

Changes

"Section 1", "Add the definitions listed above."

"Section 1", "There is no definition of "Practitioner". Since the description of this term was removed from later sections of the document, the definition section seems like a good place to put this."

"Section 1", "Add the above definitions."

"Section 1", "Define inducements better especially GIFT, Rebate, Loyalty points"

"Section 1", "Add the definitions listed above."

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"Section 1", "Add the definitions listed above."

"Section 1", "Add the definitions listed above."

"Section 1", "The definition of "collaborative setting" needs to be made clearer. Changes have been made to the notes, not the regulations. The regulations need to be changed."

"Section 1", "Add the definitions listed above."

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"Section 1", "Add the definitions listed above."

"Section 1", "Add the definitions as listed above."

"Section 1", "Add the definitions listed above."

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"Section 1", "Add the definitions as listed above."

"Section 1", "Add the definitions listed above."

"Section 1", "I would like to see the definition of "authorized practitioner" changed to include US licensed doctors. I understand that the Manitoba Government has expressed a desire to have such an amendment made consistent with their expressed desire to keep the IPS industry in Manitoba, which would allow Manitoba IPS pharmacists to fill directly US scripts received from their customers, without the need to engage Canadian doctors (a practice which neither side to the IPS debate are particularly fond of)."

"Section 1", "Add the definitions as listed above."

"Section 1", "As above."

"Section 2(4)", "I don't agree with the Registrar making profile available despite dispute."

"Section 2(4)", "It should only include information after this legislation is passed not prior to."

"Section 2(4)", "DO NOT provide date of death or retirement to the general public. WHY do they need to have that information."

"Section 2(4)", "Section 2(4), perhaps should read "but not to include the home or mailing address of the member"."

"Section 2(4)", "As above."

"Section 6(2)", "Get rid of all subjective language; regulations need to have clear, objective standards"

"Section 8(1)", "Wording may need to be reviewed"

"Section 8(1)", "Satisfactory to registrar should be replaced with a standard that can be quantified ie TESOL/TESL or other adoptable standard."

"Section 8(1)", "s8.3 - Pharmacy 'Manager' - change to Manager"

"Section 8(1)", "Remove 8 (I)(J)"

"Section 8(1)", "Need clear, objective standards, still too subjective as to 'satisfying' the registrar re mental and physical conditions."

"Section 8(1)", "Remove 8(1)"

"Section 8(1)", "Remove 8(I)(J)"

"Section 8(1)", "Remove 8(1)(j)"

"Section 8(1)", "Remove 8(1)(j)"

"Section 8(1)", "Remove 8(1)(j)"

"Section 8(1)", "Remove 8(1)(j)"

"Section 8(1)", "Remove 8(1)(j)"

"Section 8(1)", "Discretionary language should be removed from this and all sections of the Regulations in favor of objective standards."

"Section 8(1)", "Remove 8(1)(J)"

"Section 8(1)", "The repeated language ""satisfactory to the Registrar"" and ""satisfy the Registrar"" should be removed. Registration should be based upon clear and objective standards, not subjective. Discretionary and subjective language should be removed from this and all sections of the Regulations in favor of objective standards."

"Section 8(1)", "My understanding of alcoholism is that you can be sober for x years but you have a life long addiction to alcohol. Is the Registrar going to make a decision if a person is an alcoholic or not. I do not think so."

"Section 8(1)", "Remove 8(1)."

"Section 8(1)", "Remove 8(1)."

"Section 8(1)", "Remove 8(1)(j)."

"Section 8(1)", "Remove 8(1)(j)."

"Section 8(1)", "Remove 8(1)(j)."

"Section 8(1)", "Remove 8(1)(j)."

"Section 8(1)", "Remove 8(1)(j)."

"Section 8(1)", "Remove 8(1)."

"Section 8(1)", "Remove 8(1)(j)."

"Section 9(1)", "Satisfactory to the registrar should be amended to a standard that is quantifiable ie recognized CEU units, or written verification of internship completed, or letter from prior licensing board showing good standing etc."

"Section 9(1)", "Decrease the length of the internship to 1 month (4 weeks)."

"Section 9(1)", "Suggestion: if most of 4th year is spent out on rotation now & they will be considered interns already throughout that year it is possible that 4-6 yrs may be acceptable internship time upon graduation & successfully completing PEBC's"

"Section 9(1)", "More objective standards. There seems to be a lot of registers- a student would naturally progress to being an ""Intern"" as they progress in their education, so why do they have to ""satisfy the registrar"" all over again on the same points that they presumably did as students."

"Section 9(1)", "Discretionary language should be removed from this and all sections of the Regulations in favor of objective standards."

"Section 9(1)", "The repeated language ""satisfactory to the Registrar"" and ""satisfy the Registrar"" should be removed. Registration should be based upon clear and objective standards, not subjective. Discretionary and subjective

language should be removed from this and all sections of the Regulations in favor of objective standards."

"Section 11(2)", "I liked the way it was. Section 12 (dealing directly with patients regarding patient care) OR section 13."

"Section 11(2)", "Keep the wording as before."

"Section 11(2)", "Please look at the definition of 'practice of pharmacy' in the Act. Perhaps it need to be broadened in a definition/regulation & this issue would be solved..We need a meeting with the WRHA Pharmacy Program (all Managers) to sort through this Sec 12 & 13 issue with Council I personally would want to continue to hold a Sec 12 License. I disagree that a drug info pharmacist does not have a direct impact on pts."

"Section 11(2)", "Leave it the way it was."

"Section 11(2)", "Need clarification."

"Section 11(2)", "Allow sec 12 practice hours to be used."

"Section 11(2)", "Have more objective standards-clear definition of 'investigation' and 'intended scope of practice'-does this mean hospital vs retail. What about pharmacist's who work part-time in both."

"Section 11(2)", "Clarify"

"Section 11(2)", "A section 12 pharmacist should be able to do some of the section 13 duties without applying for a section 12 license."

"Section 11(2)", "Rename section 12 license to Direct Care License and section 13 License to non-direct care license."

"Section 11(2)", "Need clarification."

"Section 11(2)", "Need clarification."

"Section 11(2)", "Need clarification."

"Section 11(2)", "Need clarification"

"Section 11(2)", "Need clarification"

"Section 11(2)", "Need clarification"

"Section 11(2)", "Need clarification"

"Section 11(2)", "Discretionary language should be removed from this and all sections of the Regulations in favor of objective standards."

"Section 11(2)", "Need clarification."

"Section 11(2)", "Section 12 license only - we need only one license to practice pharmacy - why muddy the waters."

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"Section 11(2)", "Section 12 license only - we need only one license to practice pharmacy - why muddy the waters."

"Section 11(2)", "Remove section 13 pharmacist license and all pharmacists would have the same license."

"Section 11(2)", "The repeated language "satisfy the Registrar" and "in the opinion of the Registrar" should be removed. Licensure should be on the basis of clear and objective standards, not subjective. Discretionary and subjective language should be removed from this and all sections of the Regulations in favor of objective standards. In addition, the inclusion of "or investigation" under Section 11(1)(a) is inappropriately broad. The meaning of "investigation" is not clear. In addition, please clarify what "the intended scope of the applicant's practice" means in Section 11(1)(f)."

"Section 11(2)", "Allow section 12 practice hours to be used."

"Section 11(2)", "Need clarification."

"Section 11(2)", "Need clarification."

"Section 11(2)", "Need clarification."

"Section 11(2)", "Need clarification."

"Section 11(2)", "Needs clarification."

"Section 11(2)", "Need clarification."

"Section 11(2)", "Need clarification."

"Section 11(2)", "Go back to discussion table regarding license categories."

"Section 12(1)", "Reference to Must satisfy the registrar that the applicant does not... should be removed and the mental, and physical health issues and legal issues relevant to pharmacy practice should be listed."

"Section 12(1)", "It should be a health care practice setting."

"Section 12(1)", "If there are pharmacists (industry, etc) that are so far removed that they need a separate category then please address the root issue in these Sections. Managers sometimes cover for the staff/intervenes on the units/solve pt..issues - this additional responsibility/accountability is the "practice of Pharmacy" - you don't need to have 1 on 1 contact with patients & practice our profession"

"Section 12(1)", "Define facility"

"Section 12(1)", "There should just be 1 type of license - if we have graduated and are competent to practice as a pharmacist, why should there be divisions within the profession."

"Section 12(1)", "Define facility"

"Section 12(1)", "Define ""facility"". "

"Section 12(1)", "Define ""facility"". "

"Section 12(1)", "Define ""facility"" "

"Section 12(1)", "Define ""facility"". "

"Section 12(1)", "Define ""facility"". "

"Section 12(1)", "Define ""facility"". "

"Section 12(1)", "Define ""facility"". "

"Section 12(1)", "This section is unnecessary and should be removed.

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"Section 12(1)", "Define ""facility"". "

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"Section 12(1)", "Reword to eliminate facility licensed under this act and make it more generalized."

"Section 12(1)", "One type of pharmacist license that includes all types of practice."

"Section 12(1)", "Why is this needed? It appears to create more problems than it fixes. how many people will this affect and what are the cost ramifications? This regulation is overly prescriptive. The MPHA should regulate pharmacy practice, not pharmacy business. From a patient safety perspective, what is the concern that mandates this rule? Where is the evidence of harm or risk or harm to patients? Regulations should set out minimum standards to govern pharmacist to patient care, and should not attempt to regulate pharmacy business. Pharmacists need the benefit of a Regulations Impact Statement to understand the implications of this section of the Regulations."

"Section 12(1)", "Define ""facility"". "

"Section 12(1)", "Define ""facility"". "

"Section 12(1)", "12(2)(a) should be ""practiced"". note: 13(1) sentence structure."

"Section 12(1)", "Define ""facility"". "

"Section 12(1)", "Define ""facility"". "

"Section 12(1)", "Define ""facility"". "

"Section 12(1)", "Define ""facility"". "

"Section 12(1)", "Define ""facility"". "

"Section 15(1)", "Change to 15 or 18 months"

"Section 15(1)", "More information required on conditions required by the registrar."

"Section 15(1)", "Change to 15 or 18 months."

"Section 15(1)", "Change to 15 or 18 months"

"Section 15(1)", "More objective, clear standards, currently all decisions are at the discretion of the registrar. Two people who have been away for the same length of time might have entirely different conditions applied to them. We need to have clear, understandable standards."

"Section 15(1)", "Change to 15 or 18 months"

"Section 15(1)", "Discretionary language should be removed from this and all sections of the Regulations in favor of objective standards."

"Section 15(1)", "The language ""to the satisfaction of the pharmacist preceptor"" ""acceptable to the Board"" and ""any other requirements specified by the Board"" should be removed. The requirements for licensure should be clear and objective, not subjective. Discretionary and subjective language should be removed from this and all sections of the Regulations in favor of objective standards."

"Section 15(1)", "Currently pharmacists require 25 hours of CEU activities. It would be reasonable to suggest perhaps 12 hours of CEU activities (same ratio of accredited and non-accredited hours) per year of absence. Since CEU are available in many forms now, 12 hours per year would not be overly burdensome and should be reasonably accessible in most circumstances. However, a clause should perhaps be maintained where if the Registrar considers it advisable, a license could be issued regardless of CEU activity."

"Section 15(1)", "Change to 15 or 18 months."

"Section 15(2)", "Change time period to 15 or 18 months (see 15(1) for rationale)."

"Section 15(2)", "Legislation should remain as before."

"Section 15(2)", "Change time period to 15 or 18 months (see 15(1) for rationale)."

"Section 15(2)", "Change time period to 15 or 18 months (see 15(1) for rationale)."

"Section 15(2)", "Clear, objective standards"

"Section 15(2)", "Remove ""c"". "

"Section 15(2)", "Change time period to 15 or 18 months (see 15(1) for rationale)."

"Section 15(2)", "Discretionary language should be removed from this and all sections of the Regulations in favor of objective standards."

"Section 15(2)", "Change time period to 15 or 18 months (see 15(1) for rationale)."

"Section 15(2)", "Exclude pharmacists attending post graduate education from the requirements if their area is compatible with Section 12 or 13 licensing."

"Section 16(1)", "The guideline should be defined not subjectively imposed by the registrar."

"Section 20(3)", "Changing the inclusion date from 2001 to 2004 is an improvement, but why not change it to the date this Act comes into effect? I think any disciplinary action occurring after the effective date of the Act is fair game, but I'm not sure it's appropriate to change publication procedures retroactively."

