

Pharmacy Connection

Official Publication of the Ontario College of Pharmacists



district meetings

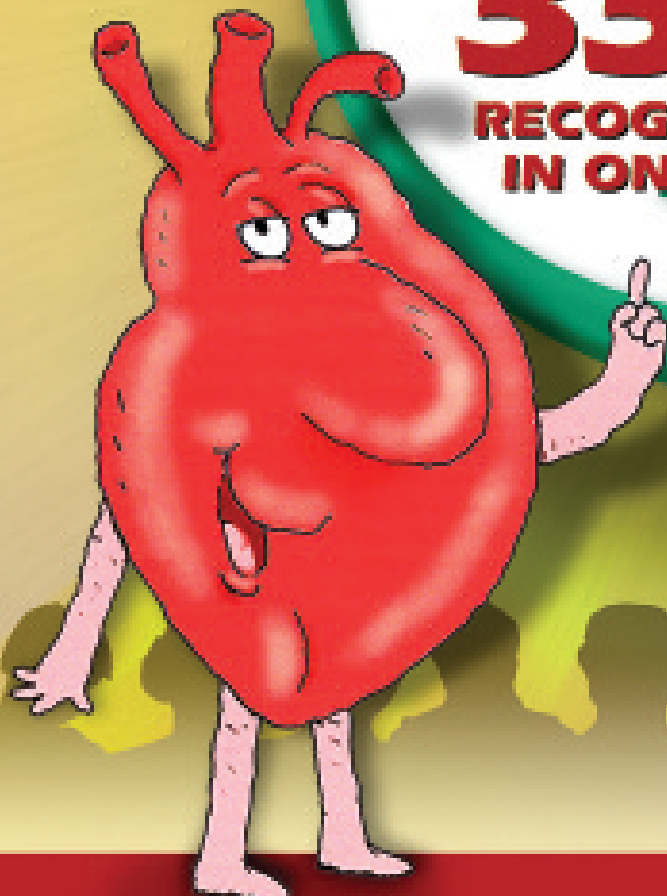
2004

SEE PAGE 6

POINT OF CARE:

33%

**RECOGNITION
IN ONTARIO**



ANNUAL PHARMACY FEES DUE MAY 10, 2004

March/April 2004

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
- 11 David Malian
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- 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.

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Ontario College of Pharmacists
483 Huron Street
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Telephone (416) 962-4861
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www.ocpinfo.com

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

Deanna Williams, R.Ph., B.Sc.Ph., CAE
Registrar

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

Layne Verbeek, B.A.
Associate Editor

Agostino Porcellini
Graphic Designer

Suzanne McLoughlin, B.A.
Copy Editor

Alice Wlosek
Distribution

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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.

EDITOR'S MESSAGE



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

As this edition arrives at your door we will be starting a series of district meetings around the province. This is an excellent opportunity for you to meet with Council members and College staff to discuss current topics and issues in pharmacy practice in Ontario.

In this set of meetings, Council's executive has decided to provide you


be discussed so that you can better understand the kinds of decisions that must be made by your pharmacist peers and the public members sitting on panels of the Complaints & Discipline Committees.

Several significant changes have been made to improve the disciplinary process including the creation of a wide range of remediation options (as well as existing penalty options) that the Discipline panels now consider when reaching a discipline decision.

We will also present an update of other College activities with a particular focus on those that seek to optimize the role of the pharmacist.

As you know, the College has already undertaken a number of initiatives to further this goal, including taking steps to regulate pharmacy technicians and publishing the recent documentation guidelines.

The *Task Force on Optimizing the Role of the Pharmacist* is considering ways of optimizing the pharmacist's

The meetings begin March 25 and run through to June 16th. Please mark your calendars now. Also, please bring your pharmacy technicians, students and interns along if they are interested in attending. We look forward to meeting with you. 



The upcoming district meetings will provide an in-depth explanation of the complaints and discipline processes.

with an in-depth explanation of the complaints and discipline processes.

A specific process must be followed by all health regulatory colleges upon initiation of any complaint or a disciplinary procedure. These processes will

role within the current scope of practice as well as investigating various models of an expanded scope of practice. What are your thoughts on how your knowledge and skills can be better used to enhance patient care?

REGISTRAR'S MESSAGE



Deanna Williams, R.Ph., B.Sc. Phm., CAE
Registrar

An interesting thing happened during my recent business trip to New Orleans. I was witness to a serious mistake and I want to share the experience with you — not because the mistake is about pharmacy but because I think there is a lesson to be learned in the way it was handled.

A group of us, all in the regulatory field, were out for dinner one evening at one of the city's most famed and reputable dining establishments. During ordering, one member of our party alerted the serving staff that she suffered from a severe food allergy. She was assured that what she was ordering was safe. As it turned out, she was given ill-founded assurances without the server first checking with the chef.

Within a short time, she was demonstrating signs of a severe reaction. But thanks to the swift and appropriate actions of the restaurant staff this story has a happy ending for my friend and for the restaurant. Within a day, our colleague was fully recovered and able to enjoy the rest of her stay in New Orleans. Due to the

way this issue was handled, all of us agreed that not only would we recommend the restaurant highly, we would eat there again.


Witnessing the error, and more importantly, the way that it was handled, was something I found quite fascinating. While the option always exists for one to deny that an error has been made, or to attempt to cover it up, the restaurant staff demonstrated honesty, integrity and remarkably good judgment in their actions. Within minutes of us alerting the server, the restaurant's manager was at our table, apologizing profusely that staff had "dropped the ball on this" and he then moved quickly to get our colleague to a nearby emergency facility. His immediate action and attention to the matter contributed to her recovery. While we all left the restaurant a bit shaken, we were satisfied that the restaurant staff had done everything in their power to rectify the situation. We felt that staff had bent over backwards to manage the situation and, when we left the restaurant, the manager gave us each his business card insisting that we contact him if there were any further problems or concerns.

I can't help but draw parallels between this incident and what we see here at the College. Human errors happen everywhere, and the pharmacy frontlines are no exception. I can tell you however that when issues or errors are dealt with honestly, appropriately, and to the client's satisfaction, they rarely end up on my desk as a complaint. Most patients recognize


and appreciate that erring is human and we have found that most are also inclined to be forgiving — unless he/she feels their concerns are being sloughed off, minimized, or not taken seriously. In such a situation the patient is more likely to seek further vindication through the College for the wrong that they feel has occurred.

**Human errors happen ,
and the pharmacy
frontlines are no exception.**

Our upcoming district meetings will focus on the College's complaints and discipline processes by setting out what is involved in receiving and handling complaints and describing changes that have been implemented.

While the College's mandate and responsibility for administering the complaints and discipline processes continue to be focused on public interest and protection, much effort has been made to ensure that the processes in place are fair, reasonable and work to the benefit of all involved — the public, the member, and the College. Check out the district meeting schedule on page 6. I look forward to seeing you there. 

A handwritten signature in blue ink, appearing to read "Deanna Williams".



district meetings

2004

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

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

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

Thursday, March 25 - Toronto - District 4

Spirale Banquet & Conference Centre (Spirale A)

888 Don Mills Road, Toronto

Council Member: Reza Farmand

Wednesday, March 31 - Cambridge - District 12

Holiday Inn (Halls B & C)

200 Holiday Inn Drive, Cambridge

Council Member: Peter Gdyczynski

Thursday, April 1 - Oshawa - District 2

Holiday Inn Oshawa (Harmony Hall)

1011 Bloor Street East, Oshawa

Council Member: Elaine Akers

Council Member-Hospital Pharmacists: Shelley McKinney

Wednesday, April 7 - Toronto - District 6

Canadian Coptic Centre (Trinity Ballroom)

1245 Eglinton Avenue West, Mississauga

Council Member: Phil Emberley

Tuesday, April 13 - Morrisburg - District 1

Operating Engineers Training Institute of Ontario & Morrisburg Meeting Centre

12580 County Road 2, Morrisburg

Council Member: Marie Ogilvie

Thursday, April 15 - Newmarket - District 7
Best Western Voyageur Place Hotel (Ontario Room)
17565 Yonge Street, Newmarket
Council Member: Leslie Braden

Tuesday, April 20 - Burlington - District 8
Holiday Inn (Halton Room)
3063 South Service Road, Burlington
Council Member: Iris Krawchenko

Wednesday, April 21 - Ottawa - District 1
Embassy West Hotel (North American Ballroom)
1400 Carling Avenue, Ottawa
Council Member: Marie Ogilvie
Council Member-Hospital Pharmacists: Shelley McKinney

Thursday, April 22 - Niagara Falls - District 9
Sheraton Fallsview (Hennepin South)
6755 Fallsview Boulevard, Niagara Falls
Council Member: Larry Boggio

Tuesday, April 27 - Toronto - District 3
Ramada Hotel - Toronto Don Valley (Renaissance Room)
185 Yorkland Blvd, Toronto
Council Member: Remi Ojo

Wednesday, April 28 - Sudbury - District 14
Travelodge Hotel (Brookview Room)
1401 Paris Street, Sudbury
Council Member: Stephen Clement

Tuesday, May 4 - Hamilton - District 8
Sheraton Hamilton Hotel (Heritage Room)
116 King Street West, Hamilton
Council Member: Iris Krawchenko

Tuesday, May 11 - Belleville - District 2
Ramada Inn Belleville (Belleville Room)
11 Bay Bridge Road, Belleville
Council Member: Elaine Akers

Wednesday, May 12 - Barrie - District 7
Holiday Inn (Oro/Essa Rooms)
20 Fairview Road
Highway 400 and Essa Road, Barrie
Council Member: Leslie Braden

Thursday, May 20 - Sault Ste. Marie - District 15
Holiday Inn Waterfront (Brulé Room)
208 St. Mary's River Drive, Sault Ste. Marie
Council Member: Gurjit Husson

Wednesday, May 26 - London - District 10
Best Western Lamplighter Inn (Chelsea 1 & 2)
591 Wellington Road South, London
Council Member: Gerry Cook
Council Member-Hospital Pharmacists: Shelley McKinney

Thursday, May 27 - Windsor - District 11
Holiday Inn Select (Kingsville A & B)
1855 Huron Church Road, Windsor
Council Member: Dave Malian

Tuesday, June 1 - Toronto - District 5
Ramada Plaza Toronto Airport East (Trafalgar Room)
1677 Wilson Avenue, Toronto
Council Member: Larry Hallok

Thursday, June 3 - Timmins - District 14
Days Inn (Ballroom B)
14 Mountjoy Street South, Timmins
Council Member: Stephen Clement

Tuesday, June 8 - Thunder Bay - District 15
Valhalla Inn (Viking Room)
1 Valhalla Inn Road, Thunder Bay
Council Member: Gurjit Husson

Wednesday, June 9 - Dryden - District 15
Best Western Motor Inn (Patricia White Otter Room)
349 Government Road, Dryden
Council Member: Gurjit Husson

Tuesday, June 15 - Walkerton - District 13
Walkerton Golf & Country Club
RR#4, Walkerton
Council Member: Donald Stringer

Wednesday, June 16 - Toronto - District 16
Stokes Auditorium, Room G58, Clarke Institute
250 College Street, Toronto
Council Member: Albert Chaiet
Council Member-Hospital Pharmacists: Shelley McKinney



Making Strides in Increasing Public Awareness

*Highlights from:
Ontario Reid Omnibus Survey,
Ipsos Reid Inc.:
Ontario College of Pharmacists-
Commissioned Questions*

Now in its third year, the College's *Point of Care Program* is making excellent strides in reaching the Ontario public. A public survey conducted this past summer show that the public is gaining awareness of the *Point of Care* symbol and its messages on pharmacy care.

