

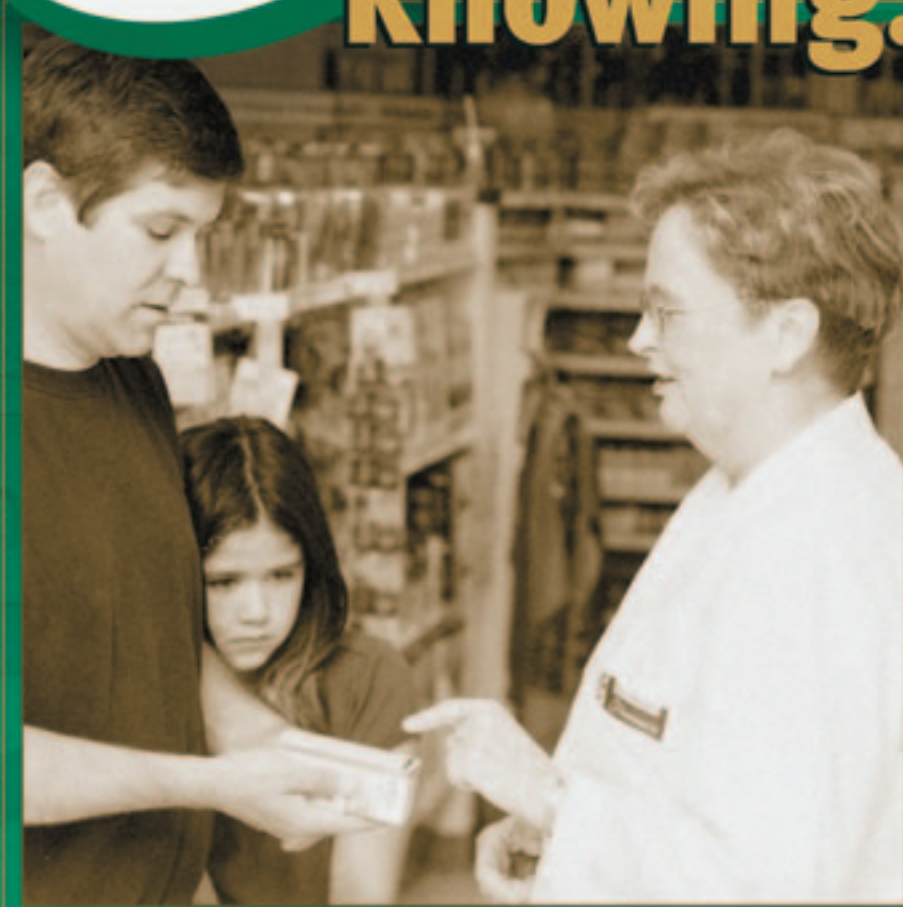
Pharmacy Connection

Official Publication of the Ontario College of Pharmacists

July/August 2002



Worth
knowing.



Are you getting the most from your Point of Care?





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.

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.

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

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- Finance
- Professional Practice

Special Committees

- Communications
- Standards of Practice Working Group
- Structured Practical Training

- Task Force on Primary Health Care Reform
- Working Group on Certification Examination for Pharmacy Technicians
- Working Group on Pharmacy Technicians

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Pharmacy Connection

The objectives of Pharmacy Connection are to:

- Encourage ongoing dialogue with pharmacists by communicating information on College activities and discussing issues of interest to members.
- Promote understanding and appreciation of the role of the pharmacist among members of our profession, allied health professions and the public, and provide access to resources that will facilitate the provision of pharmaceutical care.

We welcome original manuscripts for consideration. We publish six times a year, in January, March, May, July, September and November. Manuscripts should be received no later than 10 weeks prior to publication. If you intend to submit material, or would like a copy of the publishing requirements, please contact the Associate Editor. The Ontario College of Pharmacists reserves the right to modify contributions as editorial staff feel is appropriate. To be published, subject matter should promote the objectives of the journal. We also invite you to share with us any suggestions for topics, or journal criticisms, etc. Letters must include the name, address and telephone number of the author for verification purposes, and may be reprinted in the *Letters* column. The opinions expressed in this publication do not necessarily represent the views or official position of the Ontario College of Pharmacists.



*Della Croteau
Deputy Registrar/
Director of Programs*

Editor's Message

The Quality Assurance Practice Review held in May marks the completion of the first five-year cycle of the College's Quality Assurance Program.

All Ontario pharmacists in Part A of the Register have now been asked to complete a self-assessment and to provide a summary of their learning portfolios. Additionally, over 1000 of the Part A pharmacists have attended a Practice Review session at the College. (In 2000, the Ministry of Health and Long-Term Care recognized the OCP's program as a best practices model.)

The success of the program has been the result of many dedicated pharmacists from around the province who have contributed to the development and implementation of the program. I would like to thank every pharmacist who either wrote, reviewed and/or participated in the standard-setting process for every case and question developed. Their input was very valuable in grounding our process in daily pharmacy practice.

I would also like to acknowledge the pharmacist assessors who dedicate their time to assessing their peers in the standardized patient cases that are held during the many long Practice Review weekends. Nor can I forget the help of the staff at the University of Toronto's Standardized Patient Program who all contributed much energy and expertise to our Practice Reviews.


The pharmacists and public members on our QA Committee have also, throughout these development years, each contributed wholeheartedly to the program. A number of OCP staff also spent countless hours preparing for each Practice Review, assisting throughout the weekends, and following up on the results and remediation. And finally, I

want to thank our catalyst for the Practice Review, consultant Dr. Anthony Marini, who has coached and fostered this enthusiastic group of pharmacists into building a leading edge program.

While it is time to pat ourselves on the back, it is also time for us to strive for an even better program. We have received valuable feedback from the pharmacists who have been through the Practice Review, but must now evaluate the program more extensively to determine whether the QA program is having a positive effect on pharmacists' practices.

You may be contacted over the next year as we will be seeking pharmacists' perspectives on the QA program through interviews, focus groups and/or questionnaires. I encourage you to participate, as your feedback is invaluable in moving the process forward.

This edition focuses on our *Point of Care* program. Its goals are many – but one key goal is to communicate to patients the quality and level of professional skill that they can expect of Ontario pharmacists.

Therefore, with the QA program serving an integral role in ensuring quality and skill in the profession, the QA program and the *Point of Care* effectively work hand in hand. So please make sure your *Point of Care* sign is displayed and take note of the additional ways in which you can promote the symbol and its values in pharmacy materials. 

While it is time to pat ourselves on the back, it is also time for us to strive for an even better Quality Assurance program

President's Message



Leslie Braden
President

Successful District Meetings

I am pleased to have met so many of our members as well as a great number of pharmacy technicians at this year's district meetings. Your enthusiastic participation in the discussions and your comments and suggestions about the proposed pharmacy technician competencies have been noted with appreciation. As members of our self-regulating profession, your opinions and feedback are key to guiding and shaping the future of pharmacy.

Increasing Visibility for the Point of Care

I found it rewarding to visit members not only in southern Ontario but also in northern communities like North Bay, Thunder Bay, Dryden and Sault Ste. Marie. It was great to see the *Point of Care* symbol displayed in the many pharmacies that we passed. With such a presence across the province, the *Point of Care* is truly becoming a unifying and universal symbol for the high quality pharmacy care that is provided in Ontario's many pharmacy practice sites.

Internet Pharmacy

The public's use of the Internet for accessing pharmacy services is rapidly increasing and it is more and more critical for us to provide our patients with guidance and advice on how to best identify legitimate websites.


I urge you to review Council's policy for operating pharmacy Internet sites (see www.ocpinfoc.com). Remember that any website selling drugs (Schedule I, II, or III) to the public must be owned by an accredited "bricks and mortar" pharmacy and follow all applicable legislation. Furthermore, the designated manager is responsible for the content and operation of the pharmacy's website. The website must also display the *Point of Care* symbol and the pharmacy's accreditation number to help patients identify *bona fide* licensed Ontario pharmacies.

Key Meetings

I was very pleased to host the annual meeting of the College's and the Ontario Pharmacists' Association's Executive Committees. Our discussions were very productive and covered many issues including scope of practice, continuing education, subscriptions to recognized drug information services and pharmacy ownership.

This year's OPA annual conference and AGM resonated with energy and we were pleased to sponsor an educational event and to host a booth that promoted uses for the *Point of Care* symbol. It also was great to see this dynamic organization rewarded with a sold-out conference!

Della Croteau presented at the National Forum on Scope of Practice at the Canadian Pharmacists Association annual conference and Deanna Laws and I participated in the reporting session and in a number of discussions. It is crucial that this type of dialogue continues to take place both provincially and nationally and that all key pharmacy organizations continue to work together towards our many common goals.

I was honoured to be your OCP President this past year. You are all worth knowing! Remember that you are each responsible for the growth and development of pharmacy care services and it begins every day at the *Point of Care*. 

Your opinions and feedback are key to guiding and shaping the future of pharmacy

A handwritten signature in blue ink that reads "Leslie Braden".

OCP COUNCIL REPORT

June 2002



MEDIA ACTIVITY

Council reviewed for information and discussion, copies of recent media stories covering the College's laying of charges against the Canadian Drug Store Inc., an Ontario pharmacist, pharmacy, physician and a Canadian drug wholesaler. Discussions were limited to information currently in the public domain so as not to compromise the College's prosecution efforts. Council noted the extensive media coverage received both in Canada and the United States on this issue.

The articles and interviews provided an excellent opportunity to alert the public about the need to be vigilant when accessing pharmacy or medical services over the Internet and also increased public awareness about the College and its public protection mandate. The Registrar further advised Council that a preliminary meeting had been held with Health Canada on the role that they may play respecting internet pharmacy activity and noted that contact has also been made with U.S. Federal agencies on the potential risks this practice poses to Americans.

FINANCIAL STATUS REPORT

In keeping with its mandate to report significant deviations from budget, the Finance Committee advised Council of two significant spending categories that are having an impact on the College's financial position.

At Council's direction, the College's Discipline Committee has expended extraordinary efforts to eliminate the case backlog that has accumulated over the last several

years with the aim of eliminating the backlog by the end of this calendar year. This acceleration of discipline activity has resulted in a budget overrun of \$90,000, to date, with full year costs expected to exceed budget by \$200,000. The College's investigation and prosecution through the provincial courts of the Canadian Drug Store Inc., which was not anticipated and therefore was unbudgeted, has cost the College \$130,000 to date, and is expected to cost a total of \$250,000 this year.

The Finance Committee noted that the projected operating deficit of \$400,000 will be covered through the College's cash reserves, which were \$850,000 coming into this budget year. While it is not anticipated that there will be the need to draw on the College's operating line of credit, Council noted that the line is in place should the need arise.

COUNCIL APPROVES LEGISLATIVE AMENDMENTS TO THE *Drug and Pharmacies Regulation Act*

*REQUEST FOR MEMBER FEEDBACK

Council approved the report of the Accreditation Committee setting out proposed amendments to the DPRA. The amendments include those previously agreed to by Council (and reported to the membership) and introduce the new concept of proprietary misconduct with the view of ensuring increased and equal accountability for all pharmacy owners whether or not they are members of the College (see below).

Previously approved amendments would allow pharmacists in Ontario to fill prescriptions from prescribers licensed in other Canadian jurisdictions and also delegate certain acts to registered pharmacy technicians – both of which are necessary to facilitate the regulation of Pharmacy Technicians. The draft also includes some “housekeeping” changes to bring the legislation up-to-date with other recent legislative changes (ie. drug schedule references).

