



The Manitoba Pharmaceutical Association

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Pharmacy Quality Assurance Self-Assessment

(Community and Hospital Outpatient Pharmacy) **Report #**

Pharmacy:		MPhA Licence		Date:	
Address:		City		Postal Code	
Phone #1	Fax #1	E-Mail Address #1			
Phone #2	Fax #2	E-Mail Address #2			
Website #1	Website #2				
Last Inspection Date:		Pharmacare #:		Pharmacy Licence Posted	
Computer System:		Pharmacy Manager:		Licence Number	Part Time
				Full Time	Posted
Store Business Hours:				<input type="checkbox"/>	<input type="checkbox"/>
Mon to Fri:		Staff Pharmacist(s):		<input type="checkbox"/>	<input type="checkbox"/>
Sat:				<input type="checkbox"/>	<input type="checkbox"/>
Sun:				<input type="checkbox"/>	<input type="checkbox"/>
Holidays:				<input type="checkbox"/>	<input type="checkbox"/>
Dispensary Hours (i.e. Lock and Leave):				<input type="checkbox"/>	<input type="checkbox"/>
Mon to Fri:				<input type="checkbox"/>	<input type="checkbox"/>
Sat:				<input type="checkbox"/>	<input type="checkbox"/>
Sun:				<input type="checkbox"/>	<input type="checkbox"/>
Holidays:				<input type="checkbox"/>	<input type="checkbox"/>
Please list facilities serviced (LTC, Acute Care, PCH or compound or repackage for other pharmacies if applicable:					
Technicians (Optional)					
Pharmacy Students					

Note: This form is being used for new pharmacy openings, existing pharmacy self assessments and for inspections. In the case of a new pharmacy application, provision needs to be made to comply with these standards in the operation of the pharmacy immediately upon opening. The pre opening inspection will include a discussion with the inspector on the processes in place ensuring the pharmacy will be compliant prior to opening.

Please complete the assessment by circling the most accurate response where:

- **No. 1** – represents - “We know we are compliant;”
- **No. 2** – represents - “We are not sure if we are compliant;”
- **No. 3** – represents - “We need help to be compliant”
- **N/A** - written on the 1, 2, 3 represents “not applicable” at this pharmacy

Distribution:

NAPRA Model Standards of Practice for Canadian Pharmacist (NAPRA SP) #4: Manage Drug Distribution

- Pharmacists manage drug distribution by performing or supervising the functions of acquisition, preparation, and distribution of drugs to ensure the safety, accuracy and quality of supplied products

MPhA Community Standard of Practice #1: Drug Distribution

- Every Pharmacist Manager shall be responsible for the purchasing, receiving, storage, distribution and disposal of drugs in the pharmacy.

MPhA Community Standard of Practice #8: Extemporaneous Compounding

- A Pharmacist shall be responsible for all extemporaneous compounding, which shall be done according to established procedures and legal requirements.

NAPRA Professional Competency #5: Apply Management Principles

- Pharmacists apply knowledge, principles and skills of management as they pertain to the site of pharmacy practice with the goal of optimising pharmaceutical care and professional relations.

MPhA Community Standard of Practice #4: Formulary

- A Pharmacist shall practice in accordance with a formulary approved under the Act

New pharmacy or relocation or renovation of your pharmacy:

1 2 3	A floor plan has been submitted to the MPhA with the Pharmacy Licence application.	Pharmaceutical Act 48(3) (b) (ii)
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1. Premises & Management:

1 2 3	A pharmacist is on duty whenever the pharmacy is open.	Pharmaceutical Act 51(a)
1 2 3	The Association has been notified of the employment of pharmacy managers, pharmacists (including part-time), and pharmacy students within 7 days.	Pharmaceutical Act 51(c)
1 2 3	The pharmacy is readily accessible by telephone, facsimile machine and in person.	Pharmacy Standards (Minimum site requirements)
1 2 3	The pharmacy has Internet access for the purposes of: <input type="checkbox"/> Email (email fan-out) (Subscription to MPhA E-Link and Med Effects Canada is recommended) <input type="checkbox"/> Information research	
1 2 3	The hours of operation and call back information if applicable are posted at the principle entrance.	Standards of Practice section 5
1 2 3	The entire premise is clean, well ventilated and sufficiently lit suitable to the MPhA.	Pharmacy Standards (Minimum Pharmacy Site requirements)
1 2 3	The dispensary is 150 sq. ft. in addition to the patient counselling area.	
1 2 3	The prescription preparation area in the dispensary provides for at least 12 sq. ft. of free working counter space.	

