Improvement Program and make recommendations to Council on program enhancements for the purpose of improving pharmacy practice and patient safety.

Dinah Santos, Chair	Dennis Le
Murvin Abas	Judy Lee-Wing
Vernon Appleyard	Lyndsay Lepp
Grace Badejo	Judy Lee-Wing
Brent Booker	Jugnu Lodha
Divna Calic	Amy Marriott
Cenzina Caligiuri	Donald McFeetors
Melissa Dearsley	Arlene Nabong
Laura Delavau	Sheila Ng
Sheri Dyck	Olasumbo Ojo
Robert Francis	Amy Oliver
Fran Gira	Natalie Pouteau
Megan Hamilton	Gayle Romanetz
Nicholas Honcharik	Kurt Schroeder
David Huston	Trevor Shewfelt
Samantha Kendall	Pawandeep Sidhu
Sheldon Kokorudz	Roger Tam
Zachary Kroeker	Pat Trozzo
Jane Lamont	Tobi Tse

QUALITY ASSURANCE COMMITTEE - STANDARDS OF PRACTICE DIVISION

Mandate: To serve as a resource to Council for reviewing, recommending and keeping current the standards of practice, practice directions and practice guidelines for the purpose of improving pharmacy practice, patient health outcomes and patient safety.

Kevin Hamilton, Chair	Geoff Namaka
Amir Baksh	Amy Oliver
Brent Booker	Tiffany Pankratz
Divna Calic	Gayle Romanetz
Melissa Dearsley	Adelaine Saria
Sheri Dyck	Kurt Schroeder
Lisa Havixbeck	Marilyn Sidhu
Nicholas Honcharik	Pawandeep Sidhu
David Huston	Devyn Swark
Sheldon Kokorudz	Pat Trozzo
Jane Lamont	Ashley Walus
Tara Maltman-Just	Michael Watts
Nicole Nakatsu	

QUALITY ASSURANCE COMMITTEE - PROFESSIONAL DEVELOPMENT DIVISION

Mandate: To establish areas for continuing competence programs, and promote and facilitate participation in professional development programs, required for maintaining competence and improving practice as a pharmacist or pharmacy technician in Manitoba. To act as a resource to Council by making recommendations for assessing the competence and performance of pharmacists.

Sonal Bachu Purohit, Chair	Lyndsay Lepp
Bolanle Aina	Jugnu Lodha
Grace Badejo	Christopher Louizos
Manjit Bains	Cody Magnusson
Susan Balagus	Sheila Ng
Jenna Bolton	Olasumbo Ojo
Shawn Bugden	Kristine Petrasko
Divna Calic	Dinah Santos
Cenzina Caligiuri	Olena Serwylo
Laura Delavau	Linnea Shackel
Gholam Reza Ebrahimian	Advit Shah
Fran Gira	Trevor Shewfelt
Jessica Gursky	Courtney Shipman
Megan Hamilton	Devyn Swark
Samantha Kendall	Roger Tam
Zachary Kroeker	Erin Thiessen
Abby Lau	Pat Trozzo
Dennis Le	Tobi Tse
David Lee	Connie Vines
Lindsay Lepp	Lorraine Woods

Registration & Licensure

PHARMACISTS AND PHARMACIES

Pharmacists and pharmacies in Manitoba are required to license with the the College. Through the registration and licensure process, the College ensures that pharmacy professionals meet the requirements for safe and effective pharmacy practice.

Pharmacists must meet entry-to-practice requirements including, but not limited to, board certification by the Pharmacy Examining Board of Canada, a 600 hour internship, a comprehensive Jurisprudence Exam on applicable provincial and federal legislation, and the Code of Ethics that govern pharmacy practice in Manitoba. Pharmacists must also engage in continuous learning through accredited professional development programs and non-accredited learning activities to maintain competence and eligibility for licence renewal.

The College maintains public registers which list all registered pharmacists and licensed pharmacies in Manitoba, in addition to any registrant limitations, conditions, suspensions, or cancellations. This information is available on the College website.

PHARMACY TECHNICIANS

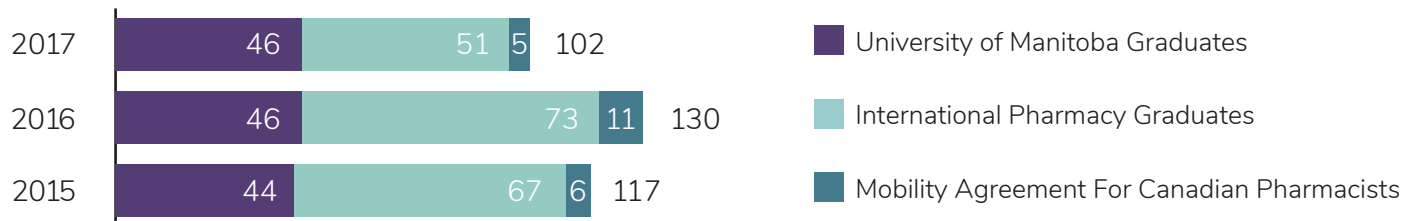
With proclamation of *The Pharmaceutical Act* on January 1, 2014, *pharmacy technician* became a protected title in Manitoba. As a result, the scope of practice for pharmacy technicians changed significantly, including the educational requirements for qualification under the pharmacy technician designation. Under its duties as a pharmacy practice regulator, the College maintains the protected status of pharmacy technicians by ensuring they meet the necessary qualifications to provide safe, effective patient care, and by maintaining a publicly available listing of pharmacy technicians on its website.

