

# Pharmacy Connection



Official Publication of the Ontario College of Pharmacists

## Standards for **Designated Managers**





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

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to express your interest and learn more.

*Please see the IPG Program column on page 15 for more information.*



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## Pharmacy Connection

### **The objectives of Pharmacy Connection are to:**

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

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



*Della Croteau  
Deputy Registrar/  
Director of Programs*

# Editor's Message

The new **Standards for Designated Managers** are featured in this edition of *Pharmacy Connection*. The proposed standards were published last May/June, and after a year of discussion, feedback and revisions, the new standards are printed here for your information.

Section 146 of the *Drug and Pharmacies Regulation Act* has always indicated that the designated manager is responsible for the over-all operation of the pharmacy. Now, however, Council has clearly articulated the standards and duties that it expects of designated managers and we will soon send a copy of these *Standards* to every designated manager and owner.


Currently at our district meetings, we are not only discussing these new *Standards* but we are also enjoying wonderful participation and feedback from pharmacists and pharmacy technicians attending the meetings for discussion sessions on the **regulation of pharmacy technicians**. We are very pleased by the number of technicians that have participated and thank the pharmacists who have encouraged their technicians to attend.

By the end of June, the Working Group on Pharmacy Technicians will have worked through the extensive feedback from these meetings as well as submissions and responses from other stakeholders. The committee will then revise the competency document to reflect this input.

This is indeed an exciting time in our profession as we work to carve out a new and enhanced position for pharmacy technicians.

At the same time, the Standards of Practice Committee is developing proposed revisions to the *Standards of Practice* as well as debating and discussing the **possibility of an expanded scope of practice**. As technicians further develop the knowledge and skills to handle more of the pharmacy's technical tasks, there will be many new opportunities for pharmacists to develop their knowledge and skills

to assume an expanded role to enhance patient care. Our profession is continually moving and changing and I encourage each of you to begin by making one small change in your practice to advance patient care. The rewards for the profession, your patients and your own practice will be well worth it.

If you would like to get more involved in contributing to changes in our profession, now is the time to consider **running for OCP Council**. Council is about to change significantly as four past-presidents, Marty Belitz, Steve Balestrini, Sam Hirsch and Bill Mann, will soon be completing their terms. These pharmacists have dedicated a great deal of their time and energy into improving the quality of patient care that is provided by pharmacists in Ontario. Excellent opportunities are available for pharmacists in Districts 3,4,11 and 13 to join us in advancing the profession, and most importantly, patient care in Ontario. I urge you to get involved. 

**Council has clearly articulated the standards and duties that it expects of designated managers.**

# Registrar's Message



Deanna Laws  
Registrar

How far *can or should* we go to protect the public from themselves? Without a doubt, our regulatory mandate is to protect the public. But the public's increasing tendency to seek medical or drug information and products and services over the Internet, raises important questions and challenges for regulators, for practitioners, and for the public themselves.

When in Florida recently, a good friend, who is a U.S. resident, told me of her intention to "register" as a patient with a Canadian Internet pharmacy website. She was hoping to buy cheaper prescription drugs for her husband who suffers from a chronic illness and requires costly maintenance medications.


Sounded like a logical choice until I discovered that she had no idea whether the website she had in mind was in fact a legitimate pharmacy. Although many "pharmacy" websites purport to be a "Canadian pharmacy", they are not in fact accredited as a pharmacy in any Canadian jurisdiction and their websites are often only accessible from outside of Canada. We believe there are many such operations in existence attempting to 'cash-in' on a market desperate for cheaper and more accessible prescription drugs.

What struck me most was that my friend, who is both intelligent and logical, would be willing to provide comprehensive personal and health information about herself and her family to a website without being sure that the site belonged to a bona fide pharmacy operation, or that appropriate security safeguards to protect her information were in place. She just *assumed* that all was above board and if she thinks like this, millions of Canadian and U.S. residents are thinking the same.

The College's policy for pharmacies operating Internet pharmacy sites (see July/August 2001) contemplates that *any* site selling drugs from Ontario over the Internet must clearly belong to an OCP-accredited pharmacy and as such, should prominently display the College's *Point of Care* symbol on the site so the public knows that it is operated by a legitimate, accredited pharmacy.

As pharmacists, we want to tell our patients that the Internet is a valuable resource and research tool. But we also want to tell them to critically assess the information or services that they access and to seek verification that the sites they use are valid and that the transmission of their information will be safe, secure and confidential.

Your patients should know to look for the *Point of Care* symbol on Ontario Internet pharmacy websites or the VIPPS "seal of approval" granted by the National Association of Boards of Pharmacy to approved U.S. sites to ensure that the "pharmacy" they deal with is indeed a legitimate and accredited one.

We are pleased to be receiving an increasing number of calls from U.S. residents and employers seeking to verify the legitimacy of particular Internet pharmacy websites. Should you receive any such inquiries from patients or health care providers respecting the validity of medical and/or pharmacy Internet practice sites, please refer them to this College or to the College of Physicians and Surgeons of Ontario (416) 967-2600 for verification. 

**To be displayed on all  
accredited Ontario  
pharmacy-operated  
websites:**



A handwritten signature in black ink that reads "Deanna Laws".

# OCP COUNCIL REPORT

March 2002



## COUNCIL APPROVES AUDITED FINANCIAL STATEMENTS FOR 2001

Council approved audited statements for College operations in 2001 as prepared by Grant Thornton Chartered Accountants.

The Statement of Operations (opposite) at December 31, 2001 reflects a surplus of revenue over expenditure, prior to depreciation, of \$472,148 as compared to an adjusted budget deficit of \$149,696. Total revenue for the year exceeded budget by 2.8% whereas expenditures were below budget by 7.2%. The savings in expenditures were realized in committee expenses and in property costs. The net property costs reflect rental income from the College's new property at 186 St. George Street.

## EXPANDED USE OF *POINT OF CARE* SYMBOL APPROVED

In June 2001, Council approved a recommendation that the *Point of Care* symbol be prominently displayed in the main public entrance(s) of all accredited pharmacies as an accreditation standard, and on all websites owned and operated by accredited pharmacies. In response to numerous requests from members for permission to reproduce and use the *Point of Care* symbol for other purposes, Council has approved an expanded use of the

symbol as follows: the College's *Point of Care* symbol may now be reproduced (only in accordance with the graphic standards available from the College) for use on the business cards of licensed pharmacists and accredited pharmacies; on prescription labels and prescription vials; and on directional (non-advertising) signage directing patients to out-patient pharmacies in hospitals and other health care facilities. Council considered that increased visibility of the *Point of Care* symbol, which is a registered trademark of the College, directly supports its strategic goals for public education.

## CHANGE IN SPT STUDENTSHIP REQUIREMENTS

Council has approved a joint recommendation from the Registration and Structured Practical Training committees that SPT studentship be discontinued immediately for undergraduates and unlicensed graduates from accredited pharmacy degree programs in Canada and the US. In making its decision, Council considered that: all Canadian and U.S. pharmacy degree programs are accredited; Canadian programs include a 16-week structured practical experience program (SPEP) while U.S. entry level Pharm D programs include almost a year of clinical rotations; and the pass rate of University of Toronto graduates on the May 2001 PEBC with OSCE examination was

## STATEMENT OF OPERATIONS

| <i>Year ended December 31, 2001</i>  | <u>Budget</u><br><i>(Unaudited)</i> | <u>Actual</u>    |
|--|-------------------------------------|------------------|
| <b>Revenue:</b>  |                                     |                  |
| Pharmacists fees   | \$3,924,414                         | \$4,070,280      |
| Pharmacy fees  | 1,460,500                           | 1,490,161        |
| Registration fees and income   | 370,875                             | 387,303          |
| Investment   | 192,500                             | 171,884          |
| Sundry   | 157,500                             | 159,505          |
|  | <u>6,105,789</u>                    | <u>6,279,133</u> |
| <b>Expenditures:</b>   |                                     |                  |
| Council and committee expenses   | 1,620,460                           | 1,474,264        |
| College administrative costs   | 4,364,225                           | 4,218,849        |
| Property (net)   | 239,200                             | 85,938           |
| Niagara Apothecary (net)   | 31,600                              | 27,934           |
|  | <u>6,255,485</u>                    | <u>5,806,985</u> |
| <b>Excess (deficiency) of revenue over expenditure from operations before depreciation</b> | <b>(149,696)</b>                    | <b>472,148</b>   |
| <b>Depreciation expenses for the year</b>  | <b>-</b>                            | <b>298,382</b>   |
| <b>Excess (deficiency) of revenue over expenditure</b>                                     | <b>(149,696)</b>                    | <b>173,766</b>   |

100%. Council further agreed with the Registration Committee's position that early exposure to frontline pharmacy practice is important and that undergraduate students should continue to be encouraged to seek out employment opportunities that will afford them early exposure to, and experience in, pharmacy practice.

### STANDARDS FOR DESIGNATED MANAGERS APPROVED FOR IMPLEMENTATION JULY 1, 2002


The Accreditation Committee's final version of the *Standards for Designated Managers* has been approved by Council, for implementation on July 1, 2002. These *Standards*, which are printed in their entirety starting on page 8, incorporate the comments and suggestions set out by 19 written submissions received by the College last summer. These *Standards* are also a key topic for information and discussion at this year's district meetings.

### REPORT ON SCOPE OF PRACTICE

Council received for discussion a report from the Standards of Practice Committee on scope of practice

for pharmacists. A number of proposals respecting the scope of practice were discussed in detail. Council has agreed that the College should formally investigate both the desirability and feasibility of creating an expanded scope of practice for pharmacists in Ontario including ordering and interpreting lab tests results; access to indication for use of drugs and lab results; and limited prescriptive authority. The proposals have been referred back to the Standards of Practice Committee for further investigation and examination.