Initially launched with in-pharmacy materials, the *Point of Care* symbol sign and a website, later followed by a commercial (first aired last spring), this multi-year program aims to raise both public and professional stakeholder awareness of the pharmacist's role and their vital contributions to patient care.

The commercial will be aired for 13 weeks later this year and again in early 2005 followed by a third public survey.

This program was created and remains interlocked with timely research on public attitudes and awareness. The College first commissioned a survey in June 2001 to measure public awareness and establish a baseline at the onset of the program as well as to help identify the key messages for pharmacy materials forming the first phase of the program. (Please see the results of this survey published in the January/February 2002 issue.)



Stephen Mangos
Public Member
Chair, Communications Committee

I want to personally acknowledge all pharmacists who display the Point of Care symbol in their pharmacy windows. Your participation has been a major contributor to the success of the Point of Care Program.

The College commissioned questions in the June 2003 Ontario Reid Omnibus Survey by Ipsos-Reid Inc. to measure the initial impact of the first run of the *Point of Care* television commercial and current levels of public awareness of the College. The survey also measured changes in public awareness on areas such as pharmacists' qualifications, confidentiality, and drug and herbal product interactions.

The survey reveals significant results that clearly demonstrate the momentum generated and the positive impact of the program. Initial public awareness of the *Point of Care* symbol (33%) and accurate awareness of the College of Pharmacists and its role (27%) show that the media and messages that we are using are working.

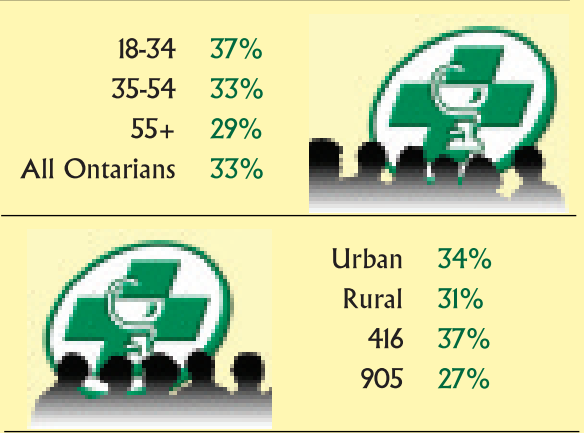
Yet much more needs to be done. You will see that the public continues to have a diminished sense of risk in taking or mixing over-the-counter medications (OTCs) and natural health products (NHPs) without seeking advice from their pharmacist. Over the next few years we also work to create solid public awareness of the *complete* range of services that pharmacists provide.

The data was statistically weighted to ensure the sample's regional and age/sex composition reflects that of the actual Ontario population according to most recent census data. Other than sizeable differences in awareness levels between the sexes and ages of the respondents, as noted below, there were no sizeable differences in responses from people of varying financial or educational levels. For this reason only noteworthy data is presented.

Our goal is to conduct research every 12-18 months to measure the program's success and to provide insight into areas that need further attention.

The findings are presented here in colour: 2001 baseline in gray and the 2003 surveys in green.

Point of Care Symbol Recognition (Aided Awareness)



- In the first two years, the program has achieved a significant level of public recall for the *Point of Care* symbol
- A third of all Ontarians report having seen the symbol of which 70% accurately attribute the symbol to pharmacy and/or the College
- 70% of the target audience also saw the symbol at pharmacy locations or on educational materials
- Recall of the symbol is notably higher among 416 vs. 905 residents (37% vs. 27%) yet less between the larger urban vs. rural groups (34% vs. 31%)

This strong level of recognition for the symbol is largely attributed to the strong participation by Ontario pharmacists displaying the symbol prominently in their pharmacies

Awareness of the Point of Care Television Ad

(Aided Awareness)

18-34	3%
35-54	5%
55+	6%
All Ontarians	4%

- While these results may at first appear to be very low, they are considered good in marketing terms (given the fact the commercial has only been aired for one eight-week flight so far)
- The program's three-year goal for unaided awareness is 10%. These results will be closely monitored over the next two years
- Awareness of the ad was equal between men and women

Credibility of the TV Ad

(4% of respondents)

	Men	Women
The ad was credible and believable	79%	86%
The ad made me think about the role of pharmacists	70%	79%
The message is relevant to me	58%	83%
The ad made me realize the important role that pharmacists play in the health care system	72%	79%

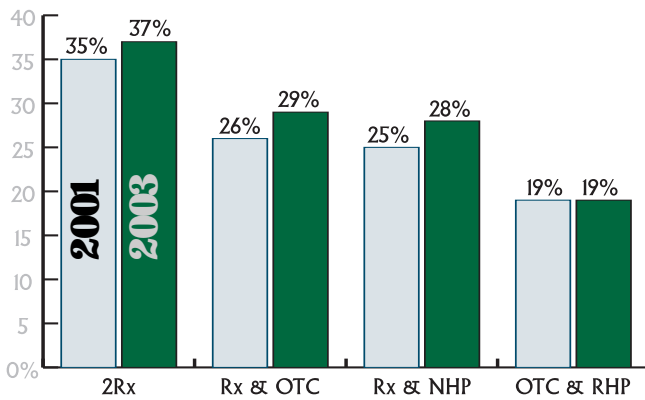
- The majority of respondents found the ad to be credible (82%), relevant (70%) and that it encouraged them to think about the important role that pharmacists play in the healthcare system (75%)
- Men consistently saw the ad as less relevant to them than did women (58% vs. 83%)
- People aged 18-34 saw the ad as less relevant than did those aged 35-54 and over 55 (59%, 67%, 81%)
- The target audience for this ad, 35-54, consistently rated the ad higher for relevancy and information than those 18-34 and over 55

Our three-year objectives for the television commercial are:

- Generate aided awareness of the *Point of Care* symbol among 25% of the target market¹ of men and women aged 35-54
- Generate unaided awareness (proven recall of the advertising message) among 10% of target audience
- Increase percentage of people who regularly consult their pharmacist first on prescription and over-the-counter medicines and natural health products
- Increase percentage of pharmacies that display symbol
- Achieve a campaign approval rating among Ontario pharmacists and their staff

¹ While the television campaign targets Ontarians 35-54 years of age, the polling also tracks awareness among those 18-34 and over 55

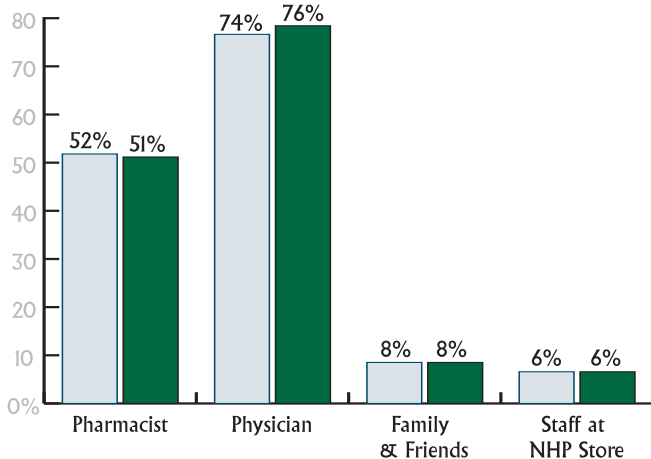
Mixing One or More Medicines or Natural Health Products



- The public has gained appreciation in the risks associated with mixing prescriptions (35% to 37%)
- More importantly, the public is showing greater awareness in mixing prescriptions with either OTCs or NHPs
- Yet at 19%, there has been no change in the public's sense of risk in mixing OTCs and NHPs
- On average, 9% more women rated the level of risk in mixing various drugs higher than did men
- Those over 55 have the highest appreciation for the risk in mixing an NHP with a prescription medicine than do 35-54 or 18-34 year olds (37% vs. 32% and 19%) and mixing an OTC with an NHP (26% vs. 20% and 12%)

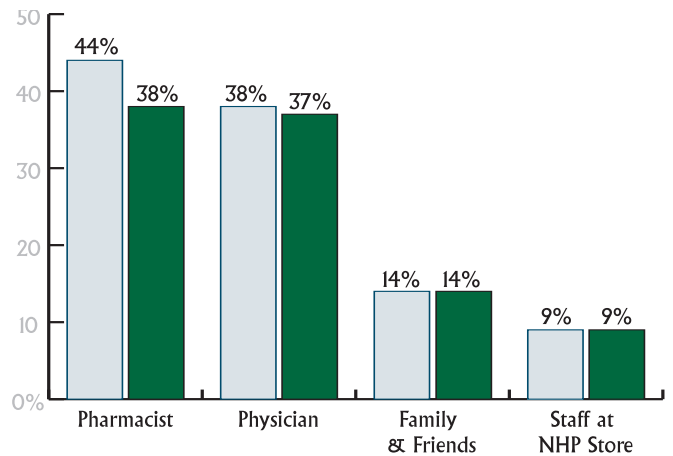
It appears that the public continues to believe that risks in mixing drugs are linked to prescription medicines, not to OTCs or NHPs