1 2 3	The dispensary shelves, front store shelves & floors are clear of dust, dirt and clutter.	
1 2 3	A metal or plastic waste container is readily available in the dispensary.	
1 2 3	The dispensary is accessible to authorised personnel only.	
1 2 3	A patient counselling area is available that affords confidential counselling is free of clutter and contains no items for sale apart from articles needed for counselling.	
1 2 3	“It’s Your Right to Know “and “PHIA” sign posted in view of the public.	Pharmacy Standards (Minimum Site Requirements and PHIA
1 2 3	“Return to Inventory”; “Pharmacist Verifying,” MPhA Signs Posted.	Recommendation
1 2 3	The dispensary contains no products inappropriate to the practice of pharmacy.	Pharmacy Standards (Minimum Pharmacy Site requirements)
1 2 3	All NAPRA schedule 3 products are displayed “immediately adjacent” to the dispensary in a manner that does not interrupt a continuous line of medication products. <ul style="list-style-type: none"> Schedule 3 products are given priority over non-scheduled medications in their proximity to the dispensary. The location of Schedule 3 products allow a patient standing in front of the schedule 3 products to be seen from the dispensary. 	-Regulation 26.1(3) -Pharmacy Standards (Minimum Pharmacy Site requirements)
1 2 3	NAPRA Schedule 1 and 2 products are stored out of the reach of the public.	Pharmacy Standards (Minimum Pharmacy Site requirements)
1 2 3	Exempted codeine products are stored out of public view.	Pharmacy Standards (Minimum Pharmacy Site requirements)

2. Dispensary Equipment:

1 2 3	The dispensary sink is sanitary, supplied with hot and cold water, is easily accessible to the prescription preparation area, not accessible to the public and has a provincial plumbing code acceptable drain.	
1 2 3	The dispensary refrigerator is clean, in good working condition (no excess frost build-up), dedicated only to pharmaceuticals and maintains an appropriate temperature. (The use of a refrigerator thermometer and a log system is recommended)	Pharmacy Standards (Minimum Pharmacy Site requirements)
1 2 3	Prescription balance & weights or an electronic balance are available with a minimum sensitivity reciprocal of 10mg. (Suitable for the style of pharmacy practiced at the site)	
1 2 3	Metric graduates (10 ml, 100 ml); mortar and pestle (250 ml); ointment slab or pad, three spatulas (S, M & L), counting tray(s) as well as a computer or typewriter for labelling prescriptions.	
1 2 3	A DPIN connection is installed and tested, or is in use. (Exclusively exporting pharmacies are exempt)	Prescription Drugs Payment of Benefits Regulations s 9(1)

1 2 3	Pharmacist services are available for at least the lesser of 40 hours a week or ½ the time the remainder of the premises is open unless otherwise approved by Council.	Pharmaceutical Act Regulations 16(4)
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5. Pharmacy Security:

1 2 3	Access to the dispensary is restricted to authorized personnel only (e.g. swing gate)	Pharmacy Standards (Minimum Pharmacy Site requirements)
1 2 3	The pharmacy provides secure drug storage against loss and theft, satisfactory to the Health Protection Branch <input type="checkbox"/> Alarm system <input type="checkbox"/> Motion detector <input type="checkbox"/> Barred windows and doors	CDSA, Narcotic Control Regulations s. 43, Food and Drug Act G.03.012
1 2 3	There is strict control on the number of keys available to access the: <input type="checkbox"/> pharmacy <input type="checkbox"/> dispensary <input type="checkbox"/> lock & leave enclosure <input type="checkbox"/> narcotics	
1 2 3	Dispensary/pharmacy alarm system codes and safe combinations are restricted to authorized personnel only	
1 2 3	Computer terminals and records containing personal information are situated to ensure confidentiality of information in compliance with legislation and are accessible to authorized personnel only	Personal Health Info Act Regulations s 3, Code of Ethics # 10, MPhA Standards of Practice # 7; PIPEDA
1 2 3	The pharmacy back door (where applicable) is locked at all times when not in use	Recommendation
1 2 3	Staff and suppliers having access to personal health information including information management contractors have signed a pledge of confidentiality.	Person Health Information Act s. 25 (1) – (5)

6. Prescription Records:

1 2 3	Prescription files are readily accessible for audit and stored in a secure location on the premises, available only to pharmacy personnel. If some records are stored in other locations the MPhA must have written permission on file allowing access.	Pharmaceutical Regulations Personal Health Information Act
1 2 3	Original Prescription records are retained in a readily retrievable manner for a minimum of seven years . For the first two years from the last refill the hardcopy must be retained; the subsequent five years to a total of seven years may be retained in an electronic format.	Pharmaceutical Regulations 22(1), Refill History Recording System & Personal Health Information Act
1 2 3	To ensure confidentiality equipment or a service is available to shred or incinerated notes, prescriptions and other sensitive information, not required to be retained.	Personal Health Information Act
1 2 3	Drug acquisition, sale, transfer and narcotic perpetual inventory records are kept for a period of two years in a readily accessible manner.	Pharmaceutical Regulations 22(2)
1 2 3	The sale of pharmaceuticals to other pharmacies occurs only for emergency supply on an individual patient basis. In the case of wholesale quantities of drugs the pharmacy is compliant with the relevant establishment licensing requirements of Health Canada	Food & Drug Act - C.01A.004; A.01.040; C.08.001 & C.01.03

1 2 3	Prescription hardcopy information is complete. (Prescription identification number or other designation, date, patient's and physician's addresses, drug name and strength, manufacturer's identification, quantity, directions for use, handwritten pharmacist's initials and the price charged).	Pharmaceutical Act Regulations s 18(1)
1 2 3	All prescription documentation is completed in accordance with the MPhA Documentation Standard (Verbal Order, Continued Care, Partial Fill, Deferred, ward stock etc.)	MPhA Community Standards of Practice #1, Section H

7. Faxed Prescriptions:

1 2 3	Faxed prescriptions do not include medication requiring a Manitoba Prescribing Practices Program (M3P) prescription. (PCH and hospital inpatient exempt)	Facsimile Transmission of Prescriptions Joint Statement
1 2 3	Narcotic and Controlled drugs cannot be prescribed by clinical assistants, registered nurses extended practice [NP / RN(EP)] or midwives - <i>Narcotic Control Regulations</i>	
1 2 3	The dispensary fax machine is only accessible to dispensary personnel.	
1 2 3	Faxed prescriptions are accepted as valid on a form that includes all required information and the prescriber certification noted in the Joint Statement on Facsimile Prescriptions	

8. Refill Recording System:

1 2 3	The pharmacy utilises a prescription refill recording system compliant with systems approved by Council	MPhA Refill History Recording System Document
	<input type="checkbox"/> Option 1: Recording and initialling refills on the original prescription	
	<input type="checkbox"/> Option 2: Recording and initialling refills records placed neatly in a logbook, clearly separated by date, filed in a timely manner. Information for each entry must include date, prescription number, quantity, handwritten initial of the pharmacist and the price.	
	<input type="checkbox"/> Option 3: Recording refills using a transaction system	
1 2 3	The refill recording system applies only to non-narcotic and non-controlled drugs with the exception of controlled drugs where repeats are authorised through legislation.	
1 2 3	The logbook refill recording system, Option 2 above, applies to refills only, not new or deferred prescriptions	

