

Pharmacy Connection

Official Publication of the Ontario College of Pharmacists

2004

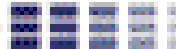
Annual
Pharmacist Fees
Due March 10, 2004

January/February 2004

Documentation Guidelines for Pharmacists 2004



district meetings



2004

see page 16

Council Members

Council Members for Districts 1-17 are listed below according to District number. PM indicates a public member appointed by the Lieutenant-Governor-in-Council. DFP indicates the Dean of the Faculty of Pharmacy, University of Toronto.

- 1 Marie Ogilvie
- 2 Elaine Akers
- 3 Remi Ojo
- 4 Reza Farmand
- 5 Larry Hallok
- 6 Philip Emberley
- 7 Leslie Braden
- 8 Iris Krawchenko, *President*
- 9 Larry Boggio, *Vice-President*
- 10 Gerry Cook
- 11 David Malian
- 12 Peter Gdyczynski
- 13 Donald Stringer
- 14 Stephen Clement
- 15 Gurjit Husson
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- 17 Shelley McKinney
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- PM Dean French
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- PM Christina Weylie
- DFP Wayne Hindmarsh

Statutory Committees

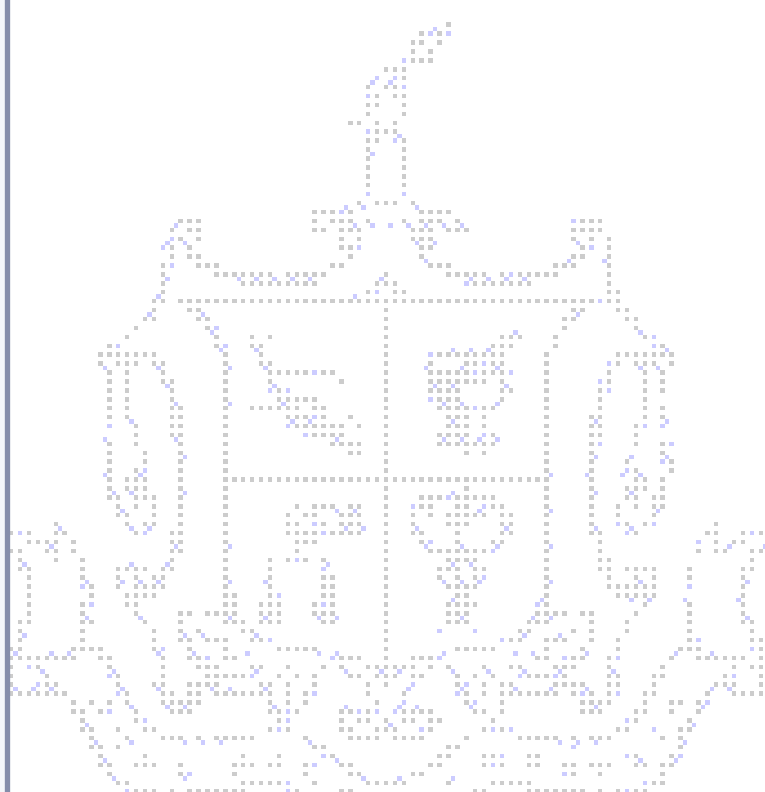
- Executive
- Accreditation
- Complaints
- Discipline
- Fitness to Practice
- Patient Relations
- Quality Assurance
- Registration

Standing Committees

- Finance
- Professional Practice

Special Committees

- Communications
- Standards of Practice Working Group
- Structured Practical Training
- Task Force on Optimizing the Pharmacist's Role
- Working Group on Certification Examination for Pharmacy Technicians
- Working Group on Pharmacy Technicians



ONTARIO COLLEGE OF PHARMACISTS

MISSION STATEMENT

The mission of the Ontario College of Pharmacists is to regulate the practice of pharmacy, through the participation of the public and the profession, in accordance with standards of practice which ensure that pharmacists provide the public with quality pharmaceutical service and care.

MENTORS NEEDED

For International Pharmacy Graduate Students

You Can Help!

Nearly 100 Ontario Pharmacists have become Mentors to IPG students. Please join us to share your experiences and expertise with students in the *International Pharmacy Graduate Program*.

Contact **Bill Dingwall, B.Sc.Pharm.**
Mentorship Co-Ordinator, IPG Program
416-946-8334 or
ipg.phm@utoronto.ca

The logo for the International Pharmacy Graduate Program (IPG) features a globe with a caduceus (a staff with two snakes) superimposed over it. The text "International Pharmacy Graduate Program" is written below the globe.



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Pharmacy Connection

The objectives of *Pharmacy Connection* are
 to communicate information on College
 activities and policies; encourage dialogue
 and to discuss issues of interest with phar-
 macists; and to promote the pharmacist's role
 among our members, allied health
 professions and the public.

We publish six times a year, in January, March,
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 reprinting must include the author's name,
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 expressed in this publication do not neces-
 sarily represent the views or official position
 of the Ontario College of Pharmacists.

EDITOR'S MESSAGE



*Della Croteau, R.Ph., B.S.P., M.C.Ed.
Deputy Registrar/Director of Programs*

This first edition of *Pharmacy Connection* for 2004 contains new documentation guidelines to assist pharmacists in keeping records and promoting continuing care for their patients. Pharmacists have traditionally been very good record keepers when dispensing prescriptions, but as we move forward to more cognitive services it is becoming more and more

... as we move forward to more cognitive services, it is becoming more and more important for pharmacists to document dialogue and other information.

important for pharmacists to document dialogue and other information.

The Standards of Practice Working Group mentioned documentation several times in the current *Standards of Practice*. In response to queries from pharmacists about what and how to document, the Working Group has developed these guidelines to assist you.

These guidelines are timely as the College's president has recently formed a task force to determine ways to optimize the pharmacist's role. If pharmacists are to provide more cognitive services, and receive recognition and reimbursement for those services, documentation is imperative. Even now, continuity of care is being greatly enhanced when pharmacists document their interactions with patients, physicians and other health care providers.

Documentation will make issues clear for the next pharmacist accessing the patient's profile or even for the same pharmacist if he/she is trying to recall interactions which occurred weeks or months ago.

Regular documenting will be a challenge for many pharmacists as we are all used to giving advice to one patient, then quickly moving on to help the next. Discuss documentation with your colleagues and find ways or new structures that will help you remember

and easily document the key information necessary to continuity of care that you exchange with your patients.

The task force is considering the role of the pharmacist in monitoring drug therapy and collaborating with physicians and other health care providers. If this happens, we will have a new level of access to patient records

and information around symptoms and diagnosis that will help our practices become that much more effective. But access to more information will in turn necessitate that we better document key information, our recommendations for improving outcomes, the actions that we take, and the outcomes of the therapy.

The Standards of Practice Working Group is releasing these guidelines knowing that pharmacists will need time to become comfortable with regular practice of documenting interactions and recommendations. The Working Group trusts that these documentation guidelines will be embedded into the *Standards of Practice* — as an integral standard for all pharmacists.

UPCOMING DISTRICT MEETINGS

You will also see on page 16 that Council is planning cross-province district meetings starting in March and running until June. I hope to have the opportunity to meet many of you and to discuss the current topics affecting our profession. 📍

I wish you the best for 2004.

P R E S I D E N T ' S M E S S A G E



*Iris Krawchenko, R.Ph., B.Sc.Pharm.
President*

I am honoured to welcome you and offer my greetings as the president of the Ontario College of Pharmacists for 2003-2004.

Over my many years at the College I have come to believe that, as a governing body, we should take a strong

We must embrace the current challenges and the opportunities they afford to help improve health care services for the benefit of all the Ontarians.

position in exploring how we can optimize the pharmacist's role in our over-burdened health care system. We must embrace the current challenges and the opportunities they afford to help improve health care services for the benefit of all Ontarians.

Spurred by a strong belief that more can be done, I have taken the initiative of assembling a group of dynamic practitioners from across the province to

form a task force. The *Task Force on Optimizing the Pharmacist's Role* is mandated to explore ways of optimizing the pharmacist's role within the current scope of practice as well as investigating various models of an expanded scope of practice. The task force will ascertain what, if any, legislative changes would be required to implement these recommendations.

Building on the tremendous research of organizations such as CPhA, OPA and other provincial initiatives, the task force will make their recommendations to the Executive Committee, which in turn will report to Council. Ultimately, Council decisions will be forwarded to the Ministry of Health and Long-Term Care with a request for implementation.

With the recent election of a new provincial government and a new minister of health, I believe that we have the opportunity to advance bold

new ideas for optimizing the pharmacist's role in health care. Today's pharmacist is well positioned to complement other health professionals in an overburdened system and to help enhance health services for the Ontarians.

At our initial meeting this past November, the task force enthusiastically embraced its mandate and began this important and challenging work.

It is our hope that much of the task force's preliminary findings will be presented to you at our upcoming district meetings this spring.

I thank the members of the task force for undertaking this important responsibility and for their dedication, time and insight. 📧

The Members of the task force are:

Iris Krawchenko, Chair
Steve Flexman
Anthony Gagnon
Wayne Hindmarsh
Mark Kearney
Paul Murphy
Anne Resnick
Marita Zaffiro
Della Croteau, Staff Resource



DECEMBER 2003

COUNCIL APPROVES PROFESSIONAL DESIGNATION FOR PHARMACISTS

The College has frequently and increasingly been requested to consider the issue of using a professional designation for pharmacists. Currently, pharmacists are the only regulated health professionals without such a designation. In view of the diverse degree designations used by pharmacists graduating from the various universities across Canada and internationally, Council agreed to the implementation of the designation **R.Ph.** (Registered Pharmacist) and **Ph.A.** (pharmacien autorisé or pharmacienne autorisée) for licensed pharmacists in Ontario.

Members of the College licensed either in Part A or B of the Register will be able to use this professional designation. Council members and staff have begun to use the designation and we will notify the general membership once a trademark for this designation has been obtained.

CHANGES TO THE FITNESS TO PRACTISE COMMITTEE COMPOSITION

Council has approved changes to the by-laws respecting the composition of the Fitness to Practise Committee. The by-laws previously prescribed the exact numbers of elected and public members of council and non-council members that could serve on this committee. The new changes, aimed at providing flexibility, add the words "at least" before the prescribed numbers. While the size of the overall "pool" will increase, the composition of the Fitness to Practise panels, as set forth in the *Regulated Health Professions Act*, will not change.

COUNCIL ADOPTS PRIVACY CODE

The College's activity respecting privacy legislation was published in the November/December 2003 issue of *Pharmacy Connection*. At the December Council meeting, Council reviewed and agreed to adopt a voluntary privacy code which was jointly developed by the Federation of Health Regulatory Colleges of Ontario and amended to incorporate specific requirements of the OCP. Given that College operations are not captured by the federal *Personal Information Protection and Electronic Documents Act*, adoption of this Code represents the College's support for the spirit of the privacy legislation and the fair information practices that it underscores.

Although the Privacy Code has minimal impact on the College, Council or administration, it does require that policies and procedures are formalized in a number of areas, i.e. records retention and security reviews. It is anticipated that forms and brochures will be created to inform various member stakeholders of the College's policies respecting collection, use, disclosure, access, destruction and retention of personal information. These personal information management policies and procedures will also be posted for the College's website and can be obtained from the College Privacy Officer at 416-962-4861 x 263 or by email at privacyofficer@ocpinfo.com.

REVIEW OF ADVERTISING REGULATION AND RELATED ISSUES

Council agreed to strike a subcommittee of the Professional Practice Committee to review the current advertising regulations and related issues respecting prescription services such as inducements, soliciting and waiving of co-payments. Any recommended actions respecting these issues will be presented to Council for its consideration and decision over the next year.

TASK FORCE ON OPTIMIZING THE PHARMACIST'S ROLE

The College president recently struck the new Task Force on Optimizing the Pharmacist's Role. The Task Force's aim is to examine ways of optimizing

the practice of the profession and to determine where pharmacy practice should be in the next five to ten years. Consisting of a group of practitioners from around the province and chaired by President Krawchenko, the Task Force developed the following *Terms of Reference* which were approved by Council:

- 1) To document the changing roles of pharmacists in Ontario
- 2) To determine where pharmacy practice should be in Ontario in the next 5-10 years
- 3) To determine the impediments to reaching this vision
- 4) To develop short and long term goals to reach optimal practice of the profession in evolving health care models
- 5) To make recommendations to the Executive Committee on optimizing the pharmacist's role ... for the benefit of the public of Ontario

MUTUAL RECOGNITION AGREEMENT REVIEW

In keeping with the terms of the agreement, a review of the Mutual Recognition Agreement (MRA) for Pharmacy in Canada was held in mid-October. All provinces, excepting Québec, the Yukon and Northwest Territories, are signatories to the current agreement. The meeting was coordinated through the National Association of Pharmacy Regulatory Authorities (NAPRA) and facilitated by two external facilitators.

While concerns continue to exist

respecting inconsistent implementation of structured practical training and fluency requirements for internationally trained pharmacists, as well as issues of continuing competence and resumption of practice, it was unanimously agreed, that the current MRA is sound and that no significant revisions are needed at this time. All provinces continue to retain the ability to impose additional requirements for licensure in situations where a candidate is deemed not to have met that jurisdiction's requirements. Periodic reviews of the MRA will continue, as will joint discussions on unresolved issues.