Most Frequent Source for Prescription Information



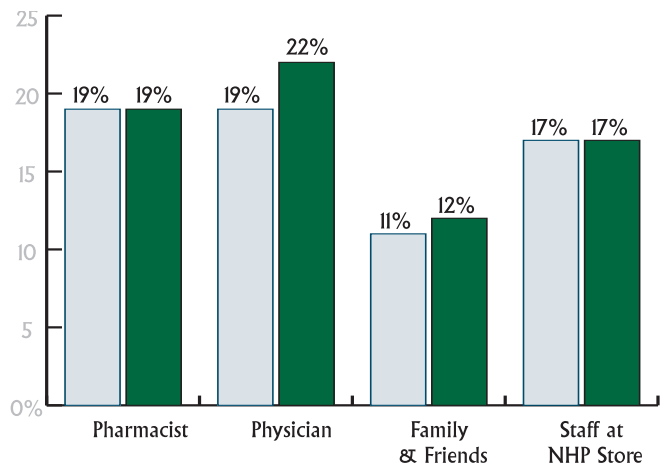
- The gap between physician and pharmacist as most frequent source for information on prescriptions has grown from 22% to 25%
- Women are more likely to consult a pharmacist for information about prescriptions than men (56% vs. 46%)

Most Frequent Source for OTC Information



- The gap between physician and pharmacist as most frequent source for information on OTCs has closed from 6% to 1%
- Women are more likely to consult a pharmacist for information on OTCs than men (44% vs. 33%)

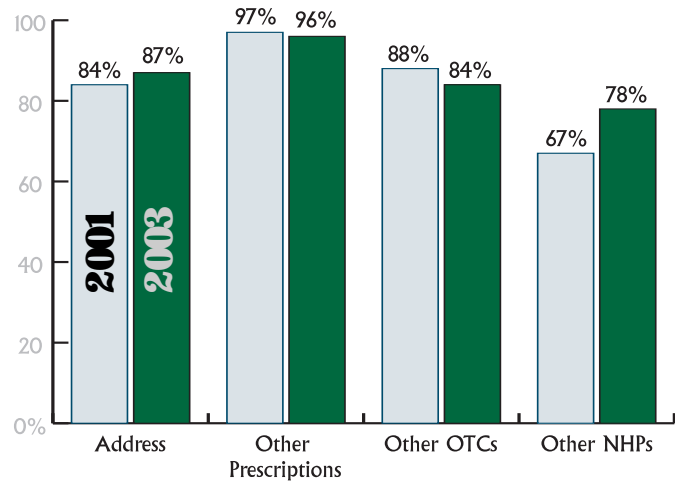
Most Frequent Source for Natural Health Product Information



- In 2001, both pharmacists and physicians were cited with equal frequency as sources for NHP information. This has changed in 2003, now showing a 3% gap between physicians and pharmacists
- Women are much more likely to consult a pharmacist about NHPs than men (25% vs. 12%)
- Those aged 18-34 are more likely to consult staff at an NHP store than those over 35-54 and over 55 (22% vs. 17% and 11%)

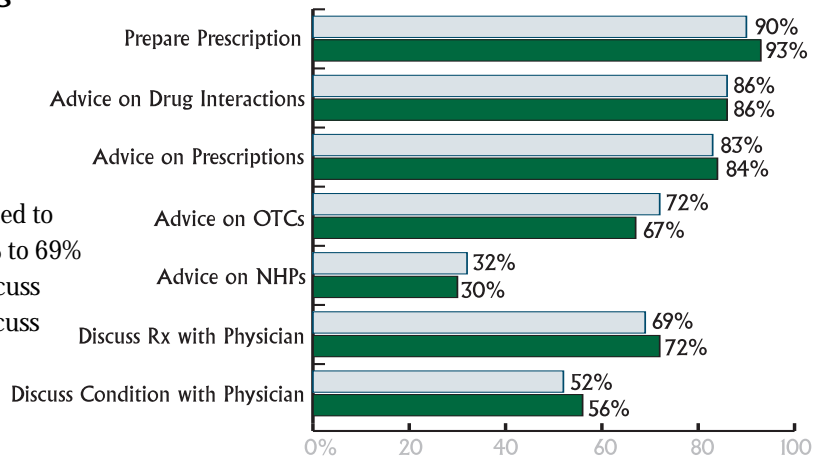
Sharing Personal Health Information with the Pharmacist

- While many more people think it is important to tell their pharmacist about any NHPs that they are taking (from 67% to 78%) there remains no change in the number who consult their pharmacists first about NHP information
- Women consider it more important to share information with the pharmacist about OTCs and NHPs that they are taking (88%, 83%) than do men (79%, 72%)



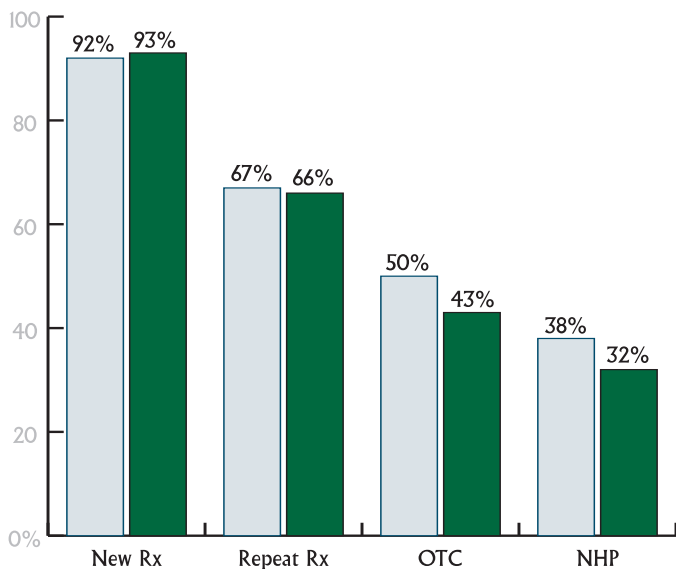
Public Perception of Pharmacists' Qualifications to Provide Various Services

- Public appreciation for pharmacists' qualifications increased in all categories except ability to provide advice on OTCs and NHPs
- Public regard for pharmacists as being qualified to provide advice on OTCs decreased from 72% to 69%
- Public appreciation for the pharmacist to discuss their prescription (69% to 72%) and/or to discuss their condition with their physician (52% to 56%) increased
- Levels of appreciation for the pharmacist to discuss a patient's prescription or condition with their physician is very similar across all ages (98%, 95%, 94%)



While it is encouraging to see public appreciation for pharmacists' qualifications to be increasing, improving public awareness of the pharmacist's expertise on OTCs and NHPs remains a challenge

Advice or Written Information Received on Patient's Most Recent Pharmacy Visit



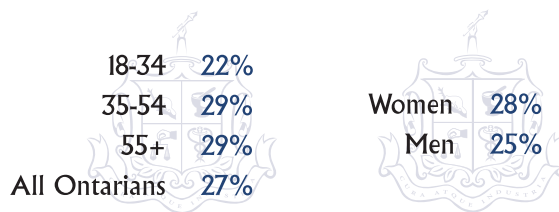
96%

96% of Ontarians agree (78% strongly agree) that their pharmacists should be informed of the health condition that their prescription is intended to treat

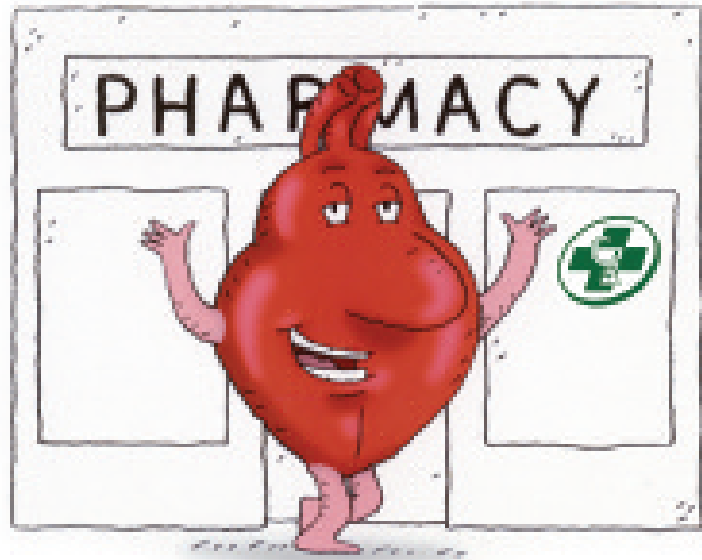
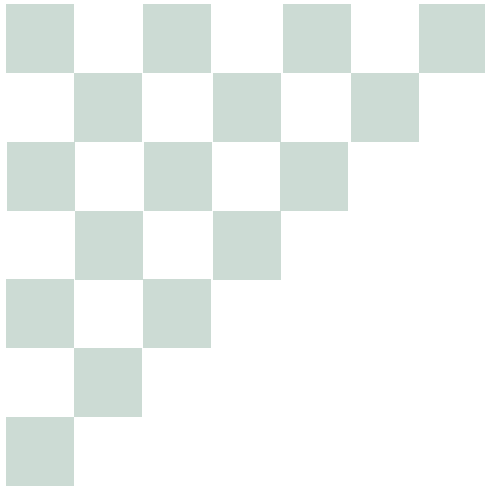
- On average, 8% more women report having purchased a prescription, repeat prescription, OTC or NHP at a pharmacy in the past 12 months than did men
- There was no noticeable difference between the age or sex of the patient and whether they received information from the pharmacist or not



Awareness of the College and Its Role as Regulator



- The public has a greater awareness of the College than previously believed as 27% of all Ontarians correctly identified the College's role as regulator of pharmacists
- However, a higher number of Ontarians (31%) believing that the College's role is to "train pharmacists" indicates that more must be done to help the public understand the difference between *regulating* and *academic* colleges



Tips on Displaying the Point



Layne Verbeek
Communications Advisor

I want to acknowledge the many pharmacies that are permanently displaying the *Point of Care* symbol in their pharmacy signage and other materials. As we discuss in this issue's feature article, the increased display of the symbol is creating significant public awareness.

However, we have seen a few pharmacies displaying the symbol in either altered, incorrectly coloured or in non-permissible ways (i.e. linked to advertising). We are asking these pharmacies to replace or remove these signs.

