

Bill 41 Regs - Various Regulatory Topics

Pharmacist Information

1. Are you an MSP Member?		
Yes	70	99%
No	1	1%
Total	71	100%

2. Please enter your first name.
71 Responses

3. Please enter your last name.
71 Responses

4. Please enter your license number.
71 Responses

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Lock and leave component 32(1) An applicant for a community pharmacy licence must specify that he or she is applying for a lock and leave component if: (a) the pharmacy will operate as a community pharmacy; (b) the pharmacy is located within a larger retail operation; and (c) the applicant intends to close off the dispensary and access to drugs listed on schedule 3 of the manual during times when the larger retail operation remains open.

5. Are you in agreement with the requirements as set out in subsections (a) to (c)?		
Yes	69	97%
No	2	3%
Total	71	100%

6. Please provide additional comments:
3 Responses
This seems to be the same as what we see now...
In our community, the lock and leave operators cherry picks the prime hours and forces my pharmacy to accommodate their customers after prime hours. Lock and leave should be banned or strictly limited based on real need.
sometimes in rural Mb. te parmacy is in it's own building-not part of a larger retail operation

Requirements for lock and leave component 32(2) In addition to the requirements for a community pharmacy licence, an applicant for a lock and leave component must provide evidence satisfactory to the registrar that: (a) the facility will be suitable for a lock and leave pharmacy;

7. Are you in agreement with subsection (a)?		
Yes	67	94%
No	4	6%
Total	71	100%

(b) the pharmacy will be open a minimum of 25 hours spread over a minimum of four days per week, unless the council determines that the service may be made available for a specific lesser amount of time.

8. Are you in agreement with subsection (b)?		
Yes	59	83%
No	12	17%

Total	71	100%
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(c) the pharmacy will be secure when not in operation, including: (i) that the dispensary and drugs listed on schedule 3 of the manual will be secured and not available for sale;

9. Are you in agreement with subsection (c)(i)?

Yes	71	100%
No	0	0%
Total	71	100%

(ii) that non-pharmacist staff will not be able to enter the dispensary or access drugs listed on schedule 3 of the manual;

10. Are you in agreement with subsection (c)(ii)?

Yes	65	92%
No	6	8%
Total	71	100%

(iii) that non-pharmacist staff will not perform any tasks which are prohibited by the Act or this regulation.

11. Are you in agreement with subsection (c)(iii)?

Yes	69	97%
No	2	3%
Total	71	100%

(d) notwithstanding section (b), a member with a Section 12 practicing licence will be available to respond to patients a minimum of 37.5 hours per week.

12. Are you in agreement with subsection (d)?

Yes	55	77%
No	16	23%
Total	71	100%

13. Please provide additional comments:

12 Responses

make same hrs as opened

The pharmacy should be open more than 25 hours per week and the pharmacist should be available more than 37.5 hours per week.

There should be provision for council to make exceptions in extreme cases ie very remote or potential for area to lose service if not allowed

As long as the community is well served by existing pharmacies, and as well as the pharmacist works enough hours to satisfy the licence requirements, I do not understand why you have to specify 37.5 hours minimum.

By Available are you limited to phone verbal or can there be interaction via emails or chat rooms why put restrictions on time?

Ban lock and leave or limit its use

Define "respond". Do you mean by telephone or do you mean go back to the pharmacy as a call back? If it doesn't mean a call back then section b should be a minimum of 5 days a week.

It seems odd that a pharmacist would respond to patients outside of the regular pharmacy operations up to 12.5 additional hours per week

Why is this different to section b ? Should be dictated by community needs not regs.

Technical staff should be allowed to enter the dispensary when it is closed to do clerical work, cleaning, answering the phone ETC

With available communications a pharmacist could be available to patients without the pharmacy being open a minimum amount of hours. This regulation seems unnecessarily restrictive for satellite pharmacies in remote areas.

Patient profile 60(1) No drug may be dispensed pursuant to a prescription, unless a patient profile of the following is made and retained: (a) the name of the patient:

14. Are you in agreement with subsection (a)?		
Yes	71	100%
No	0	0%
Total	71	100%

(b) the address of the patient;

15. Are you in agreement with subsection (b)?		
Yes	68	96%
No	3	4%
Total	71	100%

(c) where the patient is a Manitoba resident and a PHIN is assigned, the PHIN of the patient; *This section would require the pharmacy to receive the PHIN for patients that receive a dispensed drug from the pharmacy. Council is aware that this may cause some challenges in practice, but decided to leave this section as is in order to solicit comments from the members. *Discussion Document 2, July 30th, 2007*

16. Are you in agreement with subsection (c)?		
Yes	47	66%
No	24	34%
Total	71	100%

(d) a reference to the prescription number for each prescription filled for the patient;

17. Are you in agreement with subsection (d)?		
Yes	70	99%
No	1	1%
Total	71	100%

(e) any written medical history or information collected regarding the patient;

18. Are you in agreement with subsection (e)?		
Yes	55	77%
No	16	23%
Total	71	100%

(f) any declaration waiving of the use of a child resistant container, and

19. Are you in agreement with subsection (f)?		
Yes	62	87%
No	9	13%
Total	71	100%

(g) any written authorization forms, order forms, terms of purchase and sale, or other agreements between the pharmacy and the patient.