MEASURING THE IMPACT OF THE POINT OF CARE EDUCATION PROGRAM


In June 2003, the Communications Committee commissioned an Ipsos-Reid public poll and the results of this survey were shared with Council. The findings are very positive and illustrate that the College is on its way to reaching its public awareness targets for 2005. For example:

- 68% of the Ontario public indicated they had seen, read or heard of the College
- 33% indicated they had seen the *Point of Care* symbol (a majority of these knew that it was related to pharmacy)
- 5% of the public had aided recall of seeing the *Point of Care* TV ad (with a majority considered it credible and informative)

These results represent very effective exposure given that the commercial has only been aired for one eight-week flight. The commercial will be aired again for 13 weeks both in 2004 and 2005.

A more comprehensive analysis of the survey will be published in the next issue.

DRUG AND PHARMACIES REGULATION ACT AND PROPRIETARY MISCONDUCT REGULATIONS

In December 2001, Council considered amendments to the DPRA in anticipation from the Ministry that it would reopen the Act in 2002. The proposed changes to the DPRA were published for member comment in the summer of 2002. At the December 2003 session, Council received, for information, the comprehensive package (including the original proposals and some "housekeeping" changes) that will be forwarded to the government early in 2004. 

Documentation Guidelines for Pharmacists 2004



Leslie Braden, R.Ph., B.Sc.Pharm.
Chair, Standards of Practice Working Group

“Simply documenting will not guarantee that the process will contribute to continuity of care...”⁽¹⁾

Documentation is a key element of every health professional's standard of practice. It is an integral activity for physicians, nurses, and other health professionals involved in direct patient care. As pharmacists, it is also important for us to document our actions and dialogue with patients and/or their health providers, as it provides evidence of our contribution to patient care. Documentation also enhances our contribution to other members of the health care team.

Only in recent years has documentation received recognition as an important function of pharmacy practice. Now documentation is recognized as a critical component of the *Standards of Practice*. *Operational Components 1.5, 1.7, and 1.8.2*, identify situations where documentation is required when filling a prescription. *Operational Components 4.3.1, 4.3.2, and 4.4.4* highlight the importance of documentation during non-prescription drug interventions.

Our goal for these guidelines is to establish our expectations for documentation in Ontario pharmacy practice. While the range of pharmacists' documentation skills vary from minimal to extremely sophisticated, these guidelines are intended to help pharmacists to further develop these skills and processes as well as provide enhanced awareness.

These guidelines are intended to provide basic documentation expectations which will be the foundation on which future expectations will be based. Depending on the practice setting, more detailed documentation may be required than is set out in these guidelines.

SCENARIO 1:

A patient was receiving Atenolol 100 mg daily. When the patient returned to the pharmacy for a refill, the pharmacist noted that the patient appeared to be non-compliant as it was almost 190 days since the last refill. The patient explained that his physician had reduced the dosage to 50 mg daily. The pharmacist documented this explanation, and when the request for a renewal was made, the correction of the dosage was verified and documented. As a result, any pharmacist that fills a future renewal can be confident of the accuracy of the change and will be able to ensure that their follow-up dialogue with the patient is focused on the change in dosage.

SCENARIO 2:

The patient has always had Erythromycin/Macrolide allergy on their record. The patient has a prescription for Biaxin® and in discussion with the pharmacist, reveals that once in the past he had a small amount of nausea after taking an erythromycin product. The allergy notation was removed and a patient note line was entered reporting the removal of the allergy note. It also explained that mild nausea occurred after taking erythromycin stearate; also noted was the date the pharmacist received and noted this information.

(1) Bayliff, Pharm D. "Documentation of Pharmaceutical Care in the Health Record"

Documentation Guidelines for Pharmacists 2004

PREAMBLE

Documentation should serve as your record of the critical thinking and judgement you used and to describe events or discussions that you have had with your patients and their caregivers. It will also help you and other members of your pharmacy team provide better patient care.

It is important for you to note that you are creating a permanent health record every time you document. The following guidelines are designed to *help* (rather than dictate) how you can develop consistent rules and methods for documenting.

Documentation establishes accountability and responsibility for professional activities. It is a key component in demonstrating how you exercise your professional judgement.

Documentation should contribute to continuity of care and should be organized in such a way that the patient's needs, the pharmacists' actions, and patient outcomes are accurately described.

GUIDELINE 1

Documentation must be accurate and true. It should be clear, concise, and patient focused, including:

- Date
- Identification of person(s) involved
- Clear identification of the documenting pharmacist
- Patient condition or concern
- Patient history summary and their care plan if it is developed. (*The record should acknowledge whether a care plan was available. In some instances, a care plan may be part of the patient record. If this is the case, you should acknowledge this fact in the documentation.*)
- Information provided to or received from other caregivers
- Collaboration undertaken with other caregivers, including outcomes and/or proposed courses of action
- Pharmacist's assessment, interventions, and recommendations where professional judgement was exercised

- Clear and established abbreviations that are common to all health care professionals
- Generic drug names, unless recording the brand name is required to avoid confusion

GUIDELINE 2

Documentation should not contain unfounded opinions or conclusions.

Whenever drawing conclusions or making recommendations, supporting data should be recorded. (*Unfounded observations, speculation or opinions should be avoided.*)

GUIDELINE 3

Documentation should be completed promptly after providing care. It should be well organized and chronologically recorded.

GUIDELINE 4

All documentation must be legible and non-erasable. Written entries should be made in ink, not in pencil. Electronic entries should be non-alterable.

- Changes to any recorded information should include the source of the information to allow a complete audit trail
- In a manual record, cross out errors with a single line and initial
- Notes should not be deleted or removed from any files or records

GUIDELINE 5

Documentation must be kept confidential and be readily retrievable.

- Protect information from unauthorized access
- Establish a policy on information access in compliance with the *Code of Ethics* and privacy legislation
- Ensure the security and confidentiality of information that is transferred or released

PRINCIPLES OF DOCUMENTATION

Identifying a patient problem or need and determining or anticipating appropriate outcomes are the foundation of documentation.

The following questions form the basic principles related to documentation. These are also based on the expectation that anyone reading a documented record should be able to easily and clearly determine:

- What happened?
- To whom did it happen?
- Who made it happen or what caused the event?
- When did it happen?
- Where did it happen?
- Why did it happen?
- What was the outcome of the actions that were taken?

While the level of detail necessary for documenting will vary depending on each situation, it is not always necessary to apply all the principles, all the time. Pharmacists should keep documentation concise by only documenting what is important and avoiding extraneous information.

WHAT SHOULD I DOCUMENT?

There are many opportunities in the course of your daily practice where documentation is beneficial (discussions with other health care professionals, agents, financial institutions, third parties, suppliers, etc.). Although the *Guidelines for Documentation* can be used at any time, the College is starting its focus on two general categories: a) Patient Specific and b) Prescription Specific.

1. Patient Specific*

a) Actual or potential drug related problems arising from both prescription and non-prescription medications

**Operational Components 1.2, 1.5, and 1.7, of the Standards of Practice 2003 identify the expectations for documentation by pharmacists.*

SCENARIO 1:

A pharmacist received a new prescription for a young woman for Wellbutrin® 150 mg., M: 90, Sig: iii tabs daily. When the pharmacist dialogued with the patient, the patient explained that she has been taking three tablets

every morning for several months, from another pharmacy. Since the patient was going to return to pick up the prescription, the pharmacist had time to call the drug information centre, the manufacturer, and the physician to confirm the dosage. The doctor confirmed that the dose was accurate and that the patient could continue taking all three tablets together, although 1 q8h would be preferable. The pharmacist documented the following in the note section: “confirmed Wellbutrin® dosage (3 qam) with Dr...., DIRC, GSK, and the patient today. See original prescription #xxxxxx for more detail.”

This documentation provides concise accurate information to any pharmacist who will fill or refill a prescription in the future.

SCENARIO 2:

When you cannot reach or talk to someone. It is Friday night at 7:30 when a discharged hospital patient presents himself to the pharmacy with a prescription for Atenolol with no strength indicated. Patient history reveals that the patient was previously on hydrochlorothiazide 50mg but the patient cannot remember whether he was to discontinue or continue the

hydrochlorothiazide. It is likely that the pharmacist would attempt to call the doctor and contact the hospital, and also speak to the patient. Whether a prescription or other medication is dispensed would depend on the professional judgement of the pharmacist as a result of the interaction that would take place.

Whatever the outcome of this interaction, the important element here will be the documentation provided in support of the final decision. The documentation should be recorded in a way that ensures another pharmacist can clearly understand what transpired and what actions were necessary.

b) Recommendation(s) for changes to drug therapy, dosage, duration and/or route of administration

Documentation should encompass pertinent discussions with the patient and prescriber/health care provider.

- Patient education
- Contact information or activity
- Any communication which occurred or was attempted
- Information regarding drug use that is deemed important to patient care
- Drug or patient information pertinent to the situation

SCENARIO 1:

When refilling a prescription for Lipitor® 40 mg, the pharmacist asks the patient why the 90 tablets lasted for six months when the directions were “1 tab daily”. The patient said the doctor told him to cut the tablets in half so the prescription would last longer and save money. After explaining to the patient and physician why this is not a recommended practice, the pharmacist documented these facts in the note section of the computerized patient record for future reference: “Contacted Dr..... today re: cutting Lipitor 40 mg in half; wants patient to continue as blood work results are fine.”

SCENARIO 2:

While the pharmacist was demonstrating the proper technique for using a Flovent® inhaler, the patient stated that the inhaler was to be sprayed directly into the nostrils, not the mouth. Upon verifying these instructions with the doctor, the following documentation was added to the

note section in the profile: “Verified with the doctor that patient is to use Flovent in the nose as directed”.

Documentation should clearly identify the situation, an analysis of the situation, the outcome of actions taken, the patient's understanding of the situation, then a plan of action to resolve the situation, following up on actions to be taken, responsibilities for actions to be taken and final resolution to close documentation.

2. Prescription Specific

a) Legislative requirements (reduced quantities, no sub etc.)

SCENARIO 1:

A patient has just brought a prescription in for 180 tablets of Losec® 20mg. He cannot pay for this quantity and may not use all the tablets. He asks the pharmacist if he can have only 30 at a time. The patient must sign or initial the request to dispense less than the authorized quantity (DIDFA s.9) on the prescription. Although not required, it is recommended that the pharmacist also document the reason for the reduced quantity.

b) Prescription clarification (dosage, drug etc.)

SCENARIO 2:

A patient brings in a new prescription for Atenolol 12.5mg daily. On reviewing his history, you notice that he has been receiving Atenolol 25mg. Upon questioning the patient, all he can recall is that he saw the doctor for a regular check up and the doctor wants him to continue taking his Atenolol once a day and can't remember if the doctor changed the dosage.

Upon checking with the doctor, the doctor did reduce the patient's medication. The pharmacist should document that the physician was called and the dosage verified. In addition, the dialogue with the patient should be documented to indicate the patient was informed and understood that they will only be taking half a tablet.

DOCUMENTATION STYLES

The Committee thanks Dr. Zubin Austin for his contribution to this section.

A range of documentation styles are acceptable: these include unstructured notes, semi-structured notes, and systematic records using established codes. Each style has certain advantages and disadvantages. Pharmacists must exercise professional judgement in choosing and consistently using a specific documentation style which is most appropriate, effective, and efficient in each situation and practice setting.

1. **Unstructured notes** are free-form records of patient encounters and care. These notes must, at a minimum, be dated and signed, and should conform to general conventions of appropriate language use (employ correct grammar, punctuation and avoid unnecessary abbreviations or short forms, etc.). The advantages of unstructured notes are that they can be quickly written and can provide an "impressionistic" overview of a situation. Disadvantages of unstructured notes are that they are often incomplete, lack consistency, and have limited value as communication with other health care providers.
2. A variety of **systematic documentation systems** have been proposed for pharmacy; such as SOAP and FARM. These acronyms refer to the general categories of information which are documented: SOAP information is documented under the categories of Subjective (findings), Objective (findings), Assessment, and Plan. FARM

categories are Findings, Assessment, Recommendations, and Management (and follow-up).

Both systems are well recognized and widely used. Systematic documentation has the advantage of encouraging completeness and consistency, as well as improving organization of thought. However, in some circumstances, such documentation can prove to be time-consuming, onerous and confusing (particularly if a pharmacist is unclear as to how to categorize certain types of information).

3. **Semi-structured** approaches use a blend of both systematic and unstructured documentation systems. In these approaches, pharmacists may complement a SOAP or FARM note with additional free-form text to either provide more in depth information or to provide unusual and important details that may not be easily categorized elsewhere. Semi-structured notes can have the same advantages of both unstructured and structured notes, although they often take more time to compose, and may not be as clear and consistent as structured notes. Structured notes may be most appropriate in circumstances where monitoring and follow up are required. Semi-structured or unstructured notes may be more appropriate where general impressions are noted, but no specific action on the part of the pharmacist is required at the time. 📄

DOCUMENTATION

Q&A



*Greg Ujiye, R.Ph., B.Sc.Pharm.
Manager, Pharmacy Practice Programs*

Q When should I document?

Pharmacists should document specific or important information when providing care for patients. The information should be relevant to the continuity of care and could be clinical in nature or notes of communication with other providers. Information should also be documented when you exercise professional judgement. You should also consider documenting situations where questions may arise in the future (e.g. third-party plans).

Q What should I document?

Information that is relevant to the care of the patient should be noted. This can include specific advice that you have given to the patient or other health care professionals and specific information received from those individuals relevant to care. While the diagnosis may not be available, a patient's condition or reason for treatment may prove more pertinent. Documenting relevant information that cannot be confirmed may also be a wise practice.

Q Where should I document?

Depending on the situation, documentation can be made on:

- The prescription hard copy whenever the information is

relevant to that order (i.e. authenticity of prescription, question of dose, etc.)