Council considered and agreed to a multi-tiered model for pharmacy regulation in the province. They agreed that retention of the current ownership and directorship provisions is the foundation for effective regulation and approved an amendment introducing, as noted above, the concept of “proprietary misconduct” for pharmacy owners, explicitly noting those areas of pharmacy operations for which all owners/operators should be held accountable. The proposed amendments also call for increased accountability by pharmacist directors of corporations operating pharmacies, as well as enhanced enforcement through increased fines and the ability to impose terms and conditions on certificates of accreditation.

The amendments also propose changes to requirements for delivery of medications, whether by pharmacy staff or through a courier or mail delivery service. The proposed changes call for the signature of either the patient or the patient’s agent for all delivered medications.

The proposed proprietary misconduct regulation can be found on pages 18-19. The DPRA, with approved amendments, can be viewed in its entirety on our website at www.ocpinfo.com or can be mailed to you on request. Member feedback will be reviewed through the summer months with anticipated submissions to government following the consultation period.

REGISTRATION REGULATION AMENDMENT TO FACILITATE MUTUAL RECOGNITION APPROVED

*REQUEST FOR MEMBER FEEDBACK

Council approved draft regulations aimed at enabling pharmacists registered in other Canadian jurisdictions on or before July 1, 2001 to register directly into Part B of the College’s Register provided he or she is currently licensed in an equivalent part of the register in a province that is a signatory to the Mutual Recognition Agreement for Pharmacy in Canada. **The proposed regulation is printed in its entirety on pages 20-21 and is being circulated for member feedback, which is requested**

by September 23, 2002. Comments should be in writing and directed to Della Croteau, Deputy Registrar/Director of Programs.

COUNCIL APPROVES BY-LAW AMENDMENT: COMMITTEE COMPOSITION AND PROFESSIONAL INCORPORATION

Council approved College By-Law amendments respecting Committee Composition and also respecting the certificates of authorization for Health Profession Corporations including the fees for issuance and renewal. The By-Law amendments respecting certificates of authorization, which will be ratified by Council in September, are printed on pages 24-25. Comments or questions respecting these by-law amendments should be directed to Connie Campbell, Director, Finance and Administration.


NAPRA

Council received for information correspondence relating to termination of the College’s membership in NAPRA, effective April 7, 2002. Council further noted that the College’s withdrawal from NAPRA earlier than had been anticipated, was deemed to be in the best interest of both organizations and resulted in a cost savings of \$55,000 for the College this year.

STRATEGIC PLAN UPDATE RATIFIED

Council reviewed the Strategic Plan that was updated to reflect past year accomplishments and projected activity with associated financial implications for future activity. They noted that significant progress has been made toward each strategic direction and that the objectives initially set forth in 2000 will all be met in the next year.

COMMUNICATION INITIATIVES APPROVED

Council approved, in principle, a three-year plan for the College’s communication program that will include the development of television commercial(s) and media placement. Cognizant of the current fiscal realities, Council has referred the proposed budget for the communications plan to the Finance Committee for further review and recommendations. In addition, Council has approved an expanded use for the College’s *Point of Care* symbol to allow Ontario pharmacists to reproduce the symbol on their letterhead, fax cover sheets and email correspondence. Council further noted that any reproduction of the symbol, as always, must be in accordance with the College’s *Point of Care* graphic standards (available at www.ocpinfo.com). 

Worth knowing



***Are you getting the most
from your Point of Care?***

Our goal is to help you let your patients, the public and the many health care professionals with whom you communicate, readily see the symbol and know that you are a licensed practitioner that provides quality pharmaceutical care.

With recent approvals by Council, pharmacists can now display the *Point of Care* symbol in a variety of ways that complement the symbol's display in the window of each pharmacy. Pharmacists can place the symbol on their letterhead and business cards and may also have it pre-printed or laser printed on prescription vials and/or labels.

Our goal is to help you let your patients, the public and the many health care professionals with whom you regularly communicate, be able to readily see the *Point of Care* and recognize that you are a licensed practitioner providing quality pharmaceutical care. We will also continue our efforts to inform the public that pharmacists and pharmacies displaying the *Point of Care* symbol are licensed and regulated by the College, and are required to practice according to the professional and operational standards set by the College.

We encourage you to display the symbol in your pharmacy and to consider some of the following ways you can further display the "visual" that is quickly becoming the universal symbol for quality pharmacy care in Ontario:

1. **Pharmacy Identification:** As part of the OCP's accreditation standards, Council's intent is to make it a requirement under the DPRA that all accredited community pharmacies prominently display the OCP's *Point of Care* symbol in at least one main public entrance to their pharmacy
2. **Pharmacist Identification:** All licensed community and hospital pharmacists are encouraged to wear the *Point of Care* symbol whenever they have contact with their patients or the public in a professional capacity
3. **Websites:** An OCP-supplied electronic image of the *Point of Care* symbol must be posted on the first splash page of any pharmacy website owned and operated by an accredited Ontario pharmacy
4. **Business Cards:** Licensed Ontario pharmacists may include the *Point of Care* symbol on their business cards (either in Pantone 349-Green or Black (neutral)). They may also choose to place the symbol on "generic" pharmacy business cards intended for patient reference and use
5. **Letterhead, Fax Covers, Email:** Pharmacists may also place the symbol on professional or pharmacy letterhead, fax cover sheets or emails that include electronic images
6. **Prescription Labels and Vials:** Accredited Ontario pharmacies may choose to place the *Point of Care* symbol on prescription vials and/or labels. The symbol can be pre-printed on vials, vial labels, or affixed separately at the time the prescription is filled
7. **Hospital Signage:** Hospitals may choose to display the *Point of Care* symbol in directional signage used to help visitors/patients locate the outpatient pharmacy. The symbol cannot be used in signage used to advertise an outpatient pharmacy or its services



Barry Solway

*Public Member
Chair, Communications
Committee*



Layne Verbeek, B.A.

Communications
Manager

Is the Point of Care Symbol Really Necessary?

Some pharmacists say that they believe there is no need for either the *Point of Care* symbol or the College's public education program. They argue that the awareness of their expertise among their patients and colleagues is already strong. Some also argue that the messages in this program are fairly simple and may confuse the many patients who already have a much greater understanding and appreciation for the pharmacist and his/her role and expertise.

The Worth Knowing Education Program was never intended to diminish or devalue positive perceptions that patients have of their pharmacists. Rather, it is the College's goal (and the wishes stated by most pharmacists) to create consistent, Ontario-wide public awareness of pharmacy services. We all know of negative stereotypes regarding pharmacy that are held by some members of the public. It is the mandate of this program — set out in Council's Strategic Plan — to enhance the public's awareness of, and the quality of their interactions with, pharmacists.

While the program's current messages may appear simplistic, they have been identified through research as the messages the public is currently most likely to understand and receive. The complexity of the program's messages will increase over time— in much the same way as the College and the profession continue to gradually “raise the bar” for practice standards. Indeed, this education program has been created to directly support the *Standards of Practice*, as it is clear that one cannot fully meet certain practice standards without the full participation of patients who are ready and willing to engage with their pharmacist.



Following are some of the program's current and future messages:

Current

- All pharmacists are university-educated
- All pharmacists and their staff protect patient confidentiality
- Ask your pharmacist before you mix prescription, non-prescription or herbal products
- Hospital pharmacists oversee your pharmaceutical care while in hospital

- You can receive counselling in an acoustically-private area
- Pharmacy is a profession regulated by the Ontario College of Pharmacists
- Verify the legitimacy of an Internet pharmacy website before use (recent)

Future

- Your pharmacist can help you decide what medications are best for you and your family
- Your pharmacist consults with your physician on your medications and care
- You are encouraged to build a long-term relationship with one pharmacist/pharmacy
- Your pharmacist can help you in monitoring any illnesses that require regular follow-up such as diabetes or heart problems
- Your pharmacist follows high standards of practice
- Your hospital and community pharmacists work together to provide you with continuity of care when you return home from hospital
- Your pharmacist participates in a quality assurance program that has been cited as a best practices model
- Pharmacists work in many areas beyond clinical care including research and academia
- Your pharmacist is a key player in the primary care of you and your family

As you can see, the messages and complexity of concepts that we want the general public to understand are many, but Council believes that a long-term investment in this program will reap benefits for both the public and the profession.

Protecting the Symbol, Its Meaning and Its Trademark

Many have asked, “Who owns the symbol?” While the *Point of Care* symbol is owned and protected by a trademark held by the Ontario College of Pharmacists, the symbol was created and intended for use and display by all Ontario-licensed pharmacists and accredited pharmacies — subject to the College’s *Point of Care* Symbol Usage Standards.

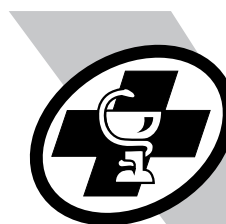
The *Point of Care* is meant to be a universal identifier of licensed, high quality pharmacy care. It is, therefore in the interests of us all to ensure that it is widely and properly displayed.

Please understand that any contrary use or reproduction of this symbol by any unauthorized individual or organization (or any use contrary to the College’s *Point of Care* Symbol Usage Standards) represents a trademark infringement. The College has the right to allow or limit the symbol’s display. As such, any pharmacy displaying the symbol improperly will be required to either replace it with a proper image, or remove the symbol from view.

Protecting the trademark:

- Builds universal recognition by preventing altered or misleading images from being displayed to the public
- Prevents unauthorized usage to protect the symbol’s integrity and to limit its use to licensed individuals and businesses
- Helps create a valuable universal symbol for the profession through which the College communicates the promise of ethical pharmacy care to all Ontario residents
- Protects its authorized users from inadvertently creating similar symbols or images that could otherwise infringe on trademarks held by other organizations

Following are four examples of design and trademark infringements:



Incorrect border outline



Incorrect border outline and not properly skewed



Reversed colours



Border incorrectly skewed

CORRECT DESIGN



Please contact the Communications Department for an electronic copy prior to reproducing the symbol in your signage or materials as its reproduction **must** be exact and cannot be revised, re-designed or skewed. The *Point of Care* Symbol Usage Standards can be found on our website.

Q&A Communications

Q Do I have to display the Point of Care symbol?

Although it is not yet mandatory, Council has approved as policy that all pharmacies display the symbol in their front public entrance.

Building strong public appreciation for pharmaceutical care is a significant and long-term commitment. However the public will more quickly recognize and understand messages about pharmaceutical care if these messages are accompanied by a universal symbol. This is best achieved by displaying the *Point of Care* symbol in every pharmacy so that patients and customers are reminded every time they visit a pharmacy and every time they see the symbol.

Q Why am I not allowed to reproduce the Point of Care symbol in a different colour to match my storefront signage or design?

The *Point of Care* symbol was created in green to participate in the international tradition of using a green cross to represent pharmacy. Furthermore, the symbol can only be displayed in the trademark-specific Pantone 349 green or solid black (neutral reproduction) as other organizations hold trademarks for crosses rendered in other colours (e.g. Red Cross International, Blue Cross Inc.).

Q Why must the symbol be displayed at the pharmacy entrance and not elsewhere inside my pharmacy such as over the dispensary?

The purpose of the symbol's display is to help the public locate and identify your pharmacy. Displaying the symbol over the dispensary is redundant.

Q Do I have to use the plexi-glass sign?

No. The plexi-glass sign was made to provide all pharmacies

with free initial signage. We encourage all pharmacy owners to consider placing the symbol in their permanent signage whenever they renovate or replace signs.

Q If I have two pharmacy entrances, do I need to display two signs?

While it is not required, we encourage you to display the symbol at all public entrances to your pharmacy.

Q Who "owns" this symbol?

The symbol and its trademark are held by the Ontario College of Pharmacists. However, the symbol was created to be used by all licensed pharmacists and accredited pharmacies in Ontario. The College retains the right (under trademark protection) to enforce either the symbol's method of use or its removal.

