

Pharmacy Connection



Official Publication of the Ontario College of Pharmacists

July/August 2004

Emergency Contraception

Are we ready?



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 Leslie Dan Faculty of Pharmacy, University of Toronto.

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 - 2 Elaine Akers
 - 3 Remi Ojo
 - 4 Reza Farmand
 - 5 Larry Hallok
 - 6 Philip Emberley
 - 7 Leslie Braden
 - 8 Iris Krawchenko, *President*
 - 9 Larry Boggio, *Vice-President*
 - 10 Gerry Cook
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Statutory Committees

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

Standing Committees

- Finance
- Professional Practice

Special Committees

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



ONTARIO COLLEGE OF PHARMACISTS

MISSION STATEMENT

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

MENTORS NEEDED

For International Pharmacy Graduate Students

You Can Help!

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

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



**International
Pharmacy
Graduate
Program**



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Pharmacy Connection

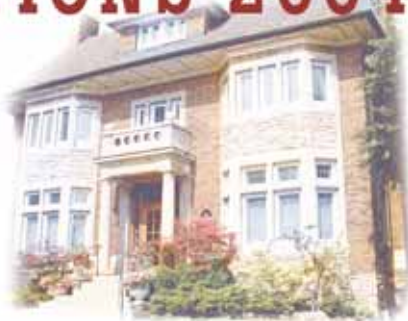
The objectives of *Pharmacy Connection* are to communicate information on College activities and policies; encourage dialogue and to discuss issues of interest with pharmacists; and to promote the pharmacist's role among our members, allied health professions and the public.

We publish six times a year, in January, March, May, July, September and November. We welcome original manuscripts (that promote the objectives of the journal) for consideration. The Ontario College of Pharmacists reserves the right to modify contributions as appropriate. Please contact the Associate Editor for publishing requirements.

We also invite you to share your comments, topics suggestions, or journal criticisms by letter to the Editor. Letters considered for reprinting must include the author's name, address and telephone number. The opinions expressed in this publication do not necessarily represent the views or official position of the Ontario College of Pharmacists.

COUNCIL ELECTIONS 2004

In Districts 2, 5, 8, 11, 14



Your ballot and accompanying information will be in the mail by July 12, 2004
All ballots must be received back at the College by close of day on August 4, 2004.

Please watch for your ballot and vote!

Interested in Serving on a College Committee?

CALL FOR NON-COUNCIL COMMITTEE MEMBERS

Under the *Regulated Health Professions Act*, the College committee structure requires the appointment of pharmacists who are not elected members of Council to its various statutory committees. In addition, pharmacists with particular experience or expertise are also required from time to time to serve on various special committees, working groups and task forces. To be eligible for consideration for appointment, you must be a member in good standing and not in a conflict of interest with respect to the committee to which you wish to be appointed.

The committees/working groups/task forces that require participation by a non-council member are: Accreditation, Complaints, Discipline, Fitness to Practice, Patient Relations, Professional Practice, Quality Assurance, Structured Practical Training, Working Group on Certification Examinations for Pharmacy Technicians, Standards of Practice Working Group, Pharmacy Technicians Working Group and Communications Committee.

The number of days required by members to serve on each committee varies according to the frequency of meetings and agenda. Also note that some committees operate

using panels comprised of alternating committee members. For example, the Discipline Committee, which may have three to five panel meetings per month, selects a representative combination of its committee members to serve on each panel.

Non-council committee members are required to serve a one-year term and the President, in conjunction with the chairs of the committees, makes committee appointments at the beginning of each Council year.

If you are interested in being considered for an appointment to a committee or working group, you are invited to submit a letter of interest stating the committee(s) on which you would like to serve, along with a brief resumé and any other information you deem useful. **If you are appointed to serve on a Committee, you will be contacted after the Council meeting has taken place (September 13 and 14, 2004).**

Send your applications by mail or email to:
Ms. Ushma Rajdev, Council and Executive Liaison
Ontario College of Pharmacists
483 Huron Street, Toronto, ON M5R 2R4
Email: urajdev@ocpinfo.com

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



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

Vice-President Larry Boggio, Deanna Williams, Della Croteau and I have been meeting many of you at our 23 district meetings this past spring.

The meetings were divided into two presentations.

COMPLAINTS AND DISCIPLINE

The first presentation focused on explaining the College's complaints and discipline processes. (See page 22 for a summary of the meeting presentation.)

It is important that you know the complaints and discipline process is legislated and followed by all 23 regulated health professions (21 health colleges) in Ontario. Every written complaint that our College receives is reviewed by a committee composed of practising pharmacists and appointed public members.

Since the year 2000, the College has embraced the philosophy of alternative dispute resolution as a means to create balanced decisions that focus, wherever possible, on education and member remediation over punishment.

I believe that the College has made

great strides in improving its complaints and discipline processes by embracing the philosophy of remediation. The statistics prove it and it is widely held that public safety can be best achieved by a system that considers education and remediation first.

Legislation requires that all health colleges publish their discipline case decisions. The challenge for all colleges, including our own, remains in how to best publish these cases briefly yet effectively.

Although impressions from past summaries of cases published in *Pharmacy Connection* have sometimes been difficult to erase, pharmacists at our district meetings were reassured by this information.

I was also pleased to advise pharmacists that the philosophy of remediation is well reflected in our current complaints and discipline processes.

OPTIMIZING THE PHARMACISTS' ROLE

The second part of the evening focused on the initiatives of the Task Force on Optimizing the Pharmacists' Role. We held break-out sessions where participants were asked to list five areas of practise where pharmacists could have the greatest impact on improving health care for Ontarians.

As I write this article, we have just completed our last meeting and need to collate the feedback, which will be published at a later date. However, I can say that we heard many common and similar ideas across the province.

As we continue to meet with a government, which is receptive to bold new ideas, the feedback that we have gathered from you, across the province, will strengthen our voice.

I would also like to thank all of the district OPA representatives who attended our meetings to provide updates on many of their important initiatives.

Although our mandates are different, this year, together with OPA, we have shared information and worked together to provide a strong unified message to government that pharmacists have the knowledge and skills and are well positioned to improve health care services in Ontario.

THANK YOU

I finish my term as president this summer and I want to thank all of you for the opportunity to serve you and the public in these very busy and exciting times. ☐



JUNE 2004

POINT OF CARE SYMBOL TO BECOME A MANDATORY STANDARD OF ACCREDITATION

Council has approved a recommendation of the Accreditation Committee that the College's Point of Care symbol become a mandatory standard of accreditation. The symbol was introduced in 2001 as part of the College's ongoing public awareness campaign. The goal is for the public to easily identify an accredited pharmacy and registered Ontario pharmacist. While 89% of

pharmacies already display the symbol, Council agreed that, in order for it to be truly recognized and accepted, 100% participation by pharmacies is required. Accordingly, Council agreed that displaying the Point of Care Symbol, or any other trademark that the College may, in the future, deem it necessary for the identification of an accredited pharmacy in Ontario, be a standard of accreditation made in regulation under the appropriate section of the *Drug and Pharmacies Regulation Act*.

This proposed regulatory change is, by way of this notice, being circulated for member feedback by September 10, 2004.

COUNCIL APPROVES PROPOSED LEGISLATIVE AMENDMENTS TO THE DRUG INTERCHANGEABILITY & DISPENSING FEE ACT

Council approved two further recommendations from the Accreditation Committee setting out proposed amendments to the *Drug Interchangeability & Dispensing Fee Act* (DIDFA). These amendments

propose changes to the requirements for the posting of the usual and customary fees of the pharmacy as well as the information required on the receipt. Council considered that, with the deregulation of drug costs in the non-Ontario Drug Benefit market, the posted fee is no longer as meaningful to the public as it once was as it may have little bearing on the total cost to the patient. Council agreed that Section 2(1) of Reg. 936 under DIDFA, which sets out the requirements for the posting of the usual and customary fee, be revoked.

Also approved was the recommendation to amend Section 4(1) of Reg. 936 under DIDFA so that the receipt reflects only the total price of the prescription and the actual amount the patient pays. The receipt will also include a statement indicating that the total price includes the professional fee of "\$XX".

Council also discussed the matter of amending the definition of "prescription services" as found in the *Drug and Pharmacies Regulation*

NOTICE OF PROPOSED REGULATORY CHANGE TO THE *DRUG AND PHARMACIES REGULATION ACT*

The following regulatory change has been approved by Council and is being circulated here for your comments:

RECOMMENDATION 1

That displaying the *Point of Care Symbol/sign* or any other trademark that the College deems necessary for the identification of an accredited pharmacy in Ontario be a standard of accreditation made in regulation under the appropriate section of the *Drug and Pharmacies Regulation Act*.

Member comments respecting this regulatory change should be made, in writing, to Della Croteau, Deputy Registrar/Director of Programs by September 10, 2004.

Act, O.R. 297/96 (amended to O.R. 180/99) and the *Pharmacy Act 1991* s.(38(1) but agreed that the current definition was appropriate and no amendment to the definition was deemed necessary at this time. However, in view of today's pharmacy practice where the provision of compounding, dispensing and sale, by retail, of drugs pursuant to prescriptions, and the provision of information or advice with respect to those drugs, is one of the many aspects of services provided by a pharmacist, Council recommended that a definition for "pharmacy services" be developed. This matter has, accordingly, been referred to the Professional Practice and Accreditation Committees of the College for development review by Council at a future date.

These proposed amendments are being circulated for member feedback by September 10, 2004.

STRATEGIC PLAN UPDATE RATIFIED

Council reviewed the updated Strategic Plan that reflects past quarter accomplishments and projected activity for the future. Significant progress continues to be made toward each of the five key strategic directions outlined in the Plan. Over the summer, College staff and committee chairs will use the Strategic Plan as the foundation for planning the activities and associated resources that will be required throughout 2005 to move the organization closer to its strategic goals. The 2005 annual operating budget will be brought forward for Council's approval in September.

LIFE LONG LEARNING IN PHARMACY 2005

Consistent with our support of continuing education events,

Council approved College participation as a sponsor, through the provision of a grant of \$2,000, for the 6th International Conference on Life Long Learning in Pharmacy which will be hosted in Canada (Saskatoon) in 2005.

SUBMISSION TO THE HEALTH AND HUMAN SERVICES TASK FORCE ON DRUG IMPORTATION

With media attention continually focused on drug importation issues across the US and Canadian borders, the College is frequently requested to provide input on this matter. At the invitation of the US Surgeon General, Registrar Williams made a submission to the Health and Human Services Task Force on Drug Importation regarding this College's position respecting drug importation. The need for effective public education,

NOTICE OF PROPOSED REGULATORY CHANGES TO THE *DRUG INTERCHANGEABILITY AND DISPENSING FEE ACT*

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

RECOMMENDATION 1

That Section 2(1) of Reg. 936 under DIDFA which requires the posting of the usual and customary fee be revoked.

