

Community Pharmacy Closing Statement

Must be filed within 30 days of a pharmacy closing

Overview

Please review the following information to understand the professional obligations of the pharmacy owner or Designated Manager (DM) ("person") when closing a pharmacy:

1. The College must be notified within seven (7) days of a permanent pharmacy closing.
 - Notices may be submitted by email to pharmacyapplications@ocpinfo.com, faxed to 416-847-8399 or mailed to the attention of Pharmacy Applications & Renewals at 483 Huron St., Toronto, ON M5R 2R4. [OCP By-Law No. 7B, s 16.4.](#)
2. This Pharmacy Closing Statement must be filed with the College Registrar within **30 days** of the closing, if not already completed for the 7 day notice. [Drug and Pharmacies Regulation Act \(DPRA\) s141.](#)
3. Every person who permanently closes a pharmacy must immediately remove all signs and symbols relating to the practice of pharmacy within or outside the premises.
 - This includes all publicly available references, including but not limited to, advertisements, webpages, media or directory listings which refer to the premises as a pharmacy or contain designated terms (i.e., "drug" or "medicine"). [DPRA s141, s147.](#)
4. Every person who permanently closes a pharmacy must remove and/or dispose of all drugs in an environmentally safe manner.
 - All non-controlled prescription and non-prescription drugs (i.e., Schedule I, II and III drugs) must be dispositioned to another accredited pharmacy, a licensed drug wholesaler, or returned to the manufacturer. [DPRA s141, s147; Food and Drug Regulations \(FDR\) C.01.043.](#)
5. Controlled substances (i.e., narcotics, controlled drugs and targeted substances) may be:
 - Sent/returned to the licensed dealer who provided, or is licensed to, destroy the substances; and/or,
 - Destroyed locally in accordance with legislation and the Health Canada [Guidance Document for Pharmacists, Practitioners and Persons in Charge of Hospitals: Handling and Destruction of Unserviceable Stock Containing Narcotics, Controlled Drugs or Targeted Substances;](#) and/or,
 - Transferred to another pharmacist in good standing with the OCP and who has not been issued a notice of restriction by Health Canada.
 - [Both](#) pharmacists must complete a physical inventory count of the substances and sign the record of this inventory transfer in accordance with the Health Canada [Controlled substances guidance for community pharmacists; security, inventory reconciliation and record-keeping.](#)
 - The receiving pharmacist must provide a signed and dated written order containing the name and address of both pharmacies, the name of both pharmacists, and the name of the controlled substances (including brand name, if applicable), DIN, form, strength, quantity (including number of containers and units per container, if applicable). [Controlled Substances Regulations, s93\(2\)](#)
 - These records must be kept for a minimum period of 2 years to allow for an audit, and made available to a Health Canada inspector upon request.
6. Patients must continue to be able to access their personal health information. Pharmacies are required to take reasonable efforts to give notice to patients before transferring their records or, if that is not reasonably possible, as soon as possible thereafter. If it is not reasonable to contact each individual, multiple means of providing notice should be adopted, such as, but not limited to: placing a notice on the pharmacy's website, leaving an outgoing message at the pharmacy's telephone number, posting a notice where members of the public can readily view it, etc. [DPRA s157; Personal Health Information Protection Act s13; OCP Guideline --Record Retention, Disclosure, and Disposal](#)
7. Patients must continue to be able to access their personal health information. Pharmacies are required to take reasonable efforts to give notice to patients before transferring their records or, if that is not reasonably possible, as soon as possible thereafter. If it is not reasonable to contact each individual, multiple means of providing notice should be adopted, such as, but not limited to: placing a notice on the pharmacy's website, leaving an outgoing message at the pharmacy's telephone number, posting a notice where members of the public can readily view it, etc. [DPRA s157; Personal Health Information Protection Act s13; OCP Guideline --Record Retention, Disclosure, and Disposal](#)

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Pharmacy Information			
A	Pharmacy Name (by which the pharmacy is known to the public):		Accreditation Number:
	Pharmacy Address		Date of Closing*:
<i>*First <u>full</u> day the pharmacy will be closed. For example, if the pharmacy closes at the end of business hours on a Friday, use Saturday's date.</i>			

Removal of Signs & Symbols Relating to the Practice of Pharmacy	
B	Date removed:
	Additional Comments:

Disposition of Controlled Substances (Check and complete all that apply)				
C	☐ Sent/returned to Licensed Dealer:		Phone number:	
	Address:	City/Town:	Province:	Postal Code:
	☐ Local destruction and disposal in accordance with Health Canada's <u>Guidance Document</u> and applicable provincial and/or municipal regulations.			
	☐ Sold/transferred to another pharmacist in accordance federal legislation and OCS requirements.			
	Receiving Pharmacist:	OCP Number:	Pharmacy Accreditation Number:	

Disposition of Prescription Drugs (Prescription Drug List, Schedule I)				
D	Name of Pharmacy or Wholesaler:		Accreditation Number:	
	Address:	City/Town:	Province:	Postal Code:
	Email:	Phone number:		

Disposition of Non-Prescription Drugs (Schedule II, III, U)				
E	Name of Pharmacy or Wholesaler:		☐ Same as Section D	
			Accreditation Number:	
	Address:	City/Town:	Province:	Postal Code:
	Email:	Phone number:		

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Pharmacy Information	
A	Pharmacy Name (by which the pharmacy is known to the public):
	Accreditation Number:

Disposition of Patient Records			☐ Same as Section D
F	Name of Pharmacy:		Accreditation Number:
	Address:	City/Town:	Province: Postal Code:
	Email:		Phone number:
	Disposition of Patient Records Agreement <i>(To be completed by the Owner/Designated Manager of the pharmacy accepting the patient records from the closing pharmacy.)</i>		
	I agree to accept the patient records, in their entirety, from the pharmacy submitting this closing statement. I acknowledge that in doing so I am responsible for making these records available to patients, the College, and the Ministry of Health, in accordance with the Drug and Pharmacies Regulation Act (DPRA) , Personal Health Information Protection Act s13 , OCP Guideline -- Record Retention, Disclosure, and Disposal , and any other applicable legislation.		
	Name of Owner/Designated Manager accepting custody of patient records:		OCP Number:
Signature:		Date:	
Email:		Phone number:	

Closing Statement Completed by	
G	Name of Owner/Designated Manager:
	OCP Number:
	Signature:
	Date:
	Email:
	Phone number:

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