- A patient screen on your pharmacy computer program (i.e. allergy, referral to physician prior to next refill, etc.); or
- In a manual patient filing system where other cognitive services may be documented

Q What do I document if I have concerns about a prescription?

Every pharmacist is ultimately responsible for his/her practice and you can refuse to fill a prescription if you believe the patient can be harmed. Contact the prescriber whenever you have concerns about filling a prescription. If your concerns remain and you believe the patient may be harmed, you can refuse to fill the prescription. Document the rationale for your concerns and any intervention you might have made. However, you should discuss an alternate plan with the patient and/or physician if your refusal to fill the prescription could put the patient at any risk.

Q Does the College have forms for documentation?

No. The College does not foresee developing any such form as there are many different systems for documenting. The most important point to remember is to find or develop a documentation system that works best for you, keeping in mind pharmaceutical principles and professional standards. 📄

Pharmacists' Annual Fees due March 10, 2004

Your member fee of \$522.07* is due no later than March 10, 2004. Renewal forms will be mailed to you by mid-January; please contact the College if you have not received your form by January 31.

FEE PAYMENTS

As prescribed in the by-laws, members are responsible for timely renewal and payment. Members can now pay online or by mail.

A. PAYING ONLINE

Pharmacists who pay their fees with the College's new online service (as well as make any changes to their personal information online) will not be required to sign or return the form to the College. Your online payment is equivalent to your confirmation signature. As always, your online payment must be received by March 10.

B. PAYING BY MAIL

Your signed form and payment must be received and/or postmarked by no later than March 10. (We will try to notify you prior to March 10 if there is a problem with either the form or the payment.)

Make sure your cheque is signed and made payable to the Ontario College of Pharmacists or OCP for the correct amount of \$522.07.

Postdated cheques cannot be processed early by the College, however staff can verify their receipt (call Client Services for confirmation).

NSF cheques are treated as late and incur both a late penalty fee and a \$20 NSF service charge. As well, all unsigned cheques and forms will be returned for signature.

INDICATING YOUR PREFERRED MAILING ADDRESS

We need to know your **preferred address** — whether you pay online or by mail.

In accordance with the College's Privacy Code, your preferred mailing address will only be used for College mailing purposes. Both the paper form (at bottom) and the on-screen information update form provide an opportunity for you to indicate consent to share this address with providers of accredited CE courses and for research studies. In the absence of a workplace address, all College mail will be sent to your residence until such time as a workplace address has been registered.

Include your fax number and e-mail address for faster receipt of College updates and notices.

LATE PAYMENTS

Late payments are subject to a penalty of \$107.00 (if paid within 30 days after the due date) or \$160.50 (if paid more than 30 days after the due date). This includes cheques that are received early but postdated after March 10, 2004. Late payments are not processed until the penalty has been received.

*** All fees listed above include GST**

For further information contact
Client Services at (416) 962-4861:

Roland Starr, x 237, rstarr@ocpinfo.com

Maria Beck, x 298, mbeck@ocpinfo.com

Ifrah Osman, x 230, iosman@ocpinfo.com

Save Time, Pay Online with



MEMBER EMERITUS

Any pharmacist that has practised continually in good standing in Ontario and/or other jurisdictions for at least 25 years can voluntarily resign from the Register and make an application for the **Member Emeritus** designation. Members Emeritus are not permitted to practise pharmacy in Ontario but will be added to the roll of persons so designated, receive a certificate and continue to receive *Pharmacy Connection* at no charge.

Save Time, Pay Online with



Pay your annual member renewal fees and update information online

OCP Connects is the College's new and convenient online service.

At this time, the service is available to pharmacists, students, interns, and certified pharmacy technicians. The service includes online fee payment and the ability to update personal and practice information — all offered in a secure environment digitally protected by Moneris®.

A pilot group of certified pharmacy technicians were invited to use this service to pay their fees. We would like to thank all technicians that either paid their fees or updated personal information online, and more importantly, for giving us feedback on how we could improve the usability of the site. A special thanks goes to Tara-Jean Shanahan, the first person to use the service to pay her annual fee.

OCP Connects can be found at www.ocpinfo.com. Simply click on the link and follow the instructions. (We recommend that you access the service with Internet Explorer 5.0 or higher.)

User ID

For pharmacists, students, interns and certified pharmacy technicians, your "User ID" is a combination of the first letter of your first name followed by your surname. (Celia Martinez becomes "cmartinez".)

Password

Your "password" is the *last six digits* of your social insurance number.

Note: We ask for six digits to protect your privacy. Please call the Client Services Department at 416-962-4861 if you have not provided the College with your social insurance number or if you would like to create a different password prior to using this service.

We encourage you to visit us online!



district meetings

2004

The major topic of this year's meetings will be the College's **Complaints and Discipline Processes**, as well as updates on other College activities.

A more detailed schedule (with meeting locations) will be published in the next issue, posted on our website and faxed to all pharmacies in the near future.

You do not need to register in advance, and you are welcome to attend the district meeting that is most convenient to you. As with our previous meetings, feel free to invite your pharmacy technicians to attend.

All meetings will begin at 7:00 p.m. and end before 10:00 p.m.

Date	District	Councillor	Location
MARCH			
Thursday, March 25	District #4	Reza Farmand	Toronto Central
Wednesday, March 31	District #12	Peter Gdyczynski	Cambridge
APRIL			
Thursday, April 1	District #2	Elaine Akers	Oshawa
Wednesday, April 7	District #6	Phil Emberley	Mississauga
Tuesday, April 13	District #1	Marie Ogilvie	Morrisburg
Thursday, April 15	District #7	Leslie Braden	Newmarket
Tuesday, April 20	District #8	Iris Krawchenko	Burlington
Wednesday, April 21	District #1	Marie Ogilvie	Ottawa
Thursday, April 22	District #9	Larry Boggio	Niagara Falls
Tuesday, April 27	District #3	Remi Ojo	Toronto East
Wednesday, April 28	District #14	Stephen Clement	Sudbury
MAY			
Tuesday, May 4	District #8	Iris Krawchenko	Hamilton
Tuesday, May 11	District #2	Elaine Akers	Belleville
Wednesday, May 12	District #7	Leslie Braden	Barrie
Thursday, May 20	District #15	Gurjit Husson	Sault Ste. Marie
Wednesday, May 26	District #10	Gerry Cook	London
Thursday, May 27	District #11	Dave Malian	Windsor
JUNE			
Tuesday, June 1	District #5	Larry Hallok	Toronto West
Thursday, June 3	District #14	Stephen Clement	Timmins
Tuesday, June 8	District #15	Gurjit Husson	Thunder Bay
Wednesday, June 9	District #15	Gurjit Husson	Dryden
Tuesday, June 15	District #13	Dan Stringer	Walkerton
Wednesday, June 16	District #16	Albert Chaiet	Toronto

New Natural Health Products Regulations

Greg Ujiye, R.Ph., B.Sc.Pharm.
Manager, Pharmacy Practice Programs

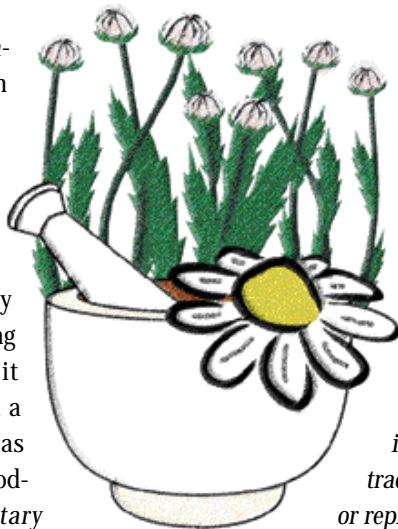
The new *Natural Health Products Regulations* (Regulations) came into force on January 1, 2004.

The regulation of natural health products varies internationally. Depending on the country, these products can be regulated as drugs, complementary medicines, therapeutic goods, dietary supplements or not at all. With the growing interest in natural health products, it became apparent to Health Canada that a review of the regulatory framework was necessary. (In Canada, natural health products, also referred to as *complementary medicines* or *traditional remedies*, are subject to the *Food and Drugs Act and Regulations*.)

The objective of the review was to ensure a balance between Canadians' freedom of choice with respect to natural health products and the assurance of consumer safety, while addressing the development of an appropriate regulatory framework in Canada. This resulted in the establishment of the Natural Health Products Directorate. The Regulations were published in June 2003 and came into force on January 2004 by way of a transitional period that will span a number of years (two years for site licensing and six years for products with Drug Identification Numbers).

THE REGULATIONS

The main provisions found in the *Natural Health Product Regulations* include: definitions, product licensing, site licensing, good manufacturing practices, clinical trials, labelling and packaging requirements, and adverse reaction reporting. The Regulations fall under the authority of the *Food and Drugs Act*, but separate from the *Food and Drugs Regulations*.



DEFINITIONS

The definitions include the definition of a natural health product (including, for example, vitamins, minerals, herbal remedies and homeopathic medicines) and other terms which are required for the purposes of the Regulations.

"Natural health product" means a substance set out in Schedule 1 or a combination of substances in which all the medicinal ingredients are substances set out in Schedule 1, a homeopathic medicine or a traditional medicine, that is manufactured, sold or represented for use in,

- (a) *The diagnosis, treatment, mitigation or prevention of a disease, disorder or abnormal physical state or its symptoms in humans;*
- (b) *Restoring or correcting organic functions in humans; or*
- (c) *Modifying organic functions in humans, such as modifying those functions in a manner that maintains or promotes health.*

However, a natural health product does not include a substance set out in Schedule 2, any combination of substances that includes a substance, set out in Schedule 2 or a homeopathic medicine or traditional medicine that is or includes a substance set out in Schedule 2.

PRODUCT LICENSING SYSTEM

The product licensing system requires all licensed products to display a product identification number preceded by the prefix NPN or, in the case of a homeopathic medicine, by the letters DIN-HM. The number is issued once a product is authorized for sale in Canada by the Natural Health Products Directorate.

Product authorization requires either: i) reference to a natural health product monograph (published by the

NHPD) or ii) submission of other evidence of safety and health claim. The *Regulations* also include circumstances for refusing, suspending or cancelling a natural health produce licence. This system will assist Health Canada in ensuring that quality natural health products are sold to the public and that, when necessary, quick and effective product recalls can be undertaken.

SITE LICENSING

Site licensing requires that all manufacturers, packagers, labellers, and importers be licensed; that sites have procedures in place respecting distribution records and product recalls; that sites, where applicable, have procedures in place for the handling, storage and delivery of their products; and that sites meet good manufacturing practice requirements (commonly known as GMPs). The *Regulations* also set out circumstances for refusing, suspending or cancelling a site licence.

GOOD MANUFACTURING PRACTICES

Good Manufacturing Practices (GMPs) are employed to ensure product safety and quality. GMPs require that appropriate standards and practices regarding product manufacture, storage, handling and distribution respecting natural health products are met. The provisions cover: specifications (product), premises, equipment, personnel, sanitation programs, operations, quality assurance, stability, records, sterile products, lot or batch samples, and recall reporting.

LABELLING REQUIREMENTS

Standard labelling requirements ensure that consumers can make informed choices. Examples of required label information include: product name, quantity of product in the bottle, recommended conditions of use (including such things as recommended use or purpose, dosage form, route of administration, recommended dose, and any cautionary statements, warnings, contra-indications and possible adverse reactions associated with the product) as well as any special storage conditions.

ADVERSE REACTION REPORTING

The adverse reaction reporting system for natural health products is used to assist Health Canada in issuing advisories to the public. This type of reporting system is an important component of a product authorization system that is based on a system of risk assessment and corresponding management of identified risks. The *Regulations* require product licence holders to monitor all adverse reactions associated with their product. Serious adverse reactions should be reported to Health Canada.

VITAMINS AND MINERALS

The framework also addresses the treatment of vitamins and minerals. Since vitamins and minerals are included in the definition of natural health products, they are treated in the same manner as other natural health products. Certain existing regulatory measures (which restrict the health claims that can be made for vitamins and minerals) have been repealed. The repeal of provisions dealing with the minimum and maximum daily dose of vitamins and minerals that are permitted in products used to *supplement* dietary intake and in those vitamins and minerals that are used at *therapeutic* levels are also included in the *Regulations*.

REFERENCES TO FOOD AND DRUG ACT REGULATIONS

Finally, these *Regulations* also incorporate, by reference, a number of provisions from the current *Food and Drug Regulations*. Some of these are imperative to the overall compliance and enforcement of the *Regulations* (e.g., relating to Health Canada inspectors). Other items address matters such as child-resistant packaging, security packaging and pressurized containers, and the manufacture of certain sterile products.

IMPLEMENTATION

The transition provisions for the *Natural Health Product Regulations* consider a staged approach over the next six years.

Each of the three phases began in January 2004, and Health Canada envisions completing the transition with the following schedule:

1. By the end of two years (end of 2005), all manufacturers, importers, packagers and labellers will employ good manufacturing practices (GMPs) and have site licences
2. by the end of six years (end 2009), NHPs that currently have a product licence as a DIN, will have been transferred to have an NPN or DIN-HM (homeopathic medicine)

WHO DOES THIS AFFECT?

The *Regulations* place requirements on persons who sell NHPs; namely manufacturers, distributors, importers, packagers and labelers. The NHPD considers that growers (who handle and or treat a product to preserve the integrity of the raw materials) are not considered manufacturers.