A pharmacy technician's scope of practice focuses on the knowledge, skills, and abilities associated with the technical aspects of both prescription and patient information, and of product and drug distribution. Pharmacy technicians collaborate with pharmacists and other healthcare providers to provide optimal care to their patients.

The Pharmacy Technician Final Check Program (Final Check) for community and hospital pharmacies was approved by Council in late 2016 and was implemented throughout 2017. The application process for the program requires pharmacy managers and staff to assess current dispensing processes to determine the changes required for a pharmacy technician to perform a final medication check safely and providing all other standards are met in the dispensing process. The College provides feedback and guidance where needed in the application and the outcome of the approval process is a tailored prescription verification policy and procedure that meets safety standards, while addressing the specific practice of a given pharmacy.

2017 PHARMACY PRACTICE BY THE NUMBERS

NEW LICENCED PHARMACISTS



PHARMACIST REGISTRATION AND LICENSURE

	2015	2016	2017
PRACTICING	1436	1487	1534
NON-PRACTICING	163	143	152
HONORARY LIFE (PRACTICING)	2	3	3
HONORARY LIFE (NON-PRACTICING)	8	9	10
			1699

83 JURISPRUDENCE EXAMS WRITTEN BY PHARMACIST APPLICANTS

34 JURISPRUDENCE EXAMS WRITTEN BY PHARMACY TECHNICIAN APPLICANTS

35 LISTED PHARMACY TECHNICIANS

21 PHARMACY TECHNICIAN FINAL CHECK PROGRAMS APPROVED



OTHER REGISTERS

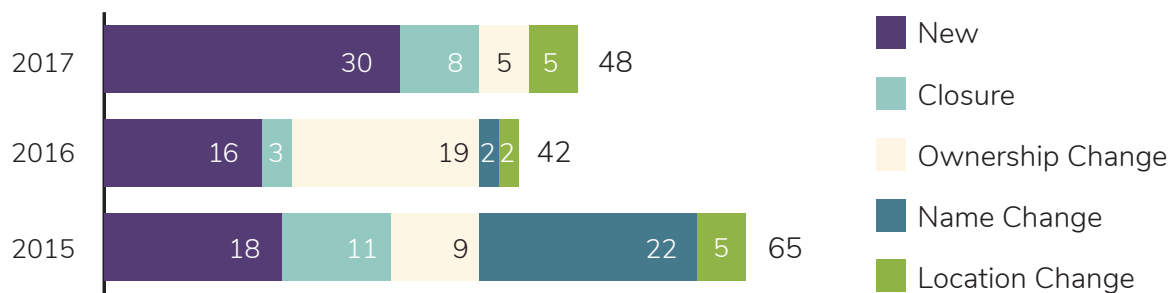
STUDENTS	152
INTERNS	88
EXTENDED PRACTICE PHARMACISTS	12
TEMPORARY	0
ACADEMIC	0
	252

2017 PHARMACY PRACTICE BY THE NUMBERS

LICENCED PHARMACIES

	2015	2016	2017
COMMUNITY	372	385	406
HOSPITAL	36	36	36
			442


PHARMACY LICENCE CHANGES



 **396** PHARMACISTS ARE AUTHORIZED TO PRESCRIBE DRUGS FOR SMOKING CESSATION

12 EXTENDED PRACTICE PHARMACISTS LICENSED 

941  PHARMACISTS ARE AUTHORIZED TO ADMINISTER VACCINES AND DRUGS BY INJECTION

687 PHARMACISTS ARE AUTHORIZED TO PRESCRIBE DRUGS FOR SELF-LIMITING CONDITIONS 

EXTENDED PRACTICE PHARMACISTS

In 2017, there were 12 licensed pharmacists authorized as Extended Practice Pharmacists. Extended Practice Pharmacists have undertaken advanced education or certification in a specialty practice, work collaboratively with other healthcare providers, and are authorized to prescribe and manage patient medication therapy within the scope of their specialty practice. Extended Practice Pharmacists improve patient access to pharmaceutical specialists, increase patient safety by providing enhanced drug therapy management and collaborative care, and contribute to better health outcomes for Manitobans.

A collaborative practice setting is defined as a practice setting in which a pharmacist works closely and cooperatively with other healthcare professionals, including physicians and/or nurse practitioners to provide care to a common patient or group of patients.

In 2017, Council approved the Extended Practice Pharmacist Advisory Committee's recommendation regarding the parameters and/or criteria Council may use to review and assess programs submitted for approval under section 96 (g) of the Pharmaceutical Regulation for qualification as an Extended Practice Pharmacist specialty. These criteria focus on the high-quality standards required for advanced knowledge and training, continuing professional development or re-certification, and collaborative practice required in the specialty area.

EXPANDED SCOPE OF PRACTICE

Pharmacists increase access to quality healthcare for Manitobans by offering expanded scope services under *The Pharmaceutical Act* such as administering drugs including vaccines by injection and recommending therapies which may include the prescribing of drugs for self-limiting conditions or smoking cessation.

In February 2016, Council appointed an ad-hoc committee for the purpose of investigating and recommending additional conditions to Schedule 3 of the Pharmaceutical Regulation for which pharmacists may prescribe. At a Special General Meeting held on June 19, 2017, the ad-hoc committee presented their recommendations to the membership including the

- addition of several conditions for which pharmacists could prescribe if additional training is undertaken;
- development of guidelines to prescribe drugs based on nationally recognized and recommended drug treatment guidelines, rather than specific drug products; and
- formation of a working group to determine and make recommendations to Council on how certified pharmacists practicing in travel health should be recognized under the Pharmaceutical Regulation.