### APPROVAL TO USE ELECTRONIC VERSIONS OF REQUIRED LIBRARY REFERENCES

Effective immediately, Council has approved the use of electronic and Internet-based library reference materials as an alternative to the hard copy texts currently required as part of every accredited pharmacy's library requirements. The library (whether in electronic or hard copy form) must: meet the requirements of the DPRA; be complete and up-to-date; and be readily available and accessible to the pharmacist in the professional area of the accredited pharmacy. 

# Standards for



# Designated Managers



Marie Ogilvie, B.Sc.Pharm..  
Chair, Accreditation Committee

At its March session, Council approved the *Standards for Designated Managers* with the goal to provide a solid and clearly defined set of requirements for designated managers.

These *Standards* are the result of consultations that were held following the release of the *Proposed Standards* published in May 2001. We received written submissions from a number of pharmacists and two organizations, the Ontario Pharmacists' Association and the Canadian Association of Chain Drug Stores.

Although a number of issues were raised, all submissions were both positive and supportive. (In many cases, the respondents simply requested clarification or interpretation of the drafted *Standards*.) As a result of these comments and discussions with respondents, minor clarifications have been made.

These *Standards* are designed to help define the roles and responsibilities for designated managers *and* owners. It is a living document to which we will make occasional revisions to keep pace with progress in our profession. The *Standards* are also a part of the College's ongoing review of pharmacy operations (including ownership and the requirements for the certificates of accreditation).

The *Standards for Designated Managers* will take effect July 1, 2002. In the meantime, the Accreditation Committee will develop communication strategies and implementation procedures to gain the widest possible awareness among designated managers and owners.

Please feel free to contact Greg Ujiye, Manager of Pharmacy Practice Programs, if you have any questions.

# Standards for Designated Managers

## PREAMBLE

In accordance with the *Drug and Pharmacies Regulation Act*<sup>1</sup> (DPRA), the pharmacist named as the designated manager assumes significant responsibility for the management and operation of the pharmacy.

For purposes of this document the definition of a "designated manager" is a pharmacist licensed in Part A of the Register who is designated by the proprietor of the pharmacy to be responsible for the operation of the pharmacy and have authority over decisions affecting the operation of the pharmacy. The designated manager must actively and effectively participate in the day-to-day management of the pharmacy. The DPRA identifies designated managers, but fails to clearly define his/her responsibilities. *Standards for a Designated Manager* was developed to support the *Standards of Practice* (OCP, 2001) and clarify the expectations with respect to the role and responsibilities of a designated manager.

*Although some areas appear in the Standards of Practice for all pharmacists, this document is intended to reinforce the importance of these Standards as well as the higher expectations of the designated manager. They do not absolve individual pharmacists of their professional responsibilities.*

<sup>1</sup> DPRA, Section 146, 166, DPRA. Reg. 551, Section 75



## Accredited Premises

- 1) The designated manager shall ensure the pharmacy has the following:
  - a) compounding equipment (as per DPRA Reg. 551 s.73(i))
  - b) consumables (as per DPRA Reg. 551 s.73 (j))
  - c) library requirements (as per DPRA Reg. 551 s.73(k)) and relevant reference texts regarding specialized practice
  - d) specialized equipment that may be required (e.g., custom compounding, sterile compounding, long-term care, methadone)
  - e) appropriate storage of schedule I, II, III and narcotic/controlled drugs/targeted substances
  - f) compliant operation of the lock & leave requirements if so operated
  - g) electronic communication devices as may be required (e.g., intercoms, modems, fax machines)
  
- 2) The designated manager shall ensure the pharmacy complies with section 72 and 73 of Reg. 551 under the DPRA (physical conditions/image of the pharmacy).



## Record Keeping

- 1) The designated manager is required to ensure adherence to the record keeping requirements defined by legislation and policy governing the practice of pharmacy, including, but not limited to, the following:
  - *Food and Drug Act and Regulations*
  - *Controlled Drugs and Substances Act*
  - Narcotic Control Regulations
  - Benzodiazepines and other Targeted Substances regulations
  - *Drug and Pharmacies Regulation Act*
  - *Drug Interchangeability and Dispensing Fee Act*
  - *Ontario Drug Benefit Act*
  - Ontario College of Pharmacists *Standards of Practice*
  - Ontario College of Pharmacists policy, guidelines, by-laws and standards
  
- 2) The designated manager shall ensure the software systems used are capable of complying with all relevant record keeping requirements, *Standards of Practice*, and College guidelines and by-law requirements.



## Professional Supervision of a Pharmacy

- 1) The designated manager shall ensure the following:
  - a) Only licensed pharmacists, registered students or interns under the supervision of a pharmacist, practise pharmacy. No person except a pharmacist is permitted to direct, influence, control or participate in any action defined under the *Standards of Practice*
  - b) A licensed pharmacist is on duty during all hours of operation
  - c) All advertising is compliant with the current regulations, policies or guidelines
  - d) Confidentiality is maintained with respect to all pharmacy and patient records in accordance with the *Standards of Practice* and the *Code of Ethics* (Principle Three)
  - e) The current compliment of regularly scheduled professional staff is:
    - Registered with the College (as per DPRA Reg. 551 s.75); and
    - Has advised the College of their current workplace
  - f) All new, professionally relevant, information (e.g., drug recalls) directed to the pharmacy is immediately available to the staff pharmacists
  - g) The Registrar is notified in writing setting out the reasons for termination of employment of a member for reasons of professional misconduct, incompetence or incapacity. (RHPA Schedule 2 s. 85.5)
  - h) Staffing levels are commensurate with the workload volume and patient care requirements in order to meet the *Standards of Practice*
  - i) Pharmacists can be clearly distinguishable by the public from other pharmacy support staff and other store staff



## Process and Procedures

1. The designated manager shall be responsible for inventory management and procedures for appropriate removal or destruction of unusable or expired drugs and devices in the pharmacy.
2. The designated manager shall conduct an inventory of all narcotic, controlled drugs and targeted substances at six-month intervals. The results of the inventory must be retained for a two-year period in a readily retrievable format in the pharmacy. An inventory of all narcotic, controlled drugs and targeted substances must be conducted whenever there is a change of designated managers or after any break and enter or theft of the pharmacy premises.
3. The designated manager is responsible for ensuring that all losses of narcotics, controlled drugs and targeted substances are reported, as required by law, to the appropriate authority.
4. The designated manager is responsible for implementing any delegation protocols permitted in the pharmacy.
5. The designated manager is responsible for ensuring that any specialized function undertaken at the pharmacy (e.g., sterile compounding, methadone) follows established OCP guidelines/procedures/policies relevant to that function and that the appropriate equipment is available and maintained in good working order.
6. The designated manager is responsible for ensuring that a system of communicating and documenting information is in place in order to provide consistency of care.
7. The designated manager is responsible for ensuring the prescription processing procedures used by the pharmacy are designed to minimize errors, protect the public, and enable staff pharmacists to satisfy their obligations under the *Standards of Practice*.
8. The designated manager is responsible for ensuring that a system is in place for the implementation/maintenance of a medication error follow-up and reporting protocol.



## Reporting

1. The designated manager must submit to the College an acknowledgment letter outlining that he/she has read and accepts the responsibilities of their position. The designated manager shall respond in writing to the Registrar's queries regarding pharmacy practice situations and, where applicable, identify the member involved in any matter under review.
2. The designated manager is responsible for developing and submitting any action plans that may be directed by the College.



## Training and Orientation

1. The designated manager is responsible for ensuring all staff in the pharmacy are competent to perform duties defined by their position. Certification of staff may be required for some activities.
2. The designated manager is responsible for ensuring specialized training and/or certification is undertaken for such activities as methadone maintenance, sterile compounding, etc.



**Bernie Des Roches, Ph.D.**

*Manager, Pharmacy  
Technician Programs*

# Q&A Pharmacy Technician

## **Q Why should I become certified if technicians are soon to be regulated?**

The certification program was established for a different purpose than that of the current proposal to *regulate* pharmacy technicians. I have addressed the purpose and value of certification in previous columns and, as I indicated in the March/April 2001 issue, the decision to become a regulated pharmacy technician will be one of choice; no one will be *required* to take on the expanded role. Therefore, those who choose to remain in their current role may well find that the CPhT designation remains valuable for their employment.

## **Q Should I be collecting and documenting CEUs, and how many do I need?**

You should record your CE activity in your Learning Portfolio. There is no actual *CEU requirement* for pharmacy technicians — just as there is none for pharmacists. We did not want to set up a system for certified pharmacy technicians that would likely fail as a result of establishing mandatory CE requirements to maintain one's certification. There are still too few CE programs accessible across the province to permit all pharmacy technicians to readily meet a CE requirement. As more and more resources become available, we will revisit this policy in the future. I hope that you will continue to see the benefits in pursuing CE activities.


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

The next sitting of the OCP voluntary Certification

Examination for Pharmacy Technicians will be held on **Saturday, October 5, 2002**. All candidates for the October exam must first complete and submit the *Application to Evaluate Pharmacy Technician Credentials* with all required documentation to the College by **July 12, 2002**. The information package and application is available from Vienna Reyes at the College or can be downloaded from our web site under "Pharmacy Technicians" at [www.ocpinfo.com](http://www.ocpinfo.com). Dates for next year's sittings are: Saturday, April 5 and Monday, October 20, 2003.

## **Q When are re-certification fees due?**

Beginning this year, annual renewal fees for Certified Pharmacy Technicians (CPhTs) are due on September 10 instead of the previously announced June 1.

As results from the spring sitting of the certification examination are not available until the end of May, it is logistically difficult to have annual fees due (from those recently certified) within a week of receiving their examination results. From an administrative perspective, moving to a September 10 renewal date distributes the workload of processing pharmacist, pharmacy and pharmacy technician annual fees more evenly throughout the year. Renewal notices, as always, will be mailed about 45 days prior to their due date. For information on the annual certification fees, contact Roland Starr at (416) 962-4861 x 237, fax (416) 703-3102, e-mail [rstarr@ocpharma.com](mailto:rstarr@ocpharma.com). 