Health care practitioners who compound products on the request of a patient (pharmacists, traditional Chinese medicine practitioners, herbalists, naturopathic doctors, etc.) are not included within the definition of a manufacturer identified in the *Food and Drugs Act*.

The *Regulations* are not intended to regulate the practice of complementary and alternative health care practitioners nor the practice of traditional Aboriginal medicine.

The NHP Directorate intends to adopt a guidance document regarding the distinction between manufacture and sale of NHPs and compounding and distribution of compounded products by both complementary and alternative health care practitioners and Aboriginal Healers.

Schedule 1: Includes Natural Health Product Substances (Subsection 1(1))

Item	Substances
1.	A plant or a plant material, an alga, a bacterium, a fungus or a non-human animal material
2.	An extract or isolate of a substance described in item 1, the primary molecular structure of which is identical to that which it had prior to its extraction or isolation
3.	Any of the following vitamins: biotin folate niacin pantothenic acid riboflavin thiamine vitamin A vitamin B6 vitamin B12 vitamin C vitamin D vitamin E
4.	An amino acid
5.	An essential fatty acid
6.	A synthetic duplicate of a substance described in any of items 2 to 5
7.	A mineral
8.	A probiotic


WHAT IS INCLUDED IN THE DEFINITION OF A NATURAL HEALTH PRODUCT?

Schedule I indicates the medicinal ingredients included as a natural health product. (It is important to note that synthetic duplicates of NHPs are also included, as mentioned in #6).

EXPRESS EXCLUSIONS

There is also a schedule of **express exclusions** (Schedule 2). This schedule identifies products that might fall within the definition of a NHP.

However, certain products do not fall under the scope of the *Regulations*, such as: 1) an antibiotic or its synthetic duplicate; 2) a substance that is administered by puncturing the dermis; 3) a substance regulated under the *Tobacco Act*; 4) a substance set out in any of Schedules I to V of the *Controlled Drugs and Substances Act*; and 5) radiopharmaceuticals (Schedule C to FDA).

In addition, a substance set out in Schedule D (biologics) of the *Food and Drugs Act* is excluded, except: i) a drug that is prepared from any of the following microorganisms, namely, an alga, a bacterium or a fungus; and ii) any substance set out in Schedule D when it is prepared in accordance with the practices of homeopathic pharmacy. 

Schedule 2: Excluded Natural Health Product Substances (Subsection 1(1))

Item	Substances
1.	A substance set out in Schedule C to the Act
2.	A substance set out in Schedule D to the Act, except for the following: (a) a drug that is prepared from any of the following micro-organisms, namely, an alga, a bacterium or a fungus; and (b) any substance set out on Schedule D when it is prepared in accordance with the practices of homeopathic pharmacy
3.	A substance regulated under the <i>Tobacco Act</i>
4.	A substance set out in any of Schedules I to V of the <i>Controlled Drugs and Substances Act</i>

This article contains excerpts from the Natural Health Products website. The complete NHP Regulations can be viewed on Health Canada’s website at www.healthcanada.ca/nhpd

**International
Pharmacy
Graduate
Program**



Best Practices Showcase

*Zubin Austin, Bsc.Pharm., MBA, MIS, Ph.D.
Leslie Dan Faculty of Pharmacy, University of Toronto*

*The College hosted the International
Pharmacy Graduate Program “Best Practices
Showcase” this past November.*

As part of its commitment to the Ministry of Training, Colleges and Universities' Access to Professions and Trades Unit, IPG Program staff presented a workshop to regulators and educators in other professions and trades outlining Ontario pharmacy's experience with international graduates' bridging education.

The session was attended by representatives from a variety of educational and regulatory bodies, including the College of Physicians and Surgeons of Ontario, the Association of Architects of Ontario, organizations representing nursing, optometry, and the Ontario Foresters' Association.

While the challenges faced by each profession are unique, all participants recognized certain common themes. Canada's and Ontario's reliance on internationally educated professionals is increasing in all fields. Pharmacy may be at the forefront of this trend, but demographic changes such as aging populations and increasing number of retiring professionals are being seen consistently across most fields in North America.

Ontario pharmacy has an unusually high reliance on international graduates. In 2002, approximately 40% of all newly licensed pharmacists in Ontario were graduates from outside Canada or the United States. The experience of the pharmacy profession in providing support and mentorship to these individuals was of particular interest to the Ministry, educators and regulators in other fields.

The showcase session began with greetings from Della Croteau, Deputy Registrar, and Dr. Wayne Hindmarsh, Dean, Leslie Dan

Faculty of Pharmacy. As the main collaborators in the IPG program, both the College and the Faculty have invested considerable time and energy in developing an innovative program to meet the needs of the profession and international graduates.

PROGRAM OVERVIEW

Professor Zubin Austin provided an overview of the program, its history and rationale, and presented preliminary findings and results. Professor Austin commented on the “IPG Program Model”, the pillars upon which bridging education for international graduates ought to be built. These pillars include:

- **Prior Learning Assessment and Recognition:** a competency-based evaluation of previous education, experience and skills, benchmarked to current Canadian standards of practice
- **Academic Modules:** sessions, based on University of Toronto standards, that provide IPG students with the same level of knowledge and skills as Canadian graduates
- **Mentorship:** provides IPG students with an opportunity to interact with the pharmacy community in a non-threatening and supportive manner, and to facilitate post-program employment
- **Peer Network Formation:** to provide IPG students with an opportunity to share their experiences with others, and to start to develop a sense of professional identity as a pharmacist in Ontario

REGULATORY ENVIRONMENT

Chris Schillemore, Manager, Registration Programs, presented an overview of the regulatory framework for registration of international pharmacy graduates and the challenges faced by the College, employers, educators, and other stakeholders. Participants from other regulatory bodies noted similar complexities in attempting to balance the need for demonstrated competency and adherence to standards of practice. They also noted the need to ensure procedures for registration of international graduates is fair and transparent.

PRIOR-LEARNING ASSESSMENT

Artemis Diamantouros and Mike Galli, Prior Learning Assessment Coordinators, IPG Program, described the rigorous process by which candidates are pre-assessed. Using a variety of pharmacy practice and English-language assessment tools, candidates are assessed on reading, writing, speaking and listening skills, as well as pharma-

cotherapeutic knowledge and patient-care competencies. The program’s approach to prior learning assessment generated significant interest from the attendees, particularly its emphasis on communicative competency and the tools that have been developed for its assessment.

COURSE OVERVIEW


Marie Rocchi Dean, Education Co-ordinator, IPG Program, provided an overview of the courses and assessments used. Of particular interest to attendees was our decision to benchmark the IPG program to University of Toronto standards. While the benchmarking creates a much more demanding and challenging program of study for IPG students, it was an important decision to ensure the program is not viewed simply as “exam preparation”. Ms. Rocchi Dean also provided participants with an overview of the different forms of teaching and assessment used in the program.

MENTORSHIP

Bill Dingwall, Mentorship Coordinator, IPG Program, outlined the unique system of mentoring that has developed within the program. From the outset, IPG students identified their isolation from the pharmacy community as a significant barrier to their education and employment. The program has worked over the past two years with volunteer pharmacists from across Ontario to build a network of mentors who work with students as they negotiate the stressful and difficult licensure process. Unlike preceptors, mentors are not responsible for evaluation; instead they act as coaches, friends and “sounding boards” to support the IPG student. The mentorship component of the IPG program has been enthusiastically embraced by mentors and IPG students alike, and is a unique feature of our profession’s approach to bridging education.

SHARING EXPERIENCE

The best practices showcase provided an opportunity for the IPG program to share its experiences with other professions and trades. Interest in the IPG program model and its components is strong, not only within Ontario but also in other jurisdictions across North America. The program has fielded inquiries from across Canada, the United States, and from countries such as England, Sweden, France, and New Zealand.

With many professions and trades facing skills shortages, pharmacy in Ontario is showing leadership by providing a unique model for bridging education of international graduates. 

Letters to Editor

Dear Editor,

So often in these times of high expectations in regard to sales and service in general, we are quick to complain when someone or a service does not reach our expectations. I would like to differ from the norm and draw a particular individual to your attention for their fine work ethics, compassion and service.

At the Loblaws Pharmacy located at 50 Musgrave Avenue, there is a gentleman there by the name of Colin Durnford, B.Sc.Pharm., who is, in my opinion the finest pharmacist that I have ever had occasion to deal with. He is courteous, pleasant at all times, discreet and most of all well informed and knowledgeable. While waiting for prescriptions, which I may add customers are seldom forced to do, I have watched the way he handles customers and their problems. This man makes himself available to everyone and has a way of making each person feel that they are the most important! What a gift! In almost all cases, one visits the pharmacy because of a problem, and the last thing anyone wants to deal with is a dilemma at the counter.

We need more people like Colin who are there to inform and assist us with medical/prescription information. He deserves to be recognized and acknowledged for his fine work.

Regards

KG, Toronto

Dear Editor and Manager, Registration:

This is to acknowledge my heartfelt and sincere appreciation towards instituting a program like CPS I and II for international pharmacy graduates.

I certainly consider myself fortunate that I could go through this program because it has been a great blessing to me. I am enriched not only in the therapeutic thought process but also communication skills and various aspects of jurisprudence. Most of all what needs to be highlighted is the massive change that has occurred with respect to my perspective of pharmacy practice.

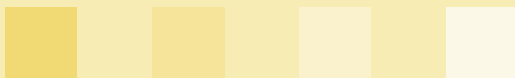
Thanks to you and a wonderfully supportive team of excellent instructors under the able coordination and commitment of Marie Rocchi Dean.

I feel obligated to recommend this program to as many international pharmacy graduates as possible so as to be equipped for better patient care.

Thank you again

Beena Thomas

Registered Pharmacy Student



HEALTH CANADA

Advisories & Notices

DATE	TYPE
November 14 + 26, 2003	Health Canada WARNING to the Public NOT to use Stamen (distributed by R and A Foods, ON) and Bell Magic Bullet (distributed by Bell Lifestyle Products Inc., Mississauga). These products have not been approved for sale by Health Canada
November 11/2003	Important Safety Information Regarding the Dispensing of Clozapine by the Marketed Health Products Directorate and the Therapeutic Products Directorate, Health Canada
November 12/2003	Product Recall Notice: Important Warning Regarding Diskus Inhalers by GlaxoSmithKline Inc. (Ventolin® Diskus® / Flovent® Diskus® / Serevent® Diskus®)
November 10/2003	Important Safety Information Regarding the RECALL of Ventolin® Diskus® / Flovent® Diskus® / Serevent® Diskus®
November 6/2003	Notice to Hospitals – Important New Safety Information Regarding Zenepax® (daclizumab) by Hoffmann-La Roche Limited. Possible increase in mortality associated with Zenepax® (daclizumab) in cardiac transplant patients
October 2003	Important Safety Information Regarding the Discontinuation of Sales – LinNefazodone in Canada: Letter to Pharmacists and Wholesalers by Linson Pharma
October 2/2003	Important Safety Information Regarding the Discontinuation of Sales of Nefazodone in Canada by Linson Pharma
October 2003	Important Safety Information Regarding the Discontinuation of Sales of Nefazodone in Canada: Letter to Pharmacists and Wholesalers by Bristol-Myers Squibb, Canada
October 2/2003	Important Safety Information Regarding the Discontinuation of Sales of Serzone-5HT ₂ ® (nefazodone) by Bristol-Myers Squibb in Canada
September 30/2003	Important Safety Information Regarding Early Virologic Non-Response in Patients with HIV Infection Treated with 3TC® (lamivudine), Ziagen® (abacavir) and Viread® (tenofovir)
August 25/2003	Important Medical Devices Safety Information Regarding the Urgent Recall On Your Dahedi Insulin Pump by Disetronic Medical Systems, Inc.
August 25/2003	Important Medical Devices Safety Information – Urgent Safety Alert On Your Panomat Infusion Pump by Disetronic Medical Systems, Inc.

For complete information and electronic mailing of the Health Canada Advisories / Warnings / Notices, subscribe online at: <http://www.hc-sc.gc.ca/hpfb-dgpsa/tpd-dpt/>

Important Changes

...to the Selection Process for the Quality Assurance Practice Review

This past September, Council approved changes to the selection process used for the Peer Review Weekend (Phase II). Effective April 1, 2004, the random selection of pharmacists to participate in the Peer-Review Weekend will no longer be linked the Self-Assessment Survey (Phase I).

Past Process

As you may recall, during the first five-year of the Peer Review Weekend, candidates randomly selected to


participate were drawn from a pool of members who had been previously selected to complete the Self-Assessment Survey.

While the survey provides the College with a wealth of aggregate data on current trends and needs in continuing education, the survey's primary purpose is to assist pharmacists in planning their ongoing learning.

It was important in the first five-year cycle of the program that every member selected for the Peer Review had the benefit of completing a Self-

Assessment Survey prior to attending. (As only 20% of pharmacists in Part A would be chosen in any given year, it took five years for every pharmacist to have had the opportunity to complete a Self-Assessment Survey.)

Effective April 1, 2004

All eligible members* will now be included in the pool each year for possible selection. This change will come into effect April 1, 2004. The chart below outlines how the changes will affect pharmacists in Part A. 