RECOMMENDATION 2

That Section 4(1) of Reg. 936 under DIDFA be amended so as to reflect only the total price of the prescription and the actual amount the patient pays and to include a statement indicating that the total price includes the professional fee of "\$XX".

Member comments respecting these regulatory changes should be made, in writing, to Della Croteau, Deputy Registrar/Director of Programs by September 10, 2004.

proper accreditation and verification of Internet sites was stressed in her submission.

VALIDITY EVIDENCE PAPER PUBLISHED

Congratulations are extended to OCP Professor in Pharmacy Practice Dr. Z. Austin, Deputy Registrar/Director of Programs Ms. D. Croteau, Dr. A. Marini, and Dr. C. Violato on the publication of their paper on validity evidence in the March 2004 edition of *Pharmacy Education*, which deals with Ontario's Quality Assurance and Peer Review process. The competency-based assessment, which continues to receive strong support from the members who have undergone the process, is also considered by other professions to be a model upon which to base their own QA programs. This paper can be viewed in the Quality Assurance section of the College's website.

PROFESSIONALS HEALTH PROGRAM (PHP)

A significant number of cases referred to the Fitness to Practise Committee involve the voluntary admission by a member of incapacity, based on a medical diagnosis, as defined in the *Health Profession's Procedural Code*. Council endorsed the policy which will allow the Fitness to Practise Committee to employ the services of the Professionals Health Program for monitoring "incapacitated" members to ensure safety of the public. The PHP is a treatment program designed by the Ontario Medical Association to intervene,

monitor, rehabilitate and advocate for members suffering from substance abuse, dependency disorder and/or psychiatric disorder.


EXPANDING THE ROLE OF PHARMACY TECHNICIANS

In 1998, the OCP Council identified as a priority, the establishment of a class of registration with the College for pharmacy technicians. In reaching this decision, Council of the day concluded that the availability of pharmacy technicians with required knowledge and skills was the most appropriate approach for public protection. This initiative is intended to complement the enhancement of the clinical role of the pharmacist in patient-focused care.

The first step in this process was the development of the *Competency Profile for Pharmacy Technicians* (approved by Council in June 2003). Council noted that, at a meeting with the Ministry of Health and Long-Term Care, the Registrar provided officials with a briefing paper which outlined the steps necessary to realize this initiative and further acknowledged that involvement and support of the Ministry of Health and Long-Term Care will be crucial to obtaining the necessary legislative changes.

PARTICIPATION IN INFORMATION SHARING SESSIONS

Represented by the President and Registrar, the College has developed and maintained a relationship with l'Ordre des Pharmaciens du Québec whereby both the regulatory bodies are able to share and discuss

issues of mutual interest and concern. The College also continues to participate intermittently in information sharing sessions with individual regulatory pharmacy authorities on issues such as Internet pharmacies, pharmacy technicians, and internationally trained pharmacists. In considering this College's participation in information sharing sessions, Council approved formalizing discussions with Québec respecting the establishment of a roundtable in order to share regulatory information. An invitation will also be extended to all Canadian pharmacy registrars to participate in such information sharing sessions. 

REGISTRATION

Q&A



*Chris Schillemeore, R.Ph., B.Sc.Pharm. M.Ed.
Manager, Registration Programs*

Q I'm an intern and have just submitted my paperwork to the College. Why can I not get licensed as soon as my *Activities* and final assessments are forwarded to the College?

At the start of your internship you and your preceptor should have received a letter asking you to submit your completed activities two to three weeks prior to the end of your rotation. This allows College SPT staff to verify that the *Activities* have been completed appropriately and documented.

This turnaround time is required for two reasons: to accommodate the large number of students and interns that submit their paperwork at the same time and to allow time for re-submissions if a student/intern's *Activities* are not properly documented and completed.


To avoid re-submissions, the final version of the *Activities* document must be carefully reviewed and approved by your preceptor prior to it being forwarded to the College. Final assessment forms must also be signed and submitted, as soon as possible, after the end of the rotation.

You should also ensure that you have sent an *Application for a Certificate of Registration as a Pharmacist* along with a cheque to cover all required fees. Once your documentation is approved, you will be notified by Client Services, usually by e-mail or by telephone, that you are licensed.

Q I'm an international candidate who has successfully completed the PEBC Qualifying Exam. I sent a request to the Registration Committee asking to be allowed to go into directly into internship. Why was I given 12 weeks of studentship before internship when I know of someone who, last year, was only required to do eight weeks of studentship?

The College's training requirement is 48 weeks of in-service training comprised of: a minimum of 32 weeks studentship (successful completion of 16 weeks of the International Pharmacy Graduate Program plus 16 weeks of SPT studentship) followed by a minimum of 16 weeks of SPT internship.

Registration panels base exemptions on evidence provided in support of an individual's request. Each request is considered on a case-by-case basis. Panels will consider any evidence you wish to submit. Some examples include: completion of some or all of the IPG Program, successful completion of the new PEBC Qualifying Exam, work experience as a pharmacist in a direct patient care setting and/or work experience in Canada as a technician.

SPT staff continue to closely monitor these candidates' progress, providing feedback to the Registration Committee to assist in future decisions. It is the intention of the College to ensure that every registrant has the skills and knowledge to provide pharmaceutical care to the public of Ontario. 

Emergency Contraception is Moving to Schedule II

Are we ready?



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

The progestin-only emergency contraception pill (Plan B®) has been recently gazetted (published in the *Canada Gazette*) for movement from Schedule I to Schedule II. It is expected that the drug will be available behind-the-counter sometime this fall.

This schedule change serves as an excellent opportunity for pharmacists to provide pharmaceutical care to patients requiring emergency contraception (EC). I encourage you to learn about the pharmacology and possibly sensitive patient assessment and counselling issues that come with dispensing EC.

PHARMACOLOGY & STANDARDS OF PRACTICE

On the following page we present an article by Dr. Tom Brown, Associate Professor at the Leslie Dan Faculty of Pharmacy, Clinical Coordinator – Women's Health at Sunnybrook and Women's College Health Science Centre and co-investigator of an emergency contraception pilot study that was conducted a couple of years ago in a few Toronto communities.

Dr. Brown presents an important, brief overview of information about dispensing the drug as it relates to the *Standards of Practice*.

CONTINUING EDUCATION STRONGLY RECOMMENDED

There are many different scenarios in which emergency contraception can be requested. Many of your patients may be upset or worried, so extra sensitivity and effective communication skills (with awareness of EC-specific questions) will be needed. Documentation of your initial assessment and counselling will be important for the continuity of care of these patients. Sample forms are available on the CPhA website to help you develop a system in your pharmacy.

There will be many opportunities in the next few months to obtain education about this area of practice. Information on the CPhA's website and OPA emergency contraception workshops are listed at the end of this article.

FAMILIARIZE YOURSELF WITH LOCAL COMMUNITY RESOURCES

I strongly recommend that you attend one of the upcoming CE events to learn more about EC counselling and to discuss these issues with your peers. It is also important to become familiar with resources in your community for times when you need to refer your patients for further care or counselling (e.g. STD counselling, birth control, sexual assault).

CONFIDENTIAL COUNSELLING

You should also consider what location you will use in your pharmacy to provide assessment and counselling so that you can speak to these patients in a private and confidential manner.

MORAL CONCERNS

If you have moral or ethical concerns about providing emergency contraception, you will need to declare your concern and arrange (with your peers) where you will direct patients seeking this medication and service. (Pursuant to the College's *Position Statement on Refusal to Fill for Moral or Religious Reasons, 2001*.)

A UNIQUE, PRIMARY CARE ROLE

The listing of this drug in Schedule II places the pharmacist in a unique primary care role. You will often be the only health-care professional that the patient will see on this issue; therefore your role will be to help your patients to understand and make decisions about emergency contraception, as well as to triage, when required, those patients needing additional care or community service assistance.

Interpreting the Standards of Practice in Providing Emergency Contraception as a Schedule II Medication

Thomas E.R. Brown, PharmD.

Associate Professor and Director of the Doctor of Pharmacy Program
Leslie Dan Faculty of Pharmacy, University of Toronto &
Clinical Coordinator, Women's Health
Sunnybrook and Women's College Health Sciences Centre

INTRODUCTION

Emergency contraception (EC) is defined as a form of birth control used after intercourse, but before implantation. It is commonly known as the "morning after pill".

Unintended pregnancy is a major health problem in Canada. It is estimated that 50% of all pregnancies are unintended. The use of EC is safe and effective; it can decrease the risk of pregnancy from a single act of unprotected intercourse by 75-85%.

Emergency contraception is most effective the sooner it is administered after unprotected intercourse — therefore timely access is essential. The Federal Government has removed the access barrier to EC by rescheduling levonorgestrel (Plan B®), a form of EC from prescription (Schedule I) status, to a schedule II medication. It is therefore important that pharmacists be able to apply the *Standards of Practice* when dispensing EC.

The applicable *Standards of Practice* are contained in Operational Component 4.4, namely:

"The pharmacist takes reasonable steps to enter into a dialogue with the patient or agent and offers, service, assistance or advice..."

This paper will review the *Standards of Practice* applicable to nonprescription drugs and provide advice on how you can apply these standards when dispensing EC to your patients.

STANDARD 4.4.1

"When entering into a dialogue, the pharmacist interacts with the patient or agent to receive and provide information needed."

There are two kinds of EC: the post-coital intrauterine device and hormonal pills. Two types of hormonal pills are available in Canada. One is a combination pill with both estrogen and a progestin (Ovral®) and the other is a prog-

estin-only pill (Plan B®). (The combination pills require a prescription whereas the progestin-only preparation is being rescheduled to Schedule II.)

The progestin-only medication is more effective than the combination pill and is also associated with less nausea and vomiting. The progestin-only pill reduces the risk of unwanted pregnancy by 85%. Therefore the chance of pregnancy after the appropriate use of EC is 1% (i.e. 1 out of 100 women who use EC will still become pregnant).

Please note: For the balance of this article, the reference "EC" will only represent the progestin-only product (Plan B®) — not the combination pill (Ovral®).

STANDARD 4.4.2

"The pharmacist interviews the patient or agent to determine and assess as appropriate to the request:

"Condition or symptom(s) to be treated"

Emergency contraception is indicated for the prevention of an unwanted pregnancy if used within 72 hours of unprotected intercourse. Recent studies demonstrate that it is useful up to five days after unprotected intercourse and the Society of Obstetricians and Gynaecologists recommends that EC can be used up until five days after unprotected intercourse.

It is important, however, to note that the sooner EC is taken after the act of unprotected intercourse, the better it works. Unprotected intercourse is defined as:

- Using no method of birth control
- Missed birth control pills
- Greater than seven days later for an injection of depot-medroxyprogesterone acetate
- Broken condom
- Ejaculation on the external genitalia
- Diaphragm slips out of place or is removed within six hours after intercourse
- Sexual assault

As a pharmacist, you should ask the patient, "Have you had sex in the last five days in a way that puts you at risk for pregnancy?"