**NOTICE: Annual CPhT Fees now due September 10, 2002**



Greg Ujiye, B.Sc.Pharm.

Manager, Pharmacy  
Practice Programs

# Q&A Pharmacy Practice

## Q Can you clarify whether a prescription can be transferred more than once?

The transferring of prescriptions continues to cause confusion for many pharmacists.

Transfers now fall into three categories:

1. Narcotic and controlled drugs (*Controlled Drugs and Substances Act*, Narcotic Control Regulations)
2. Benzodiazepines (Benzodiazepine and Other Targeted Substances Regulations)
3. Schedule I (NAPRA) and Schedule F (*Food and Drugs Act*)

### 1. Narcotic and Controlled Drugs

Narcotic or controlled drugs cannot be transferred under any condition.

DPRA, Reg. 551 s.62 (1) *A pharmacist may transfer a prescription to another pharmacist for the purpose of refilling the prescription except with respect to a prescription for a drug referred to in Schedule G or N...*

### 2. Benzodiazepine and Other Targeted Substances

Benzodiazepines and other targeted substances can be transferred only once, i.e. from Pharmacy A to Pharmacy B, and cannot be transferred any further or again.

Benzodiazepine and Other Target Substances

Regulation (1091), s. 54 (1) *A pharmacist may transfer a prescription for a targeted substance to another pharmacist, except a prescription that has already been transferred.*

### 3. Schedule I (NAPRA) and Schedule F (FDA)

These drugs can be transferred as many times as the authority to refill the prescriptions is valid and **as long as they** conform to the requirements as prescribed in the regulations.

DPRA, Reg. 551 s.62

(1) *A pharmacist may transfer a prescription to another pharmacist for the purpose of refilling the prescription...*

*a. the prescriber has authorized the prescription to be refilled a specific number of times and there are authorized refills remaining;*

*b. the pharmacist transferring the prescription gives a copy of the prescription either, in writing to the person named in the prescription, his or her agent or a pharmacist acting on behalf of such a person or agent, or*

*c. the transferred prescription is marked "transferred copy"*

*d. the transferred copy contains,*  
*i. the name and address of the person for whom the drug is prescribed*

- ii. *the name and quantity of the drug prescribed and where applicable the strength of the drug,*
  - iii. *the quantity of the drug dispensed if different from the quantity prescribed*
  - iv. *the direction for use as prescribed*
  - v. *the name and address of the prescriber*
  - vi. *the identity of the manufacturer of the drug dispensed*
  - vii. *the identification number of the prescription*
  - viii. *the name and address of the pharmacy transferring the prescription*
  - ix. *the date the prescription was issued by the prescriber*
  - x. *the number of refills authorized originally*
  - xi. *the number of refills remaining*
  - xii. *the date of the last refill, and*
  - xiii. *the name of the pharmacist transferring the prescription; and*
- e. *the pharmacist transferring the prescription records on the original prescription or in a record of prescriptions kept under the name of each patient that the prescription has been transferred, the date of the transfer and his or her signature.*
- (2) *A prescription that has been transferred from a pharmacist shall not be refilled in the transferring pharmacy and shall not be transferred further.*
- (3) *A pharmacist to whom a prescription has been transferred shall not dispense a drug pursuant thereto until he or she has obtained from the pharmacist transferring the prescription the information set out in clause (1)(d) and, where the prescription has been transferred orally, reduced the prescription to writing indicating therein the information specified in clause (1)(d).*

Some confusion arises with clause (2) as some pharmacist believe that the prescription cannot be transferred back to the originating pharmacy i.e. “shall not be refilled in the transferring pharmacy” or the second part, “and shall not be transferred further.”

Clause (1) gives the authority to transfer any prescription with valid refills. Clause (2) must be taken in context of this whole section. This section states that once a prescription has been transferred from Pharmacy A, the authority to fill that prescription has now been transferred and that particular prescription can no longer be refilled. Since the authority to fill that prescription has been transferred, this particular pharmacy no longer has the authority to transfer it again.

Therefore a prescription can be transferred from Pharmacy A to Pharmacy B and back to Pharmacy A, or from A to B to C and back to A, as long as the authority to refill exists and the requirements for transferring a prescription are met. [c](#)

## NOTICE TO PHARMACISTS

### REGULATORY STATUS OF NU-ENALAPRIL®

Ontario College of Pharmacists' Notice to all Pharmacists and Pharmacy Staff,

It has come to our attention that certain pharmacists in the province of Ontario have been offering Nu-Enalapril® for sale.

Nu Enalapril® does not have a valid notice of compliance (NOC) or valid drug identification numbers (DINs). Nu-Pharm Ltd. has been advised that the sale of Nu-Enalapril® in the absence of a valid NOC and DIN is contrary to the Food and Drug Regulations.

All sales of Nu-Enalapril® should be suspended immediately.



Bill Mann, B.Sc.Pharm.

Chair,  
Registration Committee



Chris Schillemore, B.Sc.Pharm.

Manager, Registration  
Programs

## *Four Week SPT Studentship for U of T Undergraduates Discontinued*

Council approved in March a recommendation to discontinue the four-week SPT studentship requirement for pharmacy undergraduates from the University of Toronto and unlicensed graduates from other accredited North American faculties. (Although this recommendation was originally passed in 1999, it is now being put into effect.)

The rationale for this decision is that accredited Canadian and U.S. pharmacy programs already provide a significant amount of structured experience through their undergraduate curricula. Furthermore, U of T is planning to introduce further practical experience into the early part of its curriculum. The regulatory authorities in many other provinces administer only the internship component because the undergraduate experience is integrated into the curriculum. Council's decision, therefore, brings Ontario's requirements into line with these other provinces.


While acknowledging the importance of early pharmacy experience, the Registration Committee and Council felt it was not necessary to have the formal protocol of having an unpaid four-week SPT studentship. During their undergraduate summers, students can now decide to either work in pharmacy sites or to pursue other employment, depending on their personal and financial situations.

This decision is not meant in any way to minimize either the value nor the many important benefits of early pharmacy experience. Through such work experience, students get the opportunity to practice what they have learned by integrating their acquired

knowledge with practical experience. It is also very important for students to experience "real life" situations in a variety of practice sites prior to graduation, as it helps them make better-informed decisions for their career paths after licensure.

A student wishing to carry out the controlled acts while working in a pharmacy must still register a non-credit student position with OCP. Although preceptors for students in non-credit positions are not required to attend a preceptor workshop, we continue to welcome them to our workshops to enhance mentorship and assessment skills.

Students will soon be looking for work experiences to not only perform technical functions but to also apply their recently gained knowledge in "hands on" practice. Most importantly, students will greatly benefit from the preceptor's extensive knowledge and experiences from having an active practice. The activities designed for the four-week SPT studentship will therefore be posted on our web site in May for those students and preceptors who wish to continue to include these activities into the student's work experience.

Please note, the 12-week SPT *internship* remains in effect for all graduates from U of T and other accredited pharmacy faculties in North America. The requirements for international pharmacy graduates remain unchanged as well (32 weeks of studentship comprised of 16 weeks academic modules and 16 weeks of SPT studentship) and 16 weeks of SPT internship. Please consult the OCP Registration Package on our website for details. 



# A MENTORSHIP network

*Kris Wichman, B. Sc. Phm.,*

*Director, International Pharmacy Graduate Program*

The new and unique International Pharmacy Graduate Program (IPG) at the Faculty of Pharmacy is designed to provide maximum learning and support for students seeking licensure in Ontario. We have just graduated the first group of students from the intensive academic modules and they are now in the field fulfilling practical training requirements. It is therefore time to turn our attention to the next stage of the IPG Program's development — the mentorship network.

A **mentorship network** is one of the four pillars on which the IPG Program is built. It is intended to enhance students' links to the pharmacy community and to facilitate their professional enculturation and post-program employment. Including mentorship as a key program element recognizes that "becoming" a pharmacist requires much more than just understanding a specific body of scientific knowledge.

*Webster's Ninth New Collegiate Dictionary* defines "mentor" as "a trusted counsellor or guide". Mentoring is a relationship between an experienced mentor and a less experienced person in which the mentor provides guidance, advice, support and feedback to the "protégé" (one who is "protected or trained or whose career is furthered by a person of experience, prominence, or influence").

A mentor<sup>1</sup> is a:


- **Volunteer** willing to share time, knowledge and experience
- **Partner** in professional development and career planning
- **Provider** of nurturing his/her support while assisting the student in achieving their learning goals
- **Helper** in clarifying professional, Canadian cultural and geographic queries, and in guiding the "protégé" to useful resources
- Objective and non-judgmental **listener**
- **Professional** who will spend time (about one hour each week) to assist the "protégé"

*The role of the mentor differs from that of the preceptor.* The **preceptor** fulfills a role defined by OCP: to assist the IPG student in meeting the *Standards of Practice*; model sound clinical skills; and to assess the student's readiness to practice. The **mentor** acts in a coaching role: helping to clear pathways for the student; assisting in instilling values; in making professional contacts; and in providing knowledge of professional pharmacy organizations — all of which further shapes new practitioners, eases their entry into the professional community, and facilitates their professional growth.

**We need you.** We need experienced Ontario pharmacists to become mentors for international pharmacy graduate students. Ultimately, our goal is to establish a network of 35-50 trained mentors who will represent a cross-section of geographical and practice sites. Initial orientation training is offered to all mentors, followed by instruction on various topics of choice, such as diversity awareness. We are considering both workshop and Internet/e-mail formats to provide this training.