Pharmacists participating on both the ad-hoc committee and working group on travel health continued their important work throughout 2017 to draft recommendations for the consideration of Council. Council appreciates the dedication and commitment demonstrated by the pharmacists who participated in the ad-hoc committee.

ADVANCING
QUALITY
ASSURANCE

Quality Assurance

The College's Quality Assurance/Continuous Quality Improvement Program encourages excellence in pharmacy practice and improved patient outcomes by assessing pharmacy processes to identify and learn from inefficiencies, medication incidents, and near misses to develop processes that improve patient care and safety.

Through its mandate to protect the public and its authority under *The Pharmaceutical Act*, the College safeguards quality assurance through pharmacy inspection and continuing professional development requirements for pharmacy professionals. In 2017, the College introduced the Safety Improvement in Quality (Safety IQ) Pilot to engage pharmacy professionals in an innovative approach to reporting, analyzing, documenting, and sharing learnings on medication incidents and near misses in Manitoba. For more information about Safety IQ, please turn to pages 20 through 23 of this report.

PHARMACY INSPECTIONS

The College Field Operations team performs a number of different pharmacy inspection assessments throughout the year including routine pharmacy inspections for existing pharmacies and pharmacy inspections for new, relocated, and renovated facilities. The Field Operations team offers additional support to pharmacy owners and managers in the form of follow-up inspections on an as-needed basis. The de-identified, aggregate data collected by the Field Operations team is shared with the Quality Assurance Committee and, along with statistics from the Complaints Committee, helps establish the content of future professional development programs and practice directions.

Across Manitoba, a commitment to safe, patient-centred practice was evident in many of the pharmacies visited by College inspectors in 2017, and the College thanks all of these pharmacists and their teams for their excellent work.

LEARNING PORTFOLIO REVIEW

On an annual basis, the College conducts a Learning Portfolio Review (Review) on a random selection of 20 per cent of Manitoba pharmacists. This year, 304 pharmacists were selected for a Review.

The Review ensures that pharmacists have participated in continuing professional development (CPD) throughout the licensing year to maintain competence to practice. Each pharmacist must participate in at least 25 hours of CPD. Moreover, at least fifteen of those 25 hours must be fulfilled by participation in learning activities that are accredited by an accrediting body recognized by the College.

Year after year, the annual Review demonstrates that Manitoba's pharmacists are committed to exceeding the professional development requirement. In 2017, eighty-three per cent of pharmacists exceeded the professional development requirement. This high rate of involvement in CPD provides a measurable and tangible expression of the dedication pharmacists have to their practice and the patients they care for.

2017 QUALITY ASSURANCE BY THE NUMBERS

90
ROUTINE
INSPECTIONS



79 NEW PHARMACY
INSPECTIONS



30
FOLLOW-UP
INSPECTIONS



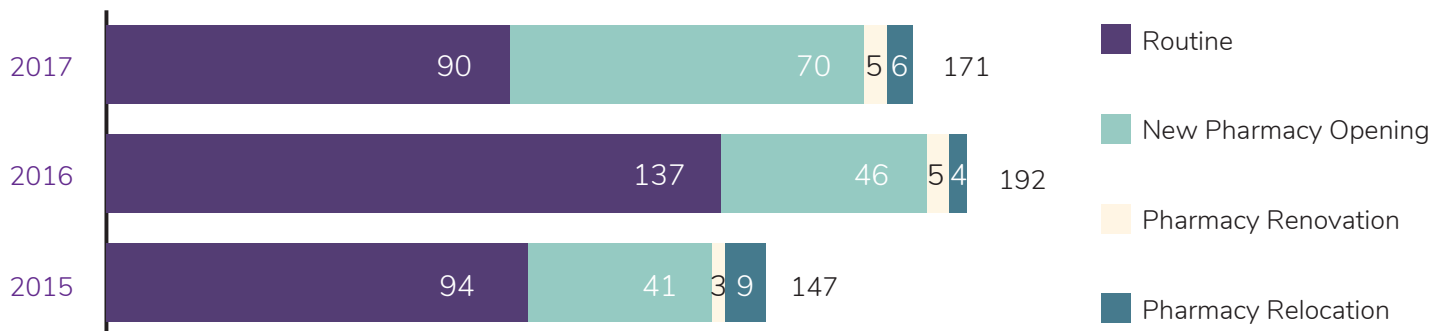
5 PHARMACY
RENOVATION
INSPECTIONS



6 PHARMACY
RELOCATION
INSPECTIONS



PHARMACY INSPECTIONS 2015-2017



COMMITMENT TO PROFESSIONAL DEVELOPMENT CERTIFICATE

Each year, the College recognizes those individual pharmacists who have gone above and beyond the minimum required continuing professional development and participated in 50+ hours of continuing professional development, with at least 30 hours of accredited learning time.