“Current, relevant disease state(s), drug allergies or sensitivities”

The only contraindication for using EC is pregnancy.

There is no evidence that EC will damage a pre-existing pregnancy, however because it works only to prevent a pregnancy and not to abort one, it would be of no use for a pregnant woman and should therefore not be dispensed.

You should ask, “Could you already be pregnant from a previous act of intercourse?”

Note: Women with an allergy to progestins or hormonal contraception should not receive EC.

“Current Medications” and “Treatments that the patient may have already tried”

It is not known if other medications interact with EC. However it should be noted that EC may not be as effective for patients taking medications that can induce liver enzymes (i.e. rifampin, phenytoin, phenobarbital etc.). The patient can receive EC, however you should counsel her that the medication may not be as effective and that her risk of pregnancy may be higher because of a potential drug interaction.

“The need for referral to another health care professional, the appropriateness of drug therapy or the advisability of non-drug therapies”

Women in which the time from unprotected intercourse has been greater than five days or those that may already be pregnant should be referred to a physician or health clinic. Additionally, women who have had unprotected intercourse may require a referral to another health care provider to investigate for sexually transmitted infections, to receive ongoing contraceptive care, or for sexual assault or abuse counselling. You will want to familiarize yourself with the appropriate referral resources in your community.

STANDARD 4.4.3

“The pharmacist discusses with the patient and recommended drug therapy including, where appropriate:

“Directions for proper use”

The dose of EC is two progestin-only pills. Tradition-

ally, women were instructed to take one pill as soon as possible, followed by the second dose in 12 hours.

This is still appropriate, however, a recent study has demonstrated that taking both doses at once has equal efficacy and this method of administration is noted in the guidelines developed by the *Canadian Society of Obstetricians and Gynaecologists*. These guidelines can be found at <http://sogc.medical.org>.

The progestin-only pill is associated with less nausea and vomiting than the combination pills (23% nausea & 6% vomiting versus 50% nausea & 20% vomiting), therefore, antiemetic therapy is not routinely recommended with the use of this product.

If vomiting occurs within one hour of administration, an antiemetic should be given and the dose that was vomited should be repeated.

“Common adverse effects”

Women may experience bloating, cramping and or breast tenderness. They may also have some spotting shortly after they take the medication. Women should be warned about these adverse effects; however, unless they are severe, the symptoms may be considered as nuisance side effects and no intervention is required.

“Expected response”

Emergency contraception reduces the risk of unwanted pregnancy by 85%, therefore, there remains a chance of pregnancy.

About 1% of women who use EC will still get pregnant. This figure may be higher if the patient is taking a medication that may interact with EC. Emergency contraception prevents pregnancy (it does not cause an abortion) therefore, it does not induce a menstrual period. While a patient's menstrual period may occur a little earlier or later than usual after they use EC, most women experience their menstrual period at or around their normally expected time.


“When to seek the attention of another health professional”

Your patient should seek medical attention if she does not get a normal menstrual period within three weeks of taking EC, as she may be pregnant. She should also seek attention if she has concerns about sexually transmitted infection, ongoing contraception needs or requires counselling for sexual assault.

STANDARD 4.4.4

"Where it is deemed important for continuity of care of the patient, the pharmacist documents relevant information in a readily retrievable format, such as the patient's profile or health record."

You should determine the type and location of documentation you will record for patients seeking EC.

You will want to make note of your assessment and key questions or issues that arose during the interview. These patients may have questions the following day or even weeks later, so you will want to be able to return to your original documentation. 

RESOURCES:

LIVE COURSE

"Emergency Contraception Workshop"

This program has been created by the Canadian Pharmacists Association to help pharmacists prepare for assessing and counselling women seeking EC. Based on the CPhA's online program, this three-hour live program is being coordinated and presented in a number of Ontario regions through the Ontario Pharmacists' Association.

The workshop includes interactive patient cases to provide pharmacists with an opportunity to apply the information presented. Participants also have an opportunity to ask questions related to their experiences with emergency contraception. In addition, as part of the workshop, each participant will receive a handout package consisting of a CD-ROM which includes the PowerPoint slides; electronic copies of the documents; a patient assessment form; and other tools used in the workshop.

The OPA will be hosting this program throughout the province during 2004. Already scheduled are:

September 22 in Ottawa

Contact: Christa Vallier at christa.vallier@sympatico.ca

September 28 in Pembroke

Contact: Kelli Ouimet at lkouimet@nrtco.net

October 12 in Walkerton

Contact: Adele Kaminiski at adele.kaminiski@utoronto.ca

January 18, 2005 in Newmarket

Contact: Janet Shore at jjshore@pathcom.com

TBA, Sudbury

Contact: Wilf Steer at wsteer@sympatico.ca

TBA, London

Contact: Tina Perlman at tperlman@rogers.com

Contact your Regional CE Coordinator if you would like to have this workshop presented in your area.

For further information, contact

Sandra Winkelbauer:

tel: (416) 441-0788, x 4235

fax: (416) 441-0791

swinkelbauer@opatoday.com

www.opatoday.com

ONLINE COURSE

"Emergency Contraception Online" is a five-module online CE course developed to prepare pharmacists to assess and counsel women seeking EC.

Online Learning Centre: Emergency Contraception Training Program

<http://www.pharmacists.ca/function/ws/cevl.cfm>

FACILITATOR'S KIT

For those interested in sponsoring/organizing a workshop, a Facilitator's Kit, consisting of a facilitator's guide, a CD-ROM containing PowerPoint slides with video cases, speaker's notes and electronic copies of all documents is available for purchase from the CPhA.

Note to Facilitators: This event has been accredited by the Canadian Council on Continuing Education in Pharmacy (CCCEP), and in accordance with the CCCEP guidelines, all workshop participants are to receive a handout package consisting of a CD-ROM which includes the PowerPoint slides (without speakers' notes); electronic copies of the documents; a patient assessment form; and other tools used in the workshop. These are available for purchase from CPhA (cost \$20.00 each).

For more information on the CPhA programs call:

tel (613) 523-7877 or 1-800-917-9489

fax (613) 523-0445

www.pharmacists.ca

Board of Inquiry

The Board of Inquiry Serves the Critical Role of Independently Gathering Information about a Member's Physical and Mental Capacity to Practise



Brian Brophrey, LL.B.
Investigations and Resolutions Department

The College occasionally investigates a member for suspected incapacity and, when deemed necessary, moves to set limitations on the member's ability to practise until such time as the member undergoes treatment and regains his/her health.

Incapacity proceedings, conducted by the Fitness to Practise Committee, are intended to help the member regain their health while ensuring the public is protected from unsafe practice. Initiated by referrals made by the Executive Committee, these are non-punitive, non-public proceedings that are strictly confidential.

INDEPENDENT EXPERTS

The Executive Committee therefore requires the special skills of the independent *board of inquiry* to gather further information so that the Executive Committee can decide whether to refer a member's suspected incapacity to the Fitness to Practise Committee.

The Board consists of several pharmacists with expertise in substance abuse, psychopharmacology, and psychiatric issues; and a public member of Council. The Board serves

to make expert inquiries regarding a pharmacist and to report back to the Executive Committee.

The pharmacist is asked to respond to information the College has received*, and may also be asked to voluntarily sign release forms that allow the College to obtain medical information from the pharmacist's physician(s).

*Please see the September/October 2003 article "Reporting Incapacity" for information about pharmacists' obligations (in certain situations to report incapacities.)

SELF-REPORTING INCAPACITY

It is within the pharmacist's rights to refuse to cooperate with College staff inquiring on behalf of the Registrar or Board, or to refuse to sign releases.

And, while there is no obligation for the pharmacist to report his or her possible incapacity or the treatment that they are receiving, it can often be helpful for the pharmacist to voluntarily demonstrate to the College that he or she has adequate self-awareness of their physical or mental illness or condition, and has already taken the steps to be treated and managed appropriately by the proper health professionals.

CASES WITH PROBABLE GROUNDS

The Board does, however, have the right to make inquiries about a pharmacist's possible incapacity, and if the Board has *reasonable and probable grounds* to believe that the pharmacist is incapacitated the Board can require the pharmacist to submit to physical or mental examinations that are conducted or ordered by a particular health professional.

If the pharmacist continues to refuse to submit to such examinations or to cooperate with the appointed health professionals, the Board may

Incapacity: A pharmacist's physical or mental illness or condition that makes it necessary, in the public interest, to restrict the pharmacist's right to practice pharmacy (e.g., substance dependence, psychiatric disorders).

The Code: The *Health Professions Procedural Code*, being Schedule 2 under the *Regulated Health Professions Act*; regarding incapacity, see sections 57-69.

then direct the Registrar to suspend the pharmacist's *Certificate of Registration* until such time the pharmacist agrees to undergo the required examination(s).

BOARD OF INQUIRY FINDINGS

After the Board has completed its inquiries, it reports its findings to the Executive Committee which then determines whether to refer the member to the Fitness to Practise Committee for intervention. The Executive Committee, if it believes that the pharmacist's current physical or mental state exposes patients to harm, may

also order an interim suspension of the pharmacist's Certificate of Registration until the Fitness to Practise hearing.

TREATMENT AND PRACTICE-MONITORING

If the Fitness to Practise Committee determines that the member is incapacitated, the Committee will set limitations on practice, which may include specific treatment and monitoring requirements, to ensure that the public is protected from unsafe practice and that the member's recovery is supported.

NEW TREATMENT OPTION

To improve its monitoring and support for incapacitated members, the College has recently signed an agreement with the *Professionals Health Program* (see below), to provide referred members with a comprehensive service that has been created specifically for treating health care professionals suffering from psychiatric problems and substance abuse disorders. ☒

Professionals Health Program

Special Program to Assist College in Caring for Pharmacists with Incapacity

We are pleased to announce that the College has recently signed an agreement with the *Professionals Health Program (PHP)* to provide case management and advocacy for pharmacists who have been referred for treatment for mental health issues or drug addiction.

While the College has traditionally worked hard to provide for ongoing monitoring and support services to members referred for treatment by the Fitness to Practice Committee, the PHP service will serve as a more complete approach to providing ongoing support and care for pharmacists with incapacity.

CREATED OUT OF PHYSICIAN HEALTH PROGRAM

The *PHP* was developed in 2002 by

the Ontario Medical Association and designed for Ontario health professionals. This program grew from the original *Physician Health Program* founded in 1995 to assist physicians at risk of, or suffering from, substance dependency.

The *Physician Health Program* offered physicians and their families a range of services which included advice and support, referral to treatment, monitoring and advocacy.