It is important to protect this image as it will, over time, garner significant public recognition as the universal symbol for high quality pharmacy care in Ontario. Not protecting how this symbol is used will have the effect of creating a symbol that no longer serves as a credible or valuable image for our profession.

To save time and money, I urge you to contact us at the Communications Department to review your design prior to printing.

Registered Trademarks

1. The *Point of Care* symbol is a College-owned trademark and cannot be reproduced in any way without compliance with the College's graphic standards (See *Graphic Standards* on website)
2. The terms "Point of Care", "Worth Knowing" and "Save-you-que" are also College trademarks and **may not** be used by any pharmacy or pharmacist. Use of these terms is restricted to College's education materials
3. Please contact the Communications Department to discuss or review your designs before you have any sign or material (that includes the *Point of Care* symbol) produced

Presenting the Point of Care Symbol

Pantone Green 349 and Black Only

The symbol **may only** be reproduced in Pantone Green 349 or black. The symbol **may not** be reproduced in any other colour (such as red, blue, or white) as this will likely infringe on trademarks held by other organizations

Use Exact Reproduction

The symbol must be reproduced precisely. Please contact the College for electronic files of the symbol before you start. **Do not scan images from our journal or other publications materials to get the symbol.** This will often lead to skewed and inaccurate images.


Correct Uses of the Symbol *

- Community Pharmacy Signage (window, over store, shingle, neon signs)
- Business cards, fax and letterhead
- Prescription vial & labels
- Pharmacist nametags and lab coats
- Hospital signage (for out-patient and in-patient pharmacies)
- Pharmacy Website (site must also be in compliance with *Guidelines for Pharmacies Operating Internet Guidelines*)
- Size and colour pursuant to *Point of Care Graphic Standards*

* Pharmacists cannot use the terms "Point of Care", "Worth Knowing" and "Savez-vous que". These terms are limited for College use only.

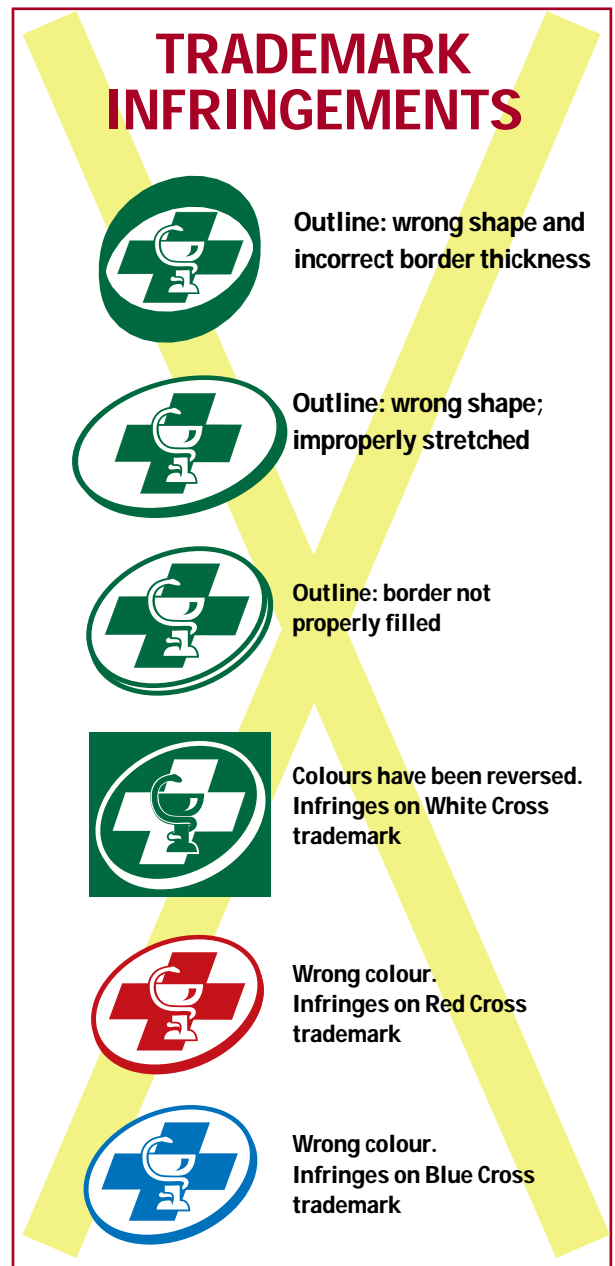
of Care Symbol

Incorrect Uses of the Symbol

- Signs containing any advertising or lists of pharmacy services
- Prescription receipts and drug information printouts
- Bags
- Delivery Vans
- Business cards or letterhead for non-pharmacist staff
- Business cards or letterhead used for advertising purposes
- Business card "ads" in local newspapers
- Symbol in colours other than Pantone Green 349 or black
- Symbol design copied or altered from source other than College-supplied image
- Websites that do not comply with all College standards and policies
- Any print or television advertising 



Pharmacists/pharmacies using the symbol improperly will be asked to replace or remove its display at their own cost.



New Client Services Department



Our Client Services Team: Jackie McKee, Jovenice Santiago, Heather Harris, Jaswant Sandhu, Ifrah Osman, Jacquelyn Fletcher (Client Services Coordinator), Maria Earley, Roland Starr




Connie Campbell, C.A.M., C.A.E.
Director of Finance and Administration

the primary data collection, recording and client profile maintenance, but who have until now been distributed in other departments throughout the College.

The reorganization is expected to result in:

- Increased reliability and consistency of data capture and information processing of transactions related to pharmacy technicians, students, interns, pharmacists, members emeritus, health profession corporations, pharmacy shareholders, pharmacy directors and pharmacy corporations
- Improved records and data integrity
- Better distribution of staff workloads and functions through cross-training and backup systems
- Greater continuity in the relationship management between the College and its various stakeholders

The department is headed by our new Client Services Coordinator, Jacquelyn Fletcher. Jacquie joined the College in early February. She brings with her 15 years of business process, IT and management expertise. 

Earlier this year, the College created a new *Client Services Department*. The creation of this department was prompted by a number of changes. Changes in priorities, growth in the College, implementation of our new operations management system, and the new online web service, *OCP Connects*, have all led to the need for new common business processes and consistency in data recording, reporting and retrieval.

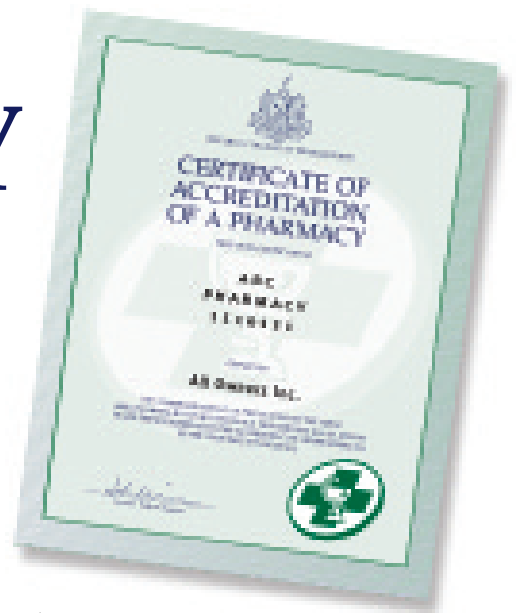
To address these needs and to provide a seamless, one-stop service for our clients, we created a central department to process all registrations,

certifications, fees and other information.

Although the title “Member Services” was considered, we tried to find a word that represents all of our constituencies: students, interns, pharmacists, pharmacy technicians, and pharmacy owners and operators. Some of you are registered with us, others are certified and still others are accredited. We believe the term *Client Services* addresses our commitment to providing helpful, timely responses to your diverse needs.

The new department brings together College staff who deal with

PHARMACY ACCREDITATION RENEWALS 2004



Your annual pharmacy accreditation renewal fee of \$749* is due no later than May 10, 2004. Renewal forms will be mailed to each pharmacy by mid-March.

FEE PAYMENTS

Annual Pharmacy Fees due May 10, 2004

Pharmacy fees of \$749 (\$700 + \$49 GST) must be received and/or post-marked no later than May 10.

Paying by Cheque

Make sure your cheque is signed and made payable to the Ontario College of Pharmacists or OCP in the amount of \$749 (\$700 + \$49 GST). Please write your pharmacy accreditation number and invoice number on the front of your cheque.

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

Paying by Credit Card

We accept payment by VISA, MasterCard or American Express. Enter your **credit card number** and the **expiry date** of your credit card in the box under Payment Information on your renewal form. Please be sure to **sign**

the credit card section giving us authorization to process the credit card payment.

Once processed, your certificate of accreditation and income tax receipt will be mailed to your pharmacy.

LATE PAYMENTS

Late payments are subject to a fee of \$107 (\$100 + \$7 GST) (if paid within 30 days after the due date) or \$160.50 (if paid more than 30 days after the due date). This includes cheques that are received early but postdated after May 10, 2004. Late payments are not processed until the late payment fee has been received.

RECORDS UPDATE

Updates are required for the following:

- Pharmacists (with and without signing authority), and technicians practising at your pharmacy
- Lock and leave practices
- Methadone dispensing
- Participation in the *Point of Care Program*
- Pharmacy website information
- Indication of which of the College-approved drug information services your pharmacy subscribes to

As outlined in the *Standards for Designated Managers*, acknowledgement of all directors and designated managers is required whenever you report a designated manager change. You can update this information on the fee form or download the Acknowledgment/Change of Designated Manager form at www.ocpinfo.com, by clicking on the "Forms" link.

Coming in 2005!

As many of you are aware, we recently introduced an online credit card payment service for pharmacists. Based on your feedback, our goal is to continue to improve and refine the pharmacist online payment process and introduce online payments for pharmacies in 2005.

*All fees listed above include GST.