Self Assessment Survey	
Prior to April 1, 2004 20% of all pharmacists in Part A are selected each year to participate in the Self-Assessment Survey (Phase I)	As of April 1, 2004 No change
All pharmacists in Part A are required to complete and submit the Self-Assessment Survey to the College once every five years	No change
Members can only access the Self-Assessment Survey once every five years	All members can request a copy of the Self-Assessment Survey at any time to assist them in planning their continuous professional development. Contact Nora MacLeod-Glover at 416-847-8269 or nmacleod@ocpinfo.com for a copy
Peer Review Weekend	
Prior to April 1, 2004 In any five-year cycle, only those pharmacists randomly selected to complete the Self-Assessment Survey will be eligible for random selection to participate in the Peer Review Weekend	As of April 1, 2004 All eligible pharmacists* are included in the random selection pool for the Peer Review Weekend at all times
All members need to have an opportunity to complete the Self-Assessment Survey prior to being randomly selected to participate in the Peer Review Weekend	No change. Should a newly registered eligible pharmacist (who has never been selected for the Self-Assessment Survey) be selected for the Peer Review Weekend, he/she will be sent a survey three months in advance to complete and submit prior to the Peer Review Weekend

* A 5-year exemption is given to:

- Pharmacists who have passed the Pharmacy Examining Board of Canada Examination including the OSCE component from the date of the examination
- New graduates from the date of graduation
- Members who have successfully completed the Peer Review Weekend from the date of completion.

QUALITY ASSURANCE



Nora MacLeod-Glover, R.Ph., B.Sc. (Pharm)

Q Who creates the cases that are used in the Clinical Knowledge Assessment and the Standardized Patient Interviews?

A diverse group of practising pharmacists, in two writing teams, support the Clinical Knowledge Assessment and Standardized Patient Interviews.

Each writer drafts possible cases or assessment questions and then each group meets three or four times a year to review and determine final cases. Writers typically draw on their own professional experiences to ensure that cases and questions reflect current clinical practice. (Prior to participating on the teams, all writers must also have successfully completed the Peer Review Weekend.)

Q Given the diverse settings in which pharmacists practice, how does the College ensure the cases reflect current practice?

In addition to the writing teams, all cases and questions go through teams of pharmacist reviewers and standard setters. Each team evaluates the cases for relevancy and importance to the profession. In addition, the reviewers ensure the elements needed to address the clinical issue is found in the references provided to the candidates and the standard setters determine the performance level required to meet the standard for that component.

We ensure that the teams include

pharmacists with diverse backgrounds. In creating the teams we consider each applicant's practice setting, gender, years of experience, training background (international and domestic training) and practice location(s).

Q How does the College ensure that cases remain clinically current and reflective of changing practice trends?

Clinical currency is essential to the QA Program. The teams have determined that it is reasonable to use each case (from a large pool of cases and questions) for up to two years without review. Each case is subsequently sent to the writers, reviewers and standard setters to be reviewed and selected to stay in the question pool, be re-written or be discarded. During this process the reviewers use the current reference editions that are provided to candidates.

Furthermore, whenever a medical or pharmaceutical study impacting clinical decision-making or a new clinical guideline is published, all cases and questions affected would re-enter the review process.

Q How does the College ensure consistency in content and difficulty levels from one Peer Review Weekend session to the next?

The cases included in each Peer Review Weekend are compiled based on a blueprint that covers the major clinical areas. The blueprint ensures

consistency in the clinical areas covered, the number of cases included from each clinical area and the level of difficulty for each question.

For example, each exam includes a set number of cardiovascular cases, anti-infective cases, hormone endocrine cases, respiratory cases, etc. An exam review group also reviews the final exam content to ensure it is reasonable and fair.

Peer Review Weekend Overview

Every candidate will participate in:

The Clinical Knowledge Assessment

- Assesses the candidate's ability to reference information and apply it to a clinical situation
- Includes 15 cases with four questions per case

Standardized Patient Interviews

- Assesses the candidate's ability to:
 - i) gather information; ii) manage a patient interview; and
 - iii) demonstrate communication skills
- Includes five case scenarios acted out by a standardized patient (a well-trained actor)

A Learning Portfolio Sharing Session

(Non-assessment component)

- A peer-facilitated session where no more than five candidates share their experiences in managing their continuing professional development

INSPECTORS' CORNER

**Forgeries article
available online in
'Members' Section' only**



FOCUS ON Error Prevention



Ian Stewart, B.Sc.Pharm.

A prescriber's lack of knowledge of available drug dosage forms or strengths may result in an unclear or ambiguous prescription being written. A pharmacist's subsequent misinterpretation of the prescriber's intent can then lead to an incorrect dosage or drug being dispensed.

CASE 1:

A pharmacist received a prescription for "Cipro Ophth. drops." As Cipro® ophthalmic drops do not exist, the pharmacist contacted the prescriber to clarify his intent and learned that he had intended to prescribe Ciloxan® ophthalmic drops.

CASE 2:

A hospital-based pediatrician wrote the following prescription for a two-year-old child.

Pulmicort® 125mcg nebulas

Sig: one nebule b.i.d.

Mitte: 2 boxes

The pharmacy technician entered the prescription into the computer as Pulmicort® 0.125 mg/ml nebulas with the direction to use one nebule twice daily. Upon checking the prescription, the pharmacist questioned whether the prescriber intended the dosage to be one nebule (250mcg) or one milliliter (125mcg). Initial attempts to contact the


prescriber at the hospital failed. The parent was therefore advised to use one nebule twice daily.

The prescriber was successfully contacted two days later. The intended dosage was then confirmed to be 125mcg twice daily or one milliliter twice daily. Though the child received twice the intended dosage for two days, no ill effects resulted.

POSSIBLE CONTRIBUTING FACTORS

- The concentration per milliliter (125mcg) is prominent on the Pulmicort® packaging, while the dosage per nebule (250mcg) appears in smaller print
- The paediatrician assumed that each nebule contained 125mcg budesonide
- Difficulty in contacting the prescriber to clarify/confirm the intended dosage

RECOMMENDATIONS

- Always contact the prescriber to clarify ambiguous prescriptions that may be subject to misinterpretation
- If there is a delay in contacting the prescriber, weigh the pros and cons of dispensing some of the medication in the interim. (Consulting with a second pharmacist may help you make the appropriate decision)
- When a decision is made to dispense some or all of the medication before receiving confirmation of the prescriber's intent, make sure you consider the patient's age, weight and recommended dosage of the drug 

Please continue to send reports of medication errors in confidence to:

Ian Stewart

P.O. Box 40620

5230 Dundas Street West

Etobicoke, ON

M9A 6K8

ian.stewart2@rogers.com

ACCREDITATION

Q&A



*Greg Ujiye, R.Ph., B.Sc.Phm.
Manager, Pharmacy Practice Programs*

Q Do I need to include a floor plan with my application to open a new pharmacy?

Although there is no regulatory requirement to submit floor plans, there is a minimum area requirement for a pharmacy, so it would be beneficial for the inspector to see your pharmacy's plan(s) prior to the accreditation inspection.

Q When will the inspector contact me about my new pharmacy opening?

An inspector will contact you to arrange an appointment as soon as all paperwork is complete and your new pharmacy accreditation fee is received.

Alternatively, you may contact the Pharmacy Practice administrative assistant to leave a message for your inspector to contact you. We recommend that you arrange to have the inspection completed at least one week prior to opening so that you have enough time to receive pharmaceutical shipments and to set up third-party accounts.

Q I'm thinking of renovating my pharmacy, do I have to notify the College?

We advise you to notify us in writing by letter or fax, with supporting information, on any significant renovations that you intend, including expansion or reduction of the accredited premises. You should also submit a set of floor plans that illustrate the existing accredited premises along with the new proposed area. These plans will be forwarded to your inspector who will then visit your pharmacy the next time they are in your area. (Please also clearly mark your pharmacy's permanent walls (brick or concrete) on all drawings.)

Q Can I locate a pharmacy inside part of an open concept medical centre?

You must be able to separate or secure the accredited pharmacy area from the medical offices whenever the pharmacy

is closed. As with all pharmacies, all Schedule II and III products must be located within the accredited, locked area. As well, all physical requirements (e.g. two sinks, refrigerator) must also be located within the accredited area.


Q What is the minimum size requirement for a pharmacy?

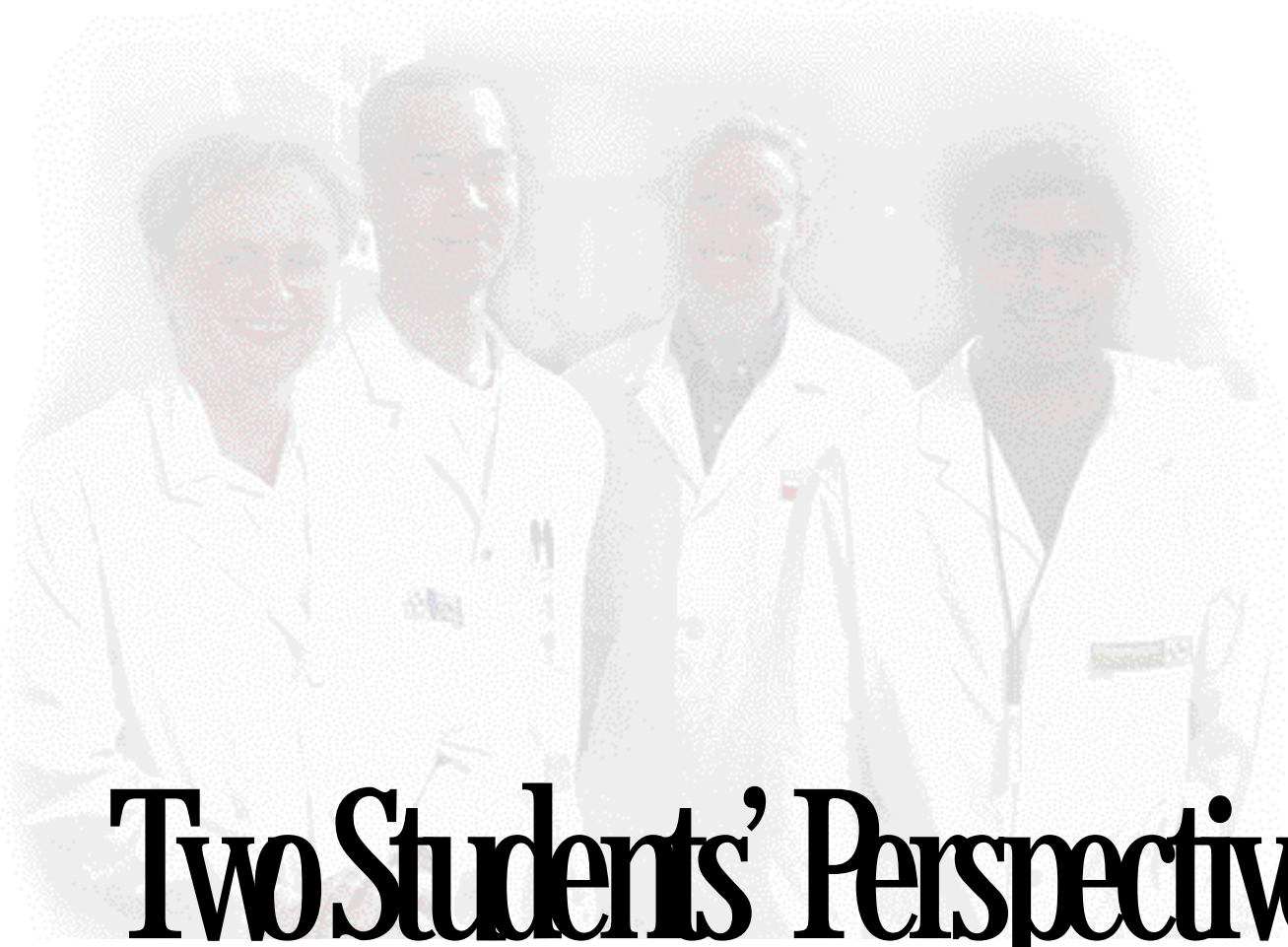
Although the *Drug and Pharmacies Regulation Act* identifies the minimum area requirement as 100 square feet, Council has recently determined that the new minimum area to be doubled to 200 square feet. Proposed regulatory changes are awaiting approval from the Ministry of Health and Long-Term Care.

Q Is a private counselling area required?

The *Standards of Practice* require pharmacists to counsel patients on medication and usage. Operation Component 4.1 of the *Standards* requires that pharmacists make certain that all patient counselling is provided in a way that ensures patients' personal health information cannot be overheard by others. Depending on your pharmacy, this may involve the use of an acoustically private area such as a semi-private area with suitable barriers or a private counselling room. Many pharmacies offer both private and semi-private counselling areas.

Q Do I have to notify the College when I relocate the dispensary within my pharmacy?

Although this is not a legal requirement, the Pharmacy Practice Department should be notified, in writing by letter or fax to ensure your pharmacy is meeting all legal requirements and standards in advance of undergoing renovations. If possible, please also submit a floor plan indicating current and proposed changes. 



Two Students' Perspectives of

International Pharmacy Graduate Program



A SEARCH FOR PROFESSIONAL IDENTITY

Sam Nasar, IPG student

I remember when I first came to Canada as a foreign-trained pharmacist. I felt totally lost due to the difference in the pharmacy practice between Canada and where I practiced before. I kept asking myself, "How am I going to deal with these differences?" In trying to answer that question, I found myself facing a more serious question, "Am I currently even qualified to practice in Ontario?" After some reflection I came to the conclusion that I was not yet ready to practice based on my skill level at that time. That conclusion terrified me. I had to do something about it, and that's how I got connected with the IPG program.

The process started when I applied for the program. A thorough prior-learning assessment was conducted so that I had an accurate idea about my current skill level and to identify areas for improvement. That was amazing for me. For the first time since I came to Canada I had a professional and objective assessment of my skills, and furthermore, a list of what I really needed to work on, and how to work on it! That was exactly what I needed.