The College congratulates the following 131 pharmacists in achieving their Commitment to Professional Development Certificate for 2017:

Mohamed Ali	Rowena Fernando	Allen Lytwyn	Cheryl Shaver
Adil Ali	Ian Findlay	Dora Ma	Vishav Partap Singh
Marian Attia	Evelyn Fletcher	Janice Macalino	Ernest Stefanson
William Balacko	Kathleen Fogg	Tara Maltman-Just	Alice Studney
Melvin Baxter	Linda Foley	Amy Marriott	Lisa Tarko
T. Stuart Bellingham	Grace Frankel	Tara Jean Martin	Joseph Tawfilous
B. Marie Berry	Christin Franken	Derek McCreath	Katherine Taylor
Anwar Bhojani	Nathan Friesen	Scott McDougall	Meera Thadani
Andrew Blais	Stephanie Gautron	Brenda McLeod	Douglas Thidrickson
Mona Boctor	Stephanie Geith	Anokhi Mehta-Sachdev	Tinu Thomas
Joelle Boileau	Heather Getson	Nader Metry	Kenil Thomas
Jaden Brandt	Jennifer Gibson	Martha Mikulak	Bradley Toth
Jasvir Brar	M. Claire Gillis	Blessilda Morales	Dana Turcotte
Lance Breland	Ronald Scott Groen	Kathy Moscou	Rolland Vilar
Shawn Bugden	Ruby Grymonpre	Dina Mousa	Julia Walker
Dayna Catrysse	Saminder Gujral	Stephen Moynihan	Jennifer Wallace
William Cechvala	Ronald Guse	Arlene Nabong	Hilton (Hugh) Wallace
Rani Chatterjee-Mehta	Nicole Hager	Michael Namaka	Holly Watts
Lengim Chen Ingram	Patricia Hallonquist	Amy Oliver	Emily Wiebe
Arnold Chew	Jillian Hardy	Kimberley Ortwein	Monica Wong
Wendy Clark	Amanda Harrison	Jaimin Patel	Horst Wuerfel
Janice Coates	Ofelia Hermogeno	Caterina Pearson	Amany Younan
Louise Cooney	Lorraine Hilderman	Siegfried Pfahl	Amanda Young
Marcin Cychowski	Tara Hoop	Mervi Pichlyk	Amir Youssef
Sheril Cyriac	Merrilyn Howat Renkas	Barret Procyshyn	Osama Zaki
Anahita DehmoobedSharifabad	Curtis Hughes	Sonal Bachu Purohit	Lisa Zaretsky-Arnold
Alison Desjardins	Dustin Hunt	Aaron Quach	
Pritpal Dhanjal	Shannon Hunter	Erin Ramalho	
Betty Dong	Tarandeep Kaur	Derek Risbey	
Ryan Douglas	Samantha Kendall	Janine Rivest	
Gholam Ebrahimian	Meghann Klowak	Ligy Russel	
Melad Eid	Kristin Lane	Hanan Salem	
Blair Einarson	Christopher Lawson	Mariam Samweel	
Karin Ens	David Lee	Jasdeep Kaur Sandhu	
Hans Epp	Jugnu Lodha	Gerri Scott	

MODEL STANDARDS FOR COMPOUNDING

Between February 2012 and March 2013, over 1,200 oncology patients in Ontario and New Brunswick received inadequate doses of chemotherapy due to a communication error involving the compounding of these drugs. The Ontario Minister of Health and Long-Term Care appointed an independent investigator, Dr. Jake Thiessen, to conduct a review to determine the causes of the incidents and provide recommendations to prevent recurrence. The Thiessen Report was released in August 2013 and made 12 recommendations to assist in preventing this incident from occurring again.

This incident was a catalyst for change in compounding standards across Canada. The National Association of Pharmacy Regulatory Authorities (NAPRA) was tasked with drafting Model Standards for Pharmacy Compounding of Non-Hazardous and Hazardous Sterile Preparations (NAPRA Model Standards) through a consultative process with the provincial pharmacy regulatory bodies including the College. The final NAPRA Model Standards for Pharmacy Compounding of Non-Hazardous and Hazardous Sterile Preparations were released in December 2015 and September 2016 respectively.

College Council approved the NAPRA Model Standards for sterile compounding along with an implementation schedule on February 6, 2017, following a member and stakeholder consultation process. The College is taking a stepwise approach in the implementation and enforcement of the NAPRA Model Standards.

Pharmacies engaged in hazardous and/or non-hazardous sterile compounding are required to develop policies, training programs, and quality assurance programs as outlined in the NAPRA Model Standards by June 1, 2018, with the exception of beyond-use dating policies. Pharmacies will have an additional year to validate all staff engaged in sterile compounding as outlined in the NAPRA Model Standards, and the training and validation must be completed by June 1, 2019.

Pharmacies engaged in sterile compounding are required to meet all NAPRA Model Standard requirements, including beyond-use dates and physical facility requirements, by January 1, 2021. The College extended the beyond-use dating policies until January 1, 2021, as beyond-use dating is dependent on the physical compounding facility.

ADVANCING
QUALITY
ASSURANCE



SAFETY IQ PILOT

The College partnered with the Institute for Safe Medication Practices Canada (ISMP Canada) to develop Safety Improvement in Quality (Safety IQ) — a year-long pilot in which community pharmacies report, review, analyze, and share learnings about why medication errors occur and how they can be prevented. Safety IQ empowers pharmacy staff to

build a culture of safety in which medication incidents and near misses are recognized as the outcome of a flawed system or process. Ultimately, Safety IQ discourages a blame-and-shame approach to medication incident and near miss reporting with principles and processes that support open discussion and shared learning.

In the influential report on errors in the healthcare system, *To Err is Human: Building a Safer Health System*, Don Berwick observes that “technically, the biggest ‘safety system’ in healthcare is the minds and hearts of the workers who keep intercepting the flaws in the system and prevent patients from being hurt. They are the safety net, not the cause of the injury.” This sentiment is well-reflected in the medication and near miss reports made by volunteer pharmacy staff since their Safety IQ training in August 2017. The near miss and medication incident data reported in 2017 demonstrates the commitment and diligence of pharmacy professionals in preventing harm to patients, while identifying areas for improvement.