FOR HEALTH PROFESSIONALS

The *PHP* is a confidential program for Ontario health professionals. The *PHP* began providing services to veterinarians in 2002 and as of May 2004, the *PHP* has entered into an agreement with the Ontario College of Pharmacists to provide case management and advocacy for

pharmacists identified and referred through College processes. ¹

The *PHP* operates at arm's length to the regulatory colleges, but the success of the program's ability to offer intervention, assessment and monitoring for health professionals suffering from psychiatric problems and substance abuse disorders depends on a good working relationship with these College Council and staff.

As a result, the *PHP* has been able to achieve a balance between the confidentiality of the individual seeking services when they experience a problem, and the necessity of protecting the public interest. ☒

¹ Please note, at this time only members referred through the College's incapacity proceedings are able to access the *PHP*. The College will be meeting with the OPA in the next month to discuss opportunities for establishing a call-in service for those members, who recognize their incapacity and wish to voluntarily enter into a focused rehabilitation program without involving the College.

Methadone Maintenance Treatment Prescriptions

THIS ARTICLE IS AVAILABLE IN THE
“MEMBERS” SECTION OF OUR WEBSITE

2004 *Certified Technician Fees*

The Annual Certified Technician fees, \$58.32 (\$54.50+GST), are due September 10, 2004.

Fee forms will be mailed mid-July. If you do not receive your fee form by July 31st, please call Client Services or email ocpclientservices@ocpinfo.com to request another fee form.

If you have moved since September 2003 and have not informed us of your address change, please include your address change in your email to the College or visit www.ocpinfo.com to enter the change online.

Please remember to include your OCP number in any correspondence with the College.

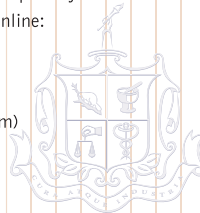
Paying Online

This year, you have the option of paying your fees and updating your information online.

Visit www.ocpinfo.com and select **OCP CONNECTS** to pay your fee by credit card and update your home address and practice information. You will need the following to access your information online:

- 1) **User ID** (first initial of your first name and your complete last name)
- 2) **Password** (the last six digits of your Social Insurance Number)
- 3) **Invoice/Order Number** (located at the top right corner of your annual fee form)
- 4) **Credit Card** (Visa, MasterCard or American Express)

For further information contact Client Services at 416-962-4861:
Maria Earley x 298 • Ifrah Osman x 230 • Roland Starr x 237



Position Available:



Professional Development Advisor (Pharmacist)

3 days per week

The Ontario College of Pharmacists is seeking a creative pharmacist interested in joining the College in the newly created role of *Professional Development Advisor*.

The successful candidate is able to communicate in a caring and supportive manner while assisting pharmacists in understanding and complying with continuing professional development activities. The individual will demonstrate the ability to deal effectively with people of varied cultural backgrounds, using judgment and discretion in providing information which may be sensitive in nature.

As a member of the Continuing Competence Program area of the College, the individual will provide oversight in research, development and maintenance of the Learning Portfolio program, develop relationships with continuing education providers, oversee the volunteer Continuing Education Coordinator team, as well as direct remediation activities which include the delivery of professional development workshops.

The successful candidate will have a good understanding of the issues and challenges facing pharmacists and pharmacy practice. An understanding of adult education principles and experience in training would be an asset.

If you are interested in joining the College staff in this position, please forward your resume by August 13, 2004 in confidence stating salary expectations to:

Lisa Baker, HR & Administrative Services Coordinator
Ontario College of Pharmacists
483 Huron Street
Toronto, ON M5R 2R4
fax: (416) 847-8279
lbaker@ocpinfo.com

Only those chosen for interviews will be contacted.

FOCUS ON Error Prevention



Ian Stewart, B.Sc. Pharm.

The use of the synonym “folic acid” by physicians when prescribing calcium folinate (Lederle Leucovorin® Calcium) has led to the incorrect dispensing of the drug folic acid.

Unlike folic acid, calcium folinate is administered to patients to diminish the toxicity of methotrexate. It can also be used for pre-treatment followed by 5 fluorouracil to prolong survival in the palliative treatment of patients with advanced colorectal cancer.¹

The following case illustrates the potential for error.

CASE

The above prescription was presented to a pharmacy technician for processing. The prescription was entered into the computer as folic acid 5mg, with the directions to take five tablets every Wednesday. Upon checking the prescription, the pharmacist did not detect the error.

The pharmacist began to provide patient counselling but was interrupted by the patient who said, “The prescription is not for folic acid. This is the second time that this error has been made.”

Possible Contributing Factors

- Folic acid and “folic acid” can appear to look alike
- Both folic acid and calcium folinate are available in the same strength (5mg) and dosage form (tablet)
- Many pharmacists are unaware of the use of “folic acid” as a synonym for calcium folinate
- Pharmacists are familiar with the drug folic acid. As a result, when reading a prescription for “folic acid”, he or she is more likely to see what is familiar. This tendency is referred to as “confirmation bias”

Recommendations:

- Educate all pharmacy staff of the potential for confusing folic acid for “folic acid”
- Advise prescribers of the potential for error when “folic acid” is used to prescribe calcium folinate. Discourage the use of “folic acid”
- Always double check prescribed dosages for appropriateness
- Whenever a medication error or potential error is identified, ensure that all pharmacy staff are informed. Develop strategies to ensure that the same error does not recur in your pharmacy. This may include the addition of notes to the patient profile and both drug files. This will serve as an alert flag.

Reference:

1. *Compendium of Pharmaceuticals and Specialties 2004*, Canadian Pharmacists Association, Ottawa, Ontario, p 794 & 1060

HEALTH CANADA

Advisories & Notices

DATE	TYPE
June 1, 2004	WARNING Health Canada warns Canadians not to use THERMONEX - Consumer Information
May 25, 2004	WARNING Health Canada warns public not to use BELL MAGNUM BULLET - Consumer Information
May 17, 2004	PUBLIC ADVISORY Health Canada Endorsed Important New Safety Information : ORTHOCLONE OKT ₃ (muromonab-CD ₃) - Janssen-Ortho Inc.
May 14, 2004	PUBLIC ADVISORY Emerging Safety Information: Diarrhea and Ischemic Colitis in Patients Using ZELNORM (tegaserod hydrogen maleate) - Novartis Pharmaceuticals Canada Inc.
May 14, 2004	NOTICE TO HOSPITALS Health Canada Endorsed Important Safety Information on the Serious Adverse Reactions in Pediatric Patients Treated with ORTHOCLONE OKT* ₃ (muromonab-CD ₃) - Janssen-Ortho Inc.
May 11, 2004	Benefits and Risks of Hormone Replacement Therapy (Estrogen with or without Progestin) Updated May 2004 from the original January 2003 document - Consumer Information and Health Professional Communication - Health Canada, It's Your Health
May 10, 2004	Approval of Viread® (tenofovir disoproxil fumarate) with conditions - Health Professional Communication - Gilead Sciences, Inc.
May 10, 2004	Adverse Reaction Reporting by Health Professionals and Consumers. - Consumer and Health Professional Communication
May 7, 2004	NOTICE TO HOSPITALS Health Canada Endorsed Important Safety Information on the Association of ABSORBABLE HEMOSTATIC AGENTS with Paralysis or Other Neural Deficits
May 7, 2004	Important Safety Update: Diarrhea and Ischemic Colitis in Patients Using ZELNORM (tegaserod hydrogen maleate) - Novartis Pharmaceuticals Canada Inc. - Health Professional Communication
April 21, 2004	NOTICE TO HOSPITALS Health Canada Endorsed Important Safety Information on the Inadequate Cleaning / Sterilization of EZ Clean Monobloc ACETABULAR REAMER
April 19, 2004	Important Safety Information Regarding Reports of Serious Hepatic Events in Patients Receiving ACCOLATE® (zafirlukast) - AstraZeneca Canada Inc. - Health Professional Communication
April 16, 2004	NOTICE TO HOSPITALS Health Canada Endorsed Important Safety Information on Health Risks Associated with the use of INFUSION PUMPS
April 13, 2004	The April 2004 issue of the Canadian Adverse Reaction Newsletter published by the Marketed Health Products Directorate, Health Products and Foods Branch is available. This Newsletter is a quarterly publication of adverse reaction information and provides regular feedback to health professionals on adverse reactions reported in Canada. It is also distributed with the Canadian Medical Association Journal. Please consult the index for a complete listing of previous issues
April 1, 2004	Public Opinion Survey On Key Issues Pertaining To Post-Market Surveillance Of Marketed Health Products In Canada - A Health Canada Perspective Health Canada commissioned public opinion research to determine how Canadian health professionals and the public-at-large view the effectiveness of current methods used to communicate drug safety information, and gauge opinions on mandatory reporting and the need for informed consent when reporting an adverse drug reaction

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

Health Canada Notices are also linked under "Notices" on the OCP website: www.ocpinfo.com



district meetings

2004

The College held its 2004 District Meetings this past spring. The meetings focused on two key topics: a review of the College's complaints and discipline processes and member brainstorming and discussions on optimizing the pharmacist's role. This article summarizes the discussions. You can also download a copy of the presentation slides from our website, www.ocpinfo.com.

I. COMPLAINTS AND DISCIPLINE PROCESSES

As you know, all of Ontario's 21 health colleges are mandated, under the RHPA, to establish complaints and discipline systems as a means of public protection and member regulation.

In the past few years, Council and College staff have expended a great amount of energy to reduce the backlog of pending discipline cases, as well as make changes in how cases are assessed and disposed of. The following is a brief summary outlining the process for handling patient complaints and investigations. Please feel free to contact the College if you have specific questions.

COMPLAINTS

The vast majority of patient complaints are handled at the pharmacy by caring pharmacists.

Listening to the patient, acknowledging and attempting to resolve their concerns typically results in patient satisfaction with the outcome. Indeed, managing patient complaints involves professional judgement and appropriate follow-up.

Do document your actions and, if your patient is still not satisfied by you or your colleague's intervention, refer your patient to the College. We have found that of the 1,000 or more public calls we receive each year, approximately 90 percent are resolved over the phone. Patients typically call us when they feel an issue has not been resolved at the pharmacy or want to seek an opinion on policies and regulations.

College staff carefully listen to the patient's concerns and try to determine what type of resolution the patient is actually seeking. (In many cases, the patient simply wants an apology and is not looking to make a formal complaint.) In turn, our staff inform and educate the parties on the issue of concern. This usually leads to an amicable resolution, without initiating the formal complaint process.

INVESTIGATIONS

Investigations arise out of formal public complaints, pharmacy inspections, and reports (police, termination reports) to the College. Investigations are conducted by College investigators in a process that is fair and transparent to the pharmacist/pharmacy that is being investigated. In all cases members are notified and invited to make submissions.