9. Prescription Labels:

1 2 3	Compliance packages/blister packs are labelled according to Regulation 19 (1) as well as clearly describing each individual medication (shape, colour, size, markings and form).	MPhA Compliance Packaging Guidelines s G in the Community S of P
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1 2 3	<p>Prescription label information is complete:</p> <ul style="list-style-type: none"> • Identity of medication by the brand name for multiple entity products and the generic name and manufacturer identification for single entity products. • Pharmacy name, address and telephone number • The price charged • The pharmacist's initials • An identification number • Dispensing date • Name of the practitioner • Patient's name • Quantity dispensed 	Pharmaceutical Act Regulations 19(1)
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Please affix a prescription label here featuring a **multiple ingredient** product

(Obliterate patient's name.)

Please affix prescription label here featuring a **single ingredient** product

(Obliterate patient's name.)

Please affix **compliance package label** here featuring a **multiple ingredient** product.

(Obliterate patient's name.)

Please affix **compliance package label** here featuring a **single ingredient** product.

(Obliterate patient's name)

10. Narcotic and Controlled Drugs Record Keeping:

1 2 3	Narcotic and controlled prescriptions are filed separately from prescriptions for schedule F and other medications.	Narcotic Control Regulations s.40 Food & Drug Act Regulations G03.009
1 2 3	Narcotic part fill prescriptions are accepted only when the total quantity to be dispensed and the quantity to be dispensed at specific intervals is indicated.	Food & Drug Act Regulations G.03.006

1 2 3	Controlled drug prescriptions with repeats are accepted only when the quantity and interval between refills is specified at time of prescribing.	CDSA, Narcotic Control Regulations s 37
1 2 3	The documentation of narcotic part fills refers back to the original prescription number or transaction number, not the previous part fill. (Pharmacists might consider notation on the original hardcopy but it is not required.)	Refill Recording System Document and recommendation.
1 2 3	For each part fill a new and unique prescription hardcopy / transaction record will be generated and filed chronologically and numerically in the narcotic file.	CDSA, Narcotic Control Regulations section 40
1 2 3	Exempted codeine products are sold by a pharmacist and only for recognized medical or dental purposes	CDSA, Narcotic Control Regulations 36(2)
1 2 3	Narcotic, Controlled Drug and Targeted Substance drugs acquisition records (original invoices or “green pages equivalent”) to be dated and retained in a readily retrievable chronological manner.	CDSA, Narcotic Control Regulations s 30
1 2 3	A sales reportable narcotic and controlled Drug report is printed at least monthly and stored for 2 years in a readily retrievable manner.	CDSA, Narcotic Control Regulations 38 and recommendation
1 2 3	A Narcotic and Controlled Drug Perpetual Inventory record system (logbook or computer record) is maintained for all drugs covered by the M3P program. Actual inventory counts are performed and documented at a minimum of every 3 months.	Narcotic and Controlled Drug Accountability Guidelines & recommendations
1 2 3	Discrepancies in perpetual inventory counts are resolved. The resolution recorded and significant shortages are reported to Health Canada and the MPhA.	

11. Storage – Disposal:

1 2 3	Outdated drugs are removed from the areas of sale (i.e. quarantined) promptly to avoid any possibility of accidental resale.	Drug Distribution Std 1.1.3 [also 1.3.1 & 1.3.2]
1 2 3	Narcotics are stored in a secure manner and out of public view.	Narcotic Control Regulations 43,70b
1 2 3	Medications prepared pursuant to prescriptions are stored in the dispensary and inaccessible to the public.	Drug Distribution Std #1, 1.2
1 2 3	As drugs are received by the pharmacy or pharmacy department, they shall be handled in the following manner: <ul style="list-style-type: none"> All products regulated by the Controlled Drugs and Substances Act (eg narcotic, controlled, and targeted substances etc) shall be delivered to the dispensary directly The pharmacy manager shall be responsible to ensure established policy and procedures provide for the security of all medication received during the time elapsed from the actual receiving until the medication is stored safely and properly by dispensary staff; 	MPhA Standards of Practice, Drug Distribution # 1
1 2 3	Drugs requiring refrigeration are appropriately stored.	Drug Distribution Std 1, 1.2