## THE REWARDS FOR MENTORING INCLUDE:

- **Satisfaction** in assisting colleagues (who have made a significant decision to come to Ontario to improve the quality of life for themselves and their families) in meeting the cultural and professional challenges of becoming an Ontario pharmacist and in understanding the Canadian way of life
- **Professional growth** by learning from other recently trained colleagues
- **Learning** about a different culture and pharmacy practice abroad
- **Connecting** with a potential future employee or colleague at your practice site
- **Gratification** from contributing to our profession as we look for creative ways to resolve the demand for pharmacists

For more information or to express your interest, please contact Kris Wichman, Director IPG Program, at (416) 946-8167 or [kristina.wichman@utoronto.ca](mailto:kristina.wichman@utoronto.ca) 

<sup>1</sup> Definition adapted from Settlement and Integration Services Organization, Hamilton



Connie Campbell, C.A.M., C.A.E.

Director of Finance and Administration

# Privacy of Personal Information Act

The Ministry of Consumer and Business Services is in the process of consulting on draft legislation entitled the *Privacy of Personal Information Act, 2002*. The goal of the Act is to create comprehensive privacy legislation that will give the people of Ontario confidence that their personal information is protected when dealing with businesses, other non-governmental organizations and the health sector. The proposed legislation is intended to apply to the private sector, the health sector (including health care practitioners, services, agencies and institutions, and the Ministry of Health and Long-Term Care), and other organizations that are not covered by the provincial public sector privacy legislation such as hospitals, schools and universities.


Because of its broad sweeping intent, the draft Act is extremely complex as it is attempting to address the needs of a variety of organizations (both in size and activity) by using exemptions for specific sector issues. Unless significant changes are made to the draft, there is concern that the complexities will make the legislation impossible to implement by the many small organizations and single practitioners that will be governed by it.

The College participated in a series of meetings with other health colleges through the Federation of Health Regulatory Colleges of Ontario (FHRCO) and

is a signatory to a comprehensive government submission that sets out the issues that Colleges have with the draft legislation. The FHRCO submission can be viewed in its entirety on the College website at [www.ocpinfo.com](http://www.ocpinfo.com).

***The goal of the Act is to create comprehensive privacy legislation that will give the people of Ontario confidence that their personal information is protected when dealing with businesses, other non-governmental organizations and the health sector.***

It should be noted that, in the absence of provincial legislation, organizations will be required to comply with federal rules commencing 2004. The federal *Personal Information Protection and Electronic Documents Act* (PIPEDA) applies to commercial activities — with health information protected through general application of the Act. (The currently proposed provincial legislation includes provisions specific to health information privacy.)

Submissions regarding the draft legislation will be considered over the next two months. The College will continue to advise members on developments on the legislation through *Pharmacy Connection* and our website. 

# Professional Incorporation

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

In the last two years, sections of the *Balanced Budget for Brighter Futures Act, 2000* and *Responsible Choices for Growth and Accountability Act, 2001* (RCGAA) were proclaimed to allow for the incorporation of regulated professionals. The proclamation of these Acts and resultant changes to the *Regulated Health Professions Act* and the *Drug and Pharmacies Regulation Act*, among others, are intended to level the playing field for all professionals — some of whom had previously been able to enjoy some tax relief.

Unlike other corporations, “professional corporations” have several restrictions in respect to shareholding, naming and nature of business. These include:

- 1) All of the issued and outstanding shares of the corporation must be legally and beneficially owned, directly or indirectly, by one or more members of the same profession
- 2) All officers and directors of the corporation must be shareholders of the corporation
- 3) The name of the corporation must include the words “professional corporation” and must comply with the rules respecting the names of professional corporations set out in the regulations or by-laws made under the acts governing the profession
- 4) No professional corporation shall have a number name
- 5) The articles of incorporation of a “professional


corporation” must provide that the corporation may not carry out a business other than the practice of the profession

It is important to note that **the liability of a member under a professional liability claim is not affected by the fact that a member is practising the profession through a professional corporation.**

On February 8, 2002, *Ontario Regulation 39/02 made under the RHPA 1991* was filed with the Registrar of Regulations. The Regulation sets out the requirements for health regulatory colleges to issue, renew and revoke certificates of authorization for corporations. Over the next several months, the College will be developing by-laws and processes to support the Regulation so that pharmacists wishing to incorporate may do so. As the by-laws also pertain to fees, they will be circulated to members prior to ratification by Council (expected in September 2002).

## CERTIFICATES OF AUTHORIZATION

In addition to the above-noted regulation, the other pertinent pieces of legislation amended through the RCGAA that relate to professional incorporation are listed below and can be viewed on the College website under “OCP Manual”.

- 1) *Business Corporations Act*, Part I
- 2) Amendments to the *Drug and Pharmacies Regulation Act* Subsection 1(1) and Subsection 142 (2)
- 3) Amendments to various *Regulated Health Professions Act*, 1991 subsections. 



# Focus on Error Prevention



Ian Stewart, B.Sc.Pharm.

Patients often present new prescriptions for medications that already have valid repeat authorizations on file. This often results in the existence of multiple simultaneous 'valid' prescriptions and can easily lead to medication errors, as the following case illustrates:

## CASE

A 45-year-old patient approached a pharmacy technician at his local community pharmacy and requested a refill of Paxil<sup>®</sup>. The technician checked his medication history to identify the prescription. She noticed that there were no repeats remaining on the patient's last prescription and scanned the remainder of his profile to see if there were any repeats remaining on previously filled prescriptions for the Paxil<sup>®</sup>. The technician noticed that the file indicated a previous prescription for Paxil<sup>®</sup> that was last filled 18 months ago, but still had two unused repeat authorizations. This old prescription was therefore selected for filling. The prescription was filled accurately for Paxil<sup>®</sup> 20mg and dispensed.


However, during the last 18 months, the patient had changed doctors and increased his daily dosage from 20mg to 40mg. Without reading the label of the prescription that was just filled, the patient continued to take his current dosage of two tablets in the morning. After finishing his medication prematurely, the patient read the label and identified that the wrong prescription was refilled.

On returning to the pharmacy, the patient was very upset and shouted that he was given "the wrong prescription, with the wrong dosage, the wrong quantity and by the wrong doctor."

## POSSIBLE CONTRIBUTING FACTORS:

- The technician did not take steps to ensure that the prescription selected was identical to the last prescription filled
- The pharmacy had no system in place to deactivate 'old' prescriptions that were no longer valid
- There were no guidelines in place regarding the filling of 'old' prescriptions with 'valid' repeats
- When checking the prescription, no information was available to the pharmacist to indicate the change in doctor, dosage and quantity
- The patient did not provide a specific prescription number when requesting the refill

## RECOMMENDATIONS:

- Educate pharmacy team members on the dangers of using 'old' prescriptions
- If an 'old' prescription must be used, ensure that the dosage, etc. is identical to the current regimen
- Since pharmacy technicians usually select prescriptions for filling, establish guidelines regarding the filling of 'old' prescriptions with 'valid' repeats
- Remember that under federal regulations, a prescription for a benzodiazepine (or other targeted substances) expires after one year from the date the prescription was written. In other cases, pharmacists must use their professional judgement in determining whether it is reasonable and safe to refill the prescription<sup>1</sup>
- Consider deactivating 'old' prescriptions when there is a change in dosage, etc.
- When receiving a new prescription for a drug that has valid repeats remaining, consider contacting the prescriber to clarify the status of the repeats. It is usually not the prescriber's intent to have a number of valid prescriptions simultaneously 

<sup>1</sup>Ujiye, G. Q&A Pharmacy Practice. *Pharmacy Connection*. March/April 2002; page 14.



# Letters

February 2, 2002

Dear Editor,

I am writing regarding comments made by our Registrar, Ms Deanna Laws, in the January/February edition of *Pharmacy Connection*. On page three it was stated "...there is little evidence in Ontario that the public is better protected or served by pharmacist-owned pharmacies." I hope these comments do not indicate that a relaxing of the pharmacy ownership rules is becoming a distinct possibility. I believe, in the absence of any solid evidence that the public would benefit significantly from a change in pharmacy ownership rules, the status-quo should remain. As opposed to the argument that the pharmacy ownership rules be relaxed because it will not affect the public significantly, it could be argued that this is more of a reason to leave the rules as they are. If changing the pharmacy ownership rules does not further the best interest of patients, it would appear to fall outside of the College's mission as I understand it, to regulate pharmacy with the aim of ensuring quality pharmaceutical service and care in this province.


As pharmacists assume the responsibility for pharmaceutical care provided to patients, it seems logical that they be accorded a significant role in the ownership and operation of the pharmacies that they and other pharmacists practice in. One element of a profession is a sense of autonomy which is enhanced by having the choice of owning a pharmacy in a regulated environment with a measure of exclusivity. Pharmacists who do not benefit from many of the labor laws in this province should be able to enjoy greater opportunities for ownership. The erosion of these opportunities does not necessarily benefit the public and may harm the profession at a time when there is much talk of a pharmacist shortage.

To attract and keep our best and brightest pharmacists who serve the public, we should do all that is reasonably possible to maintain and improve opportunities for those individuals. If the majority of pharmacists and the public we serve are not pushing for these changes, then who stands to benefit from a loosening pharmacy ownership rules and who is setting the agenda with respect to same? Many of the innovators and leaders in our profession are pharmacists who were able to take advantage of the restrictions placed on ownership which provided a window of opportunity for them to pursue their dreams in the pursuit of patient care. Perhaps we should be considering strengthening the pharmacy ownership rules as opposed to eroding a significant element of autonomy and opportunity for our profession.

— Brandon Tenebaum, B.Sc. Phm.  
Toronto

## Editor's Response:

Council has certainly had many debates on the issue of ownership as well. Many pharmacists are passionate about keeping pharmacy ownership in the hands of the pharmacists who are also accountable in a professional capacity.

The College is striving to ensure that the owners of pharmacies, no matter who they are, are equally accountable and responsible for the operation of their pharmacies. 