Manitobans are the foremost beneficiaries of Safety IQ through safer pharmacy systems with all Canadians benefiting from the national aggregate data reported to ISMP Canada for analysis and dissemination. This aggregate data will, in turn, form the foundation for widespread improvements in pharmacy practice and patient safety in Canada.

MESSAGE FROM MELISSA SHELDRICK

I became a patient safety advocate when my eight-year-old son Andrew died as a result of a medication error in our home city in Ontario in March 2016. My new-found passion is working to help organizations and institutions create a safety culture in pharmacies so that no family has to experience the trauma that we have.

In the agonizing months following the discovery of what caused Andrew's death, I came to understand that there was no data for dispensing errors in Ontario or most of the country for that matter. I was angry with the fact that our health care system could not account for the number or type of incidents.



Andrew and Melissa Sheldrick
(Photo courtesy of Melissa Sheldrick).

I turned to social media, mainstream media, and my local politicians to begin the process of change. I appealed to our provincial Minister of Health and pharmacy regulatory authorities. Incident reporting is now being phased in as mandatory in Ontario and change has begun its slow ripple across Canada.

In August of 2017, I was proud to attend the opening training for the Safety IQ Pilot and to share my story with the pharmacy professionals who attended. I commend the College of Pharmacists of Manitoba and the volunteer pharmacies for taking this important first step of launching Safety IQ. It is my fervent hope that it turns into a mandatory province-wide quality improvement program which I am confident will benefit the people of Manitoba and potentially save lives.

The World Health Organization (WHO) recently issued a challenge to reduce medication errors globally by 50 per cent in five years. It is my hope that Safety IQ helps meet that goal and beyond. The more provinces in Canada that mandate these programs, the more likely we will be to effectively address the challenge the WHO has set out.

My son Andrew was a vibrant little boy who had his whole life in front of him. My advocacy comes from this newly discovered passion for patient safety, in his memory and his love for life; I believe that this is his legacy. Canadians have the right to the utmost safety when they take medication and I will continue to fight until all provinces mandate a continuous quality improvement program for reporting all medication incidents.

The support of the College of Pharmacists Council members is crucial to making this happen and I am pleased to see that Manitoba appears to be well on its way. Please maintain your resolve to support Safety IQ in honour of Andrew's legacy and in his memory.

Melissa Sheldrick

Melissa Sheldrick

2017 SAFETY IQ BY THE NUMBERS

“ “ Technically, the biggest ‘safety system’ in healthcare is the **minds and hearts of the workers** who keep intercepting the flaws in the system and **prevent patients from being hurt**. They are the safety net, not the cause of the injury.

- Don Berwick
To Err is Human



PROVINCIAL INCIDENTS BY OUTCOME

NO ERROR - MEDICATION NOT DISPENSED	222
NO HARM - MEDICATION DISPENSED (NO SYMPTOMS DETECTED AND NO TREATMENT REQUIRED)	90
MILD HARM - SYMPTOMS WERE MILD, TEMPORARY, AND SHORT TERM - NO TREATMENT OR MINOR TREATMENT REQUIRED	7
MODERATE HARM - SYMPTOMS REQUIRED ADDITIONAL TREATMENT OF AN OPERATION OR CAUSED HARM OR LOSS OF FUNCTION	1
SEVERE HARM - SYMPTOMS REQUIRED MAJOR TREATMENT TO SAVE THE PATIENT'S LIFE OR CAUSED MAJOR PERMANENT OR LONG-TERM HARM	0
DEATH - THERE IS REASON TO BELIEVE THAT THE INCIDENT CAUSED THE PATIENT'S DEATH OR HASTENED THE PATIENT'S DEATH	0

SAFETY IQ TOOLS

The Medication Safety Self-Assessment (MSSA) and the Community Pharmacy Incident Reporting Program (CPhIR) were developed by ISMP Canada to improve patient safety and ensure better patient health outcomes, while addressing the specific needs and work flows of community pharmacies. MSSA and CPhIR form the foundation for Safety IQ, while additional training, tools, and resources were developed by the College to enhance the program.

The MSSA supports continuous quality improvement (CQI) in community pharmacies. With 89 questions on ten key elements, the MSSA helps a pharmacy team to evaluate the level of safety in their practice and identify areas for improvement.

CPhIR is an online reporting program that allows pharmacies to anonymously report a medication incident or near miss directly from its computer terminals to ISMP Canada where the data is included in a national database. Graphs can be generated instantaneously to assist pharmacy managers to analyze and present medication incident information to their staff for discussion at quarterly meetings and to identify trends over time.

Safety IQ volunteers are also supported by College lead initiatives including

- one full-day and one half-day training on the Safety IQ principles and tools;
- brochures and decals that identify and explain the program;
- in-person visits and phone calls to participating pharmacies from a College practice consultant to answer questions and provide direction as needed; and
- eQuipped, a quarterly newsletter that provides resources and updates on the Pilot.

The Safety IQ Pilot will be evaluated by the third-party research program, SafetyNET-Rx – an organization dedicated to encouraging open dialogue on medication incidents to improve community pharmacy practice.

ADVANCING
QUALITY
ASSURANCE

Complaints & Discipline

As a self-regulating profession in Manitoba, the College is entrusted with ensuring that its registrants and members uphold their legal and ethical obligation to provide competent care and protect the health interests of patients. Pharmacy professionals are expected to adhere to established quality standards and to provide safe and effective care to their patients.