If you are subject to an investigation

It is important to note that, by no means, is being subject to an investigation a conclusion of your responsibility or guilt of misconduct. We recommend that pharmacists who are subject to an investigation to consider the following:

- Know what actions constitute professional misconduct
- Cooperate as fully as possible with the College
- Take advantage of your opportunity to provide a written submission — your response is integral to the process
- Know that the patient receives a copy of your submission
- Detail any actions or improvements that have already been taken
- Be truthful

Once the investigation is complete the findings are referred to the appropriate screening committee (Complaints, Accreditation, Executive) for review and decision.

COMPLAINTS COMMITTEE

A formal (written) complaint from a patient triggers a clear and legislated process. Every aspect of the complaints process is confidential and not a matter of public record (versus discipline decisions that must be published).

There are many types of formal complaints (e.g. unauthorized prescriptions, failing to intervene in a patient's best interest, dispensing errors, excessive charges, product substitution). Once a complaint is lodged, the member is notified and invited to make submissions.

The Complaints Committee (comprised of three pharmacists and two public members) investigates each case. Once all information has been received, the Committee will review the case and make a decision to either: a) conclude the case (no further action); b) use alternate dispute resolution to order such actions as member remediation (course work) or referral to Quality Assurance; c) issue an oral or written caution; d) refer the matter to the Discipline Committee; or e) for other matters, refer to Executive Committee.

In all cases, a copy of the decision is sent to both the patient and the pharmacist. Either party may appeal to the

Health Professions Appeal and Review Board (unless the case is referred to Discipline Committee).

Below are recent statistics from the Complaints Committee. Although many members are concerned about a complaint being made against them, only a very small number of formal complaints are received, in view of the number of members. A small portion of those complaints are then referred to Discipline Committee.

	Complaints Heard	Referrals to Discipline
2000-2001	133	12
2001-2002	136	18
2002-2003	116	5

DISPENSING ERRORS

While dispensing errors have traditionally been viewed as unacceptable and punishable, the College has, in recent years, taken a change in approach and works to view each case individually. Each case's complexity is acknowledged and viewed as an error stemming from a number of factors including systemic and individual actions.

When reviewing these cases, committees ask themselves the following types of questions:

- Why was the error made?
- Did the pharmacist do all that he/she could?
- How did the pharmacist handle the error?
- What *Standards of Practice* were infringed?
- Did the pharmacist exercise professional judgement?
- Did the pharmacist document his/her actions/decisions?

In all cases, the committees view remediation as key to improving practise and practice site outcomes.

ACCREDITATION COMMITTEE

The six-person Accreditation Committee (two elected members, two public members, and two non-Council committee members) operates under the DPRA and deals with operational standards for pharmacies. The matters it reviews may stem from an inspection report or from a public complaint. In all cases, the designated manager is the College's contact and responds on behalf of the pharmacy.

The Committee reviews the matter and makes a decision and will either: a) conclude the case (no action); b) order an action plan and re-inspection at cost; or c) refer the case to the Discipline Committee (if the case was not resolved or if the matter warrants a referral to discipline)



EXECUTIVE COMMITTEE

The seven-member Executive Committee (president, vice-president, immediate past president, one elected member and three public members) receives reports and referrals from the Complaints Committee and reports such as police reports and termination reports.

The Committee will review and resolve cases by taking one of the following actions: a) conclude (no action); b) order further investigation; c) order an undertaking (where a member agrees to take certain remedial actions to resolve the matter); d) refer the matter to Quality Assurance; e) refer the matter to the Discipline Committee; f) order an interim suspension (if concerns of patient harm); or g) order an board of inquiry (see article on page 14).

REFERRAL TO DISCIPLINE COMMITTEE

Referrals are a matter of public record. Referred members are given a notice of hearing that sets out the allegations against them. They are also advised to seek legal counsel. (While it previously took up to three years to resolve a case from the time of referral to decision, cases are now being resolved within a year.)

PRE-HEARING CONFERENCE

Created to assist both the College and member in better understanding the case and to ease the decision process, pre-hearing conferences are held for all parties (pharmacist, counsel, and College representatives) to meet with a Discipline Committee member who serves as Chair.

The Chair provides an independent, un-biased analysis of how he/she believes the Discipline Committee will consider the case. The member and College then have an opportunity to come together to reach an *Agreed Statement of Facts* and, if possible, an agreed penalty. While all cases must go before the Discipline Committee, holding pre-hearing conferences usually leads to fewer contested hearings, more consistent decisions, and more equitable penalties across all cases. This process also leads to shorter hearings and cost savings.

DISCIPLINE COMMITTEE

Discipline hearings are open to the public and overseen by a panel of the Committee consisting of usually three pharmacists and two public members. The Committee hears evidence and witnesses and renders a decision as to whether professional misconduct has occurred.

The Committee now uses a broader range of options to ensure that the determined remediation/penalty is appropriate to the type of professional misconduct that occurred. The Committee's goal is to find the proper balance of remediation versus punishment to best achieve public safety. The following are types of remediation and penalty options used by the Committee:

Remediation Options

- Coursework (IPG program, OPA courses, other)
- Jurisprudence Course and Exam
- Inspections at cost

Penalty Options

- Suspension for specified period
- Fines
- Reprimand
- Terms or Conditions (e.g. supervised practice, limitation on serving as a designated manager or ownership, hours of practice)
- Costs awarded to College
- Revocation (rare)
- For Sexual Abuse Cases (rare): revocation, funding for victim

In all cases, either the member or the College can appeal a decision of the Discipline Committee to Divisional Court.

FITNESS TO PRACTICE COMMITTEE

The Executive Committee refers members that it considers to be incapacitated to a board of inquiry for investigation (see page 14 for board description). The Executive Committee then reviews the board's report and will refer members it considers to be incapacitated to the Fitness to Practice Committee for review. This Committee works with members who have been found to be incapacitated (having a physical or mental condition that affects their ability to practice).

The Committee holds a closed hearing and decides what terms and/or conditions to impose on a member: a) treatment; b) restrictions on practice; or c) referral to an ongoing monitoring program (e.g. Professionals Health Program (see page 15)). These terms and conditions are significant, can

last up to five years, and can include requirements such as notification of the member's condition to his/her designated manager or colleagues, treatment by an addiction specialist; or the requirement to provide urine samples.

IN CONCLUSION

Although the complaints and discipline processes are legislated, all cases are adjudicated by our peers and public representatives who, as a team, determine courses of action that ensure public safety and high quality practice.

These principles support protecting our patient and upholding the integrity of our profession.

II. OPTIMIZING THE PHARMACIST'S ROLE

The recently created Task Force on Optimizing the Pharmacist's Role used the district meetings as a valuable opportunity to seek pharmacists' opinions on how to advance the profession's role and scope of practice.

Pharmacists were asked to complete self-surveys indicating their current knowledge and comfort levels for various roles.

Pharmacists were then asked to gather in break-out groups to recommend areas of focus for the Task Force with a view to supporting its future discussions with government and other stakeholders on the issue of expanded/optimized pharmacist roles. (The Task Force has initially been looking at topics such as Schedule II drugs and documentation, tests and monitoring, refill authority and collaborative practices.)

The break-out groups were asked to consider what their role as professional could be, providing the following three working assumptions are in place: remuneration is not an issue; appropriate legislation is in place; and no staff shortages or time constraints exist in the workplace.

Terms of Reference:

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

... for the benefit of the public of Ontario

RESULTS TO BE PUBLISHED IN AN UPCOMING ARTICLE

Pharmacists provided both commonly shared and new ideas for the Task Force to consider. A summary of the pharmacist surveys and break-out group suggestions will appear in a future edition. The Task Force will use these results as a guide in determining short and long-term goals to optimizing the pharmacist's role.

III. OTHER INITIATIVES

A. Documentation Guidelines

Pharmacists attending the meetings were reminded to review the Documentation Guidelines (January/February 2004 issue) and consider how to implement greater documentation into their practices.

Created in response to pharmacists' questions, these guidelines serve to supplement the *Standards of Practice* and will help you in documenting professional judgment and support you in maintaining good continuity of care for your patients. Documenting will also help you prepare for an expanded pharmacist role. One good example is the upcoming Schedule II listing for emergency contraception (see article page 10).

B. Drugs Changing Schedules

You know that many drugs are being re-scheduled and now, more frequently than before, drugs are often moving directly to Schedule III from Schedule I. This creates an opportunity for the pharmacist to play a larger role as educator for Schedule II and III drugs. As always, we urge you to remain aware of the relevant *Standards of Practice* and to document your professional judgment and actions taken.

C. Pharmacy Technician Regulation

Much has happened since the initial pharmacy technician competency document was discussed at the 2002 District Meetings. Council committees and College staff are busy developing the many pieces necessary to move towards regulation.

Technician regulation will be voluntary but will require increased education and training, increased pharmacy technician accountability, liability and increased scope of practice.

Our goal is to develop a regulated profession that will enhance the role of the pharmacy technician who will, in turn, be able to support pharmacists in achieving better patient care. 📌

PRACTICE

Q & A

Elaine Maloney
Practice Advisory Officer

Q Can I sell a pesticide product in my pharmacy?

Pharmacies are allowed to sell pesticides classified as Schedule 4 under the federal *Pest Control Products Act* without a vendor's license.

Q What legislation governs the use of pesticides?

Pesticides fall under two pieces of legislation: *The Pest Control Products Act* (Federal) and *Pesticides Act & Regulation 914* (Provincial).

The *Pesticides Act* prohibits the sale and use of a pesticide product unless that product is registered under the federal *Pest Control Products Act*. A vendor's license may be required for the retailer to sell certain pesticide products.

Q How are pesticide products classified?

The Ontario Ministry of the Environment uses a classification system that places a pesticide product into one of six schedules for sale and use by authorized persons. A product cannot be classified in Ontario without it being registered federally. The classification is based on toxicity, environmental effects and container size. The more toxic the pesticide, the more stringent the requirements are.

Detailed information on the classification of pesticides is available on the Ontario Pesticide Advisory Committee website at www.opac.gov.on.ca.

Q What pesticide products can I sell in my pharmacy without a vendor's license?

Pharmacists may sell pesticide products classified as Schedule 4. These products tend to be those products containing musk oil, DEET, botanicals, insect repellants and ant baits. Schedule 4 products are considered to be relatively innocuous to human health and/or the environment. These products must carry a federal domestic class.

The maximum package content must not exceed 1 kilogram (weight) or 1 litre (volume). Products of this nature do not require a license upon sale. If, however, a pharmacist sells pesticides outside of Schedule 4 products, he/she should contact the Ministry of the Environment and apply for a vendor's license.


Q What are the vendor's license types?

The two types of vendor licenses are the *General Vendor's License* and the *Limited Vendor's License*. A Ministry of Environment *Limited Vendor*-licensee is authorized to sell Schedule 3, 4 or 6 pesticides. Limited Vendors typically sell

home and garden-type pesticides which may be bought by the general public.