# Initiating *Dialogue*

## *on adhering to prescribed medication regimens*

Denise O'Hanian, B.Sc.Pharm., Pharm.D.

**A**s pharmacists, we have a responsibility to help patients adhere to prescribed medication regimens. For example, some patients may benefit by simplified medication schedules with the use of long-acting medications. Others may be able to discontinue long-standing medication(s) that no longer provide benefits to their health.

In the majority of cases, drug-related problems are uncovered through open communications with patients. Such was the case one spring day when Mrs. Macdonald paid a visit to Feel Good Pharmacy to refill her prescriptions for metformin and ramipril. Mrs. Macdonald is 57 and has Type 2 diabetes and high blood pressure.

Mrs. Macdonald's full medication regimen was:

|                              |                     |
|------------------------------|---------------------|
| Metformin 500 mg             | 1 tablet BID        |
| Ramipril 5 mg                | 1 capsule daily     |
| Hydrochlorothiazide 25 mg    | 1/2 tablet daily    |
| Celecoxib 200 mg             | 1 capsule daily prn |
| Blood Glucose testing strips | as directed         |

Medication allergies: Penicillin

Mrs. Macdonald is a non-smoker and is overweight with a BMI of 29 kg/m<sup>2</sup>. She is a friendly woman who enjoys chatting. Pharmacist Pamela Burns finishes checking the prescriptions and notices a couple of things to discuss with Mrs. Macdonald. She invites Mrs. Macdonald over to the counselling area of the dispensary.

**Pharmacist:** Good day Mrs. Macdonald, how are you making out with your new blood glucose meter?

**Mrs. Macdonald:** Great! I'm testing twice a day and I'm getting 6's and 7's. I usually test first thing in the morning and then again before supper.

**Pharmacist:** That's great, keep up the good work! There was one thing I wanted to check. Has your doctor ever talked with you about taking ASA once a day?

**Mrs. Macdonald:** Sometimes I take ASA for my headaches. Is that what you mean?

**Pharmacist:** No, there is another good reason for taking ASA. It's been shown that taking a little bit of ASA every day can reduce the risk of heart attack in people over 30 with diabetes, like yourself. It does this by thinning the blood and preventing the blood clots that can lead to a heart attack. Even a coated ASA for babies is enough to help.

**Mrs. Macdonald:** That sounds good, should I buy some now?

**Pharmacist:** Not just yet, I checked your medication file, and I can't see any particular reason why you wouldn't be able to take it, but your doctor may have some of your medical information that I'm not aware of. We'll need to check with her first. Are you still taking the capsules for your arthritis once a day?

**Mrs. Macdonald:** Which ones are those? The little red and white capsules?

**Pharmacist:** No. They're the little blue and white capsules. They're for arthritis and joint inflammation.

**Mrs. Macdonald:** Oh yes, I'm still taking those. I had done something to my back, but it seems a lot better now. I started on those pills around the same time as my blood pressure medication, so I forgot they were for my back. I

just kept taking them. I don't think they ever really helped. The whirlpool and water exercises at the local pool seemed to help more.

**Pharmacist:** When do you go back to your doctor Mrs. Macdonald?

**Mrs. Macdonald:** I go back for my blood work in about two weeks.

**Pharmacist:** Okay, in the meantime I was wondering if you would like me to check with your doctor about starting a daily coated baby ASA to protect your heart. That way your doctor could talk with you about it when you go for your appointment. If she says to start it right away, I could give you a call.

**Mrs. Macdonald:** You would do that for me? That's wonderful!

**Pharmacist:** Why don't you stop taking the celecoxib pill and see if you notice any difference in the way you feel? Since you said it didn't make much of a difference I doubt it will be a problem.

**Mrs. Macdonald:** I had already made that decision as soon as you reminded me what it was for. I don't like taking any more pills than I have to! Oh well, it looks like I'll be giving up a pill I don't need for one that will help me. Sounds like a fair trade to me!

**Pharmacist:** Just before you go, I would like to give you an updated list of your medications, what they are for, and your current doses. You should keep this list handy for times when you see other health professionals, and make sure that is updated if there are ever any changes in your medications. We need to list any vitamins or over-the-counter preparations you take as well. This list comes in handy if you have to visit a walk-in clinic or a hospital emergency. I'll also write in the colour of each pill so you know which ones they are.

**Mrs. Macdonald:** That's a great idea! Thanks!

Mrs. Macdonald walked away satisfied, and Pamela proceeded to send a fax to her doctor.

May 1, 2002

Dear Dr. Long,

I have just spoken with our mutual patient Mary Macdonald (D.O.B. 5/9/1944). (Enclosed is a summary of her current medications and dosage.)

In reviewing Mrs. Macdonald's chart I noticed that she is not taking daily ASA for protection from circulatory and heart problems. As Mrs. Macdonald is over 30, has Type 2 diabetes and is hypertensive, she would appear to be a good candidate for ASA 81 mg – 325 mg daily as recommended by the 1998 Clinical Practice Guidelines for the Management of Diabetes in Canada<sup>1</sup> and the Ontario Guidelines for the Pharmacotherapeutic

Management of Diabetes Mellitus<sup>2</sup>. I understand that you may have other medical information that would preclude Mrs. Macdonald from taking ASA on a daily basis.

Also, in talking with Mrs. Macdonald, I noted that she has continued to take celecoxib 200 mg daily for back pain although she said that she had forgotten why she was taking this medication. Since she claimed it was not helping her, I suggested she discontinue the medication as it was labeled "prn".

Mrs. Macdonald also indicated that she has an appointment with you in two weeks.

Please contact me at any time if you would like to discuss these matters further.

Sincerely,

Pamela Burns  
Feel Good Pharmacy

**Feel Good Pharmacy** (Two weeks later)

Mrs. Macdonald goes to the pharmacy counter and asks the technician:


**Mrs. Macdonald:** Is Pamela here? I want to give her this prescription.

**Pharmacist Pamela:** Hi Mrs. Macdonald, how are you?

**Mrs. Macdonald:** I wanted to give this prescription to YOU.

|   |                       |
|---|-----------------------|
| <p><b>R<sub>x</sub></b><br/>Mrs. Macdonald<br/>May 15, 2002<br/>30 Grand River Avenue</p> | d/c Celecoxib         |
|   | E. C. ASA 81 mg       |
|   | 100 tablets           |
|   | Take one tablet daily |
|   | Dr. T. Long           |

**Mrs. Macdonald:** Dr. Long got your fax and appreciated your suggestions. She also wants me to lose weight. What do you think about me going on one of those high protein diets? My neighbour did it and claims she lost 15 pounds in three weeks!

Pharmacist Pamela smiled to herself. Two drug related problems solved, but there's always another one on the horizon! 

1. Meltzer S, Leiter L, Daneman D. 1998 clinical practice guidelines for the management of diabetes in Canada. CMAJ 1998;159 (8 Suppl): S1-S29
2. Ontario Program for Optimal Therapeutics. Ontario Guidelines for the Pharmacotherapeutic Management of Diabetes Mellitus. Publications Ontario. June 2000

# PRACTICE viewpoints

Submitted by

Lynn Halliday, B.Sc.Pharm., Elliot Lake

Kim Forsythe, SPEP student, University of Toronto

The College occasionally receives submissions from pharmacists wishing to share their perspectives and practice experiences. Practice Viewpoints intends to present these submissions (with minor revisions) to reflect the particular member's experiences not endorsed as necessarily representing OCP standards or policy.

## SEAMLESS CARE

"Seamless Care" is a goal that all pharmacists who are striving to practice pharmaceutical care should try to achieve in their areas of practice. What do I mean by seamless care? I am referring to a health care system where all of the stakeholders are given enough information to do their part of the job. What is the job? The job is helping the patient (our patient) to get the best, most timely, most complete care for their particular medical condition. The job is accomplished only when all members of the medical community work together as a team. It is my belief that the biggest impediment to achieving seamless care are communication lapses between the various stakeholders.

A year ago I got together with all of the pharmacists in my area, and our local nurse practitioner, to discuss the various impediments to seamless care that we were all experiencing. It was interesting to note that both nursing and pharmacy experienced many of the same problems. At this meeting we decided to take the following actions:

- i. We harmonized our labelling practices so that we would all record both the generic name and the trade name on all labels. This meant that no matter where the patient went, they would see at least one name the same (generic), so that no matter what brand was ordered there would be some continuity in labelling
- ii. We decided to document for a period of six months the communication lapses that we experienced at our stores and at the hospital to see if the problem was really significant and to give us tangible proof to present to the other stakeholders

(A communication lapse was defined as an omission of information that was important enough to warrant calling the hospital, homecare or a physician to have it clarified. In my small clinic pharmacy alone we averaged three lapses per month in this time period. All other stakeholders noted similar numbers.)

We felt that this was only the tip of the iceberg, as we would not necessarily be aware of all of the confusion that our patients were experiencing from verbal orders given directly to them alone

Following are a list of areas where there are frequent communication lapses that lead to a breakdown in the seamless care that we would like to provide:

### 1. DISCONTINUED MEDICATIONS

When a physician tells a patient to stop taking one of their medications, but does not write it on the prescription or tell the pharmacy or homecare provider, several errors can occur:

- The wrong medication is stopped because they have misunderstood which medication is to be stopped (or can't identify it because the name is different)
- No medication is stopped, because they have forgotten what the doctor said
- The medication is originally stopped but on their next trip to the pharmacy they have asked to have all of their medications refilled and the discontinued medication is refilled anyway and they take it!

### 2. OLD MEDICATIONS

Patients often keep old medications at home, after they are discontinued, just in case they will be reordered.

This can lead to these medications being restarted

on their own or by mistake. Pharmacy and nursing staff cannot help with this because they have not been informed.

