

Change of Designated Manager (DM) Form for Community Pharmacies

A change in Designated Manager will be reflected on the pharmacy's public register record upon the College receiving both pages of the completed and signed form. Note that pharmacist owners/directors automatically assume responsibility in the absence of a Designated Manager.

Workplace Information			
A	Owner/Corporation Name:	Accreditation Number:	
	Pharmacy Name:		
	Address:	STREET ADDRESS	CITY

Designated Manager (DM) Information			
B	Name of New DM:	OCP Number:	
	Email Address (required):	Effective Date of Change:	
	Name of Previous DM:	OCP Number:	
	Will the previous DM continue to work at this pharmacy?		Yes No

Director Authorization		(All director names and signatures are required)	
C	Name	OCP Number (if applicable)	Signature
	1)		
	2)		
	3)		
	4)		
	5)		
NOTE: The College must be notified of any changes to the Director or Shareholder structure of the corporation. Please refer to the Corporate Amendments section of the website for more details.			

The Role of the Designated Manager		(continued on page 2)
D	A Designated Manager (DM) is a pharmacist in Part A of the register who is designated by the owner of the pharmacy as the pharmacist responsible for managing the pharmacy. While the College holds all its registrants accountable for their practice, Designated Managers carry additional responsibilities related to their role. The DM accepts the same accountability and responsibility as the owner and corporate directors for ensuring that the pharmacy conforms to the requirements set out in the <i>Drug and Pharmacies Regulation Act</i> and Regulations, which govern the accreditation, ownership, and operation of pharmacies.	
	The College's Designated Manager (DM) e-Learning module provides an overview of the key responsibilities of a DM. It is recommended that new Designated Managers access it to have a better understanding of their responsibilities.	

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The Role of the Designated Manager

(continued from page 1)

As the Designated Manager of the pharmacy, please indicate your acknowledgment of the following statements by initialing in each box and signing below:

- ☐ Before starting the role of DM, I will:
- Review the [standards and expectations](#) of the Assurance and Improvement in Medication Safety (AIMS) Program
 - Review [The Responsibilities of a Designated Manager for the AIMS Program](#) e-learning module
 - Review the [regulations and operational requirements](#) for the profession and the business as well as the policies and procedures that are in place at the pharmacy
 - Conduct a full inventory and reconciliation of all narcotics, controlled drugs and targeted substances. This count can be used for future reconciliations.
 - Review past assessment history which should be discussed with the owner. If the assessment reports are not available to review, once the change in DM has occurred with the College, previous assessment results are available to the DM through their online account.
- ☐ The DM is accountable for the following pharmacy functions:
- Professional Supervision of the Pharmacy
 - Facilities, Equipment, Supplies and Drug Information
 - Record Keeping and Documentation
 - Medication Procurement and Inventory Management
 - Training and Orientation
 - Safe Medication Practices
 - Assurance and Improvement in Medication Safety (AIMS) Program
- ☐ I declare and certify that I will not allow business interests and management pressures to undermine or unduly influence my pharmacy's ability to provide safe, quality care to patients as required by the Code of Ethics, Standards of Practice and Standards of Operations.
- ☐ The DM is responsible for meeting the [Standards of Operation for Pharmacies](#) and is required to be up to date with any changes to the College [policies and guidelines](#).
- ☐ The DM is required to display their certificate of registration or a [Designated Manager Certificate](#) in an area visible to the public and it is the expectation of the College that the DM actively and effectively participates in the day-to-day management of the pharmacy.

I hereby acknowledge that I have read, and I understand the Model Standards of Practice for Pharmacists, as approved by the Board of Directors of the Ontario College of Pharmacists and the policies mentioned above and I accept the responsibilities as defined in the *Drug and Pharmacies Regulation Act* (DPRA) Section 166.

☐ I agree

Pharmacy Name:		Accreditation Number:	
Designated Manager Name:		OCP Number:	
Designated Manager Signature:		Date Signed:	

Submit completed form by email to pharmacyapplications@ocpinfo.com, or fax to 416-847-8399, or mail to the attention of Pharmacy Applications & Renewals at 483 Huron St, Toronto, ON M5R 2R4