Q Can technicians, pharmacy-employed nurses or other pharmacy staff wear the symbol?

No. The College's mandate is to regulate pharmacy and pharmacists in Ontario and, as such, the symbol was created as part of this mandate. If, or when, the College regulates pharmacy technicians, we will then work to create public awareness and appreciation for their role.

Q My pharmacy is in a mall or medical building without windows, where do I hang the sign?

We encourage pharmacies in malls to display the sign at the opening of their mall entrance (back from the sliding glass doors) as well as in the window of any street entrance. Pharmacies inside buildings with or without windows are encouraged to display the symbol as close to their public entrance as is practical. 📍

Pharmacy Technician

NEWS

Upcoming Conference

This year's Pharmacy Technician conference, sponsored by the Listowel Memorial Hospital, will feature a choice of two certificate courses: *Aerochamber/Spacer Device Trainer* and *Certified Compression Stocking Fitter*

Other conference topics will include:

- New Drugs on the Market
- Alzheimer Disease and Other Dementias

- Male Menopause (Cardiovascular Risk and Sexual Health)
- Non-traditional Technician Jobs
- Bioterrorism
- Know Your Potential (What does Your Handwriting Say About You?)

For more information please contact Christine Vanderspiegel, tel: (519) 291-3125, ext. 231.

2002 Fees

Annual Certified Pharmacy Technician fees are due at the College by September 10th of each year. This year's fee forms will be mailed at the end of July. If you do not receive your fee form by mid-August, please contact Roland Starr by telephone (416) 962-4861, ext. 237; by fax: (416) 703-3102 or by e-mail: rstarr@ocpharma.com to request a new form. Likewise, if you have moved since the 2001 fee time and have forgotten to inform us of your change of address, please contact Member Services with your new contact information.

Pharmaceutical Calculations

This text "is international in its scope. It is a math textbook and the exercises and explanations are universal, not leaning to any sort of US orientation. Drug are expressed as generic names so there is no confusion for Canadians with reference to US brand names."

The material covers the topic in an extensive manner and thus is recommended for pharmacy technicians who already have some familiarity with the topic. Our reviewers feel that some chapters "are beyond the scope of the pharmacy technician and should perhaps be viewed for information only" and that "since the text is directed at the pharmacist, it covers more material than what the pharmacy technician needs to know (e.g., pharmacokinetics, calculation of doses according to weight, creatinine clearance). It also provides good coverage of questions in the areas of percentage/ratio calculations and prescription pricing/markup, etc."

In general, our pharmacy technician reviewers view the text as an "ideal reference source for pharmacy technicians to keep at their practice sites. It is well written, easily understood and a great resource for preparation for the pharmacy technician certification examination. Technicians using this text will be glad to know that the answers to the problem exercises are found at the back of the book."

Our pharmacist reviewer recommends this text for pharmacists and pharmacy technicians in both community and hospital practice settings. It was found to have good examples and to be well explained.

This text may be purchased from: University of Toronto Bookstore
214 College Street
Toronto ON M5T 3A1
tel (416) 978-7911
or 1-800-387-4420
fax:(416) 978-7242

Speak Out!

We encourage you to use this column to share your suggestions, comments or concerns with your technician colleagues. If you have comments on the *Proposed Pharmacy Technician Competency Profile*, the pharmacy technician information contained on our website or other relevant topics of interest, please fax, write or email us. This invitation is open to all technicians.

Dr. Bernie DesRoches, Manager,
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Greg Ujiye, B.Sc.Phm.

Manager, Pharmacy
Practice Programs

Q&A Pharmacy Practice

Q What is the designated manager responsible for in the pharmacy?

A designated manager is responsible for everyone under his/her supervision who works within the guidelines of the policies and procedures that have been implemented in that particular practice site.

Every pharmacist is also responsible for his/her own actions and must meet the *Standards of Practice* prescribed for all pharmacists. Non-pharmacist staff are responsible for working within the guidelines provided to them by the pharmacy. A designated manager cannot be held responsible for individual pharmacists nor non-pharmacist staff who operate outside the standards that apply to their employment.

The designated manager assumes the supervisory role within the pharmacy and must oversee its operations. He/she is also the primary contact from the College's perspective and is, therefore, the first point of contact whenever the College seeks information, explanation or insight into a particular issue.

Q Can a designated manager be held responsible for advertising that is developed by their head office?

Assessing responsibility for advertising will be done on a case-to-case basis.

Generally, directors or owners will be held accountable for advertising that is corporately created. However the designated manager may be held responsible in situations where he/she has the opportunity to participate in, or be part of, the decision-making or development process of the advertising (e.g. when his/her name or image is used). A

designated manager is also expected to provide feedback to head offices whenever they come across advertising that could be considered questionable under the Advertising Regulations.

Q As a designated manager, can I delegate the responsibilities assigned in the standards to pharmacists or technicians?

The *Standards for Designated Managers* clarify your roles and responsibilities as well as identify the higher expectations that the College has for every pharmacist that holds this position. As designated manager, you can delegate any or all of the responsibilities to staff pharmacists, technicians or owners whom you identify as capable in performing them. However as designated manager, you remain ultimately responsible for maintaining the *Standards* in your pharmacy.

Q What is the difference between a Designated Manager and a narcotic signer?


The *designated manager* is a pharmacist designated by the owner to oversee or supervise the pharmacy, manage its operations, and serve as the primary contact for the College. The designated manager also has narcotic signing authority for that particular location. (The designated manager may be the owner or a person named by the owner.)

A *narcotic signer* is a pharmacist who has been registered with the College by the owner or designated manager to have authority to order and sign for narcotics or controlled drugs for a particular pharmacy location. (This request must be made in writing by the owner, director or designated manager, and forwarded to the College.)

Secondly, the narcotic signer does not assume the same responsibilities as a designated manager but may be delegated some of these responsibilities by the designated manager from time to time.

Q The Standards for Designated Managers appear to favour large corporate interests and impose a burden on smaller independent operations. Is this the case?

While the DPRA states that the designated manager is

responsible for the operation of a pharmacy and is responsible for any offense committed against the Act, the *Standards for Designated Managers* does not impose any additional burdens but rather clarifies and helps define the expectations for a designated manager. The *Standards* do not address who owns a pharmacy but rather focus on pharmacy operations and identify the primary contact for that particular pharmacy. 

NOTICE TO PHARMACISTS

AMENDMENTS TO DRUG SCHEDULES

Generic Drug Name	Schedule	Date of Change
Cetirizine and its salts (in concentrations of 10 mg equivalent to 8.5 mg or less of cetirizine base per dosage unit) in products marketed for paediatric use (under 12 years of age)	III	July 11, 2002 **
Cetirizine and its salts (in concentrations of 10 mg equivalent to 8.5 mg or less of cetirizine base per dosage unit) in products marketed for adult use (over 12 years of age)	Unscheduled	July 11, 2002 **
Dextromethorphan in package sizes containing more than 300 mg DM or in dosage forms other than liquid	III	July 11, 2002 **
Dextromethorphan in liquid dosage forms and in package sizes containing no more that 300 mg DM in total	Unscheduled	July 11, 2002 **
Ibuprofen 300 mg	III	May 14, 2002
Ibuprofen 400 mg	III	May 14, 2002
Desloratidine	III	March 21, 2002
Hepatitis A vaccine *	I	February 19, 2002
Hepatitis B adult vaccine *	I	February 19, 2002
Hepatitis B pediatric vaccine *	Remains as II	February 19, 2002
Ephedrine in preparations containing more than 8 mg per unit dose *	I	February 19, 2002
Ephedrine in preparations containing 8 mg or less per unit dose *	Unscheduled	February 19, 2002

** Date is in effect provided that no valid objections are received in the interim

* Please refer to the NAPRA drug schedules for more information at: www.napra.org

Please also continue to check the OCP website, www.ocpinfo.com for Health Canada drug notices as well as schedule changes.

For the electronic mailing of the Health Canada Advisories/Warnings health professionals, subscribe online at: http://www.hc-sc.gc.ca/hpb-dgps/therapeut/htmleng/mail_list.html



Chris Schillemore, B.Sc.Pharm.

Manager, Registration Programs

Q&A

Registration

Q I am an internationally educated pharmacist who is considering applying to the International Pharmacy Graduate Program. Can you tell me about the loan program available through the Maytree Foundation?

The Maytree Foundation is a private charitable organization established in 1982. One of the objectives of its *Refugee and Immigrant Program* is to assist newcomers to Canada in accessing suitable employment and promoting fair recognition of the skills, education and experience they bring with them. The inability to access loans for tuition fees can create a barrier to short-term training for many immigrants.

The Maytree Foundation and the Metro Credit Union have also jointly developed the *Immigrant Employment Loan Program*. This pilot program is intended to assist immigrants and Convention Refugees who do not possess a credit history and require short-term training and want to upgrade their skills or to assist those who require an assessment of their previous education and experience that could lead to certification. The loans provided by Metro Credit Union will generally be in the range of \$2000 to \$5000.

The application forms as well as guidelines for the program, can be found on the Maytree Foundation Website www.maytree.com.

If you have any questions about the Immigrant Employment Loan Program, contact the coordinator, Stephanie Saunders at (415)-944-2627 ext. 241 or by email at ssaunders@maytree.com.

(There is also information in the International Pharmacy Graduate Program application package on other financial assistance programs.)

Q As a preceptor, I was surprised to see that OCP discontinued the four-week Structured Practical Training studentship for U of T students. Doesn't the College think this work experience is valuable?

This decision was not meant to discount the benefits of pharmacy work experience for students. However, Council felt that this was no longer needed to be a mandatory requirement in light of the Faculty of Pharmacy's intent to introduce an early pharmacy experience component into its curriculum (in addition to its SPEP rotations).

We expect that the majority of students will continue to work in community and hospital pharmacies during the summer but we also understand that some may choose other options depending on their personal circumstances. Please note that a student wishing to do the controlled acts in a pharmacy must first register a non-credit student position with OCP.

We encourage pharmacists and employers to provide students with opportunities to put into practice what they have learned in their curriculum and provide them with feedback on their progress throughout the summer as excellent early work experience can be an important consideration for a newly graduated pharmacist in choosing an employer.

The activities that were formerly a part of SPT studentship have been posted on the OCP website to assist you in planning an optimal learning opportunity for your students. [☞](#)

Prior Learning Assessment

in the International Pharmacy Graduate Program



Artemis Diamantouros, BScPhm, MEd
Coordinator, Pharmacy PLA
Mike Galli, BEd
Coordinator, Linguistic PLA

The International Pharmacy Graduate (IPG) Program recently began to develop and incorporate a **prior learning assessment** (PLA) component into its program. PLA is the process by which each individual's previous academic studies, knowledge and experience are assessed.

RATIONALE FOR USE

The IPG Program is incorporating PLA into its program for several reasons. First and foremost, the PLA will provide our international pharmacy graduates an opportunity through which they may demonstrate whether their prior learning and experience have sufficiently prepared them to meet Ontario standards and expectations for pharmacists at the entry-to-practice level. Conducting a detailed assessment may therefore identify international pharmacy graduates that are able to follow an expedited path to licensure.

Secondly, the PLA will help us identify each student's stronger and weaker areas of knowledge and competence. This information will then be used to form the basis of *individualized learning plans* (ILPs) that will be created for each international pharmacy graduate. The ILPs will be designed to link to the program's curricular offerings and will also be used to identify any additional supports that are needed to help the candidate succeed in the IPG Program.