1 2 3	The dispensary refrigerator is dedicated to the storage of pharmaceuticals and related products..	Pharmacy Standards S 2) i) ii.
1 2 3	Ensure that any courier or postal method has a signed proof of delivery, registered mail (or equivalent) for narcotic, controlled and targeted substances and that the receipt must be retained for 60 days.	MPhA S of P Community s 1.5.1
1 2 3	All drugs and medical devices are disposed of in accordance with federal and provincial laws and regulations relating to hazardous waste materials.	MPhA Drug Distribution Standard s. 1.6
1 2 3	Ensure proper storage of medication that is being delivered and if not received by the patient the medication is returned to the pharmacy within 24 hours	MPhA S of P s 1.4.3
1 2 3	Rubbing Alcohol and Stomach Bitters are sold only from behind the dispensary counter.	Liquor Control Act 7b
1 2 3	Liquids for internal use are kept separate from those for external use in the pharmacy	Recommendation
1 2 3	Distilled water is stored separately from other diluents in the pharmacy	
1 2 3	If a pharmacist objects to providing a pharmacy product or service to a patient for moral and ethical reasons, it is the pharmacist's responsibility to explain the basis of their objection to the Pharmacy Manager as well as a responsibility to participate in a system designed to respect a patient's right to receive pharmacy products and services.	MPhA Standards of Practice section 1.9 & 1.10
1 2 3	Pharmacists understand the applicable standards of practice and their responsibility when asked to provide a drug that may harm the patient.	MPhA Standards of Practice section 1.11, 1.12 & 1.13

12. Compliance Packaging:

1 2 3	Compliance packaged medication can not be repackaged more than once for the same patient when lot numbers & expiry dates are not tracked and the pharmacy uses a heat seal method	MPhA S of P Compliance Packaging section G 1.26 & 1.27
1 2 3	The medication can be repackaged for the same patient until the expiry date of the medication, when the lot number and expiry date are tracked and a cold seal system has been used.	
1 2 3	Compliance Packaged medication CAN NOT be repackaged for a different patient.	
1 2 3	The pharmacy must inform patient/caregivers that compliance packaging is not child resistant.	MPhA S of P Compliance Packaging s. G 1.30
1 2 3	When working with compliance packaging proper hygiene must be adhered to & a policy developed to address the needs of patients with allergies. If protective gloves are used they should be latex free.	MPhA S of P Compliance Packaging section G 1.32

13. Drug Programs Information Network (DPIN):

1 2 3	Days Supply field must be filled in and calculated using professional judgement or calculated using the maximum dose resulting in lower number of days supply.	MPhA Standards of Practice s 1.7
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1 2 3	<p>When accessing the patient profile in DPIN without the dispensing of a prescription on the same day a pharmacist must:</p> <ul style="list-style-type: none"> • Confirm identity of person requesting access and their authority to do so. • Clarify the inquiry with respect to patient care • Document the name of the person and reason for inquiry • Retain this information for a period of 2 years <p>There is no need for special documentation when the DPIN profile is accessed during the dispensing of prescriptions for the patient.</p>	MPhA Standards of Practice section 1.7
1 2 3	Where the critical patient care codes MY and MZ are returned by the DPIN the pharmacist must intervene and document the interventions on the DPIN and the patient's record in the pharmacy.	MPhA Standards of Practice section 1.7.3
1 2 3	If a DPIN review or other information reveals an intervention is critical to patient care or results in a change in the prescription the pharmacist must document the action taken in DPIN and the patient's record in the pharmacy.	MPhA Standards of Practice section 1.7.4
1 2 3	If a patient is receiving medication that is excessive or inconsistent with good medical care and the pharmacist has tried to consult with the prescriber(s) with an unsatisfactory response. The identity of the patient and the circumstance are forwarded in writing to the MPhA	MPhA Standards of Practice section 1.7.5
1 2 3	For Residential Care Homes (not PCH), all medication must be individualized for each patient and authorized in advance by either the physician or pharmacist.	MPhA Standards of Practice section 1.8
1 2 3	Part 2 EDS decisions made by a pharmacist are documented in the patient's record and/or on the prescription.	MPhA Standards of Practice, Community, s. 1.35 m.
1 2 3	Prescriptions prepared for a patient but not yet in the possession of the patient needs to be electronically reversed prior to the 28 day deadline required by Manitoba Health.	MB Health Policy