My journey of developing and sharpening my skills started when the program began. The therapeutics lectures were comprehensive in dealing with the most important topics, yet they were concise and to the point — exactly what I needed to know as a pharmacist. The self-care lectures are the core on which I base my thinking when it comes to making recommendations to patients about over-the-counter preparations. The communications lectures and the language lectures — including a very useful pronunciation and writing skills module — were indispensable in making me able to communicate the information that patients need to make informed decisions about their therapy and health. The jurisprudence lectures set out the

legal framework within which I am to work to the best interests of the public.

The program also included a series of professional practice labs, where I learned how to use different computer systems, where I gained familiarity with pharmaceutical references widely used by Canadian pharmacists, and how and where to retrieve various types of information to meet the public's needs.

The most exciting part of the program were the sessions in which we had the chance to role-play and interact with

mock patients played by professional actors, just as we would see in the OSCE exam. It was amazing how we developed our counselling skills over time, and how our skills dramatically improved compared to the start of the course. I have just taken my OSCE exam, and I was so familiar with the whole evaluation process involved because we have practiced each and every required skill over and over during the IPG program.

I cannot say enough about our lecturers and teaching assistants. They are a wonderful constellation of top professional pharmacists. They definitely exceeded our expectations when it came to their level of knowledge and the care and support they gave us during the entire process. They did all that we could imagine to make it easier for us to achieve our learning objectives. We are grateful to them for their help in our success.

I am grateful that someone out there thought about me, and tailored a program to suit my needs. I am grateful for the whole experience that helped me learn who I am, what I am about, and what my role is in Canadian society as a pharmacist. Call it a search for professional identity, call it a third eye with which I can see more clearly....call it whatever you want....in all cases; it was a very enriching experience!

PRACTICE AFTER THE CANADIAN PHARMACY SKILLS COURSE

Ehtiaj Ahmed, CPS I Student, Spring 2001

After completing the *Canadian Pharmacy Skills* I course at the University of Toronto, I decided to join a small-town community pharmacy.

Soon after I started working, I found that most of the patients living in the town were senior citizens and farmers who were reluctant to share their personal information with me. To defuse their resistance I started to memorize their names. Whenever they would visit our store I would greet them by calling them by name. I would also try to initiate dialogue by talking about their general health. During the CPS course we were told that weather is an important topic for discussion with Canadians. I did not miss any opportunity to say some words about the weather. This worked. I was successful in developing a professional relationship with my patients. Some of them commented, "You are very easy to approach", while others said, "Our care is in really good hands".

Since I worked in a hospital for almost a decade before coming to Canada, I later decided to switch from community practice to hospital pharmacy. I joined a community hospital in Toronto and was assigned to the cardiology floor. The place was like a playing field for me and my professional development. I had plenty of time to develop standardized counselling material for different medical conditions. I re-vitalized the pharmaceutical care project for acute myocardial infraction patients and I am currently working on a congestive heart failure project. In order to energize and boost the pharmaceutical care process I am planning to have a SPEP student next year.

I want to thank the CPS team for developing such a wonderful course, my preceptor for her hard work, and my community pharmacy manager with whom I worked as a technician for the guidance he offered. 📄

the IPG Program

On behalf of the College, I would like to thank all preceptors who took students and interns for SPT Studentship or Internship in 2003. Some preceptors even took more than one student or intern through the year; I recently encountered a preceptor who told me how excited she was to have yet another intern and to watch him progress to become an excellent practitioner.

Thank You Pre

Stephanie Edwards, R.Ph., B.Sc.Pharm.

HOW ARE PRECEPTORS DOING?

We are happy to report that preceptors are doing a great job of training students and interns, and in completing the assessment forms to give them relevant and regular feedback. SPT staff also find preceptors are very helpful and enthusiastic whenever we call to discuss details of their student or intern's performance. Preceptors' written feedback is vital in coaching the students to improve their performance and in helping the College determine whether a student or intern has demonstrated the required knowledge and skills to proceed.

We have been contacted by a few preceptors wanting to discuss a student or intern's performance that was not meeting the required level of competence. When these situations occur we encourage the preceptor to discuss their concerns with the student or intern as soon as possible. In most of these cases the student or intern simply required additional time to gain the required proficiency. The delay in achieving the required competence was often the result of the student/intern having little or no previous pharmacy experience.

ceptors

On rare occasions a student or intern calls to say that they feel they are not receiving the kind of training experience that best enhances their knowledge and skills. These situations are often resolved by the student/intern having an open discussion with their preceptor to explain their concerns and to find ways to improve the situation.

PRECEPTOR FEEDBACK

Most preceptors report that they benefit from and enjoy the two-way learning they experience in their role, but some feel they would benefit from more information and practice with assessment and feedback, more guidance in assessing student/intern *Activities*, and more up-to-date clinical knowledge.

PRECEPTOR TRAINING AND AVAILABILITY

During 2003, 22 preceptor workshops (14 Orientation and 8 Advanced) were conducted with 441 pharmacists across Ontario.

In 2003, we also offered two seminar topics for the *Advanced Workshops: Pharmaceutical Care and Intercultural Communication*. The latter workshop included a section on the International Pharmacy Graduate Program as well as information on the challenges of communicating through diversity.

MATCHING PRECEPTORS WITH STUDENTS/INTERNS

While the College does not match students/interns with preceptors, we are able to provide a list of potential preceptors to students or interns upon request. Students and interns can contact the SPT secretary at 416-962-4861 x 297 with their request, specifying the cities in which they are seeking a preceptor.


WORKSHOPS IN 2004

The next Orientation Workshop is scheduled for Thursday, February 26th. Future workshop dates and venues will be posted in our website www.ocpinfo.com.

Please contact the SPT secretary if you are interested in attending.

WHAT'S IN THE FUTURE?

The need for good preceptors continues as enrollment in both the undergraduate program at the University of Toronto and the International Pharmacy Graduate program increases.

Give us a call. We continue to seek pharmacists who want to provide a positive training experience for the next generation of pharmacists! 

Thank You!

AJAX

Vesna Brzovska
Drugstore Pharmacy

Kevin Hsu
Pharma Plus Drugmart

Mona Mikhael
Health-Rite Pharmacy

Samia Sahyone
Zellers Pharmacy

AGINCOURT

Philip Shing
Shoppers Drug Mart

AMHERSTBURG

Robert Giegerich
Pharma Plus Drugmart

Maricris Dinardo
Pharma Plus Drugmart

ANCASTER

Mohammad Kabir
Shoppers Drug Mart

AURORA

Cindy Piquette
Shoppers Drug Mart Doane
Hall

BARRHAVEN

Natalie Korotky
Wal-Mart Pharmacy

Preveshen Naidoo
Wal-Mart Pharmacy

BARRIE

Robert Knapper
Pharmasave Allandale

Tonya Mclellan
Wal-Mart Pharmacy

Marie Miller
Wal-Mart Pharmacy

BELLEVILLE

Khalil Ur-Rehman
Zellers Pharmacy

BOLTON

Ellen Hilliard-Ridd
Zehrs Markets Drug Store
Pharmacy

BRADFORD

Carolyn Cassels
Shoppers Drug Mart

BRAMALEA

Sela Lee
The Pharmacy

BRAMPTON

Ajay Gandhi
Shoppers Drug Mart

Kyung Kim
Drugstore Pharmacy

Katalin Lanczi
Shoppers Drug Mart

Rossana McArdle
Shoppers Drug Mart

Anna Posca
Pharma Plus Drugmart

Joan Rumbolt
Wal-Mart Pharmacy

Manuel Silva
Shoppers Drug Mart

Miranda So
William Osler Health Centre

Mirza Taimuri
The Pharmacy

Harvinder Takhar
Zellers Pharmacy

BRANTFORD

Majed Al Khabaz
Zehrs Markets Drug Store
Phmcy

Biljana Brankovic-
kapetanovic
Wal-Mart Pharmacy

Dilip Jain
Zehrs Markets Drug Store
Pharmacy

Gowtham Kavikondala
Shoppers Drug Mart

Christine Mundy
Shoppers Drug Mart

Philip Smith
Smith Drugs & Apothecary
Ltd

Shuchita Srivastava
Wal-Mart Pharmacy

Sanja Stankovic
Shoppers Drug Mart

BURLINGTON

Sidney Kadish
Shoppers Drug Mart

Sanjay Khosla
Shoppers Drug Mart

Kathryn Pollock
Pharma Plus Drugmart

Suhad Sa'Doun
Drugstore Pharmacy

CAMBRIDGE

Kenneth Crawford
Shoppers Drug Mart

Robert Eberhardt
Shoppers Drug Mart

Hoda Fawzy
Shoppers Drug Mart

CASSELMAN

Dale Pike
Pharmacie Jean Coutu

CHATHAM

Michael Collodel
Shoppers Drug Mart

Nancy Kay
Shoppers Drug Mart

Laurie Moskalyk
Shoppers Drug Mart

CORNWALL

Joanne Labelle
Shoppers Drug Mart

"My preceptor always drew my attention to issues or situations that helped illustrate the Activities or furthered my experience." - student

DON MILLS

Randy Goodman
Medico Pharmacy

Biljana Simic-Zivkovic
Shoppers Drug Mart

Bogumila Solecka-Janik
Shoppers Drug Mart

DOWNSVIEW

Anna Gorski
Shoppers Drug Mart

Grace Lee
Humber River Regional

George Phillips
Shoppers Drug Mart

Refat Samuel
Jane Centre Pharmacy

Haruko Uemura
Shoppers Drug Mart

DRYDEN

Robert Button
Wal-Mart Pharmacy

ETOBICOKE

Sylvia Der-Sahakian
Shoppers Drug Mart

Zelimir Krivokapic
Drugstore Pharmacy

Amal Philemon
Drugstore Pharmacy

FERGUS

Dana Biasutto
Shoppers Drug Mart

FORT ERIE

Mourad Mikael
Drugstore Pharmacy

FORT FRANCES

Kim Metke
Pharmasave Clinic
Pharmacy

GLOUCESTER

Charles Rak
Pharma Plus Drugmart

GUELPH

Jennifer Smith
Zehrs Markets Drug Store
Pharmacy

Gregory Streppel
The Pharmacy

HALIBURTON

Aminmohamed Shivji
Village Court Pharmacy

HAMILTON

Maha Abdul-Razak
Shoppers Drug Mart

John Baird
The Pharmacy

Kimberly-Ann Botsford
Hamilton Health Sciences
Corp

Rada Corovic
Shoppers Drug Mart

Jennifer D'Souza
Hamilton Health Sciences
Corp

Janice Hunks
Shoppers Drug Mart

Eric Lui
Hamilton Health Sciences
Corp

Rima Lukavicius
Wal-Mart Pharmacy

Laura Russell
Hamilton Health Sciences
Corp

Kusum Shukla
Shoppers Drug Mart

Wardell Smith
Shoppers Drug Mart

Mary Thornewell
Hamilton Health Sciences
Corp

Christine Wallace
St Joseph's Hospital

Mary Youssef
Wal-Mart Pharmacy

Xiaohong Yu
Shoppers Drug Mart

HANOVER

Rajinder Rajput
Zellers Pharmacy

HUNTSVILLE

Tracey Trimm
Shoppers Drug Mart

INNISFIL

John Shannon
Shoppers Drug Mart

ISLINGTON

Ian Stewart
Shoppers Drug Mart

KANATA

Chee Lee
Shoppers Drug Mart

Marie Martineau
Pharma Plus Drugmart

Ijeoma Onyegbula
Drugstore Pharmacy

KINCARDINE

Theresa Fabian
Pharma Plus Drugmart

KINGSTON

Jennifer Mather
Kingston General Hospital

Gervin O'Connor
Shoppers Drug Mart

Bonnie Ralph
Kingston General Hospital

Colin Schneider
Medical Arts Pharmacy

KINGSVILLE

Tanya Adams
Zehrs Markets Drug Store
Pharmacy

KITCHENER

Terrance Dean
The Grand River Hospital

Probhath Hazra
Shoppers Drug Mart

Elizabeth Mutton
Shoppers Drug Mart

Kathy Shea
Shoppers Drug Mart

Heather Watts
Drug Basics Pharmacy

LEAMINGTON

Kimberly Axford
Wal-Mart Pharmacy

Brandi Purbrick
Shoppers Drug Mart

LINDSAY

Edgar Cheng
Zellers Pharmacy

Catherine Puffer
Pharma Plus Drugmart

Loai Roziya
Drugstore Pharmacy

“The availability of adequate resources, helpful technicians and pharmacists gave me the confidence and support I needed during this training period.” - student