For further information contact:

Client Services at (416) 962-4861:
Roland Starr x 237
rstarr@ocpinfo.com
Maria Earley x 298
mearley@ocpinfo.com
Ifrah Osman x 230
iosman@ocpinfo.com

NDSAC

Drug Schedules Changes

At its December 8, 2003 meeting the National Drug Scheduling Advisory Committee (NDSAC) of the National Association of Pharmacy Regulatory Authorities (NAPRA) announced the following:

1) Recommended as SCHEDULE II - CHOLERA* (ORAL INACTIVATED) VACCINE WHEN USED FOR PROPHYLAXIS AGAINST TRAVELLERS' DIARRHEA DUE TO ENTEROTOXIGENIC ESCHERICHIA COLI (ETEC)

** Note that this scheduling decision only applies to cholera vaccine when indicated for prevention of ETEC related travellers' diarrhea. Because vaccination against cholera is not a currently recommended vaccine for travelers, use for this indication remains under Schedule I.*

2) Confirmed as SCHEDULE II - PNEUMOCOCCAL 7-VALENT CONJUGATE VACCINE (DIPH- THERIA CRM197 PROTEIN)

There are four categories of drugs under NAPRA †. At the very least, they consist of:

Schedule I	<ul style="list-style-type: none"> • Requires a prescription for sale
Schedule II	<ul style="list-style-type: none"> • May be sold without a prescription • Requires a pharmacist's intervention upon sale • Located in an area of an accredited pharmacy with no opportunity for patient self-selection
Schedule III	<ul style="list-style-type: none"> • May be sold without a prescription • Located in the professional services area of an accredited pharmacy
Unscheduled	<ul style="list-style-type: none"> • May be sold in a non-pharmacy outlet


† For more specific conditions for sale and is complete information on the requirements for each drug category, please refer to the NAPRA website (www.napra.org).

When making recommendations for drug schedules, NDSAC uses a "cascading principal" whereby they assess the drug by first using the factors for Schedule I. Schedule I has the most stringent requirements and the drug may remain at that level if enough factors pertain to it. If not, NDSAC proceeds to assess the drug using the factors for Schedule II and so on.

Once the recommendation is determined by NDSAC, the decision is published with the factors that led to the decision. If there are no valid objections to the decision within a specified number of days, then the recommendation will pass.

According to the NAPRA website:

"Factors" rather than "criteria" are considered to be more appropriate assessment tools as they are contingent, conditional and dependent. A process using factors allows judgment by reviewers to find the best fit and facilitates a re-evaluation process of scheduled drugs when new knowledge or practice experience emerge. The factors were initially adapted from established standards for prescription drugs, proposed guidelines for drugs monitored by pharmacists, and the World Health Organization's guidelines for nonprescription drugs, then modified through national consultation.

The complete Summary of Scheduling Deliberation for the Oral Inactivated Cholera* Vaccine and the Pneumococcal 7-Valent Conjugate Vaccine (Diphtheria Crm197 Protein) can be found on the NAPRA website. (www.napra.org) 

HEALTH CANADA

Advisories & Notices

DATE	TYPE
February 2, 2004	Advisory – Health Canada Advises Canadians Under the Age of 18 to Consult Physicians If They Are Being Treated With Newer Anti-Depressants
January 29, 2004	Safe Use of Natural Health Products – Introducing The Natural Health Products Directorate (NHPD) of Health Canada
January 23, 2004	Benefits and Risks of Combined (Estrogen and Progestin) Hormone Replacement Therapy
January 22, 2004	Important Safety Information Regarding a Drug Interaction Between Fluticasone Propionate (Flonase [®] / Flovent [®] / Advair [®]) and Ritonavir (Norvir [®] / Kaletra [®])
January 20, 2004	Public Advisory – Updated Safety Information Announced in Canada for Patients Taking TOPAMAX [®] (topiramate) Regarding Higher than Normal Blood Acid Levels
January 15, 2004	Public Advisory – Updated Safety Information about EPREX [®] (epoetin alfa) Provided to Canadian Healthcare Professionals
January 13, 2004	Important Drug Safety Information – EPREX [®] (epoetin alfa) Sterile Solution Revised Prescribing Information for Patients with Chronic Renal Failure
January 12, 2004	Important Drug Safety Information – TOPAMAX [®] (topiramate) Use is Associated with Metabolic Acidosis
December 29, 2003	Notice to Hospitals – Update: Risk of Strangulation of Infants by IV Tubing and Monitor Leads
December 23, 2003	Advisory – Health Canada Reminds Canadians Not To Use Products Containing KAVA
December 22, 2003	Important Safety Information Regarding TEBRAZID [®] (pyrazinamide) and PMS-PYRAZINAMIDE for the Treatment of Latent Tuberculosis Infection
December 18, 2003	Advisory – Important Safety Information About The Risk of Liver Injury in Patients Taking Beta-Interferon Therapy
December 16, 2003	Notice to Hospitals – Safety Warning Concerning the Use of Blue Food Dye in Enteral Feedings
December 4, 2003	Important New Safety Information: Hepatic Injury Associated With Beta-Interferon Treatment For Multiple Sclerosis
November 17, 2003	Important Safety Information Regarding the Use of SEVORANE AF [®] (sevoflurane) in Conjunction with Anesthesia Machines

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

PRACTICE

Q&A



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

Q From time to time I receive Recall Notices from Health Canada or a manufacturer. What is meant by a Class 1 or Level 1 recall?

Several elements or steps are involved in a recall. One of the elements of the recall strategy is the “depth of recall”. Depending on the product’s degree of hazard and extent of distribution, the recall strategy will specify the level in the distribution chain to which the recall is to extend.

- **Level I** is a consumer or user-level recall which may vary with a product and will include any intermediate wholesale or retail level. At this level, there is imminent danger to the public if use of this product continues
- **Level II** is a recall at the retail level including any intermediate wholesale level. The product poses enough of a health hazard to remove it from access by the public
- **Level III** is a recall level at the wholesale level only and removes the product from further retail distribution

Q Are all recalls accompanied with a “public warning”?


No. The purpose of a public warning is to alert the public that a product being recalled presents a serious hazard to health. It is reserved for urgent situations (Class I and occasionally Class II Recalls) where other means for preventing use of the recalled product appear inadequate. Health Canada decides whether a public recall announcement is mandatory and whether the Health Protection Branch will issue the warning.

For example, there can be public warnings in the general news media, either national or local, depending on the appropriateness. A public warning can also be issued through specialized news/communication media such as targeted or ethnic press or to specific segments of the population such as physicians, pharmacists or hospitals through trade and association media.

Q Should I notify my patients when a recall has been issued?

Notifying your patients depends on the level of the recall and the risk to the patient. The company issuing the recall is responsible for notifying you as to what product is being recalled, when to cease distribution, instructions as to whether it is necessary to notify your patients and what to do with the recalled product.

Depending on the risk level, you may also be required to contact your patients to return the recalled product.

For more information about the recalls, visit the Health Canada website at <http://www.hc-sc.gc.ca> and search under “Product Recall Procedures” 

INSPECTORS' CORNER

Brian Hack, Investigator
Elaine Maloney, Practice Advisory Officer

Protecting our environment is important to all of us. There are also ever increasing headlines about protecting the wetlands, wildlife sanctuaries and other natural resources in Ontario. Indeed the responsibility of protecting our environment is everyone's responsibility.

Pharmacists need to be aware of their responsibilities and the *Standards of Practice* regarding the safe disposal of medications and raise awareness and educate the public on the dangers of improper or unsafe disposal practices.

College staff have been meeting with the Ministry of the Environment to clarify the intent of the legislation and assist pharmacists in promoting safe disposal methods. The following Questions and Answers have been developed to clarify the expectations of the College and the Ministry of the Environment.

Are there drugs that the Ministry of Environment has identified as hazardous and requiring special consideration?

Pharmacies sell many chemicals and dispense many drugs that are considered hazardous or toxic if disposed of improperly. Certain pharmaceuticals contain active ingredients that are classified under Regulation 347, Schedules 2(A) & (B), as hazardous waste.

Some of the more common products (active ingredients) are:

- Warfarin
- Epinephrine

- Nicotine
- Nitroglycerin
- Chlorambucil
- Cyclophosphamide
- Melphalan

In previous *Pharmacy Connections* the College recommended that expired or returned medications be destroyed in an environmentally friendly method. As well, the *Standards of Practice*, Operational Component 5.6 refers to "disposal of those drugs according to environmental regulations under written policies and procedures."

Can you explain what is meant by "environmentally friendly" and "according to environmental regulations"?

Protecting the environment is the responsibility of every person and organization. Pharmacists need to be aware of the effects that pharmaceuticals may have on the environment and should ensure that all pharmaceuticals are disposed of according to the principals of preferred management.

The Ministry's preferred management options for pharmaceutical waste are:

- Management of pharmaceutical wastes outside of the municipal sanitary sewer system i.e., do not flush medications down the drain or toilet
- Off-site management of waste pharmaceuticals by a commercial waste management company. Programs are available for pharmacies that operate a public waste (take-back) program
- Management outside of non-

hazardous landfills i.e., medications should not be disposed of in regular municipal garbage


How can I find out about programs for drug disposal?

You can contact the Ontario Pharmacists' Association at 416-441-0788 to enquire about their pharmaceutical waste disposal and medicine cabinet cleanup programs. In addition, some communities and local pharmacist associations have developed ongoing medicine cabinet cleanup programs.

I accept unused or expired medication at my pharmacy from my patients. Do I still need to register with the Ministry the fact that our pharmacy generates hazardous waste?

Pharmacies that operate public waste programs are not required to register these wastes with the Ministry — provided they have a signed agreement with an approved biomedical waste management company. Each of these companies has an exemption in their *Certificate of Approval* that permits the pharmacy to dispose public drug waste without having to manifest or register these wastes with the Ministry.

There are two biomedical waste management companies in Ontario that are approved to manage public waste without requiring the pharmacy to register with the Ministry:

1. Medical Waste Management Inc.: 1-866-836-6660
2. Stericycle Inc.: 1-877-791-3545 


Year 2004 Call for Preceptors

for OCP Structured Practical Training (SPT)

All Ontario pharmacies have received a College fax related to SPT Programs and preceptor workshops for 2004. (The following page lists the workshop dates for your reference.)

The goals of the preceptor orientation workshops are to provide instruction on and/or reinforce preceptors' feedback and assessment skills, and to facilitate the exchange of ideas between preceptors. The advanced workshops assist in updating practice or preceptor skills, and are for those preceptors who have previously attended an orientation workshop.

If you are taking a student or intern and are unable to attend a workshop in a city close to you, we would ask you to consider attending a workshop in another city. Preceptors must attend workshops at least every two years if they are taking SPT students/interns on an annual basis.