"Section 20(3)", "The date of action should commence with the introduction of the legislation. A member may have plead guilty between 2004 and now not knowing this legislation was coming. It may have altered a members decision on how they dealt with the matter. I don't believe it is proper to go back and change the circumstances. I think members may take legal action as the terms of their agreements have changed."

"Section 20(3)", "Have only member's name & the fact that they are licensed available to the general public. Also any requests for information by the public should be done in writing. Also, who gives out the info-secretary or registrar-and what is their criteria for releasing information on members. How are we as pharmacists being protected."

"Section 20(3)", "Should be effective when the regulations are passed."

"Section 20(3)", "All discretionary language should be removed from this section and replaced with objective standards."

"Section 20(3)", "Remove this section."

"Section 20(3)", "Section 20(1)(m) allows the posting of criminal convictions or convictions under the Food and Drug Act that may be irrelevant (Council determines if the conviction is "reasonably relevant" to the practice of pharmacy). Discretionary and subjective language should be removed from this and all sections of the Regulations in favor of objective standards. In addition, criminal and other convictions should not form part of the profile content until such time as they are noted as part of a discipline process and finding of misconduct. The appropriate process would be to have disciplinary proceedings initialed if a conviction is entered against any practicing pharmacist which leads to a finding of professional misconduct."

"Section 24(4)", "Sources of information should be revealed to the member when information is provided to the registrar about a member."

"Section 24(4)", "Only defined information should be published not arbitrary information."

"Section 24(4)", "Needs clarification"

"Section 24(4)", "Registrar can do nothing to a profile without the member's consent."

"Section 24(4)", "Clarify that process."

"Section 24(4)", "-must truly believe the information is accurate."

"Section 24(4)", "Needs clarification."

"Section 24(4)", "Needs clarification."

"Section 24(4)", "Needs clarification"

"Section 24(4)", "Needs clarification."

"Section 24(4)", "Needs clarification."

"Section 24(4)", "Needs clarification."

"Section 24(4)", "Needs clarification."

"Section 24(4)", "Needs clarification."
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"Section 24(4)", "Changes as above."

"Section 24(4)", "Much more clarification."

"Section 24(4)", "Needs clarification."

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"Section 24(4)", "Needs clarification."

"Section 24(4)", "Needs clarification."

"Section 24(4)", "Needs clarification."

"Section 24(4)", "Needs clarification."

"Section 24(4)", "Needs clarification."

"Section 24(4)", "Needs clarification."

"Section 25(2)", "Change as above"

"Section 25(2)", "Section 25(1)-member should not have to request copy of this profile before it is made public, we should all be able to see our profile first without a specific request. If there is a mistake, registrar must fix it before it is made public-damage to someone's reputation could happen because of a mistake on the registrar's part & it is often difficult to fix once wrong information has gotten out."

"Section 25(2)", "The onus should not be on the member and member given opportunity to dispute the information prior to posting."

"Section 25(2)", "Change as above."

"Section 25(2)", "Change as above."

"Section 25(2)", "Change as above."

"Section 25(2)", "Change as above."

"Section 25(2)", "Changes as above."

"Section 25(2)", "Changes as above."

"Section 25(2)", "Changes as above."

"Section 25(2)", "All pharmacists should be sent their profile information prior to posting. Any disputed information should not be posted until the dispute is resolved."

"Section 25(2)", "Change as above."

"Section 25(2)", "Section 25(1) of the Regulations puts the onus on the pharmacist to request "the opportunity to review" his or her profile prior to it being published. It is possible that an incorrect profile posted by the MphA, even if it is subsequently corrected, could result in a great deal of damage to a pharmacist's reputation. Once false or erroneous information has been published about a member, the damage has already been done to their reputation and (unfounded) rumors may persist. Every member should receive a copy of their profile 30 days prior to publication. Section 25(2) of the Regulations places the onus of proving that the profile information is factually inaccurate on the member. Section 25(3) Information should not be disclosed if disputed. Section 25(4) of the Regulations permits Council to review the information that may be provided on behalf of the member. Council review is not independent and may not protect the member's rights. An appeal process should be considered in the event that the member disputes the revised information. Posting the dispute on the profile in the relevant category of information in the profile is not sufficient. The likelihood of a dispute could be minimized if the statement was agreed upon at the conclusion of a complaints or discipline hearing."

"Section 25(2)", "This is NOT right. You should be innocent until proven guilty."

"Section 25(2)", "Change as above."

"Section 25(2)", "Change as above."

"Section 25(2)", "Change as above."

"Section 25(2)", "Change as above."

"Section 25(2)", "Change as above."

"Section 25(2)", "Change as above."

"Section 25(2)", "Change as above."

"Section 28(3)", "Define a satellite pharmacy."

"Section 29(3)", "Clarification needed, costs determined."

"Section 29(3)", "Maybe one main license and the particular pharmacy's components could be listed on their main license."

"Section 29(3)", "Clarify."

"Section 29(3)", "Clarification needed. Costs should be determined."

"Section 29(3)", "Clarification needed. Costs should be determined."

"Section 29(3)", "Clarification needed. Costs should be determined."

"Section 29(3)", "Clarification needed. Costs should be determined."

"Section 29(3)", "Clarification is needed. Costs should be determined."

"Section 29(3)", "Clarification is needed. Costs should be determined."

"Section 29(3)", "Clarification is needed. Costs should be determined."

"Section 29(3)", "A Regulations Impact Study needs to be undertaken to better understand the implications of this section."

"Section 29(3)", "Clarification needed. Costs should be determined."

"Section 29(3)", "The component system seems unwieldy, unnecessarily complicated and appears to create more problems that it fixes. Why is it necessary? What costs will the layering of these additional components present? How easily will a member be able to layer the components onto an existing shop license? Will it require a reinspection of a member's facility? This Regulation is overly prescriptive. The MphA should regulate pharmacy practice, not pharmacy business. From a patient safety perspective, what is the concern that mandates this rule? Where is the evidence of harm or risk-or-harm to patients? Regulations should set out minimum standards to govern pharmacist to patient care, and should not attempt to regulate pharmacy business. Section 29(1)(e) requires the pharmacy to provide "the main URL of any websites used by or affiliated with the pharmacy". The meaning of "affiliated" is unclear. Perhaps more importantly, what does this have to do with the MphA's mandate, which is the protection of the public. This section of the Regulations should be reviewed. It appears to be targeted at IPS, and does not appear relevant to the public interest. It is also questionable whether this is within the MphA's jurisdiction (i.e. how can it regulate a US consumer-based website that refers to a Manitoba-based IPS pharmacy?). Section 29(1.1) requiring a pharmacy owner to report "all businesses in which the pharmacy has entered into an agreement or contract to refer patients to their pharmacy and all agreements or contracts where the pharmacy will refer patients to another business" is an inappropriate regulation of pharmacy business. What does this have to do with the MphA's mandate or the protection of the public? Section 29(2) of the Regulations deals with the application for different categories for pharmacy license. There is no category specified for an IPS pharmacy licence. This section of the Regulations should be reviewed. IPS is a separate category of licensure currently and this issue not been addressed in the Regulations."

"Section 29(3)", "Clarification needed. Costs should be determined."

"Section 29(3)", "Clarification needed. Costs should be determined."
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"Section 29(3)", "If so, then change to intermittent satellite community pharmacy."
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"Section 29(3)", "Clarification needed. Costs should be determined."

"Section 29(3)", "Clarification needed. Costs should be determined."

"Section 29(3)", "Clarification needed. Costs should be determined."

"Section 29(3)", "Clarification needed. Costs should be determined."

"Section 29(3)", "Clarification needed. Costs should be determined."

"Section 29(3)", "Stated above."

"Section 32(2)", "32(2) c (ii) change it to allow non-pharmacist staff entry for construction, emergency (ie fire), hardware upgrades, cleaning. Allow technicians access if the owner/manager so allows to do cleaning/accounting/set up/ and other technical duties non -pharmacist staff can temporarily access drugs listed on shc 3 of the manual for the purpose of re-ordering or restocking those meds."

"Section 32(2)", "Clearly state which of 32(2)(c)(ii) and 52(4)(h) takes precedence."

"Section 32(2)", "I would like to review the reasoning for the regulation to restrict the access to the pharmacy during hours not open to the public and allow for the business to do preparation and maintenance while the pharmacy is closed to the public."

"Section 32(2)", "The hours be unrestricted, the market will determine availability. Limited access should be provided if store is closed or dispensary locked."

"Section 32(2)", "Remove 32(2)C(ii)"

"Section 32(2)", "Remove section 32(2)d-it is not up to MPhA to regulate' that a pharmacist must be on call when the pharmacy is closed, this is a business decision, not something that needs to be in the regulations. Customer demand will dictate how many hours a pharmacy needs to be open."

"Section 32(2)", "Remove 32(2)"

"Section 32(2)", "32(2) c (ii) change it to allow non-pharmacist staff entry for construction, emergency (ie: fire), hardware upgrades, cleaning. Allow technicians access if the owner/manager so allows to do cleaning/accounting/set up/ and other technical duties non-pharmacist staff can temporarily access drugs listed on schedule 3 of the manual for the purpose of reordering or restocking those medications."

"Section 32(2)", "Remove 32(2)(c)(ii)."

"Section 32(2)", "Remove 32(2)(c)(ii)"

"Section 32(2)", "32(2)(c)(ii) prohibits a non-pharmacist from entering the pharmacy when the lock & leave is in place. This appears to contradict 52(4)(h) which allows a technician to enter the pharmacy when it is closed."

"Section 32(2)", "Remove 32(2)(c)(ii)"

"Section 32(2)", "Remove 32(2)(c)(ii)"

"Section 32(2)", "Remove 32(2)(c)(ii)"

"Section 32(2)", "Remove 32(2)(c)(ii)"

"Section 32(2)", "Any discretionary language such as "satisfy the Registrar" should be removed and replaced with objective standards that pharmacists will understand."

"Section 32(2)", "Remove 32(2)c(ii).

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"Section 32(2)", "The component system seems unwieldy, unnecessarily complicated, and appears to create more problems than it fixes. Why is it necessary? The language "satisfactory to the Registrar" should be removed. The requirements for lock and leave regulations should be clear and objective, not subjective. Section 32(2)(c)(iii) regulating that "non-pharmacist staff will not perform any tasks which are prohibited by the Act or this regulation" is an inappropriate restriction of pharmacy business. Non-pharmacist staff should be able to perform set-up activities. This Regulation is overly prescriptive. The MphA should regulate pharmacy practice, not pharmacy business. From a patient safety perspective, what is the concern that mandates this rule? Where is the evidence of harm or risk-or-harm to patients? Regulations should set out minimum standards to govern pharmacist to patient care, and should not attempt to regulate business. Pharmacists need the benefit of a Regulations Impact Statement to understand the implications of this section of the Regulations."

"Section 32(2)", "Remove 32(2)(c)(ii)."

"Section 32(2)", "Remove.

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"Section 32(2)", "Remove 32(2)c(ii)."

"Section 32(2)", "Remove 32(2)(c)(ii)."

"Section 32(2)", "Remove 32(2)(c)(ii)."

"Section 32(2)", "Remove 32(2)(c)(ii)."

"Section 32(2)", "Remove 32(2)(c)(ii)."

"Section 32(2)", "Remove 32(2)(c)(ii)."

"Section 33(1)", "Hours of operation do not accurately reflect the availability of the pharm for patient queries. A toll free pharm line would overcome this issue totally and leave the hours of operation open to the IPS pharmacy"

"Section 33(1)", "I would like distance care either restricted to international pharmacy or a separate regulation outlining usual practice if a patient is still resident in Canada but in another province, or in the event medications must be sent to a Manitoba resident temporarily out of Canada due to vacation"

"Section 33(1)", "Change the word "and" to the word "or" in the wording of 33(1)(a) and I would like the regulations to be consistent with the objectives of the Minister of Health with regards to the regulations of the health industry."

"Section 33(1)", "This section should be eliminated as unrealistic and restrictive to all levels of pharmacy in Manitoba. These agreements referred to would greatly interfere with the local business of pharmacy as well as the IPS faction. The local pharmacy located at a provincial border that has customers in both provinces would need to set up these "agreements" in order to maintain their client base. The IPS would likely be unable to provide agreements with each legislative body on their own without MPHA involvement and the MPHA would have to agree that if agreements under 34(4) "Pharmacy initiate agreement" would be binding and the MPHA could not then challenge that agreement in the future. As pharmacies would then try to negotiate their own agreements or within groups negotiate agreements the MPHA may then lose control and therefore endanger it's own existence.