AREAS OF ASSESSMENT

The PLA will assess two key areas — language/communication skills and pharmacy practice competency — as these are the areas that continue to be significant challenges for many international pharmacy graduates. The student's *Pharmacy related competencies* would be assessed to ensure that they have the skills, knowledge and attitudes necessary to meet Canadian standards of practice. Simultaneously, *language or communicative competencies* will also be assessed. It is impossible to separate these two elements in the program, as the ability to communicate clearly is an integral aspect of pharmacy practice. Indeed, one cannot practice the profession without a certain level of linguistic fluency and accuracy. Therefore the students' language and communication skills will be assessed within the context of pharmacy practice.

IMPLEMENTATION PLANS

The IPG Program's PLA is still in the developmental stage. An assessment framework is nearing completion and will guide the development of the testing tools. Assessment methods that are summative and diagnostic are required so that reasons why standards are or are not being met can be identified. Development will continue over the coming months and pilot testing is scheduled for September/October 2002.

To our knowledge, PLA is new to the field of pharmacy and as such this is an interesting and challenging initiative for the program. We are optimistic that including this element will further enhance the IPG Program. ☑

Proprietary Misconduct

NOTICE OF PROPOSED REGULATORY CHANGES –

The following regulatory additions/changes have been approved by Council and represent the new concept of proprietary misconduct and are therefore being printed here.

We also seek your comments on proposed amendments to the DPRA. These are available in their entirety on the College's website at www.ocpinfo.com.

DRUG AND PHARMACIES REGULATION ACT, Ontario Regulation 000/02

Proprietary Misconduct

- .01 In this Regulation "owner" means the holder of the Certificate of Accreditation of a pharmacy and where the owner is a corporation, the corporation itself and the directors of the corporation.
1. The following are acts of proprietary misconduct for the purpose of section 7 of the *Drug and Pharmacies Regulation Act* S.O. 2001:

Practice of the Profession at the Pharmacy:

- a) contravening a term, condition or limitation imposed upon an owner's certificate of accreditation;
- b) failing to provide the equipment, systems and staffing necessary for the *members practising in the pharmacy to maintain a standard of practice;
- c) failure to provide an inspector with any information or documentation reasonably required by the inspector to conduct an inspection pursuant to the Act or to prevent the inspector from taking any copies of such records;

- d) carrying on business as a pharmacy while the owner is in a conflict of interest;
- e) failure to provide a system to monitor stale dated drugs and remove outdated drugs from the pharmacy stock;
- f) failure to respond to a College enquiry within thirty (30) days from receipt of the enquiry;
- g) employment of a member by an owner in a manner which is inconsistent with any terms or conditions on the Certificate of Registration of the member;
- h) failure to keep confidential, personal health information or other personal information concerning a patient without the patient's consent unless permitted or required to do so by law.

Record Keeping and Reports:

- i) failure to keep records as required respecting the patients of the pharmacy;
- j) falsifying a record relating to the practice of the pharmacy;
- k) signing or issuing a document that the owner knows contains a false or misleading statement;

Business Practices:

- l) submitting an account or charge for service that the owner knows is false or misleading;
- m) charging a fee that is excessive in relation to the service provided;
- n) providing a prescriber with prescription blanks, a professional diary, an appointment book or other gift whether or not printed with the name of the pharmacy;
- o) participate in a lease of premises for a pharmacy that permits any other person, other than the owner of the pharmacy to participate in the revenue of the pharmacy, except by way of rent normal for the area in which the premises are located;

Miscellaneous Matters:

- p) contravening the *Drug and Pharmacies Regulation Act* and the regulations made under that Act;
- q) contacting or communicating with, or causing or permitting any person to contact or communicate with potential patients, in person, by telephone, by facsimile, email or otherwise in an attempt to solicit prescriptions;
- r) contravening any Federal or Provincial law or municipal by-law with respect to the distribution, sale or dispensing of any drugs or mixture of drugs;
- s) entering into any agreement that restricts a persons choice of a pharmacy without the consent of the person;
- t) returning to stock, or permitting to return to stock and again selling drugs previously sold or dispensed and delivered;
- u) knowingly permitting the premises in which the pharmacy is located to be used for unlawful purposes, including an offence pursuant to the *Criminal Code (Canada)* and pursuant to the *Controlled Drugs and Substances Act*;
- v) permitting, consenting to or approving, either expressly or by implication the commission of an offence against any act relating to the practice of pharmacy or to the sale of drugs by a corporation which is the holder of a certificate of accreditation;
- w) offering or distributing, directly or indirectly a gift, rebate, bonus or other inducement with respect to a prescription or prescription services;
- x) engaging in conduct or performing an act relevant to the business of a pharmacy that would reasonably be regarded as disgraceful or dishonourable.

* There is currently no definition of "member" in the DPRA. The *Regulated Health Professions Act* defines "member" as a member of a College, and the *Pharmacy Act* defines "member" as a member of the College which, in turn, means the Ontario College of Pharmacists. When the *Act* is opened we should include "member" as a defined term under the *DPRA* to mean "a member of the Ontario College of Pharmacists". This is a house-keeping amendment only to update the *DPRA* and make it more consistent with the language of the *RHPA* and the *Pharmacy Act*.

Member comment respecting the above regulatory changes should be made, in writing, to Della Croteau, Deputy Registrar/Director of Programs by September 23, 2002.

Registration Regulation

NOTICE OF PROPOSED REGULATORY CHANGES –

The following regulatory additions/changes have been approved by Council and are being circulated here for your comments:

Amend **PART IV** being the registration portion of Ontario Regulation 202/94 as amended by:

1. Adding under the heading “Definition” a new section, namely, 24.1 as follows:

24.1 In this Part,

“registration” means the holding of a licence, permit, certificate or registration as a pharmacist issued by a provincial or territorial authority responsible for the regulation of pharmacists in a province or territory in Canada;

“not-restricted registration” means registration without any restrictions, terms, conditions or limitations

- (a) relating to the holder's ability to practise independently;
- (b) requiring the holder to practise under supervision or direction;
- (c) requiring the holder to maintain a

position or appointment as a condition of continued registration;

- (d) requiring the holder to practise in a part of the geographical jurisdiction of the province or territory;
- (e) restricting the holder to temporary or time limited registration or practise;
- (f) imposed by the provincial or territorial regulatory authority or any committee or panel of that authority as a result of a disciplinary, registration, fitness to practise or similar proceeding; or
- (g) placed on the holder's registration by agreement between the holder and the regulatory authority.”

2. Amending subsection 28(1) to add an additional paragraph, namely, 6 as follows:

28 (1) 6. The applicant's past and present conduct affords reasonable grounds for the belief that the applicant will practise with decency, integrity and honesty and in accordance with the law.”

3. Adding a new section, namely, 29.01 as follows:

29.01 (1) The requirements of paragraphs 1, 3, 4 and 5 of subsection 29(1) are not applicable to an applicant for a certificate of registration as a pharmacist who at the time of application holds non-restricted registration in a province or territory of Canada whose regulatory authority requires as a condition for registration the certificate of qualification issued by the Pharmacy Examining Board of Canada or successful completion of examinations accepted by Council as equivalent to the examinations required to obtain that certificate of qualification, provided the applicant meets all of the following requirements:

1. The applicant obtained initial registration in a province or territory of Canada as a pharmacist on or before July 1, 2001.
2. The applicant has complied with the continuing competency or quality assurance requirements of the pharmacist regulatory authority in the province or territory in which the applicant holds that non-restricted registration.
3. There is no reason to believe that the applicant would be unable to meet the College's current quality assurance requirements.
4. There is no reason to believe that the applicant does not have sufficient knowledge, skill and judgment to competently engage in the practice authorized by the certificate of registration for which he or she is applying.
5. The applicant's registration in any other jurisdiction is not encumbered or restricted in any way and the applicant is not the subject of a discipline or fitness to practise order or ongoing investigation or interim order or agreement as a result of a complaint, investigation or proceeding in any other jurisdiction.

29.01 (2) Notwithstanding the provision of subsection (1), an applicant who is not entitled to a certificate of registration solely as a result of being unable to meet the requirements of paragraphs 2 or 3 of subsection (1) may be issued a certificate of registration as a pharmacist provided the applicant consents to being listed in Part B of the register and therefore agrees that his or her certificate of registration will be subject to the conditions set out in section 29.1.”

Member comment respecting the above regulatory changes should be made in writing, to Della Croteau, Deputy Registrar/Director of Programs by September 23, 2002.



Focus on Error Prevention



Ian Stewart, B.Sc.Pharm.

Pharmacists often use their professional judgement to dispense a therapeutically equivalent product when the originally prescribed drug is out of stock. A change in prescription may also occur in an effort to address a potential drug-related problem —thereby enhancing patient outcomes. While making these changes may be appropriate, a failure to involve the prescribing physician and a failure to complete the appropriate documentation can expose you to potential liability.

CASE 1:

A 78-year-old male patient had been taking one-half Coumadin® 5mg (i.e. 2.5mg) once daily.

On one occasion during the patient's request for a refill of his Coumadin® prescription, the pharmacist thought that it would be more appropriate for the patient to take one Coumadin® 2.5mg daily. This would remove the need for the patient to cut each tablet in half, and would result in increased dosing accuracy.

The pharmacist dispensed Coumadin® 2.5mg along with appropriate label instructions for the patient to take one tablet once daily. However, the patient continued to cut each Coumadin® 2.5mg tablet in half and therefore was only taking half (1.25mg) of the prescribed daily dose. Although the patient did not become seriously ill, medical care was soon required. When asked why he continued to cut the tablet in half, despite the change in tablet colour, the patient indicated that he thought that he was getting a generic version of the Coumadin® 5mg tablet.

CASE 2:

A 62-year-old female patient took the following prescription to her regular community pharmacy and requested that the complete six-month supply be dispensed:

Coumadin® 7.5mg daily

Mitte: 6-months

In reviewing the patient's history, the pharmacist noticed that the patient had been regularly taking three Coumadin®

2.5mg tablets once daily. Since there was insufficient Coumadin® 2.5mg tablets in stock to fill the prescription, the pharmacist suggested that the patient take one and a half Coumadin® 5mg tablets once daily, to which the patient agreed.

However, while the Coumadin® 5mg tablets were dispensed, Coumadin® 2.5mg was incorrectly recorded on the prescription label. Despite label instructions to take one and a half tablets once daily, the patient took three tablets once daily. This resulted in a doubling of the intended dosage. As a result, the patient suffered heart valve damage and required hospitalization.