Patient Care:

MPhA Community Standard of Practice #2: Patient Counselling

- A pharmacist shall promote the safe and effective use of medication by educating patients about their drug therapy.

MPhA Community Standard of Practice # 3: Drug Information Service

- A pharmacist shall provide accurate, unbiased, pertinent drug information.

NAPRA Model Standards of Practice for Canadian Pharmacists (MSP) #1 – Practising Pharmaceutical Care

- Pharmacists in partnership with patients and other health care providers, use their unique knowledge and skills to meet patient's drug related needs and to achieve positive patient outcomes by maintaining or improving the patient's quality of life.

NAPRA Model Standards of Practice for Canadian Pharmacists #2 – Provide Drug Information

- Pharmacists assume responsibility for information retrieval, evaluation and dissemination to ensure safe and effective provision of pharmaceutical care to promote health.

14. Patient Counselling – Drug Information – Documentation

1 2 3	<p>The pharmacy has a patient medication profile system to assist in counselling and the monitoring of patient compliance with their treatment plan. The system should to be able to record:</p> <ul style="list-style-type: none"> • Name, address, telephone number, date of birth (age), gender • Clinical Information – allergies, disease states, interventions etc. • Medication histories • Use of relevant devices • Non prescription drug use –herbal, homeopathic etc • Use of tobacco, non medical drugs and alcohol • Laboratory results • Non safety vial requests 	MPhA Community Standards of Practice s 2.1 and section H
1 2 3	<p>Prior to the release of all medications, new and repeat, patient counselling is provided by a pharmacist, pharmacy student or Intern in compliance with the Counselling Standard.</p>	MPhA Community Standards of Practice s 2.2 and s 3.2
1 2 3	<p>Patient counselling for new prescriptions contains at a minimum:</p> <ul style="list-style-type: none"> • Confirmation of the patients identity • Confirmation of the medication being dispensed. (Show & Tell) • Confirmation of the prescribed dosage regime • Importance of compliance and what to do if a dose is missed. • Instructions to achieve the intended therapeutic response including: <ul style="list-style-type: none"> ○ Common side effects and what to do if present ○ significant drug interactions ○ Activities to avoid ○ Special storage requirements ○ Prescription refill information 	MPhA Community Standards of Practice s 2.2 & 2.3
1 2 3	<p>Patient counselling for prescription repeats is conducted but the contents may be modified to the professional discretion of the pharmacist. Pharmacists are encouraged to address:</p> <ul style="list-style-type: none"> • Changes in dosage regimes • Compliance and efficacy • Presence of adverse effects 	MPhA Community Standards of Practice s 2.4
1 2 3	<p>For patients with language or communication difficulties, the pharmacist will use any reasonable means to comply with The Patient Counselling Standard</p>	MPhA Community Standards of Practice s 2.2, s 2.9
1 2 3	<p>Only a pharmacist, student or intern under the supervision of a licensed pharmacist may handle drug information requests.</p>	MPhA S of P, Drug Information Service s. 3.2
1 2 3	<p>The pharmacist shall evaluate the patient’s understanding of the counselling through appropriate questioning or follow-up.</p>	MPhA Community Standards of Practice s 2.10
1 2 3	<p>Counselling refusals are documented.</p>	MPhA Community Standards of Practice s 2.8