Pharmacy may initiate agreement. NOTE: The IPS business had been eliminated in Alberta due to this issue as well as dealing with out of province prescriptions easily... this seems to allow the MPHA to mandate the closure of IPS without blame as they are passing the responsibility onto the MINISTER. It is unreasonable to suggest that individual pharmacies would set up jurisdictional agreements with other jurisdictions and this should be done by the MPHA under the Minister of Health Mandate to keep IPS as a business in Manitoba. These agreements referred to would greatly interfere with the local business of pharmacy as well as the IPS faction. The local pharmacy located at a provincial border that has customers in both provinces would need to set up these "agreements" in order to maintain their client base. The IPS would likely be unable to provide agreements with each legislative body on their own without MPHA involvement and the MPHA would have to agree that if agreements under 34(4) Pharmacy may initiate agreement.. would be binding and the MPHA could not then challenge that agreement in the future. As many pharmacies may then lose control and therefore endanger it's own existence."

"Section 33(1)", "By this definition if someone picks up for another person, then it is a distant care pharmacy, delivery is a fact of life in pharmacy."

"Section 33(1)", "Further clarification"

"Section 33(1)", "MPHA is obviously at odds with the Manitoba Government on the IPS issue."

"Section 33(1)", "Clarify."

"Section 33(1)", "Further clarity on this section needs to be developed."

"Section 33(1)", "Further clarification is needed."

"Section 33(1)", "Further clarification is needed."

"Section 33(1)", "33(1)(b) states that a community pharmacy must specify that it is applying for a distance care component if "the pharmacy will also serve patients who will not attend the pharmacy in person". This needs to be clarified further because it could encompass patients who receive their prescriptions on delivery"

"Section 33(1)", "Further clarification is needed."

"Section 33(1)", "Further clarification is needed."

"Section 33(1)", "Further clarification is needed."

"Section 33(1)", "This section needs to be eliminated until a Regulation Impact Study can be completed and pharmacists then understand the implications of this section."

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"Section 33(1)", "Further clarification is needed."

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"Section 33(1)", "I would like the distance care either restricted to international pharmacy or a separate regulation outlining usual practice if a patient is still resident in Canada but in another province, or in the event medications must be sent to a Manitoba resident temporarily out of Canada due to vacation."

"Section 33(1)", "Changes need to be made to the regulations not the notes."

"Section 33(1)", "Further clarification is required."

"Section 33(1)", "Further clarification is needed."

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"Section 33(1)", "Further clarification is needed."

"Section 33(1)", "Further clarification is needed."

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"Section 33(1)", "Further clarification is needed."

"Section 33(1)", "Further clarification is needed."

"Section 33(1)", "Further clarification is needed."

"Section 33(1)", "More explanation as to why and when this would occur."

"Section 33(2)", "I would like this section to state clearly that occasional distance care as described above would not require a distance care component (including, for example, that a toll-free telephone number would not be required)."

"Section 33(2)", "Change 33(2)(d) to read a member with a section 12 or 13 license will be available to respond to contacts from distant patients a minimum of 37.5 hours per week."

"Section 33(2)", "remove the hours required, who defines reasonable ease? very vague."

"Section 33(2)", "Remove without charge"

"Section 33(2)", "Pharmacists in a central fill operation need to be able to hold Sec 12 license, so they can receive Rx's from Md's & fill & refill Rx's. Central fills could also be iv services areas eg) CCMB compounding service & yet Sec 12 license needed to handle Rx's safely."

"Section 33(2)", "I do not agree with the restriction on distance care 33(3)-agreements regarding non-Manitoba patients 33(4) & 33(5) but there doesn't seem to be anywhere to respond to those sections."

"Section 33(2)", "Distant care component needs to be clarified first."

"Section 33(2)", "This section needs to be eliminated until a Regulation Impact Study can be completed and pharmacists then understand the implications of this section."

"

"Section 33(2)", "Remove section 33(2)c and 33(3)(4)(5) be removed."

"Section 33(2)", "Who is cosigning these Rxs??"

"Section 33(2)", "Note: 36(2)(c) "...to protect personal and personal health information" Is something missing here or extra?"

"Section 33(2)", "Let us call it what it is. IPS Standards of Practice. Form their regulations within the scope of the Pharmacy Standards of Practice."

"Section 37(2)", "None. If another pharmacist can overcome the barriers to this practice, more power to him/her."

"Section 37(2)", "Should specify the remote facility is located in Manitoba."

"Section 37(2)", "I would make the min inspection every month"

"Section 37(2)", "Remove subjective language and state clear and concise regulations."

"Section 37(2)", "Remove subjective language and state clear and concise regulations."

"Section 37(2)", "This is much improved."

"Section 37(2)", "defined rules, what is reasonable access? if they can supervise without being there, then why can't all pharmacies?"

"Section 37(2)", "Should specify the remote facility is located in Manitoba."

"Section 37(2)", "Should specify the satellite facility is located in Manitoba."

"Section 37(2)", "Should specify the remote facility is located in Manitoba."

"Section 37(2)", "Find an acceptable frequency that is practical. Leave it open 3 to 6 months depending on issues for that tele-pharmacy?"

"Section 37(2)", "37(2) d - should indicate a section 12 member."

"Section 37(2)", "I would appreciate a concrete definition of "reasonable access". (section a)."

"Section 37(2)", "Should specify the remote facility is located in Manitoba."

"Section 37(2)", "Any discretionary language needs to be replaced with objective standards that pharmacists can understand."

"Section 37(2)", "Visits once a month."

"Section 37(2)", "(b)(iii) A pharmacist must perform the final check on packaging/prepackaging and labeling of any drug dispensed pursuant to a prescription via video link. "

"Section 37(2)", "Should specify the remote facility is located in Manitoba."

"Section 37(2)", "Open and operate a tele pharmacy for one year and study the various changes and alterations that need to be done prior to allowing everyone to open one (a sample run through first to iron out the bugs?!)."

"Section 37(3)", "Should specify the satellite facility is located in Manitoba."

"Section 37(3)", "Remove (f)
Change (i) to ensure inventory is secured when satellite is not open."

"Section 37(3)", "The doctor shouldn't have to be present for pharmacy to be open, the doctor may finish before the pharmacist. what is reasonable access??"

"Section 37(3)", "Should specify the satellite facility is located in Manitoba."

"Section 37(3)", "This should be section 37(3)."

"Section 37(3)", "Should specify the satellite facility is located in Manitoba."

"Section 37(3)", "If it is a locked facility, what is the problem with leaving a supply of commonly used medications at the satellite site. Perhaps narcotics and controlled substances could be an exception to this, where they would not be left behind at the satellite facility."

"Section 37(3)", "The language "satisfactory to the Registrar" should be removed. Requirements for tele-pharmacy services should be clear and objective, not subjective. Discretionary and subjective language should be removed from this and all sections of the Regulations in favor of objective standards.

"

"Section 37(3)", "Should specify the satellite facility is located in Manitoba."

"Section 37(3)", "Please include intermittent satellite "community" pharmacy in all wording."

"Section 37(3)", "Halt the process. More discussion is warranted please (i.e. regulations and legal ramifications)."

"Section 38(1)", "Remove subjective language and state clear and concise regulations."

"Section 38(1)", "Remove this section"

"Section 38(1)", "Typo - 38(1)(a) should read, "... a product not listed IN the Manual"."

"Section 38(1)", "Any discretionary language needs to be replaced with objective standards that pharmacists can understand."
"

"Section 38(1)", "The language "satisfactory to the Registrar" should be removed. Requirements for clinic practice pharmacy services should be clear and objective, not subjective. Discretionary and subjective language should be removed from this and all sections of the Regulations in favor of objective standards."
"

"Section 38(1)", "This section is VERY unclear. It needs clarification."

"Section 39", "I think for a pharmacist to become a mgr they need at least 2000 hrs practice and complete a training program"

"Section 39", "I would prefer to see a requirement for PD program that meets council learning objectives AND at least 2000 hours experience."

"Section 39", "If you have concerns about the section, please provide a description of the concern?"

Surely a pharmacist should be qualified to fulfill all the duties and requirements of a pharmacist on graduation and after the internship. If this is not suffice for a managers position then I feel it should be dealt with in the pharmacy school curriculum or internship. This is also more of a business decision and as a registered pharmacist it should not be a patient safety issue so it should not be legislated."
"

"Section 39", "change 39 (b) to say: have received training or completed a professional development program, or will do so within 6 months of being named manager, that meets the learning objective established by council or in the alternative have a least 2000 practice hrs as a pharmacist in any Cnd jurisdiction, in a similar practice. this would allow for a new grad to become a mgr right away if so needed and then complete the req training."

"Section 39", " Should be both an approved training program plus 2000 hours."

"Section 39", "If regulations are to be followed, they should be clear and concise. If management training is required, it should be stated what is acceptable in a clear, concise and repeatable fashion. ie: 2000 hours under a pharmacist manager who has completed training course A or completing training

course B with 200 hours of internship or training course C. etc. Stating regulations with wording "Satisfactory to the Registrar" is not acceptable."

"Section 39", "Remove section (b)"

"Section 39", "Should be allowed to be manager at more than 1 location without permission. 39 d) how is this done? are the managers not doing this now?"

"Section 39", "I would prefer to see a requirement for PD program that meets council learning objectives AND at least 2000 hours experience."

"Section 39", "I would prefer to see a requirement for PD program that meets council learning objectives AND at least 2000 hours experience."

"Section 39", "Decrease the amount of time to 6 months (1000 hrs) and have an exception with those individuals who have the capability/training behind them."

"Section 39", "The entire section should be removed."

"Section 39", "See comment above"

"Section 39", "Wording to require a new graduate without at least 2000 hours to have access to an experienced manager as preceptor."

"Section 39", "Remove from the regulations - this is a business decision and should not be in the regulations."

"Section 39", "See comment above"

"Section 39", "Make it mandatory that anyone applying that has less than 4000 hours have at least 2000 hours plus the PD course."

"Section 39", "Change 39(b) to say: have received training or completed a professional development program, or will do so within 6 months of being named manager, that meets the learning objective established by council or in the alternative have at least 2000 practice hours as a pharmacist in any Canadian jurisdiction, in a similar practice. This would allow for a new grad to become manager right away if so needed and then complete the required training."

"Section 39", "Eliminate 39(b) - does not seem necessary"

"Section 39", "This entire section should be scrapped. If there is some shortcoming in this area upon graduation, convocation and ultimately licensing, it should be addressed in the Faculty curriculum, SPEP rotations, or Internship program."

"Section 39", "This entire section should be removed. If there is some shortcoming in this area upon graduation, convocation and ultimately licensing, it should be addressed in the Faculty curriculum, SPEP rotations, or Internship program."

"Section 39", "This entire section should be scrapped. If there is some shortcoming in this area upon graduation, convocation and ultimately licensing, it should be addressed in the faculty curriculum, SPEP rotations, or Internship program."

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"Section 39", "This entire section should be scrapped. If there is some shortcoming in this area upon graduation, convocation and ultimately licensing, it should be addressed in the faculty curriculum, SPEP rotations, or Internship program."

"Section 39", "I would prefer to see a requirement for PD program that meets council learning objectives AND at least 2000 hours experience."

"Section 39", "This section should be eliminated. Pharmacy Management training can be taken as an extra CEU or offered at either the University level. My opinion is that it should be dealt with during the internship or community rotation in final year. Pharmacists need the benefit of a Regulation Impact Study to better understand the implications of this section."

"

"Section 39", "This entire section should be scrapped. If there is some shortcoming in this area upon graduation, convocation and ultimately licensing, it should be addressed in the Faculty curriculum, SPEP rotations or Internship program."

"

"Section 39", "Delete"

"Section 39", "Delete."

"Section 39", "Status quo and no additional barriers be implemented to assume the role of pharmacy manager. This decision should be left up to the owner and the individual pharmacist. Training and education provided by the universities should provide new graduates with the skills necessary to assume the role of a pharmacy manager upon graduation."

"Section 39", "This should be left to the discretion of employers. As has already been stated, some new grads are more than capable of managing a store whereas pharmacists who have several years experience may never have the ability to be an effective manager."

"Section 39", "Remove the training program and 2000 practice hours qualifications."