Please refer to our website for preceptor criteria and updates to workshop dates/locations. If you would like to attend a workshop, please take this opportunity to complete the on the following page **fax it back to the College at SPT Programs (416)847-8264**. 

Preceptor Criteria

To participate as a SPT preceptor, pharmacists **must**:

- Be in Part A of the Register
- Have worked for at least one year
- Undertake the in-service training of a registered student or intern who is enrolled in or has successfully completed an undergraduate pharmacy program at an accredited Canadian or U.S. faculty of pharmacy or enrolled in or has successfully completed the International Pharmacy Graduate Program, University of Toronto, unless otherwise authorized by policy or a panel of the Registration Committee
- Be prepared to spend at least 18 hours/week with the student or intern
- Not have a record or disciplinary action within the past six years
- Not have a business or personal conflict of interest with the student/intern
- Participate in preceptor training workshops as recommended by the SPT Committee

Date	Location**	Workshop Type	Topic
Thursday, February 26, 2004	Toronto (OCP)	Orientation	
Tuesday, March 9	Hamilton	Orientation	
Wednesday, March 10	Hamilton	Advanced	
Friday, March 26	Toronto (Columbus Centre)	Advanced	Intercultural Communication
Sunday, March 28	Thunder Bay	Orientation	
Monday, March 29	Thunder Bay	Advanced	Learning Styles
Wednesday, March 31	Toronto (TBA)	Orientation	
Thursday, April 15	Toronto (TBA)	Orientation	
Thursday, April 22	London	Orientation	
Friday, April 23	London	Advanced	Intercultural Communication
Tuesday, Apr 27	Ottawa	Orientation	
Wednesday, Apr 28	Ottawa	Advanced	Intercultural Communication
Wednesday, May 12	Toronto (TBA)	Orientation	
Thursday, May 13	Toronto (TBA)	Advanced	Learning, Assessing and Teaching of Interviewing Skills
Thursday, May 20	Sudbury	Advanced	Pharmaceutical Care: Putting it into Practice
Wednesday, May 26	Windsor	Advanced	Intercultural Communication
Tuesday, June 15	Toronto (TBA)	Orientation	
Wednesday, June 16	Toronto (TBA)	Advanced	Learning, Assessing and Teaching of Interviewing Skills

**Workshop location will be provided, upon registration, in a confirmation letter prior to the workshop date.

PERSONAL INFORMATION (please print)			
Name	OCP Registration No.	e-mail:	
Pharmacy Name	Tel ()		
Pharmacy Address	Fax ()		
	No. & Street	Suite/Unit No.	
	City/Town	Province	Postal Code

C A S E

Failing to Check the DIN Resulting in a Dispensing Error

Member: Name withheld (The member's name has been withheld due to the member's acquittal)

The member was alleged to have committed an act of professional misconduct in that he/she breached a standard of practice of the profession by dispensing 3TC® when Combivir® was prescribed. While the member did not dispute the facts, he/she argued that his/her actions in connection with the dispensing error did not amount to professional misconduct. In a contested hearing, a panel of the Discipline Committee found the member not guilty of professional misconduct.

The Facts

The complainant attended a pharmacy, at which the member was employed, for a refill of a prescription for Combivir®. However, the complainant was dispensed 3TC® which he/she took for about two weeks before the error was discovered.

Upon being notified of the error, the member immediately acknowledged that:

- In filling the prescription for Combivir®, he/she picked up a bottle of 3TC® in error and placed a computer

generated label on the front of the bottle of 3TC® indicating that he/she had dispensed Combivir®

- On the day the dispensing error occurred, the pharmacy was busy and he/she was working alone
- While the member wrote down the DIN from the 3TC® bottle onto the prescription hardcopy for the Combivir® and intended to compare the two DINs, as was his/her usual practice, the member did not check the DIN numbers to ensure the medication dispensed was the medication prescribed
- Finally, upon discovery of the error, the member managed the error appropriately in that the member acknowledged that the error occurred, extended an apology and followed up

Legal Argument

The College took the position that failing to compare DIN numbers constituted a breach of a professional standard. If a professional standard was breached, legislation mandated the panel to find the member guilty of professional misconduct. In its submissions, the College cautioned the Panel not to characterize the member's conduct as simply a one-time breach that did not warrant discipline, as this characterization was not in the interest of the public or the profession. What was involved was a fundamental departure from established pharmacy practice.

By contrast, the member argued that there was no breach of any standard of practice. This one-time isolated incident constituted simple human error for which the member took full responsibility.

The standard on which both parties relied to assert their respective positions was *Standard 1* of the *Standards of Practice*:

“The pharmacist, using unique knowledge and skills to meet a patient’s drug-related needs, practices patient-focused care in partnership with patients and other health care providers, to achieve positive-health outcomes and/or to maintain or improve quality of life for the patient.”

The College argued that, in addition to the standard above, there are other unwritten standards understood and practised by members that provide the detail of what is expected in *Standard 1*.

Comparing DIN numbers, although not explicitly stated, is what “patient-focused care” requires in dispensing circumstances to achieve “positive health outcomes”. Comparing DINs is a reasonable expectation of a competent pharmacist, in such circumstances, to ensure that the right drug is dispensed. Accordingly, failure to take this step is a failure to maintain a standard of practice of the profession and hence, professional misconduct.

By contrast, the member argued that the standards of practice that members are required to comply with are those written by the College. To date, there is no written standard requiring the comparison of DIN numbers, thus there can be no breach and hence, no finding of professional misconduct.


In the member’s submission, the critical fact was that the member’s response was appropriate according to *Operational Component 1.8 of Standard 1*:

“The pharmacist assumes responsibility for medication discrepancies and errors, takes the necessary steps to resolve issues arising from them, and implements measures to prevent recurrence”.

The member argued that this standard assumes that people make mistakes and that his/her response to the mistake was appropriate.

Reasons for the Decision

The panel dismissed the allegations against the member. While the panel agreed with the College that the “standards of practice” are not limited to the *Standards of Practice* as published by the College, it agreed with the member that even those unwritten standards do not say that every person who makes an error has breached a standard of practice. The panel further characterized the checking of the DIN as an appropriate procedural protocol, and also distinguished a procedural protocol from a standard of practice. More specifically, in the circumstances of this case, the panel considered that the member therefore did not breach a standard of the practice in that:

- While there was an attempt to use the DIN number to verify the accuracy of the prescription, an error was made in that process
- The member acted as a reasonable competent professional and followed a reasonable procedure. However, due to an error he/she did not complete a procedural protocol of visually comparing the DIN. Therefore, he/she breached an accepted procedural protocol and not a standard of practice
- When the member realized the error, he/she acted in an appropriate manner
- The member’s testimony that comparing DIN numbers was his/her practice demonstrated awareness of the steps that are needed to accurately dispense the prescription
- Simply because an error occurred does not mean that appropriate knowledge was not applied 

TECHNICIAN

Q & A



Bernie Des Roches, Ph.D.
Manager, Pharmacy Technician Programs

Q Are there different classifications for pharmacy technicians in Ontario as there are in the U.S.?

(The pharmacy technician who made this inquiry indicated that there are three classifications for pharmacy technicians in the U.S.)

Ontario has no such legal classification.

Pharmacy technicians are not recognized in legislation hence the variety of titles. Pharmacy clerk, pharmacy assistant and pharmacy technician are all permitted designations. Within employment settings such as a chain pharmacy or hospital there may also be classifications used to designate differences in responsibilities within that setting. For example, some hospitals provide their own training and certification for pharmacy technicians allowed to perform specific tasks, e.g., work with chemotherapeutic agents, work in a laminar flow hood, and participate in bulk compounding. The hospital may identify these technicians by giving them different designations such as Pharmacy Technician I, II or III.

Q I'm a C.Ph.T. When will I have to be registered with the College?

I have received several variations on this question with some indicating requirements and dates for mandatory registration that have never been contemplated by the College. (I refer you to the introductory article by Steve Balestrini, *Pharmacy Connection*, Sept/Oct 2003, pgs.6 -7 and my Q & A column from *Pharmacy Connection*, Nov/Dec 2003, p. 17.)


As entry-to-practice requirements have yet to be established, speculation on how a C.Ph.T. may become a registered pharmacy technician, capable of performing tasks not permitted under current legislation, is at best, conjecture. This process will not be completed quickly. As previously indicated, there are many steps and much consultation to be done before we reach our goal of offering registration to pharmacy technicians.

Q What are the dates for the next pharmacy technician certification exams?

The next sitting of the College's voluntary *Certification Examination for Pharmacy Technicians* will be on **Saturday, October 2, 2004**. All candidates for the October exam must first complete and submit the *Application to Evaluate Pharmacy Technician Credentials* with all required documentation no later than **July 9, 2004**. The information package and application form is available from Jovenice Santiago at (416) 962-4861 x 228; e-mail: jsantiago@ocpinfo.com or can be downloaded from our website under "Technicians." Dates for next year's sittings will be April 16 and October 15, 2005.

Q When will the College provide pharmacy technicians with free continuing education resources like pharmacists get?

There is no such thing as "free CE." CE resources for pharmacists are largely developed or organized by pharmacists (often by the College's CE Coordinators). Pharmacy technicians must also take the initiative to develop their own resources. The College does not produce CE programs but, rather, directs pharmacists to where publicized courses can be accessed. Pharmacy technicians can access this same service. Visit our website and select *Continuing Education* and *CE for Technicians* to view available resources.

Some programs for pharmacists can also be of interest and open to pharmacy technicians. Look for these in *Pharmacy Connection* and on our website. 

International Pharmacy Graduate Program



Particular attention will be paid to developing pharmacy-specific linguistic evaluation tools that provide a more accurate assessment of candidates' language-related learning needs. Through the leadership of PLA Coordinators Artemis Diamantouros and Michael Galli, the PLA Program will be enhanced to provide greater feedback to candidates and more guidance to educators and preceptors.

Enhancement Project

Zubin Austin, Bsc.Phm., MBA, MIS, Ph.D.

The success of the International Pharmacy Graduate Program has resulted in great interest from other professions and trades in Ontario. Indeed, challenges faced by internationally educated professionals in many other Ontario professions continue to be daunting. Nonetheless, demographic projections suggest that all Ontario professions will become, over the next decade and beyond, increasingly reliant on the contributions of professionals educated outside North America.