There are times, however, when an incident or event may occur in a pharmacy and a patient or their agent, a co-worker, employer, or other healthcare professional has the ability to submit a formal complaint about the care provided by a pharmacist. It is the role of the College's Complaints Committee to address these matters through an established complaints resolution process in accordance with *The Pharmaceutical Act (The Act)*. The Complaints Committee is comprised of both pharmacists appointed by Council and public representatives appointed by the Minister of Health.

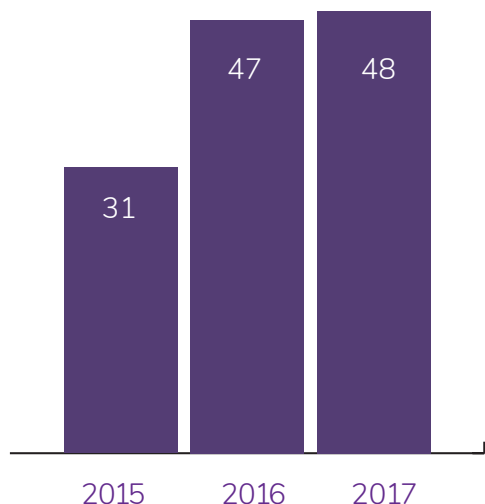
The Complaints Committee may, after review or investigation, with regard to the original complaint or any other matter that arose during the course of an investigation

- accept the voluntary surrender of a pharmacist's registration and/or licence, and/or a pharmacy licence;
- censure the investigated pharmacist with a written decision that may appear on the pharmacist's public profile;
- refer the matter to mediation to establish an informal resolution that is satisfactory to the complainant;
- enter into an agreement with the pharmacist to pursue additional assessment, monitoring, reporting, or training;
- enter into an agreement with the pharmacist to place conditions on their practice;
- direct that the matter be referred, in whole or in part, to the Discipline Committee; and/or
- direct that the matter not be referred to the Discipline Committee.

The Discipline Committee is comprised of practicing pharmacists and former members appointed by Council and public representatives appointed by the Minister of Health. Matters pertaining to actions, practice, or judgment not reflecting standards required by legislation and the Code of Ethics may be referred to the Discipline Committee for hearing. Orders of the Discipline Committee may take several forms in accordance with *The Act* and the outcome of the proceedings may result in severe sanctions being imposed on the pharmacist.

2017 COMPLAINTS AND DISCIPLINE BY THE NUMBERS

COMPLAINTS RECEIVED 2015-2017



DISCIPLINE CASES BY TYPE *

PROFESSIONAL MISCONDUCT	2
OPERATIONAL MISCONDUCT	1
DRUG DIVERSION	1
PRIVACY BREACH	0

* Cases referred to discipline in 2016, but reviewed by the Discipline Committee in 2017.

COMPLAINT DISPOSITIONS

REFERRED TO DISCIPLINE	0
RESOLVED BY COMPLAINTS COMMITTEE (NOT REFERRED TO DISCIPLINE)	45*
ON-GOING	49*

* Cases before the Complaints Committee may carry over into the subsequent calendar year.

SANCTIONS IMPOSED BY THE DISCIPLINE COMMITTEE

FINE	2
CONTRIBUTION TO COSTS	2
PRACTICE RESTRICTIONS	1
PROFESSIONAL DEVELOPMENT	1
COUNSELLING	1
DRUG / ALCOHOL TESTING	1
HEALTH ASSESSMENT	0
LICENCE CANCELLATION	0
REGISTRATION CANCELLATION	0

SANCTIONS IMPOSED BY THE COMPLAINTS COMMITTEE

VOLUNTARY LICENCE SURRENDER	3
CENSURE	6
MEDIATION / INFORMAL RESOLUTION	9
PRACTICE RESTRICTIONS	0
LICENCE SUSPENDED	1
PROFESSIONAL DEVELOPMENT REQUIRED	2

Recognizing Our Partnerships

The College has benefited greatly from, and contributed to, our relationships with partner organizations provincially, nationally, and internationally. Council has, during the past decade of strategic planning sessions, committed to building and strengthening the College's relationships with stakeholders. Since the implementation of *The (2006) Pharmaceutical Act*, a spirit of collaboration continues to permeate the new standard of enhanced care by pharmacy professionals.

Evidence of the College's commitment to strengthening collaborative relationships is demonstrated by its regular meetings with the Executive Committees of Canadian Society of Hospital Pharmacists (CSHP) Manitoba Branch, Pharmacists Manitoba, and the Dean of the College of Pharmacy at the University of Manitoba.

In 2017, we saw a significant change in the governance structure for the National Association of Pharmacy Regulatory Authorities (NAPRA). Our immediate Past President, Glenda Marsh, served as Vice-President of NAPRA and as the Manitoba Delegate to the NAPRA Board of Directors. Under the co-chairmanship of Ms. Marsh, the NAPRA Ad-hoc Committee on Governance Implementation consulted with each of the pharmacy regulatory authorities in Canada and NAPRA successfully modified its governance structure in November of 2017. In the new governance structure, the Registrars from each of the pharmacy regulatory authorities in Canada have transitioned to the new Board of Directors of NAPRA.

On a provincial level, the College continues to work through the Manitoba Alliance of Health Regulatory Colleges (the Alliance) to effect change with respect to policies, programs and legislation, including *The Regulated Health Professions Act (RPHA)*. A major initiative of the Alliance is the standardization of a thorough and comprehensive consultation process for each of the professions that will come under the RHPA and Council is supportive of this initiative.