POSSIBLE CONTRIBUTING FACTORS FOR BOTH CASES:

- A breakdown in communication between the pharmacist and patient
- Failure to process the amended prescription correctly, which resulted in Coumadin® 2.5mg appearing on the prescription label though Coumadin® 5mg was dispensed (Case 2)
- Despite a change in tablet colour, the patient continued to take the same number of tablets as before

RECOMMENDATIONS:

- Ask the patient to repeat the information provided to confirm their understanding to you
- Use a highlighter or marker to highlight all changes on the prescription label
- Encourage patients to ask questions whenever something seems wrong or unusual with their prescription or its instructions
- Inform the prescriber of changes in drug regimen — especially when drugs with a narrow therapeutic range are involved
- Ensure complete and appropriate documentation is recorded, including any discussions held with either the patient and/or their prescriber ^P

HEALTH CANADA ADVISORIES & NOTICES

DATE	TYPE	GENERIC NAME	TRADE NAME
May 23/02	Advisory: Important safety information for patients	celecoxib	Celebrex®
May 16/02	Warning not to consume Longdan and Lung Tan Xie Gan products	Longdan Xiegan Wan Lung Tan Xie Gan Pills Longdan xie Gan Wan Londan Xie Ganwan Concentrated Lung-Tan-Xie-Gan Pills	
May 16/02	Important drug safety information	PLAS+®SD plasma (human), solvent detergent treated, frozen – DIN 02239911	
May 14/ 02	Important correction to drug safety information	sirolimus	Rapamune®
May 9/02	It's Your Health – Information Sheet	The Safety of Human Insulins	
April 29/02	Advisory: Potential false results with certain rapid HIV test kits	Fast-Check HIV-1/2 (serum) Fast-Check HIV-1/2 (whole blood)	
April 19/02	Advisory: Important safety information for patients	rofecoxib	Vioxx®
April 12/02	Important drug safety information	Thrombotic Events and Immune Globulin Intravenous (IGIV)	
April 5/02 & Feb 15/02	Warning: Health Canada warns public not to use Hua Fo	Hua Fo Din# 022433666 & other non-DIN lots imported by Shenlong Company Ltd and distributed by T.C.Unicorn	
April 4/02	Advisory: Important safety information for patients	sodium phosphates (oral solutions)	Fleet® Phospho-soda® Phosphates Solution
April 2002	Important drug safety information	hydroxychloroquine	Plaquenil®
March 27/02	Advisory: Health Canada investigates safety	sibutramine	Meridia®
March 22/02	Important Medical Devices Safety Advisory	Non-sterile medical devices labeled as sterile manufactured by A&A Medical, Rocket USA and LifeQuest	
March 6/02	Important Drug Safety Information	stavudine, d4T	Zerit®
Feb 12/02	Important Drug Safety Information	droperidol injection	
Feb 8/02	Warning: Health Canada is warning public not to use	Herbal supplements PC SPES and SPES by BotanicLab	
Jan 16/02	Advisory: Health Canada is advising consumers not to use	Products containing kava (also known as kava-kava) both DIN and non-DIN products	
Jan 14/02	Important drug safety information	clozapine	Clozaril®
Jan 9/02	Advisory: Health Canada requests RECALL	Certain ephedra / ephedrine containing products	
Dec 11/01	Important Insulin Delivery Devices Safety Reminder	Clear Cartridge Holder delivery device for the HumaPen® Ergo	
Nov 30/01	Advisory: Important safety reminder for public taking oral diabetes drugs of the glitazone class	rosiglitazone pioglitazone	Avandia® Actos®

To receive the Canadian Adverse Reaction Newsletter and health product advisories by e-mail, join Health Canada's Health-Prod-Info mailing list at <http://www.hc-sc.gc.ca/hpb-dgps/therapeut/htmleng/index.html>

Professional Incorporation

NOTICE OF BYLAW AMENDMENT -

The following regulatory additions/changes have been approved by Council. Comments or questions respecting these amendments should be directed to Connie Campbell, Director, Finance and Administration.

AMENDMENTS TO BY-LAW NO. 1 OF THE ONTARIO COLLEGE OF PHARMACISTS

(1) Article 12.4.3.

The information referred to in subparagraph 13.5.1.

(2) 13.5 Filing of Information by Health Profession Corporations

13.5.1 Every member of the College shall for every Health Profession Corporation of which the member is a shareholder or director, provide in writing the following information on the application and annual renewal forms for a Certificate of Authorization within 30 days after the calendar year-end and upon any change in information within 30 days of the change.

- (a) the name of the Health Profession Corporation as registered with the Ministry of Consumer and Business Services;
- (b) the name, as set out in the Share Register and Certificate of Registration number of each shareholder of the Health Profession Corporation;
- (c) the name as set out in the register of each officer and director of the Health Profession Corporation and the title or office held by each officer and director;

- (d) the principle practice address, telephone number, facsimile number and email address of the Health Profession Corporation;
- (e) the address and telephone number of all other practice locations at which professional services are provided by the Health Profession Corporation;
- (f) a brief description of the professional activities carried out by the Health Profession Corporation;

13.5.2 The information specified in subsection 13.5.1 is designated as public for the purposes of subsection 23(3) of the Code and shall be maintained by the Registrar on the Register of the College.

13.5.3 The application form for a Certificate of Authorization for a Health Profession Corporation shall require all Shareholders who are members of the College to sign an undertaking as follows:

"I am a Shareholder of the Health Profession Corporation which is hereby applying for a Certificate of Authorization or a renewal thereof and in consideration of which, I hereby formally undertake to the College as follows:

1. I undertake that I will ensure that the Health Profession Corporation does not do or admit to do anything that would be professional misconduct, if done or admitted to be done by myself.
2. I undertake that I shall ensure that the Health Profession Corporation does not breach any provision of the Code of Conduct for Health Profession Corporations offered by the College from time to time.
3. I undertake that I shall ensure that the Health Profession Corporation maintains a valid Certificate of Authorization and does not provide professional or ancillary services while its Certificate of Authorization is under suspension or revoked.
4. I undertake that the name of the Corporation shall continue to comply with the provisions of Section 3.2 of the *Business Corporations' Act*.
5. I undertake that as a shareholder officer or director of a Health Profession Corporation, I will be guilty of professional misconduct for any act done by the Health Profession Corporation, which would amount to professional misconduct if done or omitted to be done by myself."

(3) Article 16 – Certificate of Authorization Fees

- 16.1 The fees payable for a Certificate of Authorization for a Health Profession Corporation, or renewal thereof shall be those fees which are set out in Schedule "E" to these By-Laws from time to time.

(4) Article 16 and Article 17 should be renumbered Article 17 and 18 respectively.

(5) SCHEDULE "E"

5. (1) The fee for the application for a Certificate of Authorization including on any restatement of a Certificate of Authorization for a Health Profession Corporation is \$600 plus GST.
- (2) The fee for the annual renewal of a Certificate of Authorization is \$300 plus GST.
- (3) The annual fee for the renewal of a Certificate of Authorization must be paid on or before March 10 in each year.
- (4) The fee for the initial application for a Certificate of Authorization for a Health Profession Corporation shall be paid within 30 days of the date of incorporation thereof. If a Health Profession Corporation fails to pay the initial or annual fee on or before the date on which the fee is due, the Health Profession Corporation and each member listed on the College's records as a shareholder of a Health Profession Corporation shall pay an administrative fee of \$75.00 plus GST, as a late fee in addition to the annual fee.
- (5) The fee for issuing a document or certificate respecting a Health Profession Corporation other than its first Certificate of Authorization is \$75 plus GST.

Professional JUDGEMENT

Della Croteau

Deputy Registrar/Director of Programs

Greg Ujiye, B.Sc.Pharm.

Manager, Pharmacy Practice Programs

The College continues to receive many phone calls from pharmacists seeking the College's opinion on situations they are facing in which there are no simple solutions and which in fact, require the pharmacist's professional judgement.

The inquiring pharmacists often describe specific situations and request that the College provide an opinion on whether the pharmacist should or can take a certain action. We also receive calls from pharmacists that describe specific patient situations and are seeking OCP advice on what to do.

It is important to know that professional judgement is a vital element in each and every practice. The prescribed laws and policies of our profession can never, nor do they attempt, to provide detailed solutions for every possible situation that a pharmacist might encounter. Rather, the laws and policies provide a detailed set of requirements, standards, and most importantly, intent for pharmacy practice.

Seeking the College's "opinion" on a given topic is in fact asking a member of the College staff to interpret applicable professional standards on behalf of the inquiring pharmacist. The College staff member cannot do this for

reasons of legal limitation, and most importantly, because the pharmacist is the person closest to and most aware of the patient situation under question. (Interpretations by anyone other than the attending pharmacist would therefore not reflect the judgement of the one person who is legally recognized to care for the patient.)

Interpreting the intent and spirit of our profession's standards can certainly pose difficulties for resolving practice issues, but this ability to interpret is also one of the most valuable contributions that a pharmacist can bring to patient care and practice.

While professional judgement is the end result of several complex factors, we list below the key areas that you should consider whenever exercising professional judgement:

1. Actions that are in the best interest of the patient
2. Knowledge and expertise
3. A decision that your peers would consider reasonable given the circumstances
4. Documentation

1. Take actions that are in the best interest of your patient

Upholding patient care is the over-riding principle that must be considered in all situations involving professional judgement. Your actions and decisions must always be made from the perspective of what is in the best interest of your patient. Your patient must have an active role in the decision-making process as well as understand all the options and choices that

are available to them. Your role as pharmacist is to ensure the patient fully understands the situation and the reasons behind your recommendations.

2. Knowledge and expertise

Your knowledge and expertise are the most vital and complex of the factors involved in all patient-care decisions in that you routinely draw upon the range of experiences that you have gained as a professional in clinical practice and from your everyday life experiences.

Your ability to use the information at hand (e.g. patient history), to gather pertinent patient information through dialogue and communication skills, to observe and listen and to assess the benefits and risks to the patient, are all essential elements to being able to make professional judgements. (These are also key elements in the *Standards of Practice*.)

3. Make decisions that your peers would consider reasonable given the circumstances

While you may sometimes have the luxury of additional time and the opportunity to discuss specific issues with your peers, you are typically constrained by pressures to make rapid and sound judgements for your patients that would also reflect what your peers, in such circumstances, would consider reasonable and acceptable.

***Seeking the College's
“opinion” on a given topic is
in fact asking a member of the
College staff to interpret
applicable professional
standards on behalf of the
inquiring pharmacist.***

4. Documentation

While the over-riding principle in exercising professional judgement is to protect the interests of each patient, the key to making professional judgements is to maintain documentation.

All relevant actions must be documented, otherwise they could easily be assumed to not have occurred. In each case you should:

- i) Ensure that you document what happened and why (i.e. the events leading up to the issue)
- ii) Document your course of action and reasoning for those particular actions
- iii) Ensure that you document the names of the professionals with whom you conferred and when
- vi) Document all outcomes. Documentation is essential to helping you recall or retrieve information on what has transpired and, more importantly, it serves as a valuable reference for others who may later be required to follow-up or review the particular case

Indeed, we have, as professionals, the privilege of being able to apply our professional judgement as well as the responsibility of ensuring that we apply this judgement in a thorough way that allows both our patients and peers to understand our reasoning. ^c

Deciding on Discipline

CASE 1

Member: Marica Kvirgic and Scarborough Pharmacy, Scarborough, ON

Hearing Date: February 6, 2002

Facts:

This is a case where in 1997 the member was found by the Discipline Committee to have committed acts of professional misconduct in that she failed to meet the standards of practice of the profession, and also as the holder of the Certificate of Accreditation of Scarborough Pharmacy (the Pharmacy), to have breached a number of provisions of the *Drug and Pharmacies Regulation Act*. As part of the penalty, the Discipline Committee had ordered, among other things, twice yearly inspections of the Pharmacy over the ensuing three years. It was a result of deficiencies detected during Discipline Committee-ordered inspections conducted on February 25, 2000 and September 14, 2000 that the allegations set out below were made against the member and the pharmacy in this matter.

Specifically, it was alleged in the notice of hearing that:

1. The member failed to maintain the pharmacy premises, shelves, dispensing equipment, stock and flooring in a clean and sanitary condition
2. The member failed to have in the pharmacy's possession, a 25/50mL graduate
3. The member failed to label dosette-type aids, contrary to the OCP Policy
4. The member improperly labelled prescriptions which identified ownership as M.K.P. Pharmacy Inc. when the prescription labels should have identified ownership as Scarborough Pharmacy Inc.
5. The member failed to maintain a current edition of the OCP Manual as well as a current copy of the *Compendium of Non-Prescription Drugs* at Scarborough

Pharmacy, contrary to the DPRA and *Regulations*

6. The member failed to document on the prescription receipt the waiver of a \$2.00 co-pay
7. The member failed to label single-entity drugs with the non-proprietary (generic) name of the drug and the name/code of the manufacturer
8. The member failed to report Schedule N drugs on the Scarborough Pharmacy's sales report, contrary to the DPRA, the *Controlled Drug and Substances Act and Regulations* thereunder
9. On various occasions, the member mislabelled prescription medication for various patients, contrary to the prescribers' directions
10. The member did not document dialogue with patients, contrary to the *Standards of Practice*
11. The member permitted the Pharmacy to maintain outdated drugs for sale in its dispensary

Ms. Kvirgic plead not guilty to all of the allegations. The Discipline Committee considered the oral testimony of College Inspectors and the exhibits filed and found Ms. Kvirgic to have committed professional misconduct pursuant to clauses 2, 13, 21, and 22 of Section 1 of Ontario Regulation 681/93 as well as to have failed to comply with the requirements of the DPRA with regard to the allegations at paragraphs 3, 4, 5, 6, 7, 8, 9 and 10. It made no finding with respect to paragraphs 1, 2 and 11 as there was insufficient evidence to support these allegations or the evidence indicated that these allegations had been remedied by the member following a previous inspection of the pharmacy.