"Section 39", "This section of the Regulations requires the pharmacy manager to have at least 2,000 hours of experience as a pharmacist. The "2,000 hour" requirement effectively prevents newly graduated pharmacists from assuming the role of pharmacy manager. This could negatively impact on those areas of the province that have difficulty hiring/retaining pharmacy managers (such as rural communities). The pharmacy manager must also satisfy the Registrar that he or she "will demonstrate to the satisfaction of the Registrar that he or she will

personally and adequately supervise the operation of the pharmacy". In addition, the note says that some manager training programs "would likely" qualify. This subjective language is inappropriate. Requirements for supervision of pharmacies should be clear and objective, not subjective. Discretionary and subjective language should be removed from this and all sections of the Regulations in favor of objective standards. The Regulations need to be amended to protect the public interest and the interest of the membership. This Regulation is overly prescriptive. The MphA should regulate pharmacy practice, not pharmacy business. From a patient safety perspective, what is the concern that mandates this rule? Where is the evidence of harm or risk-or-harm to patients? Regulations should set out minimum standards to govern pharmacist to patient care, and should not attempt to regulate pharmacy business."

"Section 39", "Should be removed."

"Section 39", "No minimum should be required. Pharmacy programs in university should prepare all graduates to assume the task of a manager."

"Section 39", "Remove or change it to 1,000 hours."

"Section 39", "Wording to require a new graduate without at least 2,000 hours to have access to an experienced manager as preceptor."

"Section 39", "I would prefer to see a requirement for PD program that meets council learning objectives AND at least 2,000 hours experience."

"Section 39", "This entire section should be scrapped. If there is some shortcoming in this area upon graduation, convocation and ultimately licensing, it should be addressed in the Faculty curriculum, SPEP rotations or Internship program."

"Section 39", "No limit on hours!"

"Section 39", "This entire section should be removed. If there is some shortcoming in this area upon graduation, convocation and ultimately licensing, it should be addressed in the Faculty curriculum, SPEP rotations or internship program."

"Section 39", "This entire section should be removed. If there is some shortcoming in this area upon graduation, convocation and ultimately licensing, it should be addressed in the Faculty curriculum, SPEP rotations, or internship program."

"Section 39", "This entire section should be scrapped. If there is some shortcoming in this area upon graduation, convocation and ultimately licensing, it should be addressed in the Faculty curriculum, SPEP rotations or internship program."

"

"Section 39", "This entire section should be scrapped. If there is some shortcoming in this area upon graduation, convocation and ultimately licensing, it should be addressed in the Faculty curriculum, SPEP rotations, or internship program."

"Section 39", "See comment above."

"Section 39","This entire section should be removed. If there is some shortcoming in this area upon graduation, convocation and ultimately licensing, it should be addressed in the Faculty curriculum, SPEP rotations, or internship program."

"Section 39","Essentially, it is up to an owner and the individual (offered a pharmacy manager position) to make the decision of responsibility."

"Section 42","The pharmacy should only notify registrar if it is a permanent change in hours."

"Section 42","change it to 7 days"

"Section 42","Is there is a cost involved? If so, why?"

"Section 42","Add a clause ""except where the change in hours is temporary or due to an emergent issue."

"Section 42","Doesn't seem that important, but maybe 7 days notice"

"Section 42","Change it to 7 days."

"Section 50","Please add as in original ACT"

"Section 50","allow interns to perform the section 50 tasks under direct supervision of the pharmacist (how will intern gain the experience needed to perform these tasks. the whole point of an internship is to let interns perform all the task that a pharmacist does while being supervised so when they are licenced they know what to do and have some exp based on real practice with real patients/docs I think patient safety may be more at risk if an intern hasn't been allowed to practice these tasks before they are licenced."

"Section 50","needs explanation"

"Section 50","Regulations should be reevaluated to verify that one regulation does not directly intervene or cancel out another regulation. An impact statement and independent review should be done to evaluate the regulations and to verify that the regulations are consistent and unbiased."

"Section 50","Refilling & checking by a Tech Checker needs to be accommodated."

"Section 50","Clarify above."

"Section 50","Allow interns to perform the section 50 tasks under direct supervision of the pharmacist (how will intern gain the experience needed to perform these tasks. The whole point of an internship is to let interns perform all the task that a pharmacist does while being supervised so when they are licensed they know what to do and have some experience based on real practice with real patient/doctors). I think patient safety may be more at risk if an intern hasn't been allowed to practice these tasks before they are licensed."

"Section 50","This section should be eliminated until a Regulations Impact Study can be completed."

"Section 50","Section 50 states that no person ""except a member"" must ""sell a drug by retail"" or ""provide copies of prescriptions to a patient"". This

appears to prohibit sales and/or interaction between a patient and a sales clerk, which does not make any sense. The meaning of "any included practice" also needs to be clarified and defined. Only "assessing and approving a prescription for filling/refilling" and "educating a patient about a drug and their drug therapy" are pharmacist specific tasks. The others relate to pharmacy business. This Regulation is overly prescriptive. The MPhA should regulate pharmacy practice, not pharmacy business. From a patient safety perspective, what is the concern that mandates this rule? Where is the evidence of harm or risk-or-harm to patients? Regulations should set out minimum standards to govern pharmacist to patient care, and should not attempt to regulate pharmacy business."

"Section 50", "To add that only a pharmacist can verbally receive a copy of a prescription from another pharmacist. 50(e) states that no person except a member must receive and record a verbal prescription from a practitioner or extended practice pharmacist."

"Section 50", "Discuss further with hospital sector for wording related to approvals for refills."

"Section 52", "c) has work experience passed a competency assessment acceptable to the pharm mgr"

"Section 52(2)", "Techs should have passed a cert tech course to be registered."

"Section 52(2)", "If we are to continue in this vein, it would be best to list a number of qualifying criteria only."

"Section 52(2)", "(a) should end with ; OR"

"Section 52(2)", "It makes the bar for being a technician subjective and up to the council. Why would the council want to start evaluating every technician that wants to get licensed. The manager should decide if the tech is qualified since he is responsible for her anyway, in this case if the council approves her and she makes a mistake are they liable for her?"

"Section 52(2)", "I am excited to see the certification of technicians and the acceptance of the expansion of their role."

"Section 52(2)", "Qualifications need to be standardized, but again if MPhA cannot license or discipline Techs, why is this in the regulations."

"Section 52(2)", "Pharmacists need a Regulations Impact Study completed to better understand the implications of this regulation."

"

"Section 52(2)", "Delete."

"Section 52(2)", "Delete."

"Section 52(2)", "Remove 18 years of age - what about somebody who graduates highschool at 17 years of age?"

"Section 52(2)", "Technicians should be registered and governed by someone; granting additional authority and powers without proper governance is inappropriate and dangerous to the public."

"Section 52(2)", "Pharmacy assistants are non technicians. Students coming out of high school and working in a pharmacy are less expensive to an owner but does not have the knowledge or skills needed in a pharmacy."

"Section 52(3)", "52(3) b "any standard related to counselling the patient" please strike"

"Section 52(3)", "
Stay with the status quo for now- If MPhA cannot licence technicians and Pharmacists will not "work with technicians in enhanced roles" due to liability concerns Remove this section until a collaborative practice agreement can be reached with a self governing body representing technicians. We should begin to promote a process similiar to dental hygenists where technicians can be licenced accredited and functions/duties can be designated .
"

"Section 52(3)", "Section needs to be clarified more."

"Section 52(3)", "Regulations should be re-evaluated to verify that one regulation does not directly intervene or cancel out another regulation. An impact statement and independent review should be done to evaluate the regulations and to verify that the regulations are consistent and unbiased."

"Section 52(3)", "The tech should not identify and assess what matters require referral to pharmacist, they should not be allowed to operate a telepharmacy themselves."

"Section 52(3)", "Remove Sec (b) for the sake of patient safety."

"Section 52(3)", "Remove 52(3) (b) & (d)"

"Section 52(3)", "Pharmacists need a Regulations Impact Study completed to better understand the implications of this regulation.
"

"Section 52(3)", "(d)"referring" drug related problem to a member."

"Section 52(3)", "Delete."

"Section 52(3)", "Delete."

"Section 52(3)", "This must remain a pharmacist's assessment."

"Section 52(3)", "Remove Section 52(3)."

"Section 52(3)", "addor section 13 pharmacy license."

"Section 52(3)", "Not allow 52(3)(c) and 52(3)(d)."

"Section 52(4)", "I think c could be included (attaching Rx label)"

"Section 52(4)", "I do not believe techs should have the final check as one of their duties. The ultimate responsibility lies with the pharmacist and the pharmacist should have the final check before dispensing."

"Section 52(4)", "In an ideal world, I'd like to see other staff members able to enter the dispensary when it is closed. Specifically, I am referring to someone to whom I've delegated the task of preparing blister packed medications. At my pharmacy, the people doing this task are not qualified technicians. For work flow and staffing purposes, it would be great to allow them to prepare blister packs while I am away for lunch and therefore the lock & leave gate is closed. However, I do recognize that it may be preferable to require them to undergo competency assessments and thereby qualify as technicians, before they are allowed to do this."

"Section 52(4)", "technicians should not be able to take a verbal rx so take out 52(4) f."

If techs can enter the pharmacy when it is closed then you need to fix section 32(2). "

"Section 52(4)", "Technicians should be allowed to demonstrate use of technical devices that do not administer medications ie) should be allowed to demonstrate _____? and diabetic machines but not inhalers. I am not comfortable with a technician doing a ___? of Rx if the pharmacist still can be held liable while they are working under their duty."

"Section 52(4)", "Regulations should be reevaluated to verify that one regulation does not directly intervene or cancel out another regulation. An impact statement and independent review should be done to evaluate the regulations and to verify that the regulations are consistent and unbiased."

"Section 52(4)", "Remove this section OR stipulate that technicians performing this duty carry malpractice or liability insurance."

"Section 52(4)", "Keep current responsibility."

"Section 52(4)", "none"

"Section 52(4)", "Keep some pharmacist to tech ratios and insist that a licensing body for technicians will be forth coming. If MPhA can't or will not do then the politicians need to address this issue."

"Section 52(4)", "There should not be any differentiation in types of licenses. Any pharmacist working in a licensed pharmacy should be able to perform all the duties as per Sec 50."

"Section 52(4)", "Remove Sections (c) and (g). They do not make any sense to me."

"Section 52(4)", "Expand access to include non-professional pharmacy staff for housekeeping tasks."

"Section 52(4)", "Remove 52(4)c"

"Section 52(4)", "Allow techs to do prep-work"

"Section 52(4)", "Technicians should not be able to take a verbal Rx so take out 52(4) f."

If techs can enter the pharmacy when it is closed then you need to fix section 32(2). "

"Section 52(4)", "None, stick to the proposed regulations!"

"Section 52(4)", "Delete section 52(4)(c) now and save a legal battle with the corporations in the future."

"Section 52(4)", "The member should have the final check if they are responsible."

"Section 52(4)", "Expand access to include all non-professional pharmacy staff. There are many housekeeping tasks that need to be completed before and after hours, that do not require the presence of a pharmacist or technician (eg; floor wash/wax, filing, inventory maintenance, replenishment)."

"Section 52(4)", "Expand access to include all non-professional pharmacy staff. There are many housekeeping tasks that need to be completed before and after hours that do not require the presence of a pharmacist or technician (eg: floor wash/was, filing, inventory maintenance, replenishment)"

"Section 52(4)", "Expand access to include all non-professional pharmacy staff. There are many housekeeping tasks that need to be completed before and after hours, that do not require the presence of a pharmacist or technician (eg: floor wash/wax, filing, inventory maintenance, replenishment)"

"Section 52(4)", "Expand access to include all non-professional pharmacy staff. There are many housekeeping tasks that need to be completed before and after hours, that do not require the presence of a pharmacist or technician (eg: floor wash/wax, filing, inventory maintenance, replenishment)"

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"Section 52(4)", "Expand access to include all non-professional pharmacy staff. There are many housekeeping tasks that need to be completed before and after hours, that do not require the presence of a pharmacist or technician (eg: floor wash/wax, filing, inventory maintenance, replenishment)"

"Section 52(4)", "Pharmacists need a Regulations Impact Study completed to better understand the implications of this regulation."

"Section 52(4)", "Expand access to include all nonprofessional pharmacy staff. There are many housekeeping tasks that need to be completed before and after hours, that do not require the presence of a pharmacist or technician (eg floor wash/wax, filing, inventory maintenance, replenishment)."