The Pharmaceutical Act grants the College authority to establish the minimum educational requirements for pharmacists and pharmacy technicians within the province, including the ability to recognize university and secondary school programs that deliver curricula that ensure learners meet College requirements. The University of Manitoba's College of Pharmacy at the Rady Faculty of Health Sciences is proudly accredited by the Canadian Council on the Accreditation of Pharmacy Programs, providing a nationally accredited pharmacy program in this province. Under the guidance of Dr. Lalitha Raman-Wilms, the new Dean at the College of Pharmacy, and her faculty at the university, Council looks forward to continuing our work with the College of Pharmacy to support introduction of an entry-to-practice PharmD program in Manitoba.



Working closely with the Pharmacy Examining Board of Canada, our national partner in evaluating and confirming the educational qualifications of pharmacist and pharmacy technician candidates, the College ensures that pharmacy professionals educated within Canada and internationally meet the requirements to practice in Manitoba.

The College also benefits from our collaborative work on many inter-professional initiatives with the Manitoba Institute for Patient Safety and the other health regulatory Colleges. Our interest in working collaboratively with organizations of similar values extends far beyond the organizations listed within this Annual Report. As a key initiative of the current and previous strategic plans for the College, the focus is to strengthen these inter-professional relationships which foster and advance collaborative approaches to providing healthcare and result in improved health outcomes and safety for patients in Manitoba.

FOSTERING COLLABORATIVE PATIENT CARE

Addressing the Opioid Crisis through Pharmacy Practice Regulation

As medication experts who are accessible to patients and the public, pharmacists have a key role to play in mitigating harm and implementing measures to address the opioid crisis. In recognition of this important role, the College has pursued several initiatives to support pharmacists in their efforts to help patients, their families, and the public reduce opioid-related harms.

The College's approach includes both proactive and reactive elements of opioid harm reduction that emphasize the importance of interprofessional cooperation, including

- preventing misuse and diversion of opioids by collaborating on medication return initiatives, data collection, and public education;
- promoting best practices in treatment and harm reduction by providing pharmacists with resources and guidelines including *Opioid Replacement Therapy Guidelines for Manitoba Pharmacists*;
- taking an interprofessional approach to educating pharmacy professionals with *Opioid Replacement Therapy 101*, an interprofessional training session developed by the College of Pharmacists of Manitoba in collaboration with The College of Physicians and Surgeons of Manitoba and the College of Registered Nurses of Manitoba;
- advocating for legislative changes such as a Section 56 exemption from Health Canada and proposing pharmacists as practitioners under the *Controlled Drugs and Substances Act (CDSA)*;
- providing pharmacists and pharmacy technicians with education sessions such as *The Opioid Spectrum: Promoting Health and Preventing Harm*; and
- developing resources for pharmacists and the public such as a listing of pharmacies that sell naloxone and patient guides to overdose and overdose prevention.

THE MANITOBA PRESCRIBING PRACTICES PROGRAM

The Manitoba Prescribing Practices Program (M3P) is a collaborative management system to minimize drug diversion for controlled and narcotic medications and facilitate communication among healthcare professions, regulatory authorities, and federal, provincial and territorial governments regarding drug utilization issues and information.

The College informs pharmacy managers of any M3P forgeries or lost forms reported by healthcare practitioners across the province. Pharmacy managers, in turn, put measures in place to prevent any false prescriptions from being dispensed.

This program not only serves to decrease the misuse, prescription forgery, and drug diversion seen with controlled and narcotic medications including opioids, but it also serves as a valuable source of information on the prescribing and dispensing practices of Manitoba healthcare practitioners.

2017 MANITOBA PRESCRIBING PRACTICES PROGRAM BY THE NUMBERS



9,285 M3P ISSUED **ACROSS**
PRESCRIPTION PADS HEALTHCARE
PROFESSIONS



2,093
PHYSICIANS



14 

DENTISTS

101 
NURSE PRACTITIONERS

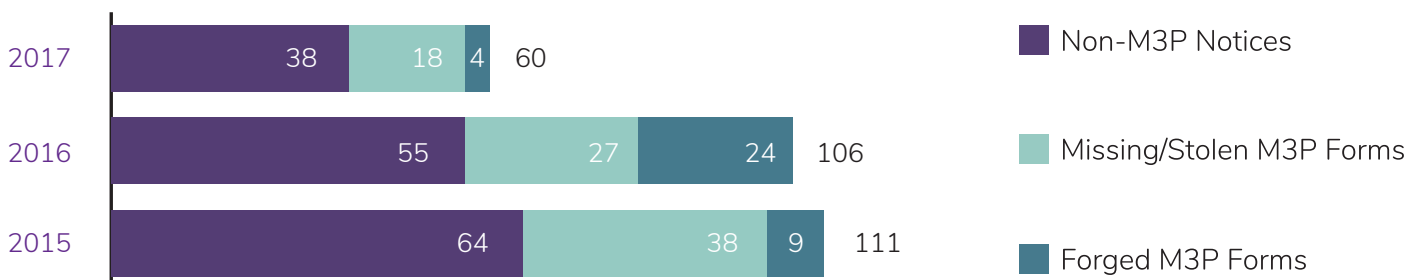


11 
VETERINARIANS

M3P PRESCRIPTION PADS ISSUED 2015-2017



NOTICES TO PHARMACY MANAGERS 2015-2017





Summary Non-Consolidated Financial Statements*

College of Pharmacists of Manitoba

December 31, 2017

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*The Non-Consolidated Financial Statements are available in-full at cphm.ca

Report of the Independent Auditor on the Summary Non-Consolidated Financial Statements

To the Members of the
College of Pharmacists of Manitoba

The accompanying summary non-consolidated financial statements, which comprise the summary statement of financial position as at December 31, 2017, the summary non-consolidated statement of revenue and expenses and changes in net assets and the summary non-consolidated statement of cash flows for the year then ended, and related notes, are derived from the audited non-consolidated financial statements of College of Pharmacists of Manitoba (“the College”) for the year ended December 31, 2017.