Order:

Based on its findings of professional misconduct the Discipline Committee made the following order:

1. A reprimand to be recorded on the Register

2. A four-month suspension of Ms. Kvirgic's Certificate of Registration, a portion of which was remitted in consideration of an interim suspension that came into effect November 1, 2001
3. Restrictions on Ms. Kvirgic's Certificate of Registration, not to be varied for three years, as follows:
 - a) Ms. Kvirgic is prohibited from having a proprietary interest in a pharmacy as a sole proprietor, or where the pharmacy is a corporation, to serve as a director; and
 - b) Ms. Kvirgic is prohibited from being a designated manager in any pharmacy in which she is employed
4. Conditions on Ms. Kvirgic's Certificate of Registration as follows:
 - a) Ms. Kvirgic completes the Ontario College of Pharmacists' Peer Review Assessment of the Quality Assurance Program at her own expense and must release the results to both the College and the designated manager of any pharmacy in which she is employed
 - b) Ms. Kvirgic must comply with any remedial measures imposed by peer review pursuant to paragraph (a) above
 - c) Ms. Kvirgic must successfully complete (a) and (b) above within six months of today's date or as otherwise agreed between the parties
 - d) The designated manager in any pharmacy where Ms. Kvirgic is employed must conduct a prescription spot check audit of five different days of prescriptions dispensed by Ms. Kvirgic within three months of the commencement of her employment, and then semi-annually over the next two years, and report to the College within 30 days of the completion of each audit

CASE 2

Member: Eun Sook Chang, Toronto

Hearing Date: February 25, 2002

Facts:

Ms. Chang was found to have committed Professional Misconduct as provided by S. 51(1) (c) of the Health Professions Procedural Code of the *Regulated Health Professions Act* and pursuant to Clauses 2, 13 and 21 of S. 1 of Ontario Regulation 681/93 made under the *Pharmacy Act*. The Committee accepted a plea of professional misconduct by the member and was provided with the following Agreed Statement of Facts that formed the basis of her plea:

1. Ms. Chang was, at all material times, the dispensing pharmacist, designated manager and narcotics manager at at IDA Hanin Drug Mart, 570 Bloor Street West, Toronto
2. Ms. Chang appeared before the Executive Committee on April 30, 1997 to discuss her failure to maintain the standards of practice in relation to Schedule C products, specifically terfenadine and aztemizole
3. As a result of the interview, the Executive Committee directed a Registrar's Investigation into the following aspects of Ms. Chang's practice:
 - a) Dialogue on prescription and non-prescription drugs and documentation of said dialogue
 - b) Staffing levels
 - c) Labelling of prescriptions and receipts
4. A College inspector investigated Ms. Chang's practice on August 5, 1998 and made the following observations:
 - a) On or about July 13, 1998, Ms. Chang dispensed numerous prescriptions, all of which were not signed by the dispensing pharmacist, contrary to the requirements of the *Drug and Pharmacies*

Regulation Act, Section 156 (1) (g)

- b) On or about July 31, 1998, Ms. Chang failed to meet the standards of practice of the profession by dispensing or permitting the dispensing of 21 initial prescriptions without documenting dialogue
 - c) On or about July 31, 1998 Ms. Chang labelled or permitted the labelling of prescription medications for various patients, when those prescriptions called for other quantities and/or other directions for use from those labelled at the time of dispensing
 - d) On or about July 31, 1998, Ms. Chang failed to provide receipts to \$2.00 co-pay patients, which is contrary to Section 10 of the *Drug Interchangeability and Dispensing Fee Act*
5. The member acknowledged that each refill of a prescription must be cross-referenced to the original prescription that gives the authority for the refill, in accordance with the *Standards of Practice*, and that the labelled directions for use must be only the prescribed directions for use, as required by the DPRA Section 156 (1) (c)
 6. The member undertakes to provide receipts to \$2.00 co-pay patients in accordance with the requirements of Section 10 of the DIDFA

Reasons:

The penalty phase of this hearing was contested. Ms. Chang gave evidence in support of her position on penalty.

The Committee noted that this matter concerned a pharmacist who failed to document dialogue with patients. There were several labelling errors primarily relating to use and quantity of drug as well as a failure to sign prescriptions.

The Committee was not convinced that the deficiencies identified in 1998 had been corrected. For example, while Ms. Chang now provides regular dialogue to her patients, there is no evidence that she is documenting this dialogue. While no patient harm resulted from the errors, patient harm could easily occur should these errors continue.

Ms. Chang explained that she was working long hours when these problems were occurring and offered this as an explanation for the errors. It would appear that Ms. Chang has since found some assistance that allows her to work

50-60 hours per week. She believes that this is an appropriate level of work. We believe that in order to avoid ongoing problems that she should not exceed this level (that is: 50-60 hours per week).

Order:

In the circumstances the Committee concluded that the appropriate Order be as follows:

1. A reprimand
2. A condition be placed on her Certificate of Registration that within one year from the date of this Order that she shall, at her own expense, take and successfully complete the following two courses:
 - a) OCP Jurisprudence Seminar and Examination; and
 - b) Advanced Professional Practice Labs offered through the Canadian Pharmacy Skills Program of the Leslie Dan Faculty of Pharmacy, University of Toronto

In the event the member does not successfully complete the above two courses within one year, her Certificate of Registration will be suspended until such time as she demonstrates to the Ontario College of Pharmacists that she has successfully completed the above referenced courses.

3. The Ontario College of Pharmacists will conduct two unannounced re-inspections of the member's practice, at her expense of \$400.00 per inspection, to take place within 18 months of the date of the Order of the Discipline Committee. The results of the re-inspections will be reviewed by Pharmacy Practice Program and may result in a review by the Accreditation Committee pursuant to Section 142 of the DPRA.

CASE 3

Member: Stan Eli Swartz

Downsview Ontario

Hearing Date: April 5, 2002

Facts:

Mr. Swartz was found to have committed an act or acts of professional misconduct as provided by subsection 51(1)(c) of the Health Professions Procedural Code of the *Regulated Health Professions Act*, and pursuant to Clause 2 of Section 1 of Ontario Regulation 681/93, made under the *Pharmacy Act*, in that, while practicing as a pharmacist at The Medicine Shoppe, Toronto, he failed to maintain a standard of practice of the profession with respect to the dispensing of codeine for a child on or about December 20, 2000, his responses to the dispensing error and/or his communications or lack of communications with the child's mother of regarding the dispensing of codeine to the child and the dispensing error.

The Committee accepted the member's plea of professional misconduct and was provided with the following Agreed Statement of Facts which formed the basis of his plea:

1. Mr. Stan Swartz has been registered with the Ontario College of Pharmacists since 1968
2. The patient was a three-year-old boy who was suffering from a cough for which his pediatrician prescribed codeine to suppress his cough
3. The prescription was for Codeine Elixir 10mg tid prn 100ml
4. The patient's mother attended at the pharmacy where Mr. Swartz was the pharmacist. Mr. Swartz confirmed that the patient's date of birth was October 3, 1997. Mr. Swartz did not inquire about his weight. Mr. Swartz and his assistant prepared the prescription and dispensed the codeine for the patient to his mother
5. The container in which the codeine was dispensed was marked with a label describing the medication and the directions for administering the medication as follows:

100 CODEINE PHOS SYRUP 5MG/SYR

(CODEINE PHOSPHATE) Man: TCH
GIVE 10ML THREE TIMES DAILY
WHEN NEEDED.

6. When the mother expressed her concern to Mr. Swartz and his assistant that the dosage was too large, Mr. Swartz checked the medication and stated to her that the directions were correct
7. In fact, the dose indicated was five times the proper dose. The concentration for Codeine Phosphate Syrup in the bottle used by Mr. Swartz to fill the prescription was 5mg/ml. He had misread the label as 5mg/5ml. Therefore, the dose should have been 2ml in volume to provide a dose of 10mg (2ml x 5mg/ml = 10mg). Mr. Swartz incorrectly wrote the dosage direction as 10ml, which provided a dose of 50mg rather than the 10mg prescribed.
8. The son was administered one dose of the medication as directed
9. Later that morning, Mr. Swartz reviewed the dosage direction that he had provided to the mother and recognized that he had made an error. Mr. Swartz contacted the doctor's office to notify her of the error and to confirm the mother's telephone number, but did not contact the mother at that time
10. When at 11:15 a.m., the daycare called to advise the mother that her son was not feeling well and seemed very tired, she came to pick him up. She fed him and put him to bed at approximately 1:30 p.m. and he did not awaken until 3:30 p.m. at which time he woke up screaming and crying, and vomited all over himself and his bed. While cleaning her son in the shower, the telephone rang. The boy was still very weak and fell right back to sleep
11. The telephone call was from Mr. Swartz who had left a message asking that she call him. Mr. Swartz did not explain the reason for his call or express any urgency about his message
12. The mother called Mr. Swartz back as soon as she heard the message. He advised that he had made a mistake in the dosage amount of the codeine, confirming that the dose was supposed to be 2ml rather than 10ml. The mother informed Mr. Swartz that her

son had already received a 10ml dose four hours earlier. She asked Mr. Swartz if he was in any danger and what the side effects might be. Mr. Swartz advised that he would be drowsy and sleepy for a while. He made no other suggestions regarding contact with the pediatrician or a hospital

13. When her son was still sleeping at 5:00 p.m., the mother called the pediatrician, but the office had already closed for the day. At approximately 6:00 p.m. she became more concerned because he was still sleeping, although stirring from time to time. She called the Sick Children's Hospital Hotline where the Poison Control advised that her son had been poisoned and that she should attend the Emergency Department with him to have his heart rate and breathing checked. By the time she dressed her son for the trip to the Hospital, he had apparently overcome the effects of the medication. The admitting nurse at the Emergency Department examined him and consulted with Poison Control before suggesting that there was no need to see the admitting physician. The mother took her son home
14. Mr. Swartz acknowledges that he failed to maintain the standards of practice of the profession as alleged. In particular, Mr. Swartz acknowledges that:
 - He erred when he provided the dosage direction of 10ml of Codeine Syrup when he should have directed 2ml;
 - He failed to correct the error when questioned about the dosage by the boy's mother;
 - He failed to inquire about the weight of the child in order to determine if the dosage was appropriate;
 - He failed to contact the boy's mother promptly when he discovered his error; and
 - He failed to advise her to seek medical advice regarding the overdose of codeine.

Reasons:

The Member and the College submitted a joint submission on penalty that the Discipline Committee carefully considered. When considering whether to accept the joint submission, the Committee considered that this case involved a dispensing error of codeine to a child that

resulted in some discomfort to the patient before the error was resolved. Mr. Swartz has been a member of this College for 34 years and has no previous disciplinary history before us. He acknowledged this mistake and has cooperated with the College during the course of this proceeding. The Committee also noted that as soon as Mr. Swartz noticed this error he took steps to rectify it by notifying the pediatrician and the mother. This penalty addresses the interest of the public, the profession and the member.