### 3. DISCHARGE FROM HOSPITAL

After a patient has been in the hospital, their medications are often changed. They are given a medication chart from the nursing staff and sometimes a prescription. This scenario can lead to the following problems:

- The new prescription does not include all the previous medications and gives no indication of whether they are to be discontinued or not
- The chart has "old" trade names on it and a new prescription has not been given, so the patient thinks that they do not have the medication at home
- A medication is switched in the hospital and the patient gets a new prescription, but continues to take the old medication at home, because no order to discontinue was given (especially true if the prescription is not filled at the patient's regular pharmacy)
- The timeframe on the discharge chart is suitable to hospital only, but a patient at home tries to mimic it to be compliant (pharmacy can't help because they are not aware of the problem as they do not get a copy of the discharge chart)

### 4. HOMECARE ORDERS

There are often differences in the orders given to the homecare nurses and the prescriptions recorded at the pharmacies. These differences can occur due to:

- Verbal orders given directly to home care staff or written on discharge notes to the nurses — no prescription given, so not noted at the pharmacy
- A patient is told to decrease or increase a dose by the doctor, but no prescription is given
- Different pharmacies are being used for convenience, leaving no single pharmacy with an accurate listing. When a patient returns to their regular pharmacy the "old" medications and dosage schedules are repeated
- Home visits being done by physicians and orders given directly to homecare or family members (pharmacy not told)

### 5. PRESCRIPTION CHANGES

Often between refills, a patient sees their physician and their orders are changed.

- A patient is told to discontinue a medication with no prescription given
- The medication is decreased or increased - affecting refill dates while the label remains the same, confusing the patient

In both of these cases, if the pharmacy is not told then the patient is viewed as non-compliant or confused.

These communication lapses have the potential to lead to serious medication problems, re-hospitalizations, a decrease in patient confidence in "the system" and they are a huge waster of time (pharmacists, nurses and physicians). It takes numerous phone calls and faxes to solve many of these problems (if they are found). Meanwhile, the patient either waits for therapy or continues to take the wrong therapy! As a team we are failing to provide seamless care!

What can pharmacists do to remedy this situation?

- We can be determined to partner with other team members in our communities: homecare nurses, hospital staff, physicians and each other
- We can encourage our physicians to write their prescriptions in a way that informs others of the total therapy that they want their patients to follow

Here are some suggestions for your physicians:

- 1) Write DISCONTINUE X, start Y when changing from one medication to another
- 2) If a medication is to be DISCONTINUED but no new one is to be started, write it as a prescription, so the patient will take this to their pharmacy and then the pharmacy can suggest that they bring the medication back to be destroyed
- 3) Write all changes in dosages as new prescriptions. The pharmacy can then record the change and print a new label with the correct dosage on it

Please note that these suggestions really do not make more work for the physician or us if you consider how many phone calls they will save!


To solve the problems with hospital medication changes and discharge charts in my community, I conscripted my SPEP student. It was her job to think of an easy way to deal with the issues specific to the hospital discharge process, as her Practice Pharmaceutical Care Project and I think that she came up with a great idea.

The following is an abstract of her project and a copy of the form that she developed is attached as Figure 1.

towards eliminating the communication problems that are being experienced with the current one. The problems being experienced are, that more often than not, the patient is discharged without a discharge prescription, the pharmacy never gets a copy of the discharge form and therefore, is not made aware of any changes or deletions made in a patient's drug therapy while they were in the hospital. Lastly, there is a lot of confusion for patients because of the use of trade names for medications in the hospital and generic names used in community practice.

Our form is designed in such a way that it acts as a discharge prescription, ensuring that the community pharmacy gets a copy of the form which lists the patient's total therapy and it encourages the patient to see their family physician within 30 days.

The re-formatted form ensures that the community pharmacy is brought up to date on all changes and deletions made in a patient's therapy and it will negate all previous prescriptions. The new form fulfills all of the legal requirements for a prescription and encourages the use of generic names for medications to decrease the amount of confusion for patients.

In summary, I suggest that if pharmacists really want to practice pharmaceutical care, then we have got to find ways of practicing seamless care. I encourage you to find the communication lapses in your areas and to help solve them for your good and for the good of your patients. 

**PRACTICE PHARMACEUTICAL CARE PROJECT ABSTRACT**

In order to promote seamless care in our community, we designed a new hospital discharge form to work

# Recommendations from the Geriatric and Long Term-Care Committee

## EDITOR'S COMMENTS

Each year, the Chief Coroner of Ontario receives a report from the Geriatric and Long-Term Care Review Committee. This is the eleventh annual report of this committee and its recommendations are made to ensure that elderly residents of acute and long-term care institutions and residential "care" homes in Ontario receive the best possible care in the future. Over the last five years, most recommendations have focused on "Medical/Nursing Management" issues, followed by "The Use of Drugs in LTC" and "Communications/Documentation". OCP Council considers these recommendations to be very important to pharmacy practice and all Ontario members.

## RECOMMENDATIONS<sup>1</sup>

1. Health care professionals should be reminded that the prescribed dosage of narcotics for elderly patients should be tempered by the knowledge that the elderly frequently exhibit sensitivity to narcotics and are at increased risk to develop side effects. When narcotic therapy is indicated for pain control in the elderly, the initial prescribed dosage should be at a low dose, which can then be titrated upwards as clinically indicated.


For example, starting doses of morphine as low as 2 mg. may provide adequate analgesia for many elderly patients postoperatively. Health care professionals should also be aware that the prescribing of acetaminophen 650 mg. po. q6h. as a standing order for post-operative elderly patients may limit the need for narcotic analgesics.

2. Health care professionals should be reminded of the importance of writing a detailed progress note when entering a "DNR" or "NO CPR" order on a patient's medical record. The progress note should clearly indicate the rationale behind the decision-making process and by whom the decision was made. This note should clearly stipulate decisions about CPR, intubation, ventilation, transfer of the patient to an intensive care setting, and what other investigations and/or treatments are indicated (i.e. use of antibiotics).

3. The Office of the Chief Coroner should give consideration to publishing the circumstances surrounding the death in the *Eleventh Annual Report of the Geriatric/Long-Term Care Review Committee*.

4. Health care professionals should be reminded that prophylactic anticoagulants should be ordered for elderly patients who have undergone surgical repair of a fractured hip, unless there are specific contraindications. When the decision is made not to anticoagulate a patient, the health care professional should record a detailed progress note outlining the rationale for this treatment decision.

5. Health care professionals should be reminded that the routine ordering of prn. sleeping medications should be discouraged in the elderly because of their susceptibility to developing side effects such as over-sedation delirium, and falls. Post-operative elderly patients who require narcotic analgesia may be especially susceptible to the side effects of sedative therapy.

6. Health care professionals should be reminded that the use of pre-printed orders for post-operative elderly patients can be valuable in that the patient's treatment requirements will be comprehensively covered. Recognizing that elderly post-operative patients don't always follow the expected clinical course, health care professionals should always consider each and every order in relation to the specific needs of each patient. 

<sup>1</sup>Reprinted from: 11<sup>th</sup> Annual Report of the Geriatric and Long-Term Care Review Committee to the Chief Coroner for the Province of Ontario, June 2001

# Deciding on Discipline

## PRINTED BY MEMBER REQUEST

**Member:** Ishie Abji

**Hearing Date:** May 26, 2000

*On November 24, 2000, the Discipline Committee found this member to have committed professional misconduct. The member appealed the decision to Divisional Court and the decision of the Discipline Committee was subsequently overturned. The member was awarded costs, fixed at \$3,000, to defray the cost of her appearances before the Discipline Committee and the Court.*

*The member has requested that her name be published in connection with this article. The article is being published for educational purposes.*

Summary of Allegations as set out in the Notice of Hearing:

1. On or about July 5, 1997, the member filled a prescription for amoxicillin 250 mg/5 ml susp. and Dextromethorphan syrup, for an infant patient, and instead dispensed methadone
2. The four-and-a-half-year-old patient received two 5ml doses of the medication and was hospitalized as a result
3. The information set out in the paragraphs above constitutes professional misconduct pursuant to clauses 2, 21, and 30 of section 1 of Ontario Regulation 681/93

### **Facts of the Case:**

The patient, was the unfortunate recipient of two doses of an amoxicillin suspension containing methadone and was hospitalized as a result. The

error occurred when the member used a prepared stock solution of methadone instead of distilled water in the reconstitution of the amoxicillin in powder form to prepare the required suspension.

The amber 500ml stock bottle of methadone solution was normally maintained in a locked narcotics safe. The amber 500ml stock bottle of distilled water was normally found on a shelf in the vicinity of the sink, most probably above it. Distilled water is frequently used in reconstituting medications. The storeowner and designated manager testified that the distilled water in the 500ml amber bottle bore a white label indicating that it contained distilled water. He also stated that on the 500ml amber bottle containing methadone there was a white label with the word "methadone" highlighted in yellow. The customary procedure followed by the pharmacy was to label the methadone bottle as to its contents using a white label that was larger in size than the white label customarily affixed to the distilled water bottle.

The member testified that while it was her practice to look at the labels on the bottle before dispensing a drug, she did not have an independent recollection of whether she did or did not read the label on the amber bottle in question when she dispensed the medication. The member did recall that there was a label on the bottle. Her evidence was unclear as to whether the label was highlighted. At one point, she testified that the label was not highlighted to the best of her recollection. Later, she testified that she had no idea how the bottle was labelled. This latter testimony is consistent with her acknowledgement that she had no independent recollection of reading the label. The member knew that it was the pharmacy's practice to store the distilled water and methadone in identical 500ml amber bottles and that both were identified with white labels.