LONDON

Charles Bayliff
London Health Sciences
Centre

Milad Bosta
Zellers Pharmacy

Gail Choma
London Health Sciences
Centre

Wayne Chow
Pharma Plus Drugmart

Ola Moubayed El-Chabib
Wal-Mart Pharmacy

Kamar Gad
Drug Basics

Nina Hanif
Zellers Pharmacy

Asteir Hanna
Drugstore Pharmacy

Tom Kontio
Shoppers Drug Mart

David Ledger
Shoppers Drug Mart

Patrick Shum
Shoppers Drug Mart

Ian Saunders
Shoppers Drug Mart

Munir Suleiman
Shoppers Drug Mart

MARKHAM

Derek Ho
Shoppers Drug Mart

Tze-Lam Lau
Shoppers Drug Mart

Ying Lui
Wal-Mart Pharmacy

Karen Mcfarlane
Markham Stouffville
Hospital

Gaurang Shah
Drugstore Pharmacy

MIDLAND

Marie Miller
Wal-Mart Pharmacy

MISSISSAUGA

Nadeem Ahmed
Goreway Guardian Medical
Pharmacy

Catherine Conroy
Shoppers Drug Mart

Linda Dickinson
Pharma Plus Drugmart

Marianne Dilullo
Pharma Plus Drugmart

Jovana Dukic
The Trillium Health Centre

Aiman Abd El Sayed
The Pharmacy

Philip Emberley
Shoppers Drug Mart

Mohammad Farzam-
Shareqi
Drugstore Pharmacy

Jimmy Fung
The Credit Valley Hospital

Jill Garland
The Trillium Health Centre

Hai Hoang
Zellers Pharmacy

Farah Jamani
The Pharmacy

Sujata Joshi
The Trillium Health Centre

Kausha Kalaria
Shoppers Drug Mart

Christine Kamel
Pharma Plus Drugmart

Yusuf Khanbhai
Pharma Plus Drugmart

Gurdeep Kithoray
Shoppers Drug Mart

Zofia Kruk
Drugstore Pharmacy

Maria Mayer
Drugstore Pharmacy

Ashraf Melika
The Pharmacy

Nabil Morgan
Glen Derry Drug Mart

Michelle Moslim
Shoppers Drug Mart

Vandana Nathwani
Mavis Pharmacy

Dung Nguyen
Shoppers Drug Mart

Oanh Nguyen
Shoppers Drug Mart

Fanika Nikiforovski
Drugstore Pharmacy

Hitesh Pandya
Shoppers Drug Mart

Ashokkumar Patel
Drugstore Pharmacy

Karen Paterson
Shoppers Drug Mart

Archita Rai
Wal-Mart Pharmacy

Ron Reddy
Shoppers Drug Mart

Arti Shanghavi
Drugstore Pharmacy

Jayesh Tailor
Shoppers Drug Mart

Mirza Taimuri
The Pharmacy

Kenny Tan
Shoppers Drug Mart

Mohamed Walji
River Run Pharmasave

Cheung Wong
Shoppers Drug Mart

Madonna Young
Shoppers Drug Mart

NEPEAN

Sanjeev Adukia
Drugstore Pharmacy

NEWMARKET

Ida Schneider
Zellers Pharmacy

NIAGARA FALLS

Karim Mirshahi
Wal-Mart Pharmacy

Ihab Rezkalla
Zehrs Markets Drugstore
Pharmacy

NORTH YORK

Christina Chan
Drugstore Pharmacy

Bahaa Mehany
Main Drug Mart

Hung Ng
Zellers Pharmacy

Carmen Olaru
Shoppers Drug Mart

OAKVILLE

Irene Asad
St. Mark's Pharmacy

Arthur Cheung
Shoppers Drug Mart

Andrew Hui
Shoppers Drug Mart

“Provided direct and honest feedback; was diligent in addressing issues as they came up; was knowledgeable in both therapeutics and pharmacy management.” - student

Sam Lui
Shoppers Drug Mart

Joseph Lum
Shoppers Drug Mart

ORANGEVILLE

Piyushkumar Shukla
Zehrs Markets Drug Store
Pharmacy

ORILLIA

Stephen MacDonald
Shoppers Drug Mart

ORLEANS

Yousra El-Jaby
Drugstore Pharmacy

Benny Mizrahi
Shoppers Drug Mart

OSHAWA

Ahmad Abdullah
Wal-Mart Pharmacy

Charles Breton
Zellers Pharmacy

Lily Canete
Zellers Pharmacy

Vincent Lau
Medical Pharmacy

Norman Lexovsky
Shoppers Drug Mart

Leaggy Mwanza
Drugstore Pharmacy

Wallace Tong
Shoppers Drug Mart

OTTAWA

Mario Bedard
The Ottawa Hospital

John Cameron
Shoppers Drug Mart

Celine Corman
The Ottawa Hospital

Joseph Hanna
Shoppers Drug Mart

Masood Rehman
Drugstore Pharmacy

Ishrat Rehmani
Drugstore Pharmacy

Valerie Maclaughlin
Pharma Plus Drugmart

Joseph Thibault
Shoppers Drug Mart

Anil Virani
Pharma Plus Drugmart

OWEN SOUND

Maureen Sutherland
Pharma Plus Drugmart

PETERBOROUGH

Hani Fam
Charlotte St Shoppers Drug
Mart

PETROLIA

Brenton Evans
Shoppers Drug Mart

PICKERING

Amir Besada
Main Drug Mart

Patricia Allen Crook
Pharma Plus Drugmart

Jane Mauch
Drugstore Pharmacy

Rahim Suleman
Shoppers Drug Mart

PICTON

Pronica Janikowski
Picton Clinic Pharmacy

PORT COLBORNE

Susan Marshall
Shoppers Drug Mart

PORT PERRY

Elizabeth Mathews
Shoppers Drug Mart

REXDALE

Edward Chen
Shoppers Drug Mart

RICHMOND HILL

Eanass Al-Rubaie
Pharma Plus Drugmart

Monica Iskander
Richpoint Pharmacy

Sabrina Lam
The Pharmacy

Nelson Leung
Shoppers Drug Mart

Mary Polczer
Pharma Plus Drugmart

Vicky Wong
Shoppers Drug Mart

RIDGETOWN

Stephen Bond
Shoppers Drug Mart

ST. CATHARINES

Maged Riad-Mikhail
Shoppers Drug Mart

Myriam Samaan
Shoppers Drug Mart

ST. THOMAS

Ronald Elliott
Shoppers Drug Mart

SARNIA

Fiona Kelch
Shoppers Drug Mart

SAULT STE MARIE

Manuel Dos Reis
Shoppers Drug Mart

SCARBOROUGH

Amir Attalla
Zellers Pharmacy

Chi Chak
Zellers Pharmacy

Eddy Chan
Pharma Plus Drugmart

Patrick Chan
Providence Centre

Shruti Dev
Wal-Mart Pharmacy

Mamdouh Farag
Eglinton-Danforth
Pharmacy

Mohammed Khan
Pharmasave

Walter Lum
Shoppers Drug Mart

Joanna Man
Zellers Pharmacy

Shelina Mawani
Pharma Plus Drugmart

Chi-Wai Ng
Zellers Pharmacy

Oluremi Ojo
Guardian Corporate
Pharmacy

Huda Sherif
The Pharmacy

Terence Wong
Shoppers Drug Mart

Christina Yeung
Centenary Health Centre

“Patient and understanding: allowed me to progress as a professional at a pace that was conducive to effective learning and allowed for gradual independence.” - student

STONEY CREEK

Eugenio Iannuzzi
Pharma Plus Drugmart

STOUFFVILLE

Paul Kuras
Shoppers Drug Mart

STURGEON FALLS

Louise Belanger
Pharmalee Rexall Drug
Store

SUDBURY

Wilfred Steer
Shoppers Drug Mart

THORNHILL

Hany Armanious
Baygreen Pharmacy

Vera Avetissov
Main Exchange Pharmacy
Inc

Cing Chen
3m Drug Mart

Karen Groyeski
Pharma Plus Drugmart

Maged Hanna
3m Drug Mart

Bernard Katz
Hy & Zels Drug Warehouse

Samir Patel
Shoppers Drug Mart

THOROLD

Deepa Mathew
Pharma Plus Drugmart

THUNDER BAY

Deborah Emery
Thunder Bay Regional
Hospital

Sylvie Lussier
Thunder Bay Regional
Hospital

Manuel Raposo
Drugstore Pharmacy

TORONTO

Marcelita Aquintey
Zellers Pharmacy

Vera Avetissov
Shoppers Drug Mart

Bella Brody
Mount Sinai Drugstore

Thomas Brown
Sunnybrook & Women's
College Health Sciences
Centre

Lisa Burry
Mount Sinai Hospital

Andrij Chabursky
Best Drug Mart

Betty Chan
The Toronto Western
Hospital

Keutmy Chansavang
Shoppers Drug Mart

Yan Chen
Shoppers Drug Mart

Michael Cheung
Shoppers Drug Mart

Karen Chuk
Princess Margaret Hospital
Pharmacy

Fabrizio Damiani
Shoppers Drug Mart

Fabio De Rango
Shoppers Drug Mart

John Del Core
Shoppers Drug Mart

Paramjit Dhaliwal
St Michael's Hospital

Amin Dharamsi
Shoppers Drug Mart

Jeffrey Doi
The Toronto General
Hospital

Speros Dorovenis
Shoppers Drug Mart

Leslie Duncan
The Princess Margaret
Hospital

Matthew Dune
Pharma Plus Drugmart

Olavo Fernandes
The Toronto General
Hospital

Neda Foroozannasab
Drugstore Pharmacy

Dianne Grise
Drugstore Pharmacy

Karen Groyeski
Pharma Plus Drugmart

To Ha
Vanguard Drug Mart

Brian Hardy
Sunnybrook & Women's
College Health Sciences
Centre

Jin-Hyeun Huh
The Toronto Western
Hospital

Raouf Ibrahim
Main Drug Mart

Sanjay Jariwala
Wal-Mart Pharmacy

Dipen Kalaria
Pharmacy.Ca

William Kassel
Kassel's Pharmacy Limited

Emad Khalil
St. George Pharmacy

Demitrios Koutroubis
Pharma Plus Drugmart

Ivan Kraljevic
Shoppers Drug Mart

Ri-Feng Lam
Drugstore Pharmacy

Rita Lau
Shoppers Drug Mart

Anne Lee
Pharmx Rexall Drug Store

Chung Lee
Pharma Plus Drugmart

Lorna Lee
Pharma Plus Drugmart

Chin-Ku Lin
Zellers Pharmacy

Richard Lin
Shoppers Drug Mart

Edwin Barrera Liza
Drugstore Pharmacy

Fai Lo
Shoppers Drug Mart

Anne Longo
The Hospital For Sick
Children

Elizabeth Lytwyn-Nobili
Shoppers Drug Mart

Yiman Mark
Pharma Plus Drugmart

Aleksandra Bjelajac Mejia
The Hospital For Sick
Children

Kaye Mekawi
Zellers Pharmacy

Maria Nenadovich
Shoppers Drug Mart

Thanh Nguyen
Zellers Pharmacy

"She encouraged me to think, analyze and make independent decisions." - student

Mohamed Osman
Zellers Pharmacy

Phoebe Quek
Ambulatory Patient
Pharmacy, Sunnybrook Site

Abraam Rofael
Zellers Pharmacy

Elisa Rotiroti
Shoppers Drug Mart

Mehdi Samiee-Zafarghandi
Shoppers Drug Mart

Doris Shum
Shoppers Drug Mart

Gordon Silverton
Medical Pharmacy

Parmanand Singh
Shoppers Drug Mart

Leslie Storozuk
Drugstore Pharmacy

Harriet Tuvel
Shoppers Drug Mart

Jeffer Vandenburg
Shoppers Drug Mart

Judith Vepy
Baycrest Hospital

Ossama William
Main Drug Mart

William Wilson
Mount Sinai Hospital

Kam Wong
The Toronto Western
Hospital

Lily Wong
Shoppers Drug Mart

May Wong
Novack's Rexall Drug Store

Rosemarie Yap
Drugstore Pharmacy

Julie Yee
Pharma Plus Drugmart

Clement Yuen
The Toronto General
Hospital

Suet-mui Yuen
The Pharmacy

VANIER

Arkan Alzaydi
Drugstore Pharmacy

VAUGHAN

Pirasteh Adab
Drugstore Pharmacy

Yin Siow
Shoppers Drug Mart

WALKERTON

Rosanne Currie
Pellow Pharmasave

WATERLOO

Mahboob Fatima
Zehrs Markets Drug Store
Pharmacy

Stefan Gudmundson
Shoppers Drug Mart

Olga Kovac
Zehrs Markets Drug Store
Pharmacy

Mukesh Kshatri
Pharma Plus Drugmart

WESTON

Jinhee Oh
Humber River Regional
Hospital

John Palumbo
Shoppers Drug Mart

Anna Valela
Islington Rexall Drug Store

WHITBY

Suresh Shukla
Drugstore Pharmacy

WILLOWDALE

Jasvinder Buttoo
Shoppers Drug Mart

Esther Green
Shoppers Drug Mart

Akeel Jaffer
Shoppers Drug Mart

Faye Law
Shoppers Drug Mart

Timothy Mickleborough
Drug Basics

Sayeeda Nathoo
Zellers Pharmacy

Elliot Offman
Shoppers Drug Mart

Mabel Pau
Drug Basics Pharmacy

Renee Rode
Shoppers Drug Mart

WINDSOR

Mohammad-Nabil Al-Tirh
The Pharmacy

David Babineau
Shoppers Drug Mart

Frank Cappellino
Shoppers Drug Mart

Timothy Coughlin
Shoppers Drug Mart

Annunziata Favero
First Medical Pharmacy

Janet Groulx
Shoppers Drug Mart

Gail Harrigan
Shoppers Drug Mart

Janice Johnston
Shoppers Drug Mart

Tanya Juzkiw
Shoppers Drug Mart

Pamela Leatherdale
Windsor Medical Pharmacy

Troy Lofthouse
Shoppers Drug Mart

David Marentette
Wal-Mart Pharmacy

Frank Murgic
Provincial IDA Prescription
Centre

Alessandro Nardone
Shoppers Drug Mart

Carmen Novosel
Shoppers Drug Mart

Patricia Paraschak
Shoppers Drug Mart

John Simone
Erie-Health Smart Drug
Store

Margaret Stewart
Shoppers Drug Mart

Cristina Thomas
Wal-Mart Pharmacy

WINGHAM

James Brown
Pharma Plus Drugmart

WOODBRIIDGE

Caterina Mazza
Pharma Plus Drugmart

WOODSTOCK

Frank Ledvinka
Wal-Mart Pharmacy

*“Encouraged me to develop my own style in communication with patients;
supportive and knowledgeable.” - student*

Calling on pharmacy technicians

We have been approached by a certified pharmacy technician who is looking for a course dealing with **inventory management**. A search of known resources and the Internet has turned up nothing.