Order:

Therefore, the Committee concluded that the proposed penalty was fair and reasonable and made the following Order:

1. A reprimand
2. A suspension of Mr. Swartz's Certificate of Registration for a period of one month
3. Terms, conditions and limitations on Mr. Swartz's Certificate of Registration that he enroll, at his own expense, in the Practice Review of the Quality Assurance Program, and, if necessary, to undertake any remediation as directed by the Quality Assurance Committee

CASE 4

Member: Douglas Grant Thorsley
Mississauga, ON

Hearing Date: January 22, 2002

Facts:


Mr. Thorsley was found to have breached the *Standards of Practice* of the profession and to have contravened, while engaged in the practice of pharmacy, a provincial law with respect to the distribution, sale or dispensing of any drug or mixture of drugs, as provided by Section 51 (1) (c) of the Health Professions Procedural Code, and pursuant to clauses 2 and 22 of s. 1 of Ontario Regulation 681/93 made

under the *Pharmacy Act.*, in connection with the Lock and Leave procedures at a Wal-Mart owned pharmacy of which he was the Pharmacist Director and Manager of Pharmacy Operational Services. The Committee accepted the member's admission of accountability and was provided with the following Agreed Statement of Facts, which formed the basis of his admission:

1. Mr. Doug Thorsley became a registrant with the Ontario College of Pharmacists on May 5, 1986. At all material times Mr. Thorsley was the Manager of Pharmacy Operational Services for Wal-Mart Canada Corp. and a Director of Wal-Mart Pharmacy Limited ("Wal-Mart"), the holder of the Certificate of Accreditation of the pharmacy located at 800 Niagara Street in the Seaway Mall in Welland ("the Pharmacy"). In his capacity as manager, his responsibilities encompassed dealing with pharmacy licensing issues, overseeing store openings and renovations, as well as ensuring statutory and regulatory compliance for all Wal-Mart corporate pharmacies across Canada, with the exception of the Province of Quebec
2. Beginning in 1995, Mr. Thorsley was one of several Wal-Mart employees who developed and implemented Wal-Mart's Lock and Leave procedures with respect to scheduled over-the-counter DIN medications. Mr. Thorsley initially consulted with the College concerning compliance issues in connection with Wal-Mart's proposed procedure. Thereafter, the procedure was put in place in all Ontario stores containing a pharmacy
3. On or about December 31, 1996, the College received a complaint concerning the Pharmacy. The complaint alleged that it was possible to purchase scheduled drugs, being Pepcid AC[®] and Claritin Extra[®], at a time when the dispensary was closed and no pharmacist was present
4. The Pharmacy was asked to provide an action plan to remedy deficiencies in the implementation of the Lock and Leave procedures. As a follow-up measure to the action plan that was received, a College representative attended the Pharmacy and was able to purchase a scheduled drug, being Claritin Extra Allergy and Sinus[®] tablets, without a pharmacist being present
5. Mr. Thorsley and Wal-Mart agree that the incidents above constitute a breach of the standards of practice of the profession by failing to control public access to over the counter scheduled drugs in the absence of a pharmacist, contrary to S. 146(1) and (2) of the *Drug and Pharmacies Regulation Act*
6. Mr. Thorsley agrees that as a corporate director of the Pharmacy and in his capacity as Manager of Pharmacy Operational Services for Wal-Mart Canada Corp., he is accountable for the above incidents

Order:

The Committee was provided with a joint submission on penalty, which it accepted after careful consideration; and made the following Order:

1. A fine in the amount of \$7,500 to be paid within 45 days of the hearing date
2. An unannounced inspection of the Pharmacy located at 800 Niagara Street in the Seaway Mall, in Welland, Ontario to ensure the pharmacy's Lock and Leave procedures are in compliance with all statutes and regulation
3. Mr. Thorsley shall bear the cost of the inspection, being, \$400.00 payable forthwith to the Ontario College of Pharmacists
4. The inspection shall be conducted by the Ontario College of Pharmacists within six months of the date of this Order 

DISTRICT MEE

As you know, the College held its 2002 District Meetings this past winter and spring. These meetings focused on updating members on recent OCP initiatives (*Standards for Designated Managers*, *International Pharmacy Graduate Program*, *Point of Care*) as well as providing pharmacists and pharmacy technicians with an opportunity to participate in discussions aimed at soliciting their perspectives on the *Proposed Pharmacy Technician Competency Profile*.

This article summarizes the discussions for members who were unable to attend. Please note, a report on the consultations and feedback collected on the proposed competency profile will be printed in a future issue.

PROPOSED PHARMACY TECHNICIAN COMPETENCY PROFILE

In 2000, Council set (as one of its four key priorities) the improvement of pharmacists' ability to meet the *Standards of Practice*. As part of this goal, the College sought to outline a possible expanded role for pharmacy technicians to allow them to provide more support to the pharmacist. Furthermore, the College is seeking to establish a *regulated* pharmacy technician class of registration.

There was a great turnout of both pharmacists and pharmacy technicians at this year's meetings, both of whom provided valuable feedback on the proposed competency profile.

The participants focused primarily on the proposed expanded regulated pharmacy technician role that would allow them to receive a prescription order directly from a prescriber, check and sign-off on the work of another technician who fills the order, and to pass the completed prescription and documentation on to the pharmacist for therapeutic monitoring, counselling and delivery to the patient.

OCP presenters emphasized that the decision to either become a regulated pharmacy technician or for a practice site to hire a regulated pharmacy technician should be a matter of choice for both — provided that only *regulated* pharmacy technicians would be eligible to perform the expanded roles.

Participants then provided specific comments on the competency document itself, recognizing that many steps including the establishing of entry-to-practice requirements, practice standards, a complaints and discipline process, and continuing competence requirements have yet to be established. Furthermore it was understood that while regulated pharmacy technicians would assume accountability and liability in their expanded role, pharmacists would retain responsibility and accountability for counselling and resolution of all therapeutic issues.

The comments received at these meetings and from submissions by key stakeholders, are being reviewed and will be considered during the preparation of a final competency document that will be presented to Council later this year.

TINGS 2002

STANDARDS FOR DESIGNATED MANAGERS

The presentation on the *Standards for Designated Managers* focused primarily on the final feedback and necessary implementation of the *Standards* (effective July 1, 2002.)

The following key points were made:

- Section 166 of the DPRA indicates the significant responsibility that a designated manager assumes
- The designated manager is a Part A licensed pharmacist designated by the owner, is responsible for the operation and management of a pharmacy, and has authority over decisions affecting the operation of the pharmacy (in the absence of the owner)
- The designated manager is also the College's first line of contact when issues arise about the pharmacy
- There is a need to have collaborative relationship between owners and designated managers to increase awareness of the *Standards*
- Under these *Standards*, designated managers are responsible for policies and procedures that affect staff's ability to work and serve patients while the *Standards of Practice and Code of Ethics* pertain to every pharmacist and his/her individual responsibilities

The goal of the *Standards for Designated Managers* is to clarify and to allow open discussions on the roles and responsibilities for pharmacists and owners. The *Standards* also clarify the College's expectation for designated managers through a set of supportive standards much in the way that the *Standards of Practice* support pharmacists.

Please also review the Practice Q&A on page 14 as it addresses questions and concerns most frequently raised about the *Standards*.

INTERNATIONAL PHARMACY GRADUATE PROGRAM

A joint project between the College, the Leslie Dan Faculty of Pharmacy and the Ministry of Training, Colleges and Universities, the IPG Program provides international pharmacy graduates an opportunity to learn about up-to-date Canadian pharmacy practice and to prepare them for entry-to-practice.

The program consists of two educational modules (Canadian Pharmacy Skills I and II) along with a prior learning assessment, mentorship (structured practical training in pharmacies with trained preceptors) and a distance education component. The program, along with six weeks of SPT fulfills the requirements of studentship. More detailed information on the IPG program can be found in the regular IPG Column on page 17 and in future issues.

The College also urges pharmacists to take preceptor training and to provide training opportunities for the Program's international pharmacy graduates.

POINT OF CARE

The final topic presented at the district meetings was the *Point of Care* program. With significant member participation already achieved, the program works to create a consistent public awareness of the professions' services, builds awareness of the College and its role, and provides a single highly visible symbol for pharmacy services in Ontario.

Please see the *Point of Care* feature on page 8 for an up-to-date summary of this program. 

CE EVENTS

Visit the College's web site: 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.

September 13-15: Toronto

Integrated Health Expo

Automotive Building
Canadian National Exhibition
tel: (416) 203-7900
fax: (416) 703-6392

September 20-22: Alliston

Annual Meeting, Canadian Society

of Hospital Pharmacists - Ontario
Branch, Nottawasaga Inn
Henry Halapy
tel: (416) 864-6060, x 2120
e-mail: halapyh@smh.toronto.on.ca

September 27-29: Toronto

Psychiatric Patient Care - Certificate Program in Psychiatry

- Level 1, Ontario Pharmacists'
Association, Sunnybrook Estates
Sandra Winkelbauer
tel: (416) 441-0788, x 4235
fax: (416) 441-0791
e-mail: swinkelbauer@opatoday.com

September 27-29: Ottawa

CACHE 2002: Integrating Theory Into Practice

The Canadian Association of
Continuing Health Education and the
Office of Continuing Education
Faculty of Medicine
University of Toronto
Westin Hotel & Congress Centre
(also open to pharmacy technicians)
tel: (416) 978-2719 or
1-888-512-8173
fax: (416) 971-2200
web: www.cachecanada.org

October 3: Peterborough

Community Concerns in Respiratory Care

Ontario Respiratory Care Society
Parkway Centre
Sheila Gordon-Dillane
tel: (416) 864-9911, x 236
fax: (416) 864-9916
e-mail: orcs@on.lung.ca

October 8: Chatham

Improving Respiratory Health: An Inter-Disciplinary Team Approach

Ontario Respiratory Care Society
Wheels Inn
Sheila Gordon-Dillane
tel: (416) 864-9911 or
(519) 352-3790
fax: (416) 864-9916
e-mail: orcs@on.lung.ca

October 23: Guelph

The Use of Dietary Supplements in Exercise Performance

The Human Nutraceutical Research
Unit of the University of Guelph and
NuLife, Guelph Turfgrass Institute
Julie Conquer
tel: (519) 824-4120, x 3749
fax: (519) 821-4007
e-mail: jconquier@uguelph.ca

November 8-10: Toronto

Diabetes Certificate Program

Ontario Pharmacists' Association
Sandra Winkelbauer
tel: (416) 441-0788, x 4235
fax: (416) 441-0790
e-mail: swinkelbauer@opatoday.com

Canadian Pharmacy Skills (CPS) Therapeutics Lectures Series

The Faculty of Pharmacy invites practising pharmacists to attend the therapeutics lectures series offered through the CPS Program. All lectures will take place on the St. George Campus, close to the Faculty. Each 3-hour session follows a similar format: a 90 minute interactive lecture followed by a case study, led by the lecturer. Pre-registration is required so that pre-reading materials may be mailed. The scheduled lectures are:

Aug. 7 (9:30 am-12:30 pm):

Osteoporosis

Aug. 12 (1:30 pm-4:30 pm):

Diabetes - Type 2

**Aug. 16 (9:30 am-12:30 pm): Post
Myocardial Infarction**

Aug. 19 (1:30 pm-4:30 pm):

Anticoagulation

Aug. 26 (9:30 am-12:30 pm):

Migraine

Aug. 30 (1:30 pm-4:30 pm):

Community Acquired

Pneumonias

Sep. 6 (9:30 am-2:30pm):

Dementia/Alzheimer's Disease

Sep. 6 (1:30 pm-4:30 pm):

Schizophrenia

Sep. 9 (9:30 am-12:30 pm):

Congestive Heart Failure

Sep. 13 (9:30 am-12:30 pm):

Adverse Drug Reactions Part 2

Contact Marie Dean (416) 946-5586

e-mail: marie.dean@utoronto.ca



With the success of last fall's piloting of the Pharmacy Practice Advisory Breakfast Series, Council recently approved funding to make these meetings a regular part of the Practice Advisory program.