20. Are you in agreement with subsection (g)?		
Yes	51	72%
No	20	28%
Total	71	100%

21. Please provide additional comments with respect to subsections (a) to (g):
16 Responses
patients should the right to refuse to provide the PHIN number if no 3rd party payor is involved
It is a persons right not to provide their phin number because it is their own personal health information and if they do not want manitoba health to know that is their right.
PHIN should not be a requirement. Medical history should not be mandatory.
Keep it simple....
what if patient refuses to give phin # ?
I would hope that the "waiving of the use of child resistant containers" could be kept as an electronic record.
don't quite know what this means
Telephone numbers are often much more useful than addresses for patients. In tiny communities, people may not have telephone numbers, and also may not have fixed addresses. This area can be problematic if made into a rigid requirement.
WWhat would be the time limit to readdress the waicers on other information for different forms etc
The phin issue should be up to the pharmacists professional judgement when not dealing with controlled and/or narcotics (unelss they want to make the dpin hotline 24 hours)
PHIN often needs to be gathered after filling of the rx due to DPIN's hours. Needs to be room for professional judgement.
too much micro managing
16 c) Every once in a while I get a patient in after 9pm when Pharmacare is closed, without their health card. If the patient can wait I ask them to until I have their PHIN, but if the patient really needs their medicaiton I feel that we should still be able to give it as long as we have all other relevant information including their date of birth. 18 e) This depends on the situation. If the patient lets us know allergies and medical conditions, absolutely. If the patient comes in one day and asks a questions about something, then no. We document so much information already, if we were required to write down every little bit of information from people that come to our pharmacy, it would get to be too much. I don't need to record what vitamins a particular patient asked about or whether a cold medication interacts with their medications. So if this part of the act pertains to all of that as well, then I vote no. If it pertains to patient allergies and conditions only, then I vote yes. g) I'm not sure what forms you are referring to. Often patients will give us their Pharmacare forms showing us they have a deductible. We give it back, as we don't need it. What kind of other agreements? My vote is no. The types of forms, etc. is not clear enough.
section (c)--at times the PHIN may not be available at time of dispensing but Pharmacist should be able to use judgement whether or not to dispense the Rx, but must make attempt as earliest possible thereafter to obtain this info, through DPIN or doctor's office, etc.
Not all patients want Manitoba Health to know the details of their medications- the phin should only be a requirement for prescriptions for narcotic and controlled substances
If a patient refuses to give PHIN, a pseudo PHIN should be available.

"Practice Directions" is defined in Bill 41, which was passed in December, 2006 as follows: "Practice Direction" means a written statement made by the council for the purpose of giving direction to members and owners about the conduct of their practices or pharmacy operations. As per the following section of Bill 41, Council has the authority to make practice directions. Practice Directions are identified some twenty four times in the Discussion Document of July 30th, 2007, thereby providing Council with the ability to make Practice Directions in a wide range of areas.

Council to govern and administer 6(3) Without limiting subsection (2), the council may, by resolution, take any action consistent with this Act, including the following: (c) making practice directions.

22. Do you support MPhA's authority to make Practice Directions?		
Yes	39	55%
No	32	45%
Total	71	100%

23. Should MPhA Council take reasonable steps to develop Practice Directions, prior to members approving the regulations?		
Yes	57	80%
No	14	20%
Total	71	100%

24. Please provide additional comments:

17 Responses

- practice direction provides Council with too much discretionary powers
- This is far too vague and should provide more detail, because this can give council more power than the act really intends.
- We need to know EVERYTHING MPhA does If it directly affects the way we practice. If it's a "non-issue" to us at the grass-roots level, then they can issue directives regarding patient safety, or other "red-tape" issues.
- MPhA should prepare the Practice Directions with input from the members. The final draft should be subjected to approval by members too.
- we can not vote blindly and allow mpha to decide what are future will be a that there own whim and fancy. all details must be worked out so that we are all playing on a level field. this is why i feel the entire process must be scrapped and started again from scratch
- The regulations development and adoption should be top priority for all organizations, especially
- Discussion and consultation with the membership should be done, prior to the issuing of Practice Directions by Council.
- MPhA should always take some direction and votes from it's members who are using and implementing the directives so we all have the opportunity to participate in the formulation of directives that we would have to follow.
- Are these "suggestions" to help improve practice or guidelines that will cripple it? They must be defined before we vote (unless they are to be done on a pharmacy to pharmacy basis?)
- If "practise directions" are basically suggestions, fine. otherwise notice would be important
- Practice directions should be presented to members for discussion & voting.
- membership should be involved.
- Yes, MPhA Council should take reasonable steps to develop Practice Directions, prior to members approving the regulations. The good will the membership shows to MPhA probably shouldn't extend to this. We should have some limitations in place first.
- Hopefully pharmacists will also be consulted regarding the practice directions
- I need much more information re the type of "practise direction" we are referring to.
- We should see the Practice Directions as they are intended, prior to the vote.
- Any practice directions should be approved by the membership before becoming regulation/requirement. A minimum amount of notice (3 months) should be given to the memberships about the new suggested directions before being voted on.

25. If you have anything you would like to add regarding issues in this questionnaire, please fill in the comments box below.

3 Responses

i feel more consultation should be involved. a discussion like audits for hospital pharmacists and error rates should be examined for hospital. this is goes to the matter of tech check policy. we should audit error rates that nursing records in the hospital for the pharmacy. this should then be published in the winnipeg free press and the pharmacist should be brought before disclipline committee. this way we know the tech check system works. but this will not happen since the hospital pharmacists are afraid i believe. has any hospital pharmacist been brought before disclipline committee in the last 10 years?????

Why is not voting, definitions on roles of various members, limits on years of service, etc not in the regulations that we have a say on? vs left in the by-laws that we do not have a say in?

Council should submit examples of practise direction* to the membership.Until I have more knowledge of this issue I cannot support this.

26. The information you provide will be treated in a confidential manner. With your express consent the information provided could be shared with the Manitoba Pharmaceutical Association, with your name and license number. MPhA believes these completed questionnaires will assist them with developing Draft Regulations.

Yes, I consent	63	89%
No, I do not consent	8	11%
Total	71	100%