If you are aware of any courses on this topic, please advise Celia Powell at the College: tel (416) 962-8461, x 251, fax (416) 847-8281, e-mail: cpowell@ocpinfo.com. Any assistance will be greatly appreciated.

NOTICE PHARMACY TECHNICIANS WITH A SEVEN-DIGIT OCP NUMBER

If you applied to the College to have your pharmacy technician documents evaluated within the last few months, you were most likely assigned a seven-digit number starting with 100XXXX. Should you need to contact the College, please note that this has been changed to a six-digit number and will start with 60XXXX (the last four digits will stay the same as with the seven-digit number). For example, an assigned number of **1003789** has now been changed to **603789**. You will be receiving official notification from the College on this change shortly.

CERTIFIED PHARMACY TECHNICIAN EXAMINATIONS 2004

The exam for obtaining certified pharmacy technician status through the College's voluntary program will be held twice in 2004: Saturday, April 17 and Saturday, October 2.

Pharmacy technicians wanting to attend the exam at either sitting must submit their application and supporting documentation by no later than deadlines noted below. Please note these deadlines will be strictly followed without exception.

DEADLINES FOR SATURDAY, APRIL 17

a) Application to Evaluate Pharmacy Technician Credentials

The application with documentation and evaluation fee must be received by at the College no later than **January 23** (12 weeks prior). Please refer to the *Pharmacy Technician Registration Application Information* for details and forms.

b) Application to Write the Pharmacy Technician Certification Exam

The application and fee must be received no later than March 12 (five weeks prior). This package is mailed only to those deemed eligible to sit the examination following their submission and College approval of their *Application to Evaluate Pharmacy Technician Credentials* (as above)

DEADLINES FOR SATURDAY, OCTOBER 2

a) Application to Evaluate Pharmacy Technician Credentials

The application, documentation and fee must be received by no later than **July 9**

b) Application to Write the Pharmacy Technician Certification Exam

The application and fee must be received by no later than **August 27** 

FOR MORE INFORMATION CONTACT CLIENT SERVICES AT 416-962-4861

Medication Review Tool Kit

The Ministry of Health and Long-Term Care is seeking pharmacists licensed in Ontario who are interested in participating in the development of a Medication Review Tool Kit. If selected, you will be sharing your expertise and knowledge with other pharmacists from various sectors of the profession and from across the province who are collaborating on this project.

Interested pharmacists are encouraged to submit a letter of interest outlining related experiences, career accomplishments and relevant expertise, and an updated resumé. Submissions are due by March 14, 2004, at 5:00 p.m. and should be in Microsoft Word format. Please forward submissions via e-mail to amanda.mackay@moh.gov.on.ca

The Ministry thanks all respondents for their interest, however only those who are short-listed will be contacted.

HIV Post-Exposure Prophylaxis for Victims/Survivors of Sexual Assault

2,369 sexual assault victim/survivors were seen at the Sexual Assault Treatment Centres (SATCs) in Ontario in 1999. These women and men may have been exposed to the HIV virus at the time of the assault. However emergency departments and SATCs need to determine how to prescribe prophylaxis in this setting even though there are no published studies on the optimal strategy for HIV post-exposure prophylaxis (HIV PEP) in sexual assault. Current practice varies world-wide from no support to universal counselling and universal offering of HIV PEP.

The Ontario Women's Health Council, Ministry of Health and Long-Term Care funded project: "A *Prospective Cohort Study of HIV-1 Post-Exposure Prophylaxis in Ontario Sexual Assault Victims/Survivors*" (HIV PEP Study) has been initiated by the Ontario Network of SATCs to meet the needs of their client population (in collaboration with the Centre for Research in Women's Health, a partnership of Sunnybrook and Women's College Health Sciences Centre and the University of Toronto).

The objectives are:

- i) To implement a program of universal offering of HIV PEP medications at the 31 Ontario SATCs, (The cost of 28-day course of HIV PEP will be covered by the HIV PEP Study); and
- ii) To evaluate the strategy of universal offering of HIV PEP medications to sexual assault clients at unknown-risk and high-risk of HIV acquisition

The HIV PEP regimen being used is 28 days of Combivir®, (one pill twice a day) and Kaletra®, (three pills twice a day).

For more information, visit our webpage at: www.crwh.org/HIVPEPStudy.php or contact Heather Humphries Centre for Research in Women's Health, Toronto 416-351-2538, 1-866-663-6618, or heather.humphries@sw.ca

CE EVENTS

Visit the College's website: www.ocpinfo.com for a complete listing of upcoming events and/or available resources. A number of the programs listed below are also suitable for pharmacy technicians.

ONTARIO

Jan. 29-31: Toronto **Better Breathing 2004**

Ontario Respiratory Care Society
International Plaza Hotel
Sheila Gordon-Dillane
tel (416) 864-9911, x 236
fax (416) 864-9916
orcs@on.lung.ca

Jan. 31 - Feb. 4: Toronto **Professional Practice** **Conference**

Canadian Society of Hospital
Pharmacists
Gloria Day
tel (613) 736-9733 x 29
fax (613) 736-5660
gday@cshp.ca

Feb. 22: Ottawa **Asthma Wellness Specialty** **Workshop**

Ontario Pharmacists' Association and
the OPA DIRC
Embassy West Hotel Conference
Centre
Sandra Winkelbauer
tel (416) 441-0780 x 4235
swinkelbauer@opatoday.com
www.opatoday.com

Mar. 6: Ottawa **Update/Mise a jour 2004**

Ottawa Valley Regional Drug
Information Centre
Congress Centre
Denis Belanger
tel (613) 737-8347 or
1-800-267-4707

Mar. 26-28: London **Psychiatric Patient Care - Level** **1 Certificate Program**

Ontario Pharmacists' Association
Sandra Winkelbauer
tel (416) 441-0780 x 4235
swinkelbauer@opatoday.com
www.opatoday.com

Apr. 18: Barrie **Cardiovascular Wellness** **Specialty Workshop**

Ontario Pharmacists' Association
Sandra Winkelbauer
tel (416) 441-0780 x 4235
swinkelbauer@opatoday.com
www.opatoday.com

Apr. 25-27: Toronto **14th Annual Provincial** **Conference on Palliative and** **End-of-Life Care**

Humber Institute of Technology &
Advanced Learning and the Ontario
Palliative Care Association
Westin Harbour Castle Hotel
Neala Puran
neala.puran@humber.ca
www.palliativecare.humber.on.ca
or www.ontariopalliativecare.org

May 6-8: Huntsville **OPA Conference 2004**

Deerhurst Inn
Sandra Winkelbauer
tel (416) 441-0780, x 4235
swinkelbauer@opatoday.com
www.opatoday.com

May 15-18: Niagara Falls **CPhA Annual Conference**

Canadian Pharmacists Association
tel (613) 523-7877 or
1-800-917-9489
fax (613) 523-0445
www.pharmacists.ca

May 15-18: Toronto

CME 2004 Congress
Fairmont Royal York Hotel
www.cmecongress.org

CANADA

Mar. 28 - Apr. 1, Lake Louise AB **Annual Cardiovascular** **Conference at Lake Louise** **(ACCLL)**

Canadian Heart Research Centre
(CHRC)
Fairmont Chateau Lake Louise
tel 1-800-735-6585 x 252
www.cclakelouise.com

INTERNATIONAL

Feb. 12-24: Fort Lauderdale FL **15th Annual Colorectal Disease** **Symposium**

Cleveland Clinic Florida
tel (954) 659-5490
cme@ccf.org
www.clevelandclinic.org/florida

Apr. 28-30: Paris France **2nd ACCP-ESCP International** **Congress on Clinical Pharmacy**

The American College of Clinical
Pharmacy (ACCP) and the European
Society of Clinical Pharmacy (ESCP)
Palais des Congres
tel (816) 531-2177
fax (816) 531-4990
accp@accp.com
www.accp.com
or
tel +32 274 31 542
fax +32 274 31 550
escp@associationhq.com
www.escp.nl



Each issue of *Pharmacy Connection* includes an up-to-date summary of all current *OCP Manual* items in the table shown. These items are available and can be printed off from our website: www.ocpinfo.com. Individual copies, or complete sets of the legislation (with binder and tabs), can also be ordered from the College. The *OCP Manual*, sold with the *OCP Policy Handbook* (complete with index and copies of reference articles), is \$85 (\$90.95 with GST). Sold separately, the *OCP Manual* is \$64.20 (GST included) and the *OCP Policy Handbook* is \$32.10 (GST included).

<p>Drug and Pharmacies Regulation Act (DPRA) * Amended 2000 Regulations to the DPRA: DPRA R.R.O. 1990, Regulation 545 – Child Resistant Packages DPRA R.R.O. 1990, Regulation 547 Amended to O.Reg. 548/93 – Dentistry DPRA Ontario Regulation 297/96 Amended to O.Reg. 180/99 – General DPRA R.R.O. 1990, Regulation 551 Amended to O.Reg. 179/99 – General DPRA R.R.O. 1990, Regulation 548 Amended to O.Reg. 705/93 – Medicine DPRA R.R.O. 1990, Regulation 550 Amended to O.Reg 550/93 – Optometry</p>	<p>Ontario Drug Benefit Act (ODBA) & Regulations * Amended 2002 Regulations to the ODBA: Ontario Regulation 201/96 Amended to O.Reg. 395/02 – General</p>
<p>Drug Schedules ** Summary of Laws Governing Prescription Drug Ordering, Records, Prescription Requirements and Refills - January 2001 OCP Canada's National Drug Scheduling System – May 26, 2003 NAPRA (or later)</p>	<p>Food and Drugs Act (FDA) & Regulations ☒ Updated Health Canada Version as of Dec. 19, 2001 Amendment 1248-Iburprofen-Jan. 31, 2002</p>
<p>Regulated Health Professions Act (RHPA) * Amended 2002 Regulations to the RHPA: Ontario Regulation 39/02 – Certificates of Authorization Ontario Regulation 107/96 – Controlled Acts Ontario Regulation 59/94 – Funding for Therapy or Counseling for Patients Sexually Abused by Members</p>	<p>Controlled Drugs and Substances Act (CDSA) ☒ Updated NAPRA Version as of October 25, 2000 Benzodiazepines & Other Targeted Substances Regulations-Can.Gazette June 21/00 Precursor Control Regulations – Can.Gazette October 9/02</p>
<p>Pharmacy Act (PA) & Regulations * Amended 1998 Regulations to the PA: Ontario Regulation 202/94 Amended to O.Reg. 548/99 – General Ontario Regulation 681/93 Amended to O.Reg. 122/97 – Professional Misconduct</p>	<p>Narcotic Control Regulations ** Updated NAPRA Version as of October 25, 2000</p>
<p>Standards of Practice ▲ New Standards of Practice, January 1, 2003 OCP</p>	<p>OCP By-Laws By-Law No. 1 – June 2003 ▲ Schedule A - Code of Ethics, May 1996 Schedule B - Conflict of Interest Guidelines for Members of Council and Committees - Oct 1994 Schedule C - Member Fees - Jan 1, 2003 Schedule D - Pharmacy Fees - Jan. 1, 2003 Schedule E – Certificate of Authorization – Jan. 2003</p>
<p>Drug Interchangeability and Dispensing Fee Act (DIDFA) & Regulations * Amended 1996 Ontario Regulation Reg. 935 - General Ontario Regulation Reg. 936 – Notice to Patients Regulations to the DIDFA: Regulation 935 Amended to O.Reg. 394/02 – General Regulation 936 Amended to O.Reg. 205/96 – Notice to Patients</p>	<p>Reference ▲ Handling Dispensing Errors, Pharmacy Connection Mar/Apr 1995 Revenue Canada Customs and Excise Circular ED 207.1 Revenue Canada Customs and Excise Circular ED 207.2 District Excise Duty Offices - Oct. 10/96 Guidelines for the Pharmacists on "The Role of the Pharmacy Technician"</p>

* Information available at **Publications Ontario** (416) 326-5300 or 1-800-668-9938
 ** Information available at **www.napra.org**
 ☒ Information available at **Federal Publications Inc.** Ottawa: 1-888-4FEDPUB (1-888-433-3782)
 Toronto: Tel: (416) 860-1611 • Fax: (416) 860-1608 • e-mail: info@fedpubs.com
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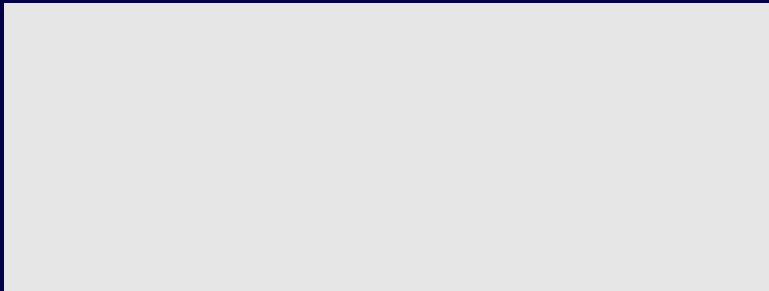
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