1 2 3	<p>There is ongoing documentation of interventions recorded in the patient's profile that include:</p> <ul style="list-style-type: none"> • Possible & actual drug interactions and adverse effects • Compliance & drug discontinuation • Changes to dosage regimen • Counselling refusals & reasons for refusing to fill • Counselling on deliveries • Change in quantity 	MPhA S of P Community #1 s. H 1.35
1 2 3	If a medication, a health care item or a medical device is delivered off premises the pharmacist makes reasonable attempts to contact the patient directly to provide counselling.	MPhA Community Standards of Practice s 2.6, 2.7 & 2.11 as well as 1.4 & 1.5 of the Drug Distribution Standard
1 2 3	In addition to the counselling printed drug information must be supplied with all new and repeat prescriptions supplied by delivery.	
1 2 3	Supplemental prescription information is supplied when appropriate (written Information, auxiliary labels) for all prescriptions, as well as NAPRA schedule 2 and 3 products	MPhA Community Standards of Practice, 1.4 & 1.5 as well as s 2.7 in Patient Counselling Standard
1 2 3	<p>Counselling of Schedule 2 and 3 products is provided in compliance with the Supplemental NAPRA Standards of Practice:</p> <ul style="list-style-type: none"> • Understand the storage requirements for schedule 2 and 3 products. • Conduct counselling patients on schedule 2 and 3 products in a confidential manner. • Assess the patient's knowledge and needs before providing advice. • Pharmacist's shall fulfill their professional obligations when recommending products, including providing: name and dose of the drug, expected length of therapy, expected benefits, adverse effects and allergic reactions, non-pharmacological measures and alternative treatment plans. 	Supplemental NAPRA Standards of Practice
1 2 3	When medication is released to a Residential Care Home prior to counselling the agent, the counselling must be conducted as soon possible.	MPhA Community Standards of Practice s 2.16
1 2 3	<p>The pharmacist shall use professional expertise and judgement in processing drug information requests, including:</p> <ul style="list-style-type: none"> • obtaining all necessary background • interpreting the drug information request • Conducting a thorough literature search • evaluating the literature in an accurate, unbiased manner • formulating a relevant and informative response • communicating the response in a verbal/written form 	MPhA S of P Drug Information Service s. 3.4
1 2 3	A pharmacist should contribute to drug literature (e.g. adverse drug reaction reporting, medication incident reporting (i.e. ISMP etc)	MPhA S of P Drug Information Service s. 3.5

1 2 3	A pharmacist must be aware of more extensive sources of information and procedures necessary to access them.	MPhA S of P Drug Information Service s. 3.7
1 2 3	Drug information services are available during regular hours of operation and where an “on call” service exists, the information is available after hours.	MPhA S of P Drug Information Service s. 3.8
1 2 3	Pharmacists need to document their due diligence on the M(3)P prescription form to comply with the Regulations. This requires checking the appropriate boxes on the form and signing the form when the prescription is filled.	Pharmaceutical Regulations s 20

NAPRA Model Standards of Practice for Canadian Pharmacists #3: Educate

Pharmacists educate individuals to support optimal patient care and to promote health

15. Educate

1 2 3	A pharmacist must maintain involvement in the education of pharmacy students/interns/residents	NAPRA SP #3
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MPhA Community Standard of Practice #5: Hours of Pharmacy Service

16. Hours

1 2 3	A Pharmacy Manager shall ensure the pharmacy hours meet the needs of the community, hospital and institution on a 24 hour basis where it is practical and necessary to do so.	Pharmaceutical Regulation s. 11
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MPhA Community Standard of Practice#7: Legal and Ethical

The pharmacy shall abide by the laws and ethical principles governing the profession of pharmacy to ensure a high level of patient care

A pharmacist must meet the responsibility and practice in accordance with the following:

- Controlled Drugs and Substances Act & Regulations
- Narcotic Control Regulations
- The Pharmaceutical Act of Manitoba, Regulations, Code of Ethics, Standards of Practice, Guidelines and Practice Directives
- Prescription Drug Cost Assistance Act
- All other regulatory requirements of pharmacy practice (e.g. The Protection for Persons in Care Act)
- Food and Drugs Act & Regulations
- PIPEDA
- Personal Health Information Act (PHIA)

A pharmacist must exercise professional judgement in the application of legal and ethical requirements

17. MPhA Code of Ethics:

1 2 3	Advertising relating to prescriptions or professional services is not misleading, undignified, in bad taste, inaccurate, superfluous or claim superiority over other pharmacies.	Code of Ethics s 14
1 2 3	Drug price advertising is compliant.	Code of Ethics s 14 (5)
1 2 3	Pharmacists do not delegate responsibilities requiring professional judgement except to another pharmacist.	Code of Ethics s 9

MPhA Community Standard of Practice #9: Medication Error

A pharmacist shall expeditiously correct and properly document all dispensing errors, incidents and discrepancies.

18. MPhA Medication Error Standard

1 2 3	Medication incidents are given priority over any other non-emergency tasks and duties the patient is contacted at once, and in the event the patient can not be contacted, every effort is made to locate the patient.	
1 2 3	<p>Provision has been made for medication incidents (patient health potentially compromised) to be given priority over any other non-emergency task or duty and the following process undertaken:</p> <ul style="list-style-type: none"> • The patient is contacted as immediate as possible and advised of the incident • The prescribing physician is advised of all medication incidents. • After each medication incident or discrepancy, the dispensing procedures are reviewed and changed to prevent a reoccurrence • All errors or incidents are documented on a numbered incident report form and in an incident/discrepancy pharmacy logbook • Provision has been made for the reporting of all errors to the pharmacy manager • Medication discrepancies are entered into a log book at the pharmacist's discretion. • The Pharmacy Manager reviews the log book as part of a policy of continuous quality improvement. 	MPhA Community Standards of Practice s. 9
1 2 3	To prevent the re-occurrence of medication incidents/discrepancies, strategic changes are implemented when an error occurs.	
1 2 3	All medication incidents and discrepancies are reported to the Institute for Safe Medication Practices - Canada (ISMP-Canada) to assist in preventing their re-occurrence in other practice sites. Medication incidents and discrepancies may be reported in confidence (anonymously, if preferred) to ISMP-Canada either online on their website at www.ismp-canada.org or by phone at 1-866-544-7672.	ISMP Canada
1 2 3	The ISMP Community Self Assessment posted on the ISMP Canada website at http://www.ismp-canada.org/amssa/amssainst.htm is being completed at least once every 2 years.	ISMP Canada and recommended

NAPRA Model Standards of Practice for Canadian Pharmacists #6: Undertake Research. 19.

19. Research (Optional)

1 2 3	Pharmacists apply the principles of scientific inquiry to address pharmacy practice issues.	NAPRA MSP # 6
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Internet References:

- http://www.napra.org/pdfs/practice/model_std_practice/MSPCP-Nov2005.pdf
- <http://www.napra.ca/practice/standards/SupplementalStandardsofPracticeIIandIII-June2005.pdf>
- http://www.napra.org/pdfs/practice/pharmacy_compounding/Guidelines_to_Pharmacy_Compounding_Oct2006.pdf

Notes for discussion or comment:

Optional Worksheet – Library References

Interaction References for Drugs, Herbs, Nutraceuticals	Version/Publication Date/URL
Informational References for Drugs, Herbs, Nutraceuticals	Version/Publication Date/URL
Counselling References for Drugs, Herbs, Nutraceuticals	Version/Publication Date/URL
Geriatric References	Version/Publication Date/URL
Paediatric References	Version/Publication Date/URL
Prenatal and Maternal References	Version/Publication Date/URL
Natural Products/Herbals	Version/Publication Date/URL
Medical Dictionary	Version/Publication Date/URL
Non Prescription Drugs	
Other References as Dictated by the Style of Practise	Version/Publication Date/URL