The IPG Program is considered a "best-practices" model for bridging education and, in an effort to ensure its ongoing sustainability and viability (as well as enhance the quality of its programs and delivery), the Program is once again partnering with the Ontario College of Pharmacists and the Ministry of Training, Colleges and Universities' Access to Professions and Trades Unit.

The recently approved *IPG Program Enhancement Project* is a multi-year funded program that will build upon the success of the initial model, as well as continue to serve as a model for other professions and trades.

The *Enhancement Project* will focus on three key areas:

1) Prior Learning Assessment

Recognizing the experience and education of pharmacists from other countries is a key component of our program model. The Prior Learning Assessment (PLA) was designed to assist program staff in developing individualized learning plans for students.

As part of the enhancement project, the PLA Program will develop new tools and systems for assessing learning that will provide students with alternative ways to demonstrate their practice-readiness and competency.

2) Faculty Development


The IPG Program has been fortunate in recruiting many leaders in pharmacy practice and education to

participate as lecturers, teaching assistants, and course co-coordinators. Working with Education Coordinator Marie Rocchi Dean, these individuals have contributed greatly to the program and are its most important asset. The Program would not have been a success without their commitment to teaching and enhancing practice. In an effort to continue to improve the program, IPG Program faculty development initiatives will be undertaken to help our instructors enhance their teaching and assessment skills.

3) Mentorship

The mentorship component of the Program has contributed significantly to the Program's overall success. Under the leadership of Mentorship Coordinator Bill Dingwall, an expanded mentorship program will be developed to provide students with earlier structured and unstructured exposure to pharmacy practice and patients. The enhanced mentorship component will also provide new opportunities for students to learn about Canadian pharmacy, standards of practice, and pharmaceutical care outside the classroom, as well as facilitating post-program employment links.

The Program is grateful for the recognition, support and funding for the enhancement project from the Ministry of Training, Colleges, and Universities' Access to Professions and Trades Unit. Indeed, this is recognition of the Program's success.

Our goal remains for the Program to both continue to share its experiences with other professions and trades and to remain a "best-practices" model for bridging education in Ontario. 

Recommendations on Drug Use in the Elderly

The following recommendations were taken from the Thirteenth Annual Report of the Geriatric and Long-Term Care Review Committee to the Chief Coroner for the Province of Ontario.


During 2002, 21 cases were reviewed with six cases giving rise to recommendations related to drug use. These recommendations are presented here (verbatim, with bold emphasis ours) for pharmacists to consider when caring for the elderly. It is evident from the recommendations that this committee sees pharmacists as an integral part of the health care team in providing optimal services to geriatric and long term care patients.

1. Health care professionals should be reminded of the importance of **assessing the medications** taken by elderly patients who fall.
2. Health care professionals should be reminded of the importance of critically **reviewing the medication profile** of an ill, elderly patient whose clinical condition has changed.
3. Health care professionals should be reminded of the **importance of reviewing the medications** taken by elderly patients who develop a **delirium**.

Frequently these elderly patients are taking a number of medications with **psychoactive effects**. The importance reviewing and aggressively reducing these psychoactive medications cannot be overemphasized.

4. Health care professionals should be reminded of the risks of **polypharmacy** in the elderly. However, prescribing health care professionals should not be deterred from prescribing medications that are recognized to be beneficial and needed by the elderly.

For example, the addition of an angiotension converting enzyme (ACE) inhibitor for a patient with documented atherosclerotic cardiovascular disease may significantly reduce the risk of a future, serious cardiac event.

5. When using **psychoactive drugs** in the ill elderly, the lowest dose possible should be the initial dose with further doses titrated upwards depending on the response unless there is convincing evidence that a higher dose is necessary because of compelling clinical considerations (i.e. acute delirium) which puts the patient at extreme risk and requires rapid intervention to eliminate the associated agitation which might interfere with medical care.
6. Health care professionals should be reminded that in the elderly, the use of combinations of medications may increase the risk of **adverse reactions**. When this type of therapy is indicated, monitoring for potential adverse reactions should be considered. This is especially the case with psychoactive drugs which include for example: alcohol, tranquilizers, sedatives, anxiolytics, antiemetics, neuroleptics, antidepressants and opiate containing analgesics.
7. Health care professionals caring for the elderly in the hospital setting should be reminded of the importance of ensuring that the patient and/or family and/or substitute decision maker are fully informed of changes to the medication profile. When appropriate and available, the services of a **consulting pharmacist** can be a valuable resource.
8. Health care professionals should be reminded of the importance of reviewing the medication profile of elderly patients who develop a delirium. Frequently, these elderly patients are taking numerous psychoactive medications. The importance of aggressively pruning these psychoactive medications and medications that may **potentiate the effects** of the psychoactive medications cannot be overemphasized.
9. Health care professionals should be reminded of the importance of considering the benefits and risks of prescribing psychotropic drugs to the elderly. Once prescribed, careful **ongoing monitoring** of the patient for the development of side effects should be mandatory. (**Comment:** this recommendation was made in two reviews in 2002)
10. Health care professionals should be reminded of the importance of including a **critical review of the resident's medications profile** as part of the comprehensive fall assessment.
11. Health care professionals should be reminded that **Meperidine** is a narcotic that should rarely, if ever, be prescribed for the elderly because of its prolonged half life, penchant for causing and/or exacerbating a delirium, and a tendency to mask other symptoms. If narcotic analgesia is required, consideration should be given to using a narcotic such as Morphine which has a shorter half life and less anticholinergic effects.
12. Health care professionals should be reminded that even the new atypical antipsychotic medications can cause **extrapyramidal side effects** such as decreased mobility, falls, hypertonic states, lethargy, and swallowing difficulties in the elderly. These side effects may develop shortly after the initiation of therapy but more often will develop days to weeks later.
13. Health care professionals should be reminded of the need to exercise caution when prescribing antihistamines to the frail elderly given the potential for this class of medication to produce anticholinergic side effects and excessive sedation that **could precipitate a fall**.
14. Health care professionals should be reminded of the benefits of prescribing angiotension converting enzyme (**ACE**) **inhibitors** for elderly patients with documented atherosclerotic cardiovascular disease.
15. Health care professionals should be reminded of the **proconstipatory effects** of medications such as Verapamil. 

FOCUS ON Error Prevention



Ian Stewart, B.Sc.Pharm.

There have been a number of reports of medication errors involving the sound-alike and look-alike drugs Lamictal® and Lamisil®. These reports involve the dispensing of Lamictal® tablets when Lamisil® tablets were prescribed and vice versa.¹

CASE:

- A patient received Lamictal® 25mg tablets instead of Lamisil® 250mg tablets
- The patient took the Lamictal® for a month before discovering that she received the wrong medication
- Lamisil® 250mg was dispensed to a patient with a prescription for Lamictal® 25mg. Fortunately, the patient's mother detected the error before any of the Lamisil® was taken
- Lamictal® 200mg was dispensed for a pediatric patient with a prescription for Lamisil® 250mg. The patient took the Lamictal® for nine days resulting in a five-day hospital stay (including two days in an intensive care unit)

Possible Contributing Factors:

- Due to the similarity in drug names, Lamictal® and Lamisil® are often stored (alphabetized) next to each other on pharmacy shelves
- Lamisil® immediately follows Lamictal® when scrolling through drug names on most computer systems. As a result, the incorrect drug can be easily selected when entering a prescription into the computer

Recommendations:

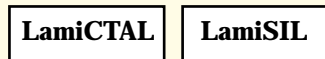
- Suggest to your software vendor that a space be left between these two drugs to reduce the likelihood of an incorrect drug selection. As an interim step, a caution note may be added to the drug files
- If Lamictal® and Lamisil® are stored next to each other, consider removing one and leave a note on the shelf indicating its new location
- Use the actual written prescription to select the product from the pharmacy shelf. Then compare the Drug Identification Number of the product selected to that on the computer-generated hard copy
- Place cautionary labels/stickers on these and other sound-alike and look-alike drugs to alert pharmacy staff of the potential for error


Sample Sticker²



- Auxillary labels may also be added to the manufacturer's label to visually differentiate the two drug names

Sample



- Ensure the *Standards of Practice* for pharmacists are followed and patient counselling is practiced
- When counselling patients, always review the purpose of the medication 

References:

¹ Dispensing Errors Involving Lamictal and Lamisil. Available at: <http://www.usp.org/patientSafety/briefsArticlesReports/practitionerReportingNews/prn932002-03-15.html>. Accessed February 17, 2004

² ISMP Medication Safety Alert, May 15, 2003

PIPEDA Information

Industry Canada has prepared an online questions and answers document on the *Personal Information Protection and Electronic Documents Act* for the health care sector. It can be viewed at <http://strategis.ic.gc.ca/epic/internet/inecic-ceac.nsf/vwGeneratedInterE/gv00211e.html>

CAPDM 40th Anniversary

The Canadian Association for Pharmacy Distribution Management celebrated its 40th Anniversary during its annual Executive Conference this past January. Established in 1964, CAPDM is a health care industry association for supply chain management. Its members consist of pharmacy distributors, pharmaceutical and consumer product manufacturers and other specialty organizations with an interest in the health care industry.

Integrating Pharmacists and Family Physicians to Advance Primary Care Therapeutics

There are new and exciting opportunities for pharmacists to participate in a Primary Health Care Transition

Fund project in Ontario. Find out more at www.impact-team.info


Welcome to the College

Vicky Gardner joined the College in November as the SPT Secretary in the Registration Department.

Vicky came to us with a variety of administrative and medical secretarial experience.

Vicky brings a unique perspective as she had the opportunity to work in a number of healthcare and regulatory fields including the Royal College of Physicians in London, England.

Jacquie Fletcher has recently been hired as the Client Services Coordinator for the College. Jacquie came to us from

Sheridan College where she most recently was Corporate Information Systems Development Manager, and before that, held a variety of technical positions within the college. Jacquie's expertise in software applications and business processes will be invaluable in ensuring that the Client Services Department capitalizes on technology to serve members in an effective and efficient manner. 



Letter to Editor

Dear Editor,

I am writing to commend Mr. Saquib Khan, pharmacist at Shoppers Drug Mart, 34 Southport Street, Toronto.