If a pharmacy offers the added service of selling Schedule 3 and 6 pesticides, a *Limited Vendor License* is also required. In addition, these items require special storage and retail display. Please refer to the *Pesticides Vendor's Fact Sheet* on the Ministry website: www.ene.gov.on.ca.

How will I know if a pesticide has been registered under the federal act?

Pesticide products for sale must have a *Pest Control Product Number* (PCP#) on the container. This ensures that the product has been registered. 

Schedule	Pesticide Category	Person who may sell the pesticide	Persons who may use the pesticide
1	Restricted	Licensed general vendors Sales record is required	Licensed applicator or certified agriculturist under permit approval
2	Pest control industry and agriculture	Licensed general vendors Sales record is required	Licensed applicator or certified agriculturist
3	Consumer, pest control industry and agriculture	Licensed general vendors or Limited vendors No sales record required	Homeowner, licensed applicator and certified agriculturist
4	Unrestricted	Any retail outlet No vendor license is required No sales record required	Homeowner, licensed applicator and certified agriculturist
5	Agriculture	Licensed general vendors Sales record is required	Licensed applicator under permit approval or certified agriculturist with certificate
6	Unrestricted institutional package	Licensed general vendors or Limited vendors No sales record required	Homeowner, licensed applicator and certified agriculturist

International Pharmacy Graduate Program



Thank You to Our Mentors

An International Pharmacy Graduate Mentorship Update

Bill Dingwall, B.Sc.Pharm.
Mentorship/External Relations Coordinator

Past issues of *Pharmacy Connection* have highlighted the mentorship component of the International Pharmacy Graduate Program. More recently, in the March/April 2004 issue, Zubin Austin wrote about the Enhancement Project that the IPG Program has recently embarked upon, including enhanced mentorship.

With this issue, I would like to provide a brief update on our *traditional mentorship* experience and further explain our new *enhanced mentorship* concept.

TRADITIONAL MENTORSHIP

Since the fall of 2002 we have enrolled and trained nearly 100 pharmacists, from all aspects of practice from across Ontario, as traditional mentors. As a result, we have been able to maintain a 1:1 ratio between mentee (international pharmacy graduate student) and mentor. The traditional mentor is a volunteer, licensed pharmacist who acts as a non-judgemental listener and guide to the mentee.

IPG students and graduates speak positively of the counselling and guidance their mentors provided and traditional mentorship has proven to be an important and successful segment of the program.

More Traditional Mentors Needed

We currently need more GTA hospital pharmacists to participate as traditional mentor volunteers as a number of our students would like to explore institutional pharmacy practice as they make their career choices.

ENHANCED MENTORSHIP

We found that many international pharmacy graduates were unfamiliar with Canadian pharmacy practice and were somewhat challenged when they began their academic classes and lab work. It became clear that we should focus our efforts on finding ways to enhance upcoming students' pharmacy site awareness *before* they begin classes. The resulting idea of enhancing the role of the mentor to provide in-pharmacy exposure seemed a natural extension of the mentor's role.

This past April eleven community pharmacists, mainly from our traditional mentor network, stepped forward to serve as "enhanced mentors". These mentors allowed IPG students to attend their pharmacy over the period of a month. The students made several visits to observe community pharmacy practice and to complete a self-guided


workbook that focuses on the basics of pharmacy practice. (The students were also introduced to their traditional mentor at that time.)

As a result of these pharmacy visits students began classes in May with a much better understanding of Canadian pharmacy practice. The feedback from students and our faculty staff has been overwhelmingly positive.

To further engage students in understanding the practice site, students will need to complete a similar self-guided

workbook as they proceed through their Canadian Pharmacy Skills (CPS) I and II training this summer.

The students will continue to visit and observe their enhanced mentor's practice site and as well as complete the workbook "practicum" that is linked to their work both in-class and in lab.

For more information on IPG Mentorship please contact Bill Dingwall, Mentorship and External Relations Coordinator, at 416- 946-8334 or ipg.phm@utoronto.ca. Visit us at www.newontariopharmacist.com/ipg. 

THANK YOU TO OUR IPG MENTORS!

The following Ontario pharmacists have contributed generously as volunteer IPG mentors. We thank you for your guidance, leadership and contribution to our profession.

Traditional Mentors:

Art Ito (First Team)
Aubrey Browne (First Team)
Christine Stewart (First Team)
Diane Hindman (First Team)
Paul Kuras (First Team)
Ruth Mallon (First Team)

Al Kula
Al Saleh
Albert Chaïet
Alexandra Slavik
Alka Bhalla
Amin Shivji
Amtu Karimjee
Anca Popescu
Annie Ngan
Anthony Wong
Arif Popatia
Asteir Hanna
Barry Phillips
Behzad Peyrovan
Cathy Conroy
Chris Seto
Danielle Caron
Darcy Berthiaume
David Samson
Dean Miller

Derek Ho
Don MacInnes
Don Paice
Edward Odumodu
Ed Bielawski
Enza Zappone
Julia Slinin
Farah Husein-Bhadha
Faraneh Grant
Farokh Nia
Feng Chang
Fran Cruickshank
Frances Hall
Francoise Jooste
Harvey Dolman
Helen Grad
Jack Pinkus
Jackie Campbell
James Lam
Janet Weber
Jeanette Schindler
Jeanne Lewis
Jill Westlund
Joseph Hanna
Judy Hackett
Kamal Singh Powar
Kambiz Mirzaei
Katalin Lanczi

Kathy Djordjevic
Kenny Tan
Laura Weyland
Lee Trtnik
Leslie Braden
Maged Hanna
Manuela Moldovan
Margaret Ingram
Marie and Fabio DeRango
Marty Belitz
Meena Zala
Monica Miatello
Nadia Sourour
Nicky Corkum
Ossama William
Pam Fogh
Parag Buch
Paul Au
Fiona and Peter Arbitter
Philip Hosiassohn
Puneet Khanna
Rita Winn
Rob Parsons
Ron Coovadia
Sandi Hutto
Sandra Tsai
Scott Belfer
Selina Chan-Ying

Shailesh Desai
Shveta Unarke
Souha Mourad
Susan Marshall
Tamer Bibawi
Tesfaye Yadeta
Tina Perlman
Tommy Cheung
Ubbly Krakauer
Vijay Shukla
Walie El Sarraf

Our first Enhanced Mentors are:

Alexandra Slavik
Edward Odumodu
Gossette Radlein
Harvey Dolman
Ian Stewart
Janet Weber
Joseph Hanna
Laura Weyland
Paul Kuras
Sandy Biderman
Souha Mourad

DECIDING ON DISCIPLINE

Following are three decisions of the Discipline Committee. One of the cases involves theft. The decision and penalty order in this case demonstrates the Committee's zero tolerance towards acts of dishonesty. The remaining two cases involve prosecution of a pharmacy as well as, in one case, allegations of professional misconduct about the member who owned the pharmacy.

These cases illustrate one of the ways in which the College regulates pharmacy operations, i.e. its ability, under the *Drug and Pharmacies Regulation Act*, to bring disciplinary action against a pharmacy. The referral of a pharmacy to the Discipline Committee by the Accreditation Committee is reserved for cases of continuous and repetitive non-compliance with operational requirements for a pharmacy under DPRA or, as in one of the cases, where the pharmacy operation facilitated professional misconduct of a significant scale.

CASE 1

Breaches of Standards of Practise; Dispensing Without Initial Dialogue with Patient; Dispensing on Basis of Prescriptions Obtained Outside of a Valid Doctor-Patient Relationship, Breaches of *Drug and Pharmacies Regulation Act* Regarding Labelling and Dispensing

Member: Stephen Bederman, Toronto

Pharmacy: Birchmount Pharmacorp Ltd., Toronto

Hearing Date: December 8 and 9, 2003

Mr. Bederman was found to have committed acts of professional misconduct in connection with his involvement in supplying a non-pharmacy with medication that was to be supplied to U.S. patients, in that he:

- Failed to maintain the standards of practice of the profession
- Contravened the *Drug and Pharmacies Regulation Act*

- Dispensed or sold drugs for an improper purpose
- Engaged in conduct relevant to the practice of pharmacy that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional

In addition, Birchmount Pharmacorp Ltd. was found to have failed to conform to the requirements of the *Drug and Pharmacies Regulation Act* in connection with the same activities and, therefore, separate but concurrent disciplinary action was brought against the pharmacy.

The following facts were agreed upon by the parties.

Facts

Prior to the involvement of Mr. Bederman and Birchmount Pharmacorp, an Internet website advertised a company which was not a pharmacy, The Canadian Drug Store Inc. (www.thecanadiandrugstore.com). The Canadian Drug Store was advertised as selling low-cost Canadian drugs to primarily U.S. patients.

The patients would fax their customer information, health information, a limited power of attorney and release, and their prescription (written by the patient's U.S. physician) to The Canadian Drug Store. The Canadian Drug Store would then fax the patient's U.S. prescription to an Ontario physician who would co-sign or initial the face of the faxed U.S. prescription before passing it on to Mr. Bederman and Birchmount Pharmacorp to have the prescription filled.

Upon receiving the co-signed or initialled faxed U.S. prescription, Mr. Bederman electronically stored the patient information separate from that used to record information for the pharmacy's Ontario patients.

Mr. Bederman and Birchmount Pharmacorp filled the prescriptions by placing a label on the container. The container did not contain Mr. Bederman's or Birchmount Pharmacorp's name, address or telephone number. Nor did it contain the name of a prescribing Ontario physician and, in a small number of cases, the prescribed directions for use. Mr. Bederman then delivered the inappropriately labelled vial to The Canadian Drug Store. The Canadian Drug Store then placed a second label on the container showing its own name and telephone contact information.

Prescription medication was:

- Delivered by Mr. Bederman to The Canadian Drug Store without first obtaining the original prescriptions
- Dispensed for U.S. patients without Mr. Bederman or any pharmacist entering into a dialogue with the patients
- Not packaged in child-resistant packages certified and designated by the Canadian Standards Association
- Held at The Canadian Drug Store until the prescriptions were sent to U.S. patients by parcel post (not registered mail). Patients were billed by credit card

Commonly known drugs such as Claritin®, Reactin® and Allegra® are Schedule III drugs that may only be sold by accredited Ontario pharmacies without a prescription. These drugs however, may only be sold from U.S. pharmacies pursuant to a valid prescription. Many U.S. patients sought to have these drugs dispensed by The Canadian Drug Store. To meet this demand, Mr. Bederman and Birchmount Pharmacorp wholesaled these drugs to The Canadian Drug Store.

Thousands of prescriptions and over-the-counter drugs were sold to U.S. patients under this system. For the period from September 2001 to February 2002, Birchmount Pharmacorp provided The Canadian Drug Store with 30,139 prescription drugs with drug costs and dispensing fees totalling \$3.49 million and \$150,000 respectively.