"Section 52(4)", "(c) still too early to implement."

"Section 52(4)", "Delete."

"Section 52(4)", "Delete."
"

"Section 52(4)", "Remove 52(4)(c) - even refills routinely flag existing drug/disease interactions that need to be reassessed and re-counseled as per good pharmacy practice. To leaves this to the interpretation of a technician is ABSOLUTELY UNACCEPTABLE!!!"

"Section 52(4)", "Remove Section 52(4)."
"

"Section 52(4)", "In pharmacies where technicians will be performing a final check, these technicians should be carrying liability insurance."

"Section 52(4)", "Removal of 52(4)c."

"Section 52(4)", "Section 52(4) - The Regulations Advisory Committee recommended unanimously (7/0) that technicians are allowed to demonstrate and explain medical devices under the supervision of a member. Given the expanded scope of practice of pharmacy technicians and the ability of a technician to perform the final prescription check, it would be reasonable to delegate demonstration of medical devices to a technician, provided that the member was confident that the technician was competent. Technicians should be able to perform numerous tasks (other than interpretation of data and providing advice). Note that 53(1)(d) enables a student to advise on the use, calibration and effectiveness of a medical device, and a student would have significantly less knowledge than a technician who works with the product on a regular basis."

"Section 52(4)", "For section 52(4)(e) a statement should be added to enable the pharmacist in charge to be able to override this technician check. This override should be non-negotiable (i.e. not challenged by the employer) if the pharmacist has reason to believe that patient safety may be at risk. Please clarify 'practioner' unless it is already defined elsewhere in the bill."

"Section 52(4)", "A pharmacist would make a final check on the prescription."

"Section 52(4)", "Expand access to include all non professional pharmacy staff. There are many housekeeping tasks that need to be completed before and after hours, that do not require the presence of a pharmacist or technician (i.e.: floor wash/wax, filing, inventory maintenance, replenishment)."

"Section 52(4)", "Expand access to include all non-professional pharmacy staff. There are many housekeeping tasks that need to be completed before and after hours, that do not require the presence of a pharmacist or technician (i.e. floor wash/wax, inventory maintenance, replenishment)."

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"Section 52(4)", "Expand access to include all non professional pharmacy staff. There are many housekeeping tasks that need to be completed before and after hours, that do not require the presence of a pharmacist or technician (i.e. floor wax/wash, filing, inventory maintenance, replenishment)."

"Section 52(4)", "Don't agree to technicians performing final checks. By agreeing to this, pharmacists will end up voting themselves out of a job. They will end up not being needed."

"Section 52(5)", "Remove."

"Section 52(5)", "Either eliminate the two (Sec 12 & 13) & offer 1 license or expand role of Sec 12 to include hospital site Managers.
- eliminate the reference to Sec 12 here."

"Section 52(5)", "Remove it."

"Section 52(5)", "Remove from regulations - more a business decision. MPhA cannot discipline techs, so should not be trying to regulate."

"Section 52(5)", "53"

"Section 52(5)", "Pharmacists need a Regulations Impact Study completed to better understand the implications of this regulation."

"Section 52(5)", "Delete."

"

"Section 52(5)", "Delete."

"

"Section 52(5)", "Delete."

"Section 52(5)", "Add section 13 pharmacist."

"Section 53(2)", "I think I, J, K, should also still be included because they were deleted from tech duties. Also taking and giving Rx transfers under supervision could be added."

"Section 53(2)", "everything has been crossed out of this section except (b) receiving and recording verbal prescriptions. How can you have this as a task you can delegate to a student when you've just added it to section 50 as a pharmacist only duty that can't be delegated"

"Section 53(2)", "Need to stay on the ship with the captain until ship goes down."

"Section 53(2)", "Remove reference to Sec 12 license here
The Sec 13 designation is too limiting & inappropriate. This allows a student to accept a Rx but a Sec 13 pharmacist cannot - this is crazy."

"Section 53(2)", "Ensure that clause 53(3) is there."

"Section 53(2)", "Only a last year pharmacy student must be allowed to do parts C, D, and E under a pharmacist supervision"

"Section 53(2)", "Pharmacy students not be allowed to receive verbal prescriptions."

"Section 53(2)", "Everything has been crossed out of this section except (b) receiving and recording verbal prescriptions. How can you have this as a task you can delegate to a student when you've just added it to section 50 as a pharmacist only duty that can't be delegated!!!!"

"Section 53(2)", "Pharmacists need a Regulations Impact Study completed to better understand the implications of this regulation."

"Section 53(2)", ""performed by a pharmacy student"". "

"Section 53(2)", "Delete."

"Section 53(2)", "Delete."

"Section 53(2)", "Delete."

"Section 53(2)", "Remove section 53(2)."

"Section 53(2)", "Not allowing section 53(2)(b)."

"Section 54(2)", "I would like to see the duty of inputting info into the computer added to this list of duties"

"Section 54(2)", "Not placing labels on Rx containers"

"Section 54(2)", "Eliminate reference to Sec 12 here."

"Section 54(2)", "A member may permit a person to do the following duties, etc."

"Section 54(2)", "Not sure who this applies to and how can MPhA regulate staff members other than members, interns and students. Remove this section."

"Section 54(2)", "I don't agree with others labeling the containers - should be done by tech or student etc."

"Section 54(2)", "Pharmacists need a Regulations Impact Study completed to better understand the implications of this regulation."

"Section 54(2)", "Delete."

"Section 54(2)", "Delete."

"Section 54(2)", "Delete."

"

"Section 54(2)", "A member may permit a person to do the following duties etc. "

"Section 54(2)", "Change "do" to "perform"."

"Section 54(2)", "Not be allowed."

"Section 54(3)", "Does this mean MPhA is now regulating other health care professional? Not sure if this is possible."

"Section 54(3)", "Pharmacists need a Regulations Impact Study completed to better understand the implications of this regulation."

"Section 54(3)", "Remove 54(3) completely."

"Section 58(1)", "Clarification on the electronic signature to ensure that an the only requirement is an electronic record of the person authorizing the prescription is maintained"

"Section 58(1)", "Electronic record needs to be enough"

"Section 58(1)", "To also include initials of authorizing member."

"Section 58(1)", "Simplify this - are all these records really necessary. It seems like a lot of time consuming unnecessary work. Other professionals are not regulated on the minutia of their jobs. We don't tell doctors how they should keep their notes!"

"Section 58(1)", "Sections (3) and (4) should suffice."

"Section 58(1)", "Clarification on the electronic signature to ensure that an the only requirement is an electronic record of the person authorizing the prescription is maintained."

"Section 58(1)", "Include initials."

"Section 58(1)", "None."

"Section 58(1)", "Change 58(1)(a) to include "or initials" of the authorizing member."

"Section 58(1)", "Change 58(1)(a) to include "or initials" of the authorizing member."

"Section 58(1)", "Change 58(1)(a) to include "or initials" of the authorizing member."

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"Section 58(1)", "Change 58(1)(a) to include "or initials" of the authorizing member."

"Section 58(1)", "Pharmacists need a Regulations Impact Study completed to better understand the implications of this regulation."

"Section 58(1)", "Change 58(1)(a) to include "or initials" of the authorizing member."

"Section 58(1)", "Signature or initials."

"Section 58(1)", "This Regulation is overly prescriptive. The MphA should regulate pharmacy practice, not pharmacy business. What are the cost implications for pharmacies? Were initials or electronic notations considered? Keep in mind that technology is always changing. What about retention times? Destruction records? The creation of a document does not mean that patient safety concerns have been addressed. From a patient safety perspective, what is the concern that mandates this rule? Where is the evidence of harm or risk-or-harm to patients? Regulations should set out minimum standards to govern pharmacist to patient care, and should not attempt to regulate pharmacy business. A majority of the Regulations Advisory Committee (5/3) voted to have a Regulation Impact Statement conducted regarding the regulations. Pharmacists need the benefit of a Regulations Impact Statement to understand the implications of this section of the Regulations. "Member" should be changed to "member or designate" regarding noting refusals of counseling. Sections 58(2.1) and 58(5) appears to apply different standards to hospitals. Why is this exception included? Rules should be consistent for pharmacy. If record keeping is required from a patient safety perspective, then it should be applied even more rigorously to the high volume practice conducted at hospitals."

"Section 58(1)", "Change in the requirements to allow for authorization records to include initials as an option to signatures."

"Section 58(1)", "Include or initials of the authorizing member."

"Section 58(1)", "Change 58(1)(a) to include "or initials" of the authorizing member."

"Section 58(1)", "Change the order of the addition of 68(1.1)."

"Section 58(1)", "Change 58(1)(a) to include "or initials" of the authorizing member."

"

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"Section 58(1)", "Change 58(1)(a) to include "or initials" of the authorizing member."

"Section 58(2)", "Exemption for hospital pharmacy and clear definition of what is required in the complex and diverse hospital systems. "

"Section 58(2)", "I cannot suggest changes because I don't understand how all of this is to be incorporated into my present practice .
Until I can understand in everyday practical terms how this will work I have to be negative.
"

"Section 58(2)", "the final check should be done by the member"

"Section 58(2)", "Filling/preparation records cannot be retained & used in this way - simply not practical in hospital setting."

"Section 58(2)", "Exemption for hospital pharmacy and clear definition of what is required in the complex and diverse hospital systems."

"Section 58(2)", "Pharmacists to do final check."

"Section 58(2)", "Pharmacists need a Regulations Impact Study completed to better understand the implications of this regulation."

"Section 58(2)", "One signature is enough, that being the member responsible."

"Section 58(2)", "If the pharmacist's initials are required on the preparation record then only the pharmacist should be allowed to do the final check."

"Section 58(2)", "58"

"Section 58(2)", "Removal of technicians/student/intern doing final check
58(2)(b)ii
"

"Section 58(2)", "The final check should be done by the member.
"

"Section 58(2)", "Changes need to be made to the regulations not the notes. This Regulation is overly prescriptive. The MphA should regulate pharmacy practice, not pharmacy business. What are the cost implications for pharmacies? Were initials or electronic notations considered? Keep in mind that technology is always changing. What about retention times? Destruction records? The creation of a document does not mean that patient safety concerns have been addressed. From a patient safety perspective, what is the concern that mandates this rule? Where is the harm or risk-or-harm to patients? Regulations should set out minimum standards to govern pharmacist to patient care, and should not attempt to regulate pharmacy business. Pharmacists need the benefit of a Regulations Impact Statement to understand the implications of this section of the Regulations. "Member" should be changed to "member or designate" regarding noting refusals of counseling. Sections 58(2.1) and 58(5) appears to apply different standards to hospitals. Why is this exception included? Rules should be consistent for pharmacy. If record keeping is required from a patient safety perspective, then it should be applied even more rigorously to the high volume practice conducted at hospitals."

"Section 58(2)", "Have a pharmacist do the final check."

"Section 58(2)", "As above."

"Section 58(2.1)", "the second signature for counselling should be exempted from hospital practice"

"Section 58(2.1)", "Clarification and an exemption for hospital pharmacy practice"

"Section 58(2.1)", "Exclude residents of personal care homes (same as hospital inpatients)."

"Section 58(2.1)", "Evaluation and impact reports should be done. A regulation increasing bureaucracy and not directly impacting patient safety is of no value. If the concern is to qualify an audit trail then a paperless computerized program could be the answer as to the safety of the patient; this regulation does not address this as there are absolutely no interactions with the patient, documented by the patient, in this instance. In the end it is still a pharmacist honor system. Also 58(2.1) and 58(5) seem to allow for different standards in hospitals where there is greater need for an audit trail and where the patient is in less control of their health and reliant on the safeguards provided for them. If this is the case then the audit trail proposed by these regulations would be more valuable in a hospital system than in a community system where a larger group of health professionals including RN's, LPN's, Interns, MD's, Specialists, Orderlies, technicians and pharmacists and others would all potentially be in contact with the medication."

"Section 58(2.1)", "The member should be expected to do these tasks already, the documentation should not be necessary. Will take a lot of time in paperwork alone."

"Section 58(2.1)", "Exclude residents of personal care homes (same as hospital inpatients)"

"Section 58(2.1)", "Exclude residents of personal care homes (same as hospital inpatients)."

"Section 58(2.1)", "The start of this section read: ""Not including inpatients of a hospital or personal care home...."""

"Section 58(2.1)", "As above"

"Section 58(2.1)", "If someone refuses counseling, they may not be willing to give you their name. They may just be a friend or neighbor picking up rx for someone."