Not to be confused with OCP's biannual district meetings, these breakfast meetings are designed to give pharmacists in small communities/outlying areas an opportunity to meet with College inspectors in an informal setting to discuss issues of concern to them, their practice and their community. Past participants rated these meetings as extremely beneficial and timely.

2002 Pharmacy Practice ***Breakfast Series***

INVITATIONS WILL BE SENT TO PHARMACISTS IN EACH SELECTED COMMUNITY

Starting this September, each OCP inspector will select four communities in which they will host a breakfast session. We will mail invitations to all pharmacists in each selected area (within 30 minutes driving distance) 30-45 days prior to the meeting. We will also ask one local pharmacist to act as a liaison between his/her local colleagues and the attending field inspector.

Held at a local restaurant, each breakfast meeting will be limited to about 20 participants at no cost to them. As space is limited, firm commitments will be accepted on a first come, first served basis only.

AS A PARTICIPANT, YOU CHOOSE THE TOPICS FOR DISCUSSION

The meeting will be structured to allow you to select topics of concern in advance (e.g. the inspection process, *Standards of Practice*, professional judgment, *Standards for Designated Managers*). There will also be sufficient time for questions and answers. The inspectors will remain after the meeting to continue discussions with those who wish to stay.

Breakfast will be served from 7:00 a.m. with the meeting portion running from 7:30 a.m. to 8:30 a.m.

For more information, or to arrange a meeting in your area, please contact your OCP inspector or Angela Ferrara at the College at (416) 962-4861 ext. 236.

We look forward to hearing from you!

BULLETIN BOARD

Pharmacists Can Now Serve as Guarantors for Birth Certificate Applications

The Office of the Registrar General recently made changes to the Vital Statistics Act to increase vital document security and has added pharmacists as one of the prescribed professions whose members are entitled to serve as guarantors. In brief, the guarantor must be a member of a regulatory body, be a Canadian citizen who has known the applicant for at least two years and is confident that the statements made by the applicant are true. Guarantors are prohibited from collecting a fee for completing the guarantor statement. Serving as a guarantor is voluntary. For more information, review the *Vital Statistics Act, Amended* January 2002, or contact the Ministry of Consumer and Business Services at 1-800-461-2156.

Ontario Pharmacists Receive National Awards

Ontario pharmacists Gerald Rotenberg and Doug Clarke recently received awards from the CPhA.

Gerald was given with the CPhA Honorary Life Member Award. Gerald was responsible for guiding the *Compendium of Pharmaceuticals and Specialities (CPS)* through its formative years, has held various editorial positions at the CPhA, and was among the early pioneers of such specialized features as extemporaneous compounding, individual patient medication records and cost-plus-fee prescription pricing.

Doug received the CPhA Diabetes Educator Award for the diabetes care and expertise that he provides his patients in the Kingston area. Doug supports a monthly public information session on prescription and OTC medications that is presented by a local diabetes education centre and he also writes a column on diabetes for a local weekly newspaper.

Class of 8T7 Reunion

September 20-22, 2002 has been set for the Class of 8T7 Reunion and classmates are encouraged to contact Lori Katz (416-223-2833 or katz.k@pg.com) to provide names and addresses of other classmates to be invited.

Commitment to Care Awards

Pharmacists interested in nominating a peer for the *Pharmacy Practice* annual awards can contact Rosalyn Wosnick at 416-596-3496 or rwosnick@rmpublishing.com. Nominations are considered in the areas of patient care, health promotion, charitable work, service to the profession, best pharmacist/technician team and hospital pharmacy to name a few.

OCP NEWCOMERS

Logan Grant joined us in June as our Reprographics Clerk in the Office Services Dept. Logan's recent experience includes responsibilities as an Office Administrator at The Amelia Group Inc. and as an Office Services Assistant at Watt IDG where he was responsible for the day-to-day maintenance of three locations. Logan is currently pursuing his Bachelor of Theology at the Toronto Baptist Seminary and Bible College.

Nora MacLeod-Glover is joining us in the newly created role of Continuing Competence Manager. Nora graduated from the University of Alberta in 1984 and has extensive experience in community pharmacy, as well as experience in hospital practice, research and education program development.

She has been actively involved in facilitating continuing education programs, and also served as an elected member of the Alberta College of Pharmacists Council.

Nora worked with Drug Trading Company from 1999 onwards, and recently moved to Ontario.

She has committed to providing relief work in several community pharmacies during the summer and will begin working with us in September.

INTERNAL TRANSFERS


Jovenice Santiago joined us in October of last year to cover Veronica Duczek's maternity leave. As Veronica is not returning from that leave, Jovenice will become a permanent staff member in the role of Registration Clerk. Jovenice has previous experience as an Administrative Secretary at a doctor's office as well as a Toronto recruitment agency. She is currently pursuing her Dental Hygiene Certificate at George Brown College.

Ifrah Osman was originally hired as an Office Services Clerk and transferred into Information Processing (Member Services) on a contract basis to fill in for Mary Vasile's maternity leave. Ifrah has now accepted a permanent position in Member Services.

FAREWELLS

Marisa Jocson, Reprographics Clerk, in the Office Services Department.

Veronica Duczek, our Registration Clerk. After six years at the College, Veronica and her family relocated to Calgary. Veronica was enjoying her maternity leave with daughter Juliana when her husband Tim was presented with a career opportunity they couldn't pass up.

Mary Vasile, one of our Member Services Clerks. After making a move to the Barrie area and then taking a maternity leave, Mary decided to pursue other opportunities closer to home. 

Suspensions 2002

Pursuant to Section 24 of the Regulated Health Procedural Code, the Registrar has suspended the following members' Certificate of Registration for nonpayment of annual fees:

Pathyl Lukose Abraham
Elizabeth Admasu Kebede
Pierre Henri Boudreau
Hubert Albert Busby
Wendy Cheuk Wai Chan
Shui Yan Chan
Wael Mahmoud Haddara
Cecil Edward Horton
Andrew Kcomt
William John Kelly
Barbara Jean Kilfoil
Witalij Victor Korotkyj
Lagan Kurien
Ho-Yin Harold Lau
Carole Anne Le Blanc
David Richard Lee
Agnes Tien-Ching Lee
Hoda Abdel Mohamed
Fu Tat Ng
Sung Ho Park
James Easton Prenevost
Keith Purrell
Walter Sharshon
Liu Hsien Shen
Meetaben Niraj Sheth
Kin Kuen So
Hong Diem Trieu
Randolph Joseph White
Marie Berthe Suzie Yelle



For information contact:
Layne Verbeek
Communications Manager
at 416-962-4861 ext. 294
or lverbeek@ocpharma.com

Points of Care *in Ontario*

If you are interested in including the *Point of Care* symbol into your permanent pharmacy signage, please contact the Communications Department for an electronic copy of the artwork.

You may also go online to ocpinfo.com and select "*Point of Care*" to view the graphic usage standards.



**Inpatient Pharmacy, Greater Niagara
General Hospital, NIAGARA FALLS**



Hy & Zel's Drug Warehouse, NEWMARKET

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Upcoming Events

CALENDAR

AUGUST

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

SEPTEMBER

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
1	2	3	4	5	6	7
8	9	10	11	12 Preceptor Orientation @OCP	13	14
15	16	17	18	19	20	21
22	23 Council Meeting @ OCP 	24 Council Meeting @ OCP 	25	26	27	28
29 QA Practice Reviw @OCP	30 QA Practice Reviw @OCP					

OCP MANUAL CONTENTS

Changes as of June 30, 2002 - As Highlighted

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).

ONTARIO LEGISLATION

Available from OCP or Publications Ontario

Drugs and Pharmacies Regulation Act (DPRA) & Regulations

- Version – Office Consolidation Aug 27, 1999 (Publications Ontario)

Regulated Health Professions Act (RHPA)

- Version – Office Consolidation Jun 30, 1999 (Publications Ontario)
- Ontario Regulation 39/02 Addendum - Certificates of Authorization - February 8, 2002

Pharmacy Act (PA) & Regulations

- Version – Office Consolidation May 28, 1999 (Publications Ontario)
- Ontario Regulation 548/99 Amending O.

Reg. 202/94 – Nov 29, 1999

- Ontario Regulation 550/99 Revoking O. Reg 620/93 – Nov 29, 1999

Drug Interchangeability and Dispensing Fee Act (DIDFA) & Regulations

- Version – Office Consolidation Dec 4, 1998 (Publications Ontario)
- Ontario Regulation 73/99 Amending Reg. 935 of R.R.O. 1990 – Feb 25, 1999
- Ontario Regulation 496/00 Amending Reg. 935 of R.R.O. 1990 – Aug 28, 2000
- Ontario Regulation 15/01 Amending Reg. 935 of R.R.O. 1990 – Jan 26, 2001

Ontario Drug Benefit Act (ODBA) & Regulations

- Version – Office Consolidation May 12, 2000 (Publications Ontario)
- Ontario Regulation 495/00 Amending Reg. 201/96 – Aug 28, 2000
- Ontario Regulation 16/01 Amending O. Reg. 201/96 – Jan 26, 2001

Publications Ontario

Tel: (416) 326-5300 or 1-800-668-9938

FEDERAL LEGISLATION

Available from OCP or Publishers Group of Federal Publications

Drug Schedules

- Canada's National Drug Scheduling System – May 16, 2002 NAPRA

Food and Drug Act (FDA) & Regulations

- Updated NAPRA Version as of Oct 25, 2000
- Amendment – Paragraph C.01.004 (1) (b) – Sep 1, 2000
- Updated Health Canada Version as of December 19, 2001
- Amendment 1248 - Ibuprofen - Jan. 31, 2002

Controlled Drugs and Substances Act (CDSA)

- Updated NAPRA Version as of October 25, 2000
- Amendments – Schedules III and IV – Sep 1, 2000
- Regulation 1091 – Benzodiazepines and Other Targeted Substances Regulations – June 1, 2000

Narcotic Control Regulations

- Updated NAPRA Version as of October 25, 2002

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OCP DOCUMENTS

Available from OCP or www.ocpinfo.com

Drug Schedules

- Summary of Laws Governing Prescription Drug Ordering, Records, Prescription

Standards of Practice

- Reference Page to Policy Handbook, and
- New *Standards of Practice*, Jan 1, 2001 OCP

OCP By-Laws

- By-Law No. 1 (Year 2000) – Jan 4, 2001
- 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 – Dec 11, 2000
- Schedule D – Pharmacy Fees – Dec 11, 2000

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, 1996
- Guidelines for the Pharmacists on "The Role of the Pharmacy Technician"

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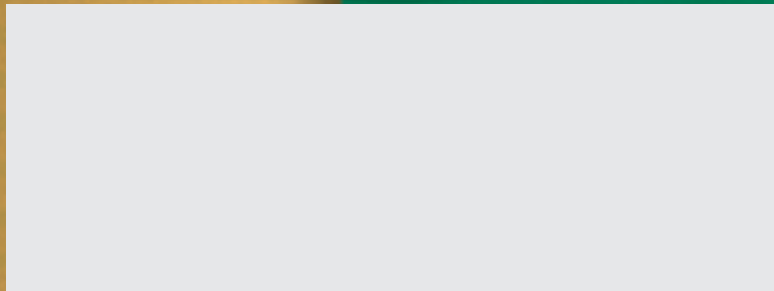
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