Mr. Bederman admitted that he failed to maintain the standards of practice of the profession in that he:

- Dispensed initial prescriptions without taking reasonable steps to enter into dialogue with the patients
- Dispensed drugs on the basis of new prescriptions faxed from locations other than the office of the prescribing physician and without obtaining the original prescription prior to releasing the drugs to the patient and, therefore, failed to follow the June 1999 *Faxed Prescription Policy* [meant to minimize the risk of patients retaining the original prescription and having it "double-filled"]
- Dispensed drugs on prescriptions written by medical practitioners not licensed to practice in Ontario and, therefore, failed to comply with principles of ethical practice
- Filled prescriptions signed or co-signed by medical practitioners licensed to practice in Ontario (who did not have a *bona fide* doctor-patient relationship with the patients involved) and, therefore, failed to comply with principles

of ethical practice (a fact that Mr. Bederman knew, or ought to have known)

- Dispensed drugs on veterinary prescriptions written by practitioners who were not veterinarians licensed to practice in Ontario and, therefore, failed to comply with principles of ethical practice

Mr. Bederman admitted that he dispensed or sold drugs for an improper purpose in that his involvement in the above transactions had the effect of furthering the commission of offences by The Canadian Drug Store, namely, allowing it to operate unlawfully as a pharmacy and to perform the controlled acts of dispensing and selling drugs.

Mr. Bederman admitted that he committed professional misconduct and that Birchmount Pharmacorp contravened the DPRA in that he and Birchmount Pharmacorp:

- Unlawfully sold drugs, by retail, for prescriptions written by physicians not licensed to practice in Ontario
- Unlawfully sold drugs, by retail, for prescriptions (signed or co-signed by an Ontario-licensed physician), that were written by physicians not licensed to practice in Ontario (physicians that he knew or ought to have known did not have *bona fide* doctor-patient relationships with the patients involved)
- Unlawfully sold veterinary drugs, by retail, without authorization from veterinarians licensed to practice within Ontario
- Unlawfully dispensed drugs in containers that were not properly labelled
- Unlawfully dispensed drugs in containers that were not marked with prescribed directions for use
- Unlawfully sold, by wholesale, Scheduled III drugs to The Canadian Drug Store which, in turn, is not entitled to sell by retail

Reasons for Arriving at the Penalty

In arriving at the appropriate penalty, the panel considered

submissions from the prosecuting and defense counsels. Mr. Bederman testified that, at the time he entered into the arrangement, he had heard a legal opinion to the effect that; "since patients had signed limited powers of attorney with The Canadian Drug Store, he (Mr. Bederman) could lawfully waive the *Standards of Practice* respecting filling and labelling prescriptions".

The panel found that it should have been obvious to Mr. Bederman that this arrangement was in breach of the *Standards of Practice* and that the *Standards* cannot be waived.

The panel noted that Mr. Bederman should have contacted the College for advice and direction before entering into such an arrangement. The panel found that Mr. Bederman had, in effect, committed more than 30,000 breaches of the *Standards of Practice*, and that he had reduced his role to that of a mere label typist and pill counter — completely abdicating his professional responsibilities as a pharmacist.

Regarding penalty, the prosecution requested that Mr. Bederman be prohibited from having any proprietary interest in a pharmacy for 36 months. In view of the evidence of good character that was presented through letters of support and testimony, the Panel concluded that such a prohibition would be unnecessary and too harsh.

Mr. Bederman's counsel submitted that the penalty should not be the functional equivalent of a revocation of the member's *Certificate of Registration* or his pharmacy's *Certificate of Accreditation*. In arriving at the appropriate penalty, the Panel took this point into consideration.

Order

Penalty relating to Mr. Bederman:

1. A reprimand
2. A suspension of Mr. Bederman's *Certificate of Registration* for 12 consecutive months
3. Specified terms, limitations and restrictions on Mr. Bederman's *Certificate of Registration*, to become effective

CASE 2

upon the termination of his suspension and to be in effect for a period of 24 consecutive months thereafter, specifically:

- Mr. Bederman may not act as a designated manager in any pharmacy
 - Mr. Bederman is to inform any employers and pharmacists with whom he works or employs of the full details of this order of the Discipline Committee
4. Mr. Bederman must attend and successfully complete the following CPS II courses offered through the International Pharmacy Graduate Program, Leslie Dan Faculty of Pharmacy, at the University of Toronto, at his own expense: "Jurisprudence Lecture Series: #1, Overview of Jurisprudence, #2, *Drug and Pharmacies Regulation Act*, #9, Ethical Conduct; and Jurisprudence Written Course, Lesson #2, The Regulation of Pharmacy Practice and Lesson #4, Standards of Practice".
- These courses must be successfully completed within 12 months of the date of this Order. If Mr. Bederman successfully completes all of the courses noted above, three of the twelve months of suspension will be remitted in full
5. Any pharmacy in which Mr. Bederman has proprietary interest will be subject to two inspections per year by the College, at Mr. Bederman's expense, for three years commencing upon the termination of the term of suspension
6. Costs payable to the College in the amount of \$40,000

Penalty Relating to Birchmount Pharmacorp:

1. A fine of \$20,000, payable to the Treasurer of Ontario

Drug Theft

Member: Diep Nguyen, Mississauga

Hearing Date: February 10, 2004

Mr. Nguyen was found to have committed an act of professional misconduct in that he was found guilty of an offence relevant to his suitability to practice pharmacy contrary to the *Criminal Code of Canada*.

The Discipline Committee accepted Mr. Nguyen's plea of professional misconduct and was provided with an Agreed Statement of Facts, which formed the basis of his plea.

Facts

On July 25, 2001, Mr. Nguyen pleaded guilty to the criminal offence of stealing medications, the property of his employer ("the pharmacy"), of a value not exceeding \$5,000, contrary to the *Criminal Code of Canada*.

Specifically, Mr. Nguyen took, from the pharmacy, Zovirax®, Biaxin®, Fucidin® Cream and Canesten® for his mother, who had been very ill for approximately six years. The total value of the medications was \$87.30. These were all recovered intact, as Mr. Nguyen was found to be in possession of them at the end of his shift and before leaving the pharmacy. Mr. Nguyen's employment was terminated as a result of the theft.

In the matter of Mr. Nguyen's criminal conviction, the presiding judge decided that the registration of a conviction and period of probation would be a sufficient sentence, taking into account Mr. Nguyen's contrition, remorse, and the likelihood of his successful rehabilitation. The conditions of Mr. Nguyen's probation included that he report to a probation officer and participate in counselling. Mr. Nguyen has complied with the conditions of his probation.

Reasons

The member and the College presented a Joint Submission on Penalty which the Committee accepted for the following reasons:

- This is an isolated incident of theft
- Mr. Nguyen has no previous disciplinary record
- Mr. Nguyen co-operated fully with the authorities, including his employer, the police, the Court, his probation officer, his counsellor, and the College
- Mr. Nguyen admitted what he did and acknowledged that it was not only wrong but indefensible
- Mr. Nguyen's motivation was not personal gain, rather he was motivated by a desire to alleviate his mother's pain and discomfort
- Mr. Nguyen pleaded guilty on the first occasion at which the matter was before the Court, and fulfilled all of the terms of his probation
- Mr. Nguyen has already suffered significant penalties as a result of the incident in question
- He is genuinely contrite and sincerely remorseful

The circumstances outlined above strongly suggested to the panel that it is highly unlikely that the incident will recur.

Order

- A reprimand
- A suspension of Mr. Nguyen's *Certificate of Registration* for a period of two months

C A S E 3

Discipline of an Accredited Pharmacy; Failure to Make and Keep Records as Required and/or Dispensing Drugs without Authorization

Pharmacy: Findlay's Guardian Drug Store, New Liskeard
Certificate of Accreditation Holder: Mr. Bruce Alexander
Hearing Date: April 21, 2004

Findlay's Guardian Drug Store was found to have:

- Operated in contravention of the *Drug and Pharmacies Regulation Act (DPRA)*

In an Agreed Statement of Facts, Mr. Alexander, holder of the *Certificate of Accreditation*, designated manager, and a dispensing pharmacist at the Pharmacy acknowledged on behalf of the Pharmacy, that he allowed the breaches to occur. A Joint Submission on Penalty was presented to the Committee.

Facts

Between September 1997 and August 2001, two routine inspections (and three re-inspections precipitated by the unsatisfactory results of the routine inspections) revealed a number of problems at the Pharmacy. The problems included labelling discrepancies, inconsistent dialogue documentation and improper narcotic record-keeping (including missing sales reports, missing authorizations, missing cross-references between regular and narcotics prescriptions, and "prn" prescriptions not stating a specific quantity). The problems also included missing or misfiled long-term care authorizations (or such authorizations apparently signed by nurses rather than physicians) and hard copy authorizations not cross-referenced to the relevant medication review at the facility.

The Accreditation Committee referred the Pharmacy (with respect to concerns regarding breaches of the DPRA)

to the Discipline Committee for a hearing and determination pursuant to section 140 (1) of the *DPRA*.

The Accreditation Committee forwarded its concerns regarding Mr. Alexander's practice of pharmacy to the attention of the Executive Committee for possible referral of specified allegations of professional misconduct regarding him personally in his professional capacity.

Mr. Alexander revealed that he had signed an Acknowledgment/Undertaking wherein he agreed to the Executive Committee's request that he:

- Attend, at his own expense, two lectures of The Canadian Pharmacy Skills Program, offered through the Leslie Dan Faculty of Pharmacy, University of Toronto entitled "Human Resources Management" and "Controlled Drugs and Substances" as well as a session of the CPS Advanced Practice Laboratories, customized to address issues of narcotic dispensing and record-keeping (including examination)
- Attend and successfully complete the College's Jurisprudence (Seminar and Exam)
- Pay for an unannounced inspection of his practice
- Pay costs incurred by the College in respect of the various inspections and re-inspections conducted between 1997 and 2001

Mr. Alexander completed the remedial training and paid the costs associated with the inspections. The unannounced inspection was conducted and, except for some minor issues, the inspection was satisfactory. The required action plan was completed.

In light of the Acknowledgment/Undertaking executed by Mr. Alexander, only the issues related to the operation of the pharmacy proceeded onto the Discipline Committee.

Reasons for Accepting the Joint Submission in Penalty


In accepting the Joint Submission on Penalty, the Committee considered Mr. Alexander's acknowledgement that the operation of the Pharmacy failed to conform to the requirements of the *DPRA*, noting that he expressed remorse for having allowed these deficiencies to have occurred over the course of several years. The Committee was confident that the remedial coursework completed by Mr. Alexander, as the holder of the *Certificate of Accreditation*, had resulted in his professional rehabilitation.

The Committee was further satisfied that all appropriate systems and record-keeping procedures are in place to ensure that the Pharmacy's *Certificate of Accreditation* remains in good standing, thereby appropriately achieving the goal of protecting the public interest.