"Section 58(2.1)", "Clarification and an exemption for hospital pharmacy practice."

"Section 58(2.1)", "When making reference a patient's ""agent"", should this be defined in some way, particularly with respect to PHIA? Does consent need to be signed, or a record kept, or anything along these lines?"

"Section 58(2.1)", "As above."

"Section 58(2.1)", "Delete this section."

"Section 58(2.1)", "Signature for refusal to counsel not for every Rx counseled."

"Section 58(2.1)", "Not require us to document our counseling."

"Section 58(2.1)", "Once again if only one pharmacist on duty maybe one signature is enough."

"Section 58(2.1)", "Does this mean by verbal and/or physical show and tell process? Depending on the workflow system, counseling may be done by a member at the time the prescription is dropped off. Can the confirmation be done by a technician upon pick up once the patient has been counseled and has authorized release of the prescription? 58(2.1)(b) the authorization should be expanded to "the member or designate". Given the expanded scope of practice for technicians, it would be reasonable to allow them to be able to accept and document the counseling refusal of a refill prescription once the pharmacist has authorized the prescription for release."

"Section 58(2.1)", "58(2.1)(a) further define "confirmation. Does this mean by verbal/or physical show and tell process? Depending on the workflow system, counseling may be done by a member at the time the prescription is dropped off. Can the confirmation be done by a technician upon pick up once the patient has been counseled and has authorized release of the prescription? 58(2.1)(b) the authorization should be expanded to "the member or designate". Given the expanded scope of practice for technicians, it would be reasonable to allow them to be able to accept and document the counseling refusal of a refill prescription once the pharmacist has authorized the prescription for release."

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"Section 58(2.1)", "Exclude residents of personal care homes (same as hospital inpatients)."

"Section 58(2.1)", "Pharmacists need a Regulations Impact Study completed to better understand the implications of this regulation."

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"Section 58(2.1)", "I would add "inpatients of a personal care home" to be included in this section.

"

"Section 58(2.1)", "Eliminate 58 (2.1)."

"Section 58(2.1)", "If this section goes ahead, counselling record should be mandatory only on new Rx's otherwise paperwork is excessive."

"Section 58(2.1)", "Changes need to be made to the regulations not the notes. This Regulation is overly prescriptive. The MphA should regulate pharmacy practice, not pharmacy business. What are the cost implications for pharmacies? Were initials or electronic notations considered? Keep in mind that technology is always changing. What about retention times? Destruction records? The creation of a document does not mean that patient safety concerns have been addressed. From a patient safety perspective, what is the concern that mandates this rule? Where is the harm or risk-or-harm to patients? Regulations should set out minimum standards to govern pharmacist to patient care, and should not attempt to regulate pharmacy business. Pharmacists need the benefit of a Regulations Impact Statement to understand the implications of this section of the Regulations. "Member" should be changed to "member or designate" regarding noting refusals of counseling. Sections 58(2.1) and 58(5) appears to apply different standards to hospitals. Why is this exception included? Rules

should be consistent for pharmacy. If record keeping is required from a patient safety perspective, then it should be applied even more rigorously to the high volume practice conducted at hospitals."

"Section 58(2.1)", "The aforementioned section should be removed completely and "student" should be added to 58(2.1)(a)(i)."

"Section 58(2.1)", "Exclude residents of personal care homes (same as hospital inpatients)."

"Section 58(2.1)", "58(2.1)(a) further defines "confirmation". Does this mean by verbal and/or physical show and tell process? Depending on the workflow system, counseling may be done by a member at the time the prescription is dropped off. Can the confirmation be done by a technician upon pick up once the patient has been counseled and has authorized release of the prescription? 58(2.1)(b) The authorization should be expanded to "the member or designate". Given the expanded scope of practice for technicians, it would be reasonable to allow them to be able to accept and document the counseling refusal of a refill prescription once the pharmacist has authorized the prescription for release."

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Given the expanded scope of practice for technicians, it would be reasonable to allow them to be able to accept and document the counseling refusal of a refill prescription once the pharmacist has authorized the prescription for release."

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"Section 58(2.2)", "Same as above"

"Section 58(2.2)", "delete subsection (a)"

"Section 58(2.2)", "Delete this section, actual practice does not provide adequate time for this amount of record keeping"

"Section 58(2.2)", "Incorporate hospital measures and standards that will be applicable for all practices rather than setting dual standards or even triple standards based on different settings."

"Section 58(2.2)", "Apply 58 (2.1) and 58 (2.2) to new Rx's only."

"Section 58(2.2)", "Remove. Too time consuming."

"Section 58(2.2)", "Delete subsection (a)"

"Section 58(2.2)", "delete subsection (a)"

"Section 58(2.2)", "Remove "an inpatient of a personal care home.""

"Section 58(2.2)", "Omit section or further clarification"

"Section 58(2.2)", "You couldn't know what staff member in the nursing home is giving out the meds, so who would you be counseling?"

"Section 58(2.2)", "Omit section (a)"

"Section 58(2.2)", "Same as above"

"Section 58(2.2)", "In the definitions section, the term "hospital" includes Care Homes - is the opposite true as well? Are records to be kept of counseling of hospital patients?"

"Section 58(2.2)", "Omit section."

"Section 58(2.2)", "Clarify this section."

"Section 58(2.2)", "Omit this section, or, at the very least provide further clarification of how this is to be achieved."

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"Section 58(2.2)", "delete subsection (a)"

"Section 58(2.2)", "Pharmacists need a Regulations Impact Study completed to better understand the implications of this regulation."

"Section 58(2.2)", "Omit this section, or, at the very least provide further clarification of how this is to be achieved."

"Section 58(2.2)", "I would remove the inclusion of inpatients of a personal care home from this section."

"

"Section 58(2.2)", "Is this section necessary? Can b and c not fall under 58(2.1).
58(2.2)a seems unnecessary since we are dealing with nurses who give out the medications."

"Section 58(2.2)", "Delete this section, actual practice does not provide adequate time for this amount of record keeping."

"Section 58(2.2)", "Omit this section."

"Section 58(2.2)", "Delete subsection (a)."

"Section 58(2.2)", "Omit this section, or, at the very least, provide further clarification of how this is to be achieved."

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"Section 58(2.2)", "Omit this section, or at the very least, provide further clarification of how this is to be achieved."

"Section 58(3)", "Exemption where appropriate and a clearer definition of what is required in the diverse and complex hospital systems in Manitoba"

"Section 58(3)", "Need similar language as 59(3)"

"Section 58(3)", "I would strike the words counselling record"

"Section 58(3)", "Need similar language as 59(3)"

"Section 58(3)", "Need similar language as 59(3)"

"Section 58(3)", "Exception for hospital practice needed
Re: 58(5) 'c' not record of final checker maintained (not enough room to store all documentation) & 'e' identification of manufacturer is not kept"

"Section 58(3)", "Exemption where appropriate and a clearer definition of what is required in the diverse and complex hospital systems in Manitoba"

"Section 58(3)", "Need similar language as 59(3)"

"Section 58(3)", "I would strike the words counselling record."

"Section 58(3)", "Changes need to be made to the regulations not the notes. This Regulation is overly prescriptive. The MphA should regulate pharmacy practice, not pharmacy business. What are the cost implications for pharmacies? Were initials or electronic notations considered? Keep in mind that technology is always changing. What about retention times? Destruction records? The creation of a document does not mean that patient safety concerns have been addressed. From a patient safety perspective, what is the concern that mandates this rule? Where is the harm or risk-or-harm to patients? Regulations should set out minimum standards to govern pharmacist to patient care, and should not attempt to regulate pharmacy business. Pharmacists need the benefit of a Regulations Impact Statement to understand the implications of this section of the Regulations. "Member" should be changed to "member or designate" regarding noting refusals of counseling. Sections 58(2.1) and 58(5) appears to apply different standards to hospitals. Why is this exception included? Rules should be consistent for pharmacy. If record keeping is required from a patient safety perspective, then it should be applied even more rigorously to the high volume practice conducted at hospitals."

"Section 58(3)", "Need similar language as 59(3)."

"Section 59(1)", "Remove price."

"Section 59(1)", "Labeling requirements in hospital pharmacy should be just as rigorous as community pharmacy practice."

"

"Section 59(1)", "Section 59(1)(1) The quantity dispensed will often vary. Tablets remaining are the best way to identify what quantity of medication is available to the patient. This section should be modified to read: the number of refills OR part fills remaining. Section 59(1)(k) - price should not be mandatory on labels as it is irrelevant from a pharmacy practice perspective."

Section 59(3) appears to apply different standards to hospital medication labels. Why is this exception included? Rules should be consistent for pharmacy. If labeling is required from a patient safety perspective, then it should be applied even more rigorously to the high volume practice conducted at hospitals.

"

"Section 59(1)", "On narcotics, should incorporate in the signature and the interval when the narcotic may be refilled again (i.e. dispense every 30 days). That way the patient KNOWS the doctor AUTHORIZED an interval of part fill."

"Section 62(1)", "Two years"

"Section 62(1)", "Delete this section as has been done to the other parts and cover the process in S of P."

"Section 62(1)", "I think it should be a total of 2 years paper and 7 years electronically if it has to be changed."

"Section 62(1)", "Keep current legislation."

"Section 62(1)", "I think that as long as sections 62(2) and 62(3) have been met, the drug may be returned to inventory."

"Section 62(1)", "Exception for hospital needed."

"Section 62(1)", "If this is the limit for tax requirements, then I agree."

"Section 62(1)", "Two years."

"Section 62(1)", "This regulation should be eliminated until a Regulations Impact Study can be completed."

"Section 62(1)", "Should say manager and owner."

"Section 63(3)", "Exemption for hospital pharmacy"

"Section 63(3)", "change it to say for narcotics only"

"Section 63(3)", "Stay the same as before, with Controlled Drugs and Substances requiring special treatment to destroy."

"Section 63(3)", "Leave legislation as is. Works well now. This would be very time consuming."

"Section 63(3)", "Replace this section as discussed above."

"Section 63(3)", "Remove this section. If it is to stay in place only narcotics and controlled substances should have to be recorded."

"Section 63(3)", "Use disposal records for narcotics and controlled drugs only. Remove this section."

"Section 63(3)", "Exception for hospital needed - okay for N & C drugs"

"Section 63(3)", "Amend section as above"

"Section 63(3)", "Only narcotic and controlled drugs."

"Section 63(3)", "Exemption for hospital pharmacy"

"Section 63(3)", "Retain the current system for Narcotic & Control drugs and leave the rest alone."

"Section 63(3)", "As per above."

"Section 63(3)", "Hospitals are exempt. Otherwise, we will deem every drug in our I.V. Admixture program dispensed before it is mixed and thereby avoid documentation of drug destruction."

"Section 63(3)", "Change it to say for narcotics only."

"Section 63(3)", "Define "pharmacy stock". This section should be amended to make it requirement only for those drugs listed in the Controlled Drugs and Substances Act."

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"Section 63(3)", "Define "pharmacy stock". This section should be amended to make it requirement only for those drugs listed in the Controlled Drugs and Substance Act."

"Section 63(3)", "This is a waste of valuable time (other than narcotics)."

"Section 63(3)", "I would limit the wording to the current wording ie only controlled drugs and substances for example if a metformin tablet drops on the floor why would you take the time to record the destruction of that tablet."

"Section 63(3)", "Remove the entire section; leave the disposal record to include the disposal of controlled/targeted and narcotic drugs only."

"Section 63(3)", "This section should be amended to make it a requirement only for those drugs listed in the Controlled Drugs and Substances Act."

"Section 63(3)", "Define: pharmacy stock."

"Section 63(3)", "Define "pharmacy stock". This section should be amended to make it requirement only for those drugs listed in the Controlled Drugs and Substances Act."

"Section 63(3)", "change "person" to "person/company"?"

"Section 63(3)", "This section should be amended to make it requirement only for those drugs listed in the Controlled Drugs and Substances Act."

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"Section 65(1.1)", "Increase this to at least 5 to 10 day period. This dating serves no purpose what so ever."

"Section 65(1.1)", "If he doesn't have this right (see above), he should have."

"Section 65(2)", "Remove 65(2)a"

"Section 65(2)", "(d) 4 days."

"Section 66", "Clarify what is meant by (a) and (b)"

"Section 66", "All labels may not be available. Should be label or report that contains same info."