The Committee had no doubt that the store's unfortunate practice of using identical 500ml bottles to contain distilled water and methadone solution (save for the labelling differences noted) was a significant factor in the events that unfolded on July 5, 1997, and no doubt contributed to the mishap that occurred. Indeed, except for the labels, the storeowner admitted there were no distinguishing features between the bottles. He stated, however, and the member later agreed, that it was the practice of the pharmacy to maintain the bottled distilled water in the sink area and to return the bottled methadone solution to the narcotics safe located in a physically distinct area of the dispensary immediately following every use. Although methadone had been dispensed earlier that day, there was no evidence advanced either by the College or the defence to the effect that any recipient of the methadone had complained about what had been dispensed to them. Similarly, there was no evidence that the distilled water had been used later that day or within the ensuing days after dispensing the methadone contaminated amoxicillin solution to the infant when preparing other medication preparations.

The bottle containing the methadone was not entered as evidence at the hearing. The Discipline Committee was advised this bottle was never taken from the pharmacy and preserved. It was submitted by the member's counsel that in the absence of the bottle containing the methadone, the Discipline Committee could not conclude that the label indicated methadone. The Discipline Committee disagreed.

#### **Reasons and Findings of the Discipline Committee:**

The Discipline Committee concluded that the evidence suggested two possibilities: the bottle was incorrectly labelled as distilled water or it was correctly labelled as methadone. Either way, it was clear to the

Discipline Committee that the medication did contain methadone.

The Discipline Committee carefully considered the evidence and the submissions of counsel. In particular, it considered and accepted the evidence of the storeowner as to the storage practice for labelling the distilled water and the methadone. The Discipline Committee accepted that the customary procedure for labelling these bottles was followed and concluded that, on the balance of probabilities, the bottle containing the methadone was correctly labelled.

On the basis of this evidence, the Discipline Committee was satisfied that, on the balance of probabilities, the member used the methadone solution to reconstitute the amoxicillin suspension. It believed her when she testified that the bottle she used to prepare the amoxicillin suspension was, in fact situated in the area of the sink. Under those circumstances, she would not have expected the bottle to contain a methadone solution. While it was the practice of the pharmacy to return the methadone solution bottle to the narcotics safe after each use, the Discipline Committee believed this did not occur prior to the member starting her shift: although she may have expected it to contain distilled water, in fact it did not.

The Committee also found that the methadone bottle was properly labelled in accordance with the then prevailing practice of the pharmacy and that the member had every opportunity to identify the methadone solution as such. In her testimony, the member was unable to state with certainty that the bottle she used in reconstituting the amoxicillin had been labeled as distilled water although her invariable practice as a pharmacist was to read labels. Even so, on this occasion she was wrong, and what she ended up preparing was a dangerous mixture.

The Discipline Committee rejected the evidence presented by the defence witness that "a single error

does not professional misconduct make". This Committee had not hesitated on previous occasions to regard a single dispensing error as professional misconduct and saw no reason to alter that course on the facts of this case. The Discipline Committee was satisfied by clear and cogent evidence that a serious dispensing error had occurred on the occasion in question and therefore made a finding of professional misconduct.

#### **Considerations on Penalty:**

In determining the matter of penalty the Discipline Committee noted that the member had no prior discipline record with this College. She had also exhibited a degree of remorse for what occurred. Additionally, it was an isolated dispensing error.

The Committee also noted, however, that this case involved patient harm. In addition, the parents suffered significant grief due to what occurred.

In conclusion, having considered the nature of the misconduct in this case and having taken into account all of the particular circumstances of this member, the Committee determined that the joint submission on penalty was appropriate and issued the following Order:

1. There would be a reprimand to be recorded on the Register
2. There would be an order directing the Registrar to place terms on the certificate of registration of the member which would transfer her to Part B of the Register and impose the condition that she not be transferred back to Part A of the Register until she had successfully completed the Quality Assurance Program of the College, at her own expense

*As noted, the member appealed the finding of professional misconduct by the Discipline Committee to the Divisional Court. In overturning the finding of professional misconduct, the Honourable J. McRae, J. Then and J. Day of the Ontario Divisional Court provided the following reasons:*

"The College was required to have been satisfied on the balance of probabilities from clear cogent and convincing evidence that the appellant was guilty of professional misconduct."

"While this is an appeal on any question of fact or law, and the test for us is, "Was the committee correct?" we are required to, and do, show deference to the committee in their area of professional expertise.

"We do not purport to re-try this case but it is our responsibility to carefully scrutinize the evidence to ensure that the required standard of proof was met.

"While there was no direct evidence that the bottle was correctly labelled as containing methadone, the committee found as a fact that it was so properly labelled. The basis for this finding is not articulated by them other than their reliance on the usual labelling practice as described by the owner of the pharmacy. But in support of that conclusion one can also look to the fact that there were no further dispensing errors and that a search conducted three days later disclosed no mislabelled bottles.

"On the other hand, the appellant testified that she looked at the label and saw no yellow highlighting which would have indicated it contained methadone. This is the only direct evidence of the labelling and no specific finding was made against her credibility by the Committee.

"We are of the view that the evidence in this case taken as a whole was not sufficiently clear, cogent and convincing for the committee to have concluded that her conduct amounted to a serious finding of professional misconduct. For those reasons, the appeal is allowed."

*Accordingly, the penalty imposed by the Discipline Committee was also removed.*

## CASE 1

**Member: Helen Cymba and Helen's Pharmacy,  
Welland, ON**

**Hearing Date: February 1, 2002**

The Discipline Committee was presented with an Agreed Statement of Facts, relating to the member's practice and her pharmacy, Helen's Pharmacy, the details of which are set out below, and accordingly found the member guilty of professional misconduct pursuant to Regulation 681/93 made under the *Pharmacy Act*, as well as numerous breaches of the *Drug and Pharmacies Regulation Act*.

On September 26, 2001, Ms Cymba plead guilty to and was convicted of the following charges:

1. Possession of a controlled substance, namely Oxycocet for the purpose of trafficking contrary to the provisions of the *Controlled Drugs and Substances Act*
  2. Failure to comply with a condition of bail made under section 508 of the *Criminal Code* that she abstain from use of prescription drugs without legal prescription from a confirmed doctor contrary to the provisions of the *Criminal Code of Canada*
  3. Possession of property or any proceeds of any property of a value in excess of one thousand dollars (\$1,000) namely: real property, financial instruments, currency, jewellery and a motor vehicle, knowing that all or part of the property or of those proceeds, was obtained or derived directly or indirectly as a result of the commission of an offence, or conspiracy to commit an offence under Part I of the *Controlled Drugs and Substances Act*, except subsection (4)(1) of the *Controlled Drug and Substances Act*, thereby committing an offence contrary to section 8(1) of that Act
1. She failed to comply with section 141 of the *Drug and Pharmacies Regulation Act* with respect to the closure of Helen's Pharmacy
  2. She failed to maintain records pursuant to s.156(2) of the *Drug and Pharmacies Regulation Act*, and to comply with the *Food and Drugs Act* and the Narcotic Control Regulations under the *Controlled Drug and Substances Act* with respect to the maintenance of records of the purchase and sale of drugs referred to in Schedule G or N of those statutes
  3. She failed to maintain the pharmacy premises, shelves, dispensing equipment, sinks in wash-rooms, pharmaceutical refrigerator and storage rooms in a clean and sanitary condition, in breach of section 72 of Ontario Regulation 551, made under the *Drug and Pharmacies Regulation Act*
  4. She failed to comply with section 157(2) of the *Drug and Pharmacies Regulation Act* with respect to the disposal of prescriptions upon the closing of a pharmacy
  5. She failed to comply with section G.03.016 of the Food and Drug Regulations made under the *Food and Drugs Act*, with respect to reporting of the transfer of controlled drugs
  6. She failed to comply with section 45(3) of the Narcotic Control Regulations, made under the *Controlled Drugs and Substances Act*, with respect to reporting of the transfer of narcotics
  7. She dispensed or permitted the dispensing of prescription medications, including narcotics, without proper authority
  8. At various times she consumed prescription medication from her pharmacy stock without proper authority

**Penalty:**

Revocation of Ms. Cymba's Certificate of Registration and Revocation of the Certificate of Accreditation for Helen's Pharmacy.

Ms Cymba also admitted that since at least January 9, 2001, she committed acts of professional misconduct in that:

## CASE 2

**Member: James Fu**

**Oakville, ON**

**Hearing Date: January 22, 2002**

The member was alleged to have committed professional misconduct pursuant to clauses 2, 13, 21, 22 and 30 of section 1 of Ontario Regulation 681/93 made under the *Pharmacy Act* in that, between June 28, 1995 and February 21, 1997, he:

1. Changed a prescriber's orders on a prescription for narcotic medication contrary to the requirements of Section 31 (2)(b) of the Narcotic Control Regulations to the *Controlled Drug and Substances Act*
2. Labelled prescription medication incorrectly
3. Reduced quantities of prescription medication contrary to section 9 (1) of the *Drug Interchangeability and Dispensing Fee Act, 1990*
4. Dispensed repeats on prescriptions for controlled drugs without authorization contrary to section G.03.006 (a) (ii) of the Food and Drug Regulations made under the *Food and Drug Act*
5. Dispensed narcotics without authorization contrary to section 37 of the Narcotic Control Regulations to the *Controlled Drugs and Substances Act*

The Discipline Committee accepted a guilty plea in this matter and made a finding of professional misconduct, the details of which were set out in an *Agreed Statement of Facts* as follows:

1. On various occasions between January 3, 1997 and February 21, 1997 Mr. Fu labelled prescription medications incorrectly
2. Further, on January 3, 1997, Mr. Fu dispensed a prescription for 200 Fiorinal<sup>®</sup> C1/2 capsules (dispense 50 X 4), with 400 Fiorinal<sup>®</sup> C1/2 capsules (dispensed 25, plus 15 repeats). Although the patient may have requested a smaller number of tablets than originally prescribed with more repeats, this request was not documented

3. On February 21, 1997, Mr. Fu dispensed 120 tablets of methylphenidate 10 mg (TEC), a controlled drug contrary to Food and Drug Regulations made under the *Food and Drug Act*. This prescription was dispensed as a repeat of an earlier dated prescription that did not legally authorize any repeats