We expressed an unmodified audit opinion on those non-consolidated financial statements in our report dated March 26, 2018.

The summary non-consolidated financial statements do not contain all the disclosures required by Canadian accounting standards for not-for-profit organizations. Reading the summary non-consolidated financial statements, therefore, is not a substitute for reading the audited non-consolidated financial statements of the College.

Management’s Responsibility for the Financial Statements

Management is responsible for the preparation of a summary of the audited non-consolidated financial statements on the basis described in Note 1.

Auditor’s Responsibility

Our responsibility is to express an opinion on the summary non-consolidated financial statements based on our procedures, which were conducted in accordance with Canadian Auditing Standard (CAS) 810, *Engagements to report on summary financial statements*.

Opinion

In our opinion, the summary non-consolidated financial statements derived from the audited non-consolidated financial statements of the College for the year ended December 31, 2017 are a fair summary of those non-consolidated financial statements, in accordance with the established criteria described in Note 1.

Winnipeg, Manitoba
March 26, 2018

Grant Thornton LLP
Chartered Professional Accountants

ENSURING
FISCAL
RESPONSIBILITY

College of Pharmacists of Manitoba
Summary Non-Consolidated Statement of
Revenue and Expenses and Changes in Net Assets

Year Ended December 31,

2017

2016
(Note 2)

Revenue		
Pharmacist fees	\$ 1,485,385	\$ 1,383,248
Pharmacy fees	648,655	565,194
Pharmacy technician fees	3,916	1,640
Other income	24,312	49,469
Fines	55,184	32,162
Investment income and unrealized gains and losses	111,336	145,458
M3P income	<u>85,490</u>	<u>88,006</u>
	<u>2,414,278</u>	<u>2,265,177</u>
Expenses		
Regulatory & building operations	1,739,979	1,729,525
Complaints & discipline	209,335	165,825
Awards & contributions	75,998	23,686
NAPRA levy	62,479	60,956
College of Pharmacy levy	161,400	154,800
M3P expenses	75,470	80,034
Other items	<u>53,697</u>	<u>53,094</u>
	<u>\$ 2,378,358</u>	<u>\$ 2,267,920</u>
Excess (deficiency) of revenue over expenses	<u>\$ 35,920</u>	<u>\$ (2,743)</u>
Net assets, beginning of year	\$ 2,607,240	\$ 2,609,983
Excess (deficiency) of revenue over expenses	<u>35,920</u>	<u>(2,743)</u>
Net assets, end of year	<u>\$ 2,643,160</u>	<u>\$ 2,607,240</u>

ENSURING
 RESPONSIBILITY

College of Pharmacists of Manitoba Summary Non-Consolidated Statement of Financial Position

December 31, 2017 2016
(Note 2)

Assets

Current		
Cash	\$ 688,185	\$ 1,592,199
Marketable securities	2,783,982	1,755,309
Other	<u>441,118</u>	<u>281,256</u>
	3,913,285	3,628,764
Long-term	<u>1,086,924</u>	<u>1,079,395</u>
	<u>\$ 5,000,209</u>	<u>\$ 4,708,159</u>

Liabilities

Current		
Accounts payable and accrued liabilities	\$ 132,478	\$ 103,400
Deferred income	2,134,264	1,911,554
Other	<u>90,307</u>	<u>85,965</u>
	2,357,049	2,100,919
Net Assets	<u>2,643,160</u>	<u>2,607,240</u>
	<u>\$ 5,000,209</u>	<u>\$ 4,708,159</u>

College of Pharmacists of Manitoba Summary Non-Consolidated Statement of Cash Flows

Year Ended December 31 2017 2016

Cash flow from operating activities	\$ 145,165	\$ 160,845
Cash flow from investing activities	<u>(1,049,179)</u>	<u>(129,075)</u>
(Decrease) increase in cash	(904,014)	31,770
Cash, beginning of year	<u>1,592,199</u>	<u>1,560,429</u>
Cash, end of year	<u>\$ 688,185</u>	<u>\$ 1,592,199</u>

College of Pharmacists of Manitoba

Notes to the Summary Non-Consolidated Financial Statements

December 31, 2017

1. Summary financial statements applied criteria

The summary financial statements are derived from the audited financial statements, prepared in accordance with Canadian accounting standards for not-for-profit organizations, as at December 31, 2017 and for the year then ended.

The preparation of these summary financial statements requires management to determine the information that needs to be reflected in them so that they are consistent in all material respects with, or represent a fair summary of, the audited financial statements.

Management prepared these summary financial statements using the following criteria:

(a) the summary financial statements include a statement for each statement included in the audited financial statements;

(b) information in the summary financial statements agrees with the related information in the audited financial statements;

(c) major subtotals, totals and comparative information from the audited financial statements are included; and

(d) the summary financial statements contain the information from the audited financial statements dealing with matters having a pervasive or otherwise significant effect on the summarized financial statements.

The audited financial statements of College of Pharmacists of Manitoba are available upon request by contacting the College.

2. Comparative figures

Comparative figures have been adjusted to conform to changes in the current year.

ENSURING
FISCAL
RESPONSIBILITY



COLLEGE OF PHARMACISTS OF MANITOBA
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