"Section 66", "Remove 66(b) and 66(d)"

"Section 66", "Get rid of (d) - any other record not relevant to safety of the general public. Clarify who can make request (PHIA); does it have to be written request"

"Section 66", "Remove 66 (b) & (d)"

"Section 66", "Remove 66(b) and 66(d)"

"Section 66", "Remove 66(b) and 66(d)"

"Section 66", "Remove 66(b) and 66(d)"

"Section 66", "Remove 66(b) and 66(d)"

"Section 66", "Remove 66(b) and 66(d)"

"Section 66", "Remove 66(b) and 66(d)"

"Section 66", "Remove 66(b) and 66(d)"

"Section 66", "Remove 66 (b) and 66 (d)."

"Section 66", "Delete (d) unless pertaining to patient."

"Section 66", "Remove 66(b) and 66 (d)."

"Section 66", "Remove 66(b) and 66(d)."

"Section 66", "Remove 66(b) and 66(d)."

"Section 66", "Remove 66(b) and 66(d)."

"Section 66", "Remove 66(b) and 66(d)."

"Section 66", "Remove 66(b) and 66(d)."

"Section 66", "what about family members requesting other family members file?
ie: daughter requesting elderly mother's printout all for one year. I have the
elderly mother sign a note of consent before I print out another's file. That
should be made mandatory."

"Section 67(1)", "Clearer definition of what records must be maintained in a
hospital setting, which records absolutely must be maintained for greater than 2
years, and what records can be maintained for 2 years or less."

"Section 67(1)", " Should be 2 years paper or hard copy and 7 years
electronically."

"Section 67(1)", "I disagree with counselling records"

"Section 67(1)", "Electronic records should be kept for seven years.
Hard copies should be kept two years."

"Section 67(1)", "Keep as is now."

"Section 67(1)", "Clearer direction specific to hospital practice needed. eg) Not
practical to save IV preparation sheets for 7 yrs. The dispensing of the
product is documented in computer but prep sheets discarded after 2 yrs."

"Section 67(1)", "Change to 2 years"

"Section 67(1)", "Delete C, I, E, J, K"

"Section 67(1)", "Clearer definition of what records must be maintained in a
hospital setting, which records absolutely must be maintained for greater than 2
years, and what records can be maintained for 2 years or less."

"Section 67(1)", "2 years of hard copy and a total of 7 years electronically."

"Section 67(1)", "Change to 2 years."

"Section 67(1)", "Remove test records."

"Section 67(1)", "Reduce requirement from 7 years to 2 years."

"Section 67(1)", "Reduce requirement from 7 years to 2 years."

"Section 67(1)", "Reduce requirement from 7 years to 2 years."

"Section 67(1)", "Reduce requirement from 7 years to 2 years."

"Section 67(1)", "Reduce requirement from 7 years to 2 years."

"Section 67(1)", "Reduce requirement from 7 years to 2 years."

"Section 67(1)", "Reduce requirement from 7 years to 2 years."

"Section 67(1)", "Reduce requirement from 7 years to 2 years."

"Section 67(1)", "Remove authorization, preparation, patient counselling and prescription records from the list of records to be kept for 7 years and to remain at the current 2 years."

"Section 67(1)", "I disagree with counselling records."

"Section 67(1)", "Section 67(1)(h) to specify the disposal records for narcotic, controlled and targeted substances only."

"Section 67(1)", "Reduce requirement from 7 years to 2 years."

"Section 67(1)", "Reduce it from 7 years to 2 years."

"Section 67(1)", "Reduce requirement from 7 years to 2 years."

"Section 67(1)", "Records associated with practice be kept for 7 years in either electronic or hard copy form."

"Section 67(1)", "Reduce requirement from 7 years to 2 years."

"

"Section 67(1)", "Reduce requirement from 7 years to 2 years."

"Section 67(1)", "Reduce requirement from 7 years to 2 years."

"Section 67(1)", "Reduce requirement from 7 years to 2 years."

"Section 67(1)", "Reduce requirement from 7 years to 2 years."

"Section 68(1.1)", "Remove reference to Sec 12 license or ensure hospital Pharmacy Managers can be Sec 12 Licensed."

"Section 68(1.1)", "Perhaps change wording to include other areas of regional health authority agencies or facilities."

"Section 68(4)", "Delete (f)."

"Section 68(4)", "Include "or the extended practice pharmacist" in subsection <c>"

"Section 68(4)", "Include "or the extended practice pharmacist" in subsection (c)"

"Section 68(4)", "Include "or the extended practice pharmacist" in subsection <c>"

"Section 68(4)", "Clarify and further define wording."

"Section 68(4)", "Delete this section."

"Section 68(4)", "Clarify the wording of this section."

"Section 68(4)", "Remove 68(4) f"

"Section 68(4)", "Remove it."

"Section 68(4)", "Need to clarify and further define wording of this section."

"Section 68(4)", "Need to clarify and further define wording of this section."

"Section 68(4)", "Need to clarify and further define wording of this section."

"Section 68(4)", "Need to clarify and further define wording of this section."

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"Section 68(4)", "Need to clarify and further define wording of this section."

"Section 68(4)", "Need to clarify and further define wording of this section."

"Section 68(4)", "Include "or the extended practice pharmacist" in subsection <c>"

"Section 68(4)", "Need to clarify and further define wording of this section."
"

"Section 68(4)", "Section 68(4) of the Regulations states that a drug may not be dispensed pursuant to prescription if there is reason to believe that the practitioner issued the prescription outside his or her usual scope of practice or if the prescription was issued "in contravention of the rules governing the practitioner's practice of his or her profession". This puts too much of an onus on the pharmacist. They should be entitled to rely on the prescription written by the physician, unless there is a blatant error (as is required by the current Regulations). This section of the Regulations should be reviewed. It appears to be targeted at IPS, does not appear to be within the MphA jurisdiction, and does not appear relevant to the public interest. This regulation is overly prescriptive. The Regulations should relate to pharmacist-patient care, not pharmacy business. From a patient-safety perspective, what is the concern? Is there any evidence of risk or harm to the public? What research and analysis has been conducted regarding the impact of this section on pharmacy business?"

"Section 68(4)", "Include a statement to provide a timeline for prescription validity in respect to requiring patients to have current prescriptions pursuant to regular follow-ups with authorized prescribers (12 months recommended)."

"Section 68(4)", "Written up in such a way that it covers us for dispensing such drugs."

"Section 68(4)", "Need to clarify."

"Section 68(4)", "Include "or the extended practice pharmacist" in subsection (c)."

"Section 68(4)", "Need to clarify any further define wording of this section."
"

"Section 68(4)", "Need to clarify and further define wording of this section."
"

"Section 68(4)", "Need to clarify and further define wording of this section."
"

"Section 68(4)", "Need to clarify and further define wording of this section."
"

"Section 68(4)", "Need to clarify and further define wording of this section."

"Section 68(4)", "Need to clarify and further define wording of this section."

"Section 69(1)", "Allow importation from recognized countries and facilities."

"Section 69(1)", "Section 69(1) should be reconsidered. Some compounded medicines may no longer qualify as Health Canada approved."

"Section 69(1)", "69(1) does not make sense to me since a lot of times bulk chemicals are used to compound (i.e. salicylic acid) and these generally don't have a DIN. However, I am in agreement that the BP and the USP are acceptable standards for bulk chemicals."

"Section 69(1.1)", "Allow importation from recognized countries."

"Section 69(1.1)", "Section 69(1) should be reconsidered. Some compounded medicines may no longer qualify as Health Canada approved."

"Section 70(2)", "Remove 70(b) from the document or re-word it "" on the recommendation of a practitioner""

Take away the suggestion that a practitioner could ever waive safety vials for all his prescriptions

- this issue is a safety issue and accessibility issue between the Pharmacist and the patient/agent.

"

"Section 70(2)", "There should be a DPIN entry for this."

"Section 70(2)", "Delete C - unless we are protected from liability."

"Section 70(2)", "All jars are not child resistant. Is this only meaning to not use an easy open vial unless it is requested??"

"Section 70(2)", ""because of the physical nature of the drug or manufacturer's packaging"". "

"Section 72(1)", "Should be broader and more enforced. Many stores sell aspirin, tylenol, advil and cough meds that they shouldn't."

"Section 72(4)", "Doctors would certainly be very unhappy with this - they often get meds for emergency boxes etc from pharmacies. I guess they would have to set up accounts with wholesalers to supply their needs. Could be a danger to public health if doctor no longer has epinephrine available in his office."

"Section 72(4)", "72(4)(a) an authorized health practitioner."
"

"Section 72(4)", "Clarify on what the college defines as a ""practitioner"". "

"Section 73", "they should remain a legal reward"

"Section 73", "prescription drugs not be allowed to qualify .as in many cases inducements direct patients to particular providers."

"Section 73", "None"

"Section 73", "? Inducement offers need to be the same throughout the year and no bonus offers may be offered on specific days of the year "

"Section 73", "Please remove from regulations as per statements above. Regardless of patients trying to fill prescriptions early or late. If the pharmacist is monitoring health and utilizing the pharmacy software, they should be able to inform patients of early and ""LATE"" fills to reinforce compliance and health regardless of inducements."

"Section 73", "Remove this section"

"Section 73", "Not completely sure that this belongs in regulations - more a business decision than public protection - although I do agree people may get 'unnecessary' Rx's filled if they are getting points. However they probably wouldn't get such Rx's filled if they have to pay, no matter how many points they may get."

"Section 73", "Profit should not interfere with a pharmacy to maintain a professional image to the public or public safety may be compromised."

"Section 73", "Loyalty programs do not result in reduced patient safety, this is a business practice issue plain and simple (patient safety just sounds like a better reason than our profit margins are shrinking and we don't like it) Many steps can be done to help patient receive loyalty point without ""going without medications"", filling early etc. If someone fills their prescriptions every 1, 2 or 3 months exactly on time (ie:exactly every 4, 8 or 12 weeks) is that a patient safety issue - I don't think so. Many people stock up on 3 months of medications at pharmacare year end and no one is complaining that this is a patient safety issue. You can still teach people that pharmacare rules,

rules for early fills to insurance companies etc have to be followed first before filling just so they can get the bonus points."

"Section 73", "Definitions should be better developed for Gift, Rebate, Loyalty points, etc."

"Section 73", "Remove section 73 from the regulations."

"Section 73", "Take out this section.84"

"Section 73", "Not have them"

"Section 73", "This entire section should be removed."

"Section 73", "This entire section should be removed."

"Section 73", "This entire section should be removed."

"Section 73", "This section should be eliminated until a Regulations Impact Study can be completed."

"Section 73", "This entire section should be removed."

"Section 73", "Allow inducements, such as loyalty programs, but do not allow "bonus days". There should be a standard program for every day of the year."

"Section 73", "Section 73 of the Regulations deals with a prohibition on rebates, bonus or loyalty programs. This section of the Regulations should be reviewed. It does not appear to protect the public interest and appears to be attempting to regulate the business interests of pharmacies. How can one regulate loyalty programs when the simple use of a credit card generates loyalty points to the subscriber? This regulation is overly prescriptive. The Regulations should relate to pharmacist-patient care, not pharmacy business. From a patient-safety perspective, what is the concern? Is there any evidence of risk or harm to the public? What research and analysis has been conducted regarding the impact of this section on pharmacy business?"

"Section 73", "This section should be removed and replaced with a prohibition of irregular offered inducements (i.e. all or nothing)."

"Section 73", "No inducements to allowed on prescription drugs."

"Section 73", "This entire section should be removed."

"Section 73", "Terms such as "gift", "rebate", "bonus", "points", "loyalty points" and "rewards" must be clearly defined in the regulations. Eliminate the collection or a "gift", "rebate", "bonus" or "points", "loyalty points" and "rewards" in relation to the practice of pharmacy and the sale of medications by prescription."

"Section 73", "Remove."

"Section 73", "Consumers' Perception of Pharmacy (2004) available for viewing at http://www.ratiopharm.ca/pdf/cfp_eng.pdf.

This entire section should be removed."

"Section 73", "This entire section should be removed."

"Section 73", "This entire section should be removed."

"Section 73", "This entire section should be removed."

"Section 73", "This entire section should be removed."

"Section 73", "Air Mile or similar inducement programs should be limited only to cash or credit card payments directly by customer (i.e. no credit for air miles for Rx's that are partially or fully paid for by 3rd party government agencies such as S/A, provincial government, NIHB, Federal government plans). Also, all extra bonus days such as triple or more enticing 10x bonus days should be banned for prescription drugs."