After my recent discharge from hospital, I was put on a drug regime that seemed too complicated to me: three different inhalers, each with its own schedule; antibiotics to be taken orally; and a diminishing dosage of prednisone. This in addition to my usual routine of eye drops for glaucoma and methotrexate for rheumatoid arthritis.

When my wife picked up the latest prescriptions, Mr. Khan carefully and thoroughly explained the instructions for their use.

A few days later, he telephoned me at home to confirm that I understood the instructions and that I was compliant.

In our neighbourhood there are many seniors and they particularly rely on Mr. Khan's expertise and concern. Still, I was astounded that, in this day and age, a pharmacist would go out of his way for a customer. Mr. Khan stated that he was simply "doing his job." In his mind that is probably true, but, sad to say, there are few members of any profession who go that extra mile in today's hectic workplace.

I am writing to the College because I would like Mr. Khan's professional record to include a special commendation for exemplary service to our community.

R.R.
Toronto

Editor's Note:

We are happy to receive letters from patients acknowledging their pharmacists. Kudos to Mr. Khan and to all pharmacists who consider providing such quality care as "just part of doing their job"!

CE EVENTS

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

The following programs will be available throughout 2004.

For information on the date in your area or to arrange to have this program presented in your area, contact the Ontario Pharmacists' Association. Below are some dates/locations already scheduled.

Medication Errors 1 & 2

Confronting Medication Errors 1 - Understanding the Issues and Dealing with Incidents

May 11: Owen Sound

Confronting Medication Errors 2 - Taking Action to Improve Patient Safety

May 12: Newmarket

Sep. 14: Owen Sound

Sep. 14: Hamilton

Emergency Contraception

May 12: Mississauga

May 25: Oshawa

June 2: Hamilton

Sep. 28: Pembroke

Internet Drug Information Tutorials

Resources for the Pharmacist on the Internet - Critical Appraisal of Internet Information

Apr. 14: Mississauga

June 17: Kitchener

Pharmacist-Patient Dialogue Workshop 1: Enhancing Adherence

For local contact information, check the web site or contact Sandra Winkelbauer, OPA, tel (416) 441-0788 x 4235 fax (416) 441-0791 swinkelbauer@opatoday.com www.opatoday.com

Apr. 17: Kingston Options for Diabetes Conference

Margaret Little

tel (613) 547-3438

hartwork@kingston.net

or

Joan Ferguson

tel (416) 239-0551

Apr. 18: Barrie Cardiovascular Wellness Specialty Workshop

Ontario Pharmacists' Association

Sandra Winkelbauer

tel (416) 441-0780 x 4235

swinkelbauer@opatoday.com

www.opatoday.com

Apr. 24: London Technicians in Action Conference

London Health Sciences Centre

Sharon Hartman

tel (419) 685-8172

fax: (519) 685-8370

HARTMANS@lhsc.on.ca

Apr. 24: Toronto Current Topics in Pharmacy Practice XXVIII

Sunnybrook & Women's College Health Sciences Centre. Pharmacy technicians are also invited.

Artemis Diamantouros

tel (416) 480-4511

fax (416) 480-4281

artemis.diamantouros@sw.ca

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

Humber Institute of Technology & Advanced Learning and the Ontario Palliative Care Association

Neala Puran

tel (416) 675-6622 x 4020

neala.puran@humber.ca

www.palliativecare.humber.ca

or

www.ontariopalliativecare.org

May 6-8: Huntsville OPA Conference

Ontario Pharmacists' Association

Sandra Winkelbauer

tel (416) 441-0788 x 4235

swinkelbauer@opatoday.com

www.opatoday.com

May 15-18: Niagara Falls Annual Conference: Power Generation

Canadian Pharmacists' Association

tel (613) 523-7877 or

1-800-917-9489

fax (613) 523-0445

www.pharmacists.ca

May 20: Toronto Changing the Face of Pain

Sunnybrook and Women's College Health Sciences Centre

Kathy Ross

tel (416) 480-6100 x 83022

kathy.ross@sw.ca

Physician-Pharmacist Collaboration Workshops

"During these workshops, physicians and pharmacists develop a better understanding of each other's needs and how to communicate with one another more effectively." For information on upcoming workshops in your area: tel: 1-800-363-5634 x 24

Canada

May 16-19: Winnipeg MB 2004 National Primary Health Care Conference

tel 1-877-275-7-8579

www.phconference.ca

Aug. 2004: Edmonton AB CSHP Annual General Meeting Gloria Day

tel (613) 736-9733 x 29

fax (613) 736-5660

gday@csdp.ca

International

April 24-28: Chicago IL NABP Centennial Capsule

National Association of Boards of Pharmacy

tel (847) 698-6227

fax (847) 698-0124

www.nabp.net

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

<p>Drug and Pharmacies Regulation Act (DPRA) * Amended 2000 Regulations to the DPRA: DPRA R.R.O. 1990, Regulation 545 – Child Resistant Packages DPRA R.R.O. 1990, Regulation 547 Amended to O.Reg. 548/93 – Dentistry DPRA Ontario Regulation 297/96 Amended to O.Reg. 180/99 – General DPRA R.R.O. 1990, Regulation 551 Amended to O.Reg. 179/99 – General DPRA R.R.O. 1990, Regulation 548 Amended to O.Reg. 705/93 – Medicine DPRA R.R.O. 1990, Regulation 550 Amended to O.Reg 550/93 – Optometry</p>	<p>Ontario Drug Benefit Act (ODBA) & Regulations * Amended 2002 Regulations to the ODBA: Ontario Regulation 201/96 Amended to O.Reg. 395/02 – General</p>
<p>Drug Schedules ** Summary of Laws Governing Prescription Drug Ordering, Records, Prescription Requirements and Refills - January 2001 OCP Canada's National Drug Scheduling System – February 2, 2004 NAPRA (or later)</p>	<p>Food and Drugs Act (FDA) & Regulations ☒ Updated Health Canada Version as of Dec. 19, 2001 Amendment 1248-Iburprofen-Jan. 31, 2002</p>
<p>Regulated Health Professions Act (RHPA) * Amended 2002 Regulations to the RHPA: Ontario Regulation 39/02 -Certificates of Authorization Ontario Regulation 107/96 – Controlled Acts Ontario Regulation 59/94 – Funding for Therapy or Counseling for Patients Sexually Abused by Members</p>	<p>Controlled Drugs and Substances Act (CDSA) ☒ Updated NAPRA Version as of October 25, 2000 Benzodiazepines & Other Targeted Substances Regulations-Can.Gazette June 21/00 Precursor Control Regulations – Can.Gazette October 9/02</p>
<p>Pharmacy Act (PA) & Regulations * Amended 1998 Regulations to the PA: Ontario Regulation 202/94 Amended to O.Reg. 548/99 – General Ontario Regulation 681/93 Amended to O.Reg. 122/97 – Professional Misconduct</p>	<p>Narcotic Control Regulations ** Updated NAPRA Version as of October 25, 2000</p>
<p>Standards of Practice ▲ New Standards of Practice, January 1, 2003 OCP</p>	<p>OCP By-Laws By-Law No. 1 – June 2003 ▲ Schedule A - Code of Ethics, May 1996 Schedule B - Conflict of Interest Guidelines for Members of Council and Committees - Oct 1994 Schedule C - Member Fees - Jan 1, 2003 Schedule D - Pharmacy Fees - Jan. 1, 2003 Schedule E – Certificate of Authorization – Jan. 2003</p>
<p>Drug Interchangeability and Dispensing Fee Act (DIDFA) & Regulations * Amended 1996 Ontario Regulation Reg. 935 - General Ontario Regulation Reg. 936 – Notice to Patients Regulations to the DIDFA: Regulation 935 Amended to O.Reg. 394/02 – General Regulation 936 Amended to O.Reg. 205/96 – Notice to Patients</p>	<p>Reference ▲ Handling Dispensing Errors, Pharmacy Connection Mar/Apr 1995 Revenue Canada Customs and Excise Circular ED 207.1 Revenue Canada Customs and Excise Circular ED 207.2 District Excise Duty Offices - Oct. 10/96 Guidelines for the Pharmacists on "The Role of the Pharmacy Technician"</p>

* Information available at **Publications Ontario** (416) 326-5300 or 1-800-668-9938
 ** Information available at **www.napra.org**
 ☒ Information available at **Federal Publications Inc.** Ottawa: 1-888-4FEDPUB (1-888-433-3782)
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 ▲ Information available at **www.ocpinfo.com**

COLLEGE STAFF

Registrar's Office x 243
urajdev@ocpinfo.com

Deputy Registrar/Director of Programs'
Office x 241
ltodd@ocpinfo.com

Director of Finance and
Administration's Office x 263
lbaker@ocpinfo.com

Registration Programs x 250
dbyer@ocpinfo.com

Registration Information
Surnames A-L: x 228
jsantiago@ocpinfo.com

Registration Information
Surnames M-Z: x 232
jmckee@ocpinfo.com

Structured Practical Training Programs x 250
vgardner@ocpinfo.com

Pharmacy Practice Programs x 293
emaloney@ocpinfo.com

Pharmacy Openings/Closings x 227
jsandhu@ocpinfo.com

Pharmacy Sales/Relocation x 227
jsandhu@ocpinfo.com

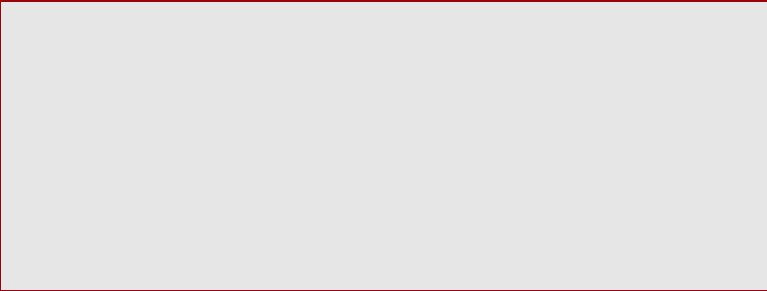
Investigations and Resolutions x 272
rpearson@ocpinfo.com

Continuing Education Programs x 251
cpowell@ocpinfo.com

Pharmacy Technician Programs:
Surnames A-L: x 228
jsantiago@ocpinfo.com
Surnames M-Z: x 232
jmckee@ocpinfo.com

Publications/OCP Manual x 229
lgrant@ocpinfo.com

Membership x 237
rstarr@ocpinfo.com



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