Order:

- A fine of \$3,500

Editor's Note:

Unlike penalties for findings of professional misconduct by members under the *RHPA*, the *DPRA* only authorizes the Discipline Committee to penalize a non-compliant pharmacy by way of a revocation, suspension or fine. Proposed revisions to the *DPRA* would place penalties on pharmacies in harmony with those for members under the *RHPA*. 

Ontario Health Influenza Pandemic Plan Released

The Ministry of Health and Long-Term Care recently released this plan to address provincial health preparedness, mitigation and response to an influenza pandemic. The plan outlines activities to be undertaken by relevant healthcare sectors and other authorities and lists how the broader Ontario healthcare sector should respond. The plan also provides information that guides local healthcare providers and municipalities in contingency planning. The plan can be viewed at: www.health.gov.on.ca under "What's New" or "Features".

Denis "Denny" Nolan New President of the Canadian Academy of the History of Pharmacy

Congratulations to Denny Nolan for being elected president for the term 2004-2006. Denny is one of six dedicated volunteers of the historic Niagara Apothecary Museum. Denny has been helping preserve our profession's rich heritage for many years.

OCP Past Presidents' Reunion Dinner

At the request of a number of past College Presidents, a reunion dinner for Past Presidents has been planned for


the evening of Sunday, October 3, 2004. Tickets can be purchased by interested past Council Members, but subject to availability as space is limited.

The Reunion will be held at the Old Mill Inn in Toronto and we anticipate the cost will be in the range of \$55-\$60 per person. Anyone wishing to attend is invited to contact Ushma Rajdev, Council and Executive Liaison, at the College, or via urajdev@ocpinfo.com, to reserve a ticket and/or for information.

Welcome to the College

Lance Miller officially joined the College in April in the newly created role of Administrative Services Clerk. Lance has a unique work history including customs inspector, owner/manager of a gaming store and most recently has been doing a variety of temporary administrative assignments. Lance's main responsibilities include overseeing catering and meeting room support, reception coverage when required, and overflow administrative duties throughout the College.

Volunteers Needed to Support Pharmacy History

Those interested in volunteering with the Canadian Academy of the History of Pharmacy can obtain more information from Denis Nolan at denis.nolan@cogeco.ca or 905-842-1598. 



2004 SUSPENSIONS

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

- Arto Hagop Basmadjian
- Marie Louise Christine Charette
- Kwai-Shim Sylvia Chen
- Cherie Lynn Coleman
- Tricia Rochelle Coles
- Azim Dattoo
- Patricia Marie Davies
- Tram Le Khanh Dinh

- Sylvie Duchesneau
- Natasha Maria Miranda E. Fernandes
- Antoni Edward Gadzala
- Craig Howard Giles
- Estelle Grobbelaar
- Glenn Patrick Gromack
- Jean-Anne Elizabeth Hays
- Katharina Helga Hemstreet
- Yui Chi Jerome Ho
- Elaine Anne Howard
- Majid Karimi
- Janet Evelyn Lauzon
- Harry Lightstone
- Conelio Mafohla
- Ganas Moodley
- Manish Patel

- Tran Thi Van Anh Pham
- Pamela Jayne Polecrone
- Keith Purrell
- Antonella Rupa
- Samir Zaki Saleeb
- Jason Scott Shepherd
- Gerard David Soutanian
- Sylvia Stevenson
- Barbara Frances Thornton
- Wanda Van Der Vliet
- Anna Wagenheim
- John Campbell Miller Wallbridge
- Elaina Siau Vern Wong
- Karen Frances Yun

C E E V E N T S

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

ONTARIO

Ontario Pharmacists Association

Sep 10-12: Ottawa
Diabetes Patient Care - Level 1 Certificate Program

Sept.14: Hamilton & Owen Sound; Nov. 10: Toronto
Confronting Medication Errors 2 - Taking Action to Improve Patient Safety

Hamilton: Antonietta Forrester
antonietta@marchesehealthcare.com
Owen Sound: Adele Kaminski
adele.kaminski@utoronto.ca
Toronto: Penny Young
tel 1-877-341-0788 x 2209

Sep 17-19 & Oct 22-24: Toronto
Certified Geriatric Pharmacist Preparation Course, Parts 1 and 2

Sep 22: Ottawa & Sep 28: Pembroke
Emergency Contraception Workshop

Ottawa: Christa Vallier
christa.vallier@sympatico.ca
Pembroke: Kelli Ouimet
lkouimet@nrtco.net

Sandra Winkelbauer
tel (416) 441-0788 x 4235
swinkelbauer@opatoday.com
www.opatoday.com

Sep – Nov: Toronto
Implementing Effective Communication Strategies: A Workshop for Health Care Professionals

Mediated Solutions Incorporated
Scheduled:
Module A: Sep 22, 29 & Oct 1
Module B: Oct 20, Oct 29 & Nov 6
tel (416) 498-1700, 1-866-800-0020
reception@mediatedsolutions.ca

Oct 22-23: Listowel
Current Topics for Pharmacy Technicians 2004

Listowel Memorial Hospital
Christine Vanderspiegel
tel (519) 291-3125, x 231
fax (519) 291-5440
chris.vanderspiegel@hphp.org
Cathy Schuster
tel (519) 271-2120, x 2412

Ontario Respiratory Care Society

Sep 23: Markham
Living Well: An Integrated Approach to Respiratory Health

Oct 5: Windsor
It's All About Lungs! A Respiratory Care Update

Oct 21: Guelph
Respiratory Care in the Royal City

Nov 3: St. Thomas
Educational Evening

Nov 12: Toronto
Managing Severe Respiratory Disease

Nov 15-16: Toronto
Tuberculosis Management

Sheila Gordon-Dillane
tel (416) 864-9911 x 236
fax (416) 864-9916
orcs@on.lung.ca
www.on.lung.ca

CANADA

Aug 14-17, Edmonton AB
CSHP Annual General Meeting

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

Nov 26-28: Montreal QC
Raising the Standard of Care in COPD

Canadian COPD Alliance
cca@lung.ca

Is Your OCP Manual Up-To-Date?



RECENT LEGISLATIVE UPDATES

Please note the following recent updates to provincial and federal pharmacy-related legislation. Make sure your OCP Manual reflects these changes:

1. **Drug and Pharmacies Regulation Act** (white tab)
Amended to 2004 (no longer 2000)
2. **Regulated Health Professions Act & Regulations** (red tab)
Update to Controlled Acts Regulation: Ontario Regulation 107/96 Amended to *O. Reg. 228/03* – Controlled Acts
3. **Drug Interchangeability and Dispensing Fee Act & Regulations** (purple tab)
Regulation 935 Amended to *O. Reg. 59/04* – General
4. **Ontario Drug Benefit Act (ODBA) & Regulations** (mustard tab)
Act: Amended 2004, R.S.O. 1990, Chapter O.10
Amended by: 1996, c. 1, Sched. G, ss. 1-18; 1997, c. 25, Sched. E, s. 9; 2002, c. 18, Sched. I, s. 18; 2004, c. 3, Sched. A, s. 95.
Regulations to the ODBA: Ontario Regulation 201/96 Amended to *O. Reg. 73/04*
5. **Food and Drugs Act & Regulations** (gray tab)
Additions: Amendment 1329 – Schedule F – 19 May 2004; Registration: SOR/2004-108, Canada Gazette II
6. **Reference Tab**
OCP Required Reference Guide for Pharmacies in Ontario, May 2004
(This can be printed from the OCP website: www.ocpinfo.com: select "OCP Manual", view "Reference Items" at bottom of page)

MAINTAINING AN UP-TO-DATE OCP MANUAL

As a requirement of the *Drug and Pharmacies Regulation Act*, Regulation 551, every pharmacy must have, on-site, the federal and provincial legislation and references compiled in the College's OCP Manual.

The inside back cover of *Pharmacy Connection* lists the current legislation updates and reference material that must be contained in your OCP Manual. An OCP Manual can be ordered from the College, or its contents can be accessed from various websites. (Designated managers can delegate the task of updating the OCP Manual to a pharmacy technician.)

It is not necessary, however, to have a hard copy of the manual on-site if your pharmacy has Internet access. The Internet access must be available in the dispensary and may not be limited to office/area remote from the dispensary. You must also need to know how to easily locate the legislation and references on-line.

The following will help you to find the information you need:

FEDERAL LEGISLATION

- Food and Drugs Act & Regulations
- Controlled Drugs and Substances Act & Regulations
- Narcotic Control Regulations

Pharmacists and pharmacy technicians can update Federal legislation by accessing the NAPRA website: www.napra.org; select "Federal Legislation".

PROVINCIAL LEGISLATION

- Drug and Pharmacies Regulation Act & Regulations
- Regulated Health Professions Act & Regulations
- Pharmacy Act & Regulations
- Drug Interchangeability and Dispensing Fee Act & Regulations
- Ontario Drug Benefit Act & Regulations

Update provincial legislation by accessing the Publications Ontario e-Laws website www.e-laws.gov.on.ca. View an alphabetized list of acts and regulations at www.e-laws.gov.on.ca/tocBrowseCL_E.asp?lang=en

Provincial legislation can also be accessed and searched on the College's website at www.ocpinfo.com.

DRUG SCHEDULES

- Drug Schedules
- Summary of Laws

The Drug Schedules should be printed on a quarterly basis by accessing the NAPRA website and printing a generated list.

Go to www.napra.org; select "National Drug Schedules"; select "Drugs, Drug Products and Information"; then generate a complete list. This list is maintained in the OCP Manual under the Drug Schedule tab.

STANDARDS OF PRACTICE

The *Standards of Practice 2003* were published in the Jan/Feb 2003 issue of Pharmacy Connection and may be accessed on our website: www.ocpinfo.com; select "Standards" from bottom of left menu.

OCP BY-LAWS

The by-laws can be accessed on our site: www.ocpinfo.com, select "OCP Manual" from top menu.

REFERENCE SECTION

- Handling Dispensing Errors, published Pharmacy Connection Mar/Apr 1995
- Revenue Canada Customs & Excise Circular Ed. 201.1
- Revenue Canada Customs and Excise Circular Ed 207.2
- District Excise Duty Offices – Oct 10/96
- Guidelines for the Pharmacists on "The Role of the Pharmacy Technician"
- OCP Required Reference Guide for Pharmacies in Ontario, May 2004

Items in the reference section can be also be accessed at www.ocpinfo.com, select "OCP Manual" from top menu. 

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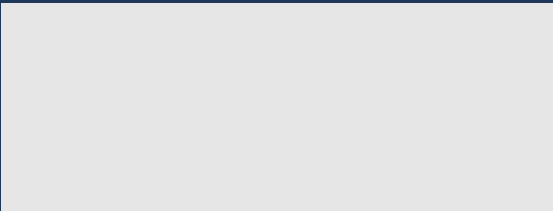
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