"Section 73", "This entire section should be removed."

"Section 84(1)", "get rid of (d)"

"Section 84(1)", "More information required."

"Section 84(1)", "Get rid of (d)."

"Section 84(1)", "Remove this part."

"Section 84(1)", "How is the college looking at these programs then ie: diabetes educator program and asthma educator program. Perhaps, these educator programs can be looked at further certification programs and not simply ignoring them. They still require an exam and your time to complete."

"Section 85(1)", "More info required."

"Section 85(1)", "Remove part (c), not necessary."

"Section 85(1)", "Include a pharmacist - preferably prescribing pharmacist."

"Section 85(1)", "Remove nursing from the committee."

"Section 85(1)", "What is the difference from a specialty practice pharmacist and an extended practice pharmacist? Are they not the same? Why not call it the specialty AND extended practice pharmacists advisory committee?"

"Section 86(1)", "Clarification perhaps?"

"Section 86(1)", "Wording should read ""prescribing within the area of practice"" - this would address competency without limitations based on type of license."

"Section 86(1)", "Delete or just let extended practice pharmacists prescribe within their area of expertise."

"Section 86(1)", "In order to be reimbursed by 3rd party the Rx must be from a medical practitioner, etc."

"Section 86(1)", "We need to be able to prescribe in some manner as nurse practitioners."

"Section 86(1)", "Broaden scope to include schedule 1 products at a not so distant time."

"Section 87", "Re-word the statement or add a statement allowing collaborative coverage through agents, allied health care workers etc."

"

"Section 87", "have the regs such that only people residing in MB or travelling in MB have the opportunity here"

"Section 87", "Delete section (b) as (g) would cover this section and redefine prescribing as drugs that can only be sold with an interaction with a pharmacist under practice guidelines."

"Section 87", "Delete this section."

"Section 87", "(a) the member "has assessed" whether....."

"Section 87", "Remove 87(b)."

"Section 90(1)", "Modify 90(2) a to attempt to advise practitioner"

"Section 90(1)", "Remove reference to Sec 12 -....A licensed member....."

"Section 90(1)", "Normally, I don't have a problem with continuing care Rx's as long as we are not increasing our liability."

"Section 90(1)", "For meds like ventolen and glaucoma eye drops that cannot give a couple of days, we need to have room for judgement without sending them to emergency."

"Section 90(1)", "ccp should be one time only - ie; not many refills."

"Section 90(1)", "I would not authorize any narcotics, controlled or targeted substances - I believe something should be said about these types of medications."

"Section 90(2)", "See above"

"Section 90(2)", "After "practitioner", I suggest adding the phrase, "or original medical clinic" or perhaps "or his/her replacement at the original medical clinic"."

"Section 90(2)", "Perhaps another statement saying that in the case of a deceased/retired practitioner CCRx is absolutely one time only and the Pharmacist must inform the patient they have to seek medical care or if the practice has been taken over "the notification with an explanation" should be sent to the new physician. Please do not lose the idea of CCRx for patients of deceased/retired/delicenced physicians - this happens often in practice and CCRx is the often the only practical solution to "continue" patient care."

"

"Section 90(2)", "Remove the requirement of letting the physical know of the continued care rx."

"Section 90(2)", "Change/add wording to recognize the need for effort and intent but allow for refill in the absence of an ability to notify."

"Section 90(2)", "Delete 90(2)a"

"Section 90(2)", "Patients are advised to see their physician as soon as possible, before continued care prescription runs out."

"Section 90(2)", "There should be a statement to clarify cases where the original prescriber is unreachable that the new prescriber could be notified, else a record be kept at the pharmacy for reference as needed."

"Section 90(2)", "Change/add wording to recognize the need for effort and intent but allow for refill in the absence of an ability to notify."

"Section 90(3)", "Clarify which regulations, in 90(3)(b)"

"Section 90(3)", "Include long term meds i.e. sleeping tabs."

"Section 90(3)", "As above."

"Section 90(4)", "Strike this section"

"Section 90(4)", "This should be very clear that it is a change from what is currently expected."

"Section 90(4)", "More info required"

"Section 90(4)", "Strike this section."

"Section 90(4)", "Strike this section"

"Section 90(4)", "I want to ensure that a record of some sort is kept on pt"'s file so that pt. .does not continue to get meds filled this way on a long term basis."

"Section 90(4)", "Strike this section"

"Section 90(4)", "Strike this section."

"Section 90(4)", "Add that the transaction is documented on the patient profile (and DPIN?)."

"Section 90(4)", "As above. We should keep a record of each prescription given."

"Section 91(1)", "Remove reference to just Sec 12"

"Section 91(1)", "Should be optional"

"Section 91(1)", "Should the topical administration section include dermal and transdermal preparations?"

"Section 91(1)", "(b) spelling of otic"

"Section 91(1)", "Typo .. spelling of "otic"."

"Section 91(1)", "Offer a program to assist pharmacists."

"Section 91(4)", "Add intra dermal"

"Section 91(4)", "More info required."

"Section 91(4)", "Add intra dermal"

"Section 91(4)", "Add intra dermal"

"Section 91(4)", "Only if someone really wants to do this and receives adequate training. However, again this would increase liability."

"Section 91(4)", "Include Subcutaneous injection of epinephrine if situation warrants."

"Section 91(4)", "Add intra dermal"

"Section 91(4)", "Add intra dermal"

"Section 92(1)", "Revise so that patient chart would suffice as the record for hospital patients."

"Section 92(1)", "More info required."

"Section 92(1)", "Revise so that patient chart would suffice as the record for hospital patients."

"Section 92(1)", "Revise so that patient chart would suffice as the record for hospital patients."

"Section 92(1)", "Re Sec 93: Again, rather than limiting to Sec 12, change to any member, within their scope of practice, may interpret....."

"Section 92(1)", "Clarify in regards as a pharmacy service."

"Section 92(1)", "Revise so that patient chart would suffice as the record for hospital patients."

"Section 92(1)", "Remove 92(1)(d) - lot #/expiry of drug."

"Section 92(1)", "Revise so that patient chart would suffice as the record for hospital patients."

"Section 94(1)", "Please exclude hospital practice from the test interpretation record. this is no feasible in hospital practice."

"Section 94(1)", "Distinguish between counseling and advise in the course of pharmacy practice and the Medical Review of Information, requiring in-depth research and advice."

"Section 94(1)", "Should only to extended practice pharmacists."

"Section 94(1)", "Have this section apply to extended practice pharmacists who have the power to change drug therapies and regimens."

"Section 94(1)", "Sec 95(1) & (2) cannot be limited to Sec 12 pharmacists - hospital Managers are occasionally involved in requesting tests or results."

"Section 94(1)", "Pharmacists interpret lab results all the time - in my institution, pharmacists are permitted to order serum creatinine, and to adjust the dosing of certain medications based on these results (from which creatinine clearance is calculated). I would definitely call this an interpretation - the physician need not be called to make these changes. Beyond that, any number of tests are regularly done, including INR's and various drug level tests, which are interpreted by pharmacists - some physician will request that pharmacy monitor drug levels, such as vancomycin, and adjust levels appropriately. I really don't see how it is in any way possible to completely prohibit the interpretation of lab results from all but self-testing equipment."

"Section 94(1)", "It is not practical to record every blood glucose interpretation or blood pressure interpretation. If we start asking patients all kinds of personal questions I'm afraid people will stop asking us questions or they will get offended. We don't have to document what we specifically said to patients when we counsel them, it is implied that we will be following the standards of practice, we just have to document that we did the counseling so why do we have to document what we said when we interpret a test. We don't have to document when someone calls us to ask a drug related questions so once again why do we need to have a test interpretation record. For the most part we are simply going to tell the patient that they need to see the doctor to reassess things, however, we may interpret that they need to go right away (ie: to hospital/doctor) vs waiting to make an appointment but I don't feel this needs to be documented."

"Section 94(1)", "Eliminate record keeping."

"Section 94(1)", "Delete this section."

"Section 94(1)", "Remove 90(1)"

"Section 94(1)", "This section should be eliminated."

"Section 94(1)", "Removal of 94(1)."

"Section 94(1)", "This section should only apply to extended practice pharmacists who have the authority to change drug therapy pursuant to a test result/interpretation."

"Section 94(1)", "BP high - see MO - no record needed."

"Section 94(1)", "No test interpretation/advice recorded but have prescribing record recorded."

"Section 96(1)", "Please exclude hospital practice from the test interpretation record. this is no feasible in hospital practice."

"Section 96(1)", "Revise to say record is maintained in the pharmacy or the patient's health record (ie chart) for hospital inpatients. Add "if applicable" to (h)"

"Section 96(1)", "Be more clear"

"Section 96(1)", "More info required."

"Section 96(1)", "Revise to say record is maintained in the pharmacy or the patient's health record (ie chart) for hospital inpatients. Add "if applicable" to (h)."

"Section 96(1)", "Revise to say record is maintained in the pharmacy or the patient's health record (ie chart) for hospital inpatients. Add "if applicable" to (h)"

"Section 96(1)", "Change the opening line to read: "A member who orders and receives the results of a screening or diagnostic test must make and retain a record in the pharmacy or in the patient's medical chart of.""

"Section 96(1)", "I would like to see this section dropped and recreated as a Pharmacist Consultation. section. I feel if pharmacy is to progress as a profession we must have some kind of common consultation form which must be acted upon by physicians in an appropriate and timely manner. Suggestions and recommendation for lab test could be included. In this I am amazed how quick a response our home care office gets from the physicians in our area when we have been waiting days for a response for the same questions. I believe physicians are mandated to respond to home care request and so should they with our request. In this way less errors are made as requests and answers are in writing. It is almost impossible at times to talk to physicians as faxes are becoming the norm."

"Section 96(1)", "For inpatients or hospital outpatients - could the documentation be in the patient's chart"

"Section 96(1)", "In section h) the word "to" should be added, to read "...communicated by the member TO the health professionals.""

"Section 96(1)", "Clarify when record keeping must be kept in regards to a pharmacy service."

"Section 96(1)", "Revise to say record is maintained in the pharmacy or the patient's health record (ie chart) for hospital inpatients. Add "if applicable" to (h)"

"Section 96(1)", "Change the start of Section 96(1) to read "A member who orders and receives the results of a screening or diagnostic test must make and retain a record in the pharmacy or the patient hospital chart.""

"Section 96(1)", "Revise to say record is maintained in the pharmacy or the patient's health record (i.e. chart) for hospital inpatients. Add "if applicable" to (h)."

"Section 97", "Exemption for hospital pharmacists or some reference to the hospitals insurance being acceptable if equivalent."

"Section 97", "Add clarity re above."

"Section 97", " Need more coverage to 5,000,000"

"Section 97", "Should be lower limit and should be made clear that it may not exist or be available for internet."

"Section 97", "Add clarity re above."

"Section 97", "Add clarity re above."

"Section 97", "Delete 97(2)"

"Section 97", "Exemption for hospital pharmacists or some reference to the hospitals insurance being acceptable if equivalent."

"Section 97", "Add clarity re above."

"Section 97", "This section should be eliminated until a Regulations Impact Study can be completed."

"

"Section 97", "I would like to see a change in terminology from professional liability insurance to personal professional liability insurance."

"

"Section 97", "Section 97(2) mandates insurance that IPS may not be able to acquire, and so is inconsistent with the mandate of the government that "has advised the College (MphA) of the importance to keep IPS as a business in Manitoba" (clarifying notes to Section 33). More generally, mandating specific types of amounts of commercial liability insurance is an inappropriate intrusion upon pharmacy business. From a patient-safety perspective, what is the concern that mandates this rule? Where is the evidence of harm or risk-or-harm to patients? Regulations should set out minimum standards to govern pharmacist to patient care, and should not attempt to regulate pharmacy business. A majority of the Regulations Advisory Committee (5/3) voted to have a Regulation Impact Statement conducted regarding the regulations. Pharmacists need the benefit of a Regulations Impact Statement to understand the implications of this section of the Regulations."

"

"Section 97", "I think that liability insurance should be included with your license."

"Section 97", "Clarify whether this insurance needs to be taken out by the individual or whether can they be covered by corporate insurance."

"Section 97", "Add clarity re above."

"Section 97", "Leave as is.."

"Section 97", "Not allow a lot of these changes ie: prescribing, test interpretaion etc, then our liability insurance would not group."