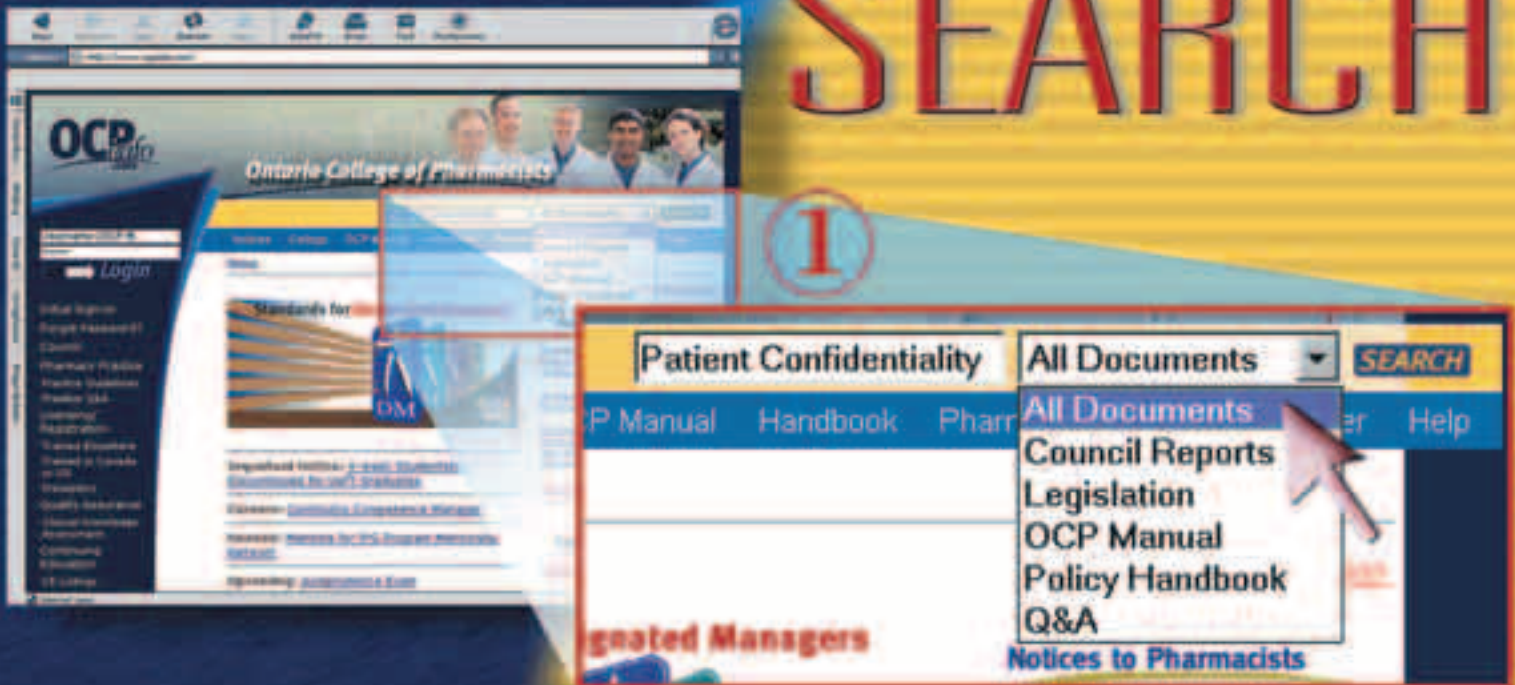
**Penalty:**

The Discipline Committee was presented with a joint submission on penalty and accepted it with some reluctance. It was noted that deference should be given to a joint submission on penalty, and unless it is outside the boundary of what is considered to be reasonable, should be accepted. It was noted that the member has no previous disciplinary history with this College and there appeared to be no public harm resulting from the errors.

Accordingly the Committee made the following penalty Order:

1. There will be one unannounced inspection, at the location of the member's practice, to be conducted within (6) months of this Order, at a cost of \$400.00, payable within 30 days of today's date
2. The member shall attend a district meeting of the Ontario College of Pharmacists <sup>P</sup>

# SEARCH



**STEP 1** - Enter your keyword(s) to search, select document type and click the SEARCH button.



**STEP 2** - The search retrieves all documents, listed by type, that include your keyword(s) from the 1700+ document database.

www.ocpinfo.com

# CE EVENTS

Visit the College's web site: [www.ocpinfo.com](http://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.

**May 31-June 1: Toronto**  
**4th Biennial Course on the Management of Thyroid Nodular Disease and Cancer**  
 Continuing Education Office, Faculty of Medicine, University of Toronto  
 tel: (416) 978-2719  
 fax: (416) 971-2200  
 e-mail: [ce.med@utoronto.ca](mailto:ce.med@utoronto.ca)  
[www.cme.utoronto.ca](http://www.cme.utoronto.ca)

**May 31-June 1: Toronto**  
**29th Annual Toronto Thoracic Surgery Refresher**, Continuing Education Office, Faculty of Medicine, University of Toronto  
 tel: (416) 978-2719  
 fax: (416) 971-2200  
 e-mail: [ce.med@utoronto.ca](mailto:ce.med@utoronto.ca)  
[www.cme.utoronto.ca](http://www.cme.utoronto.ca)

**June 6: Toronto**  
**Spring Educational Evening and 27th Annual General Meeting: Tuberculosis**, Ontario Respiratory Care Society, Greater Toronto Region, Toronto General Hospital. Contact: Sheila Gordon-Dillane  
 tel: (416) 864-9911 x 236  
 fax: (416) 864-9916  
 e-mail: [orcs@on.lung.ca](mailto:orcs@on.lung.ca)

**June 17: Toronto**  
**Paediatrics for Pharmacists Conference**, The Hospital for Sick Children Drug Information, Department of Pharmacy  
 tel: (416) 813-6703  
 e-mail: [druginfo@sickkids.ca](mailto:druginfo@sickkids.ca)

**June 19: Markham**  
**Pain & Symptom Management Conference: The Road Ahead**, Palliative Care Services for York Region, Holiday Inn Woodbine Avenue  
 Contact: Deb Green  
 tel: (905) 895-3628, x 294  
 fax: (905) 895-0910  
 e-mail: [programassist@pcsyr.org](mailto:programassist@pcsyr.org)

**Sep. 27-29: Toronto**  
**Psychiatric Patient Care -**

**Certificate Program in Psychiatry - Level 1**, Ontario Pharmacists' Association  
 Contact: Sandra Winkelbauer  
 tel: (416) 441-0788 x 4235  
 fax: (416) 441-0790  
 e-mail: [swinkelbauer@opatoday.com](mailto:swinkelbauer@opatoday.com)

**Nov. 8-10: Toronto**  
**Diabetes Certificate Program**, Ontario Pharmacists' Association  
 Contact: Sandra Winkelbauer  
 tel: (416) 441-0788, x 4235  
 fax: (416) 441-0790  
 e-mail: [swinkelbauer@opatoday.com](mailto:swinkelbauer@opatoday.com)

**ONTARIO**  
**June 20: Ottawa**  
**Breathsavers: Current Management of COPD**, Ontario Respiratory Care Society, Eastern Ontario Region and the Lung Association, Ottawa Area, Ottawa General Hospital  
 Contact: Sheila Gordon-Dillane  
 tel: (416) 864-9911 x 236  
 fax: (416) 864-9916  
 e-mail: [orcs@on.lung.ca](mailto:orcs@on.lung.ca)

**July 19-21: Niagara-on-the-Lake**  
**Summer Conference**, The American College of Apothecaries, The Queen's Landing  
 tel: 1-800-838-5933

**Sep. 20-22: Alliston**  
**Annual Meeting**, Ontario Branch, Canadian Society of Hospital Pharmacists, Nottawasaga Inn  
 Contact: Henry Halapy  
 tel: (416) 864-6060 x 2120  
 e-mail: [halapyh@smh.toronto.on.ca](mailto:halapyh@smh.toronto.on.ca)

**Oct. 23: Guelph**  
**The Use of Dietary Supplements in Exercise Performance**, The Human Nutraceutical Research Unit of the University of Guelph and NuLife  
 Contact: Julie Conquer  
 tel: (519) 824-4120 x 3749  
 fax: (519) 821-4007  
 e-mail: [jconquer@uguelph.ca](mailto:jconquer@uguelph.ca)

**CANADA**  
**May 31-June 2: St. John NB**  
**Pharmacy Conference**, The New Brunswick Pharmacists' Association, Hilton Hotel  
 tel: (506) 459-6008  
 e-mail: [nbpa@nbnet.nb.ca](mailto:nbpa@nbnet.nb.ca)

**June 1-2: Calgary AB**  
**Annual Conference and General Meeting: "Changing Faces of Pharmacy Practice"**, Alberta College of Pharmacy  
 Contact: Eileen Strand  
 tel: (780) 990-0321

**June 13-15: Banff AB**  
**5th Annual Symposium: "New Technologies in Drug Discovery and Drug Development"**, Canadian Society for Pharmaceutical Sciences, Banff Centre for Conferences  
 Contact: Sandra Hutt  
 tel: (780) 492-0950  
 e-mail: [sandra.hutt@ualberta.ca](mailto:sandra.hutt@ualberta.ca)  
[www.ualberta.ca/~csps](http://www.ualberta.ca/~csps)



**Canadian Council on Continuing Education in Pharmacy**

**Correspondence Course Program - 2002**

The 2002 CCCEP Homestudy Programs are now available. Please visit our website [www.ocpinfo.com](http://www.ocpinfo.com), look under Continuing Education, for a list of topics and an order form. Alternatively, an order form may be requested in writing from:  
 Pharmagraph Systems  
 P.O. Box 141, Postal Station P  
 704 Spadina Avenue, Toronto, ON  
 M5S 2S6

# BULLETIN BOARD

## **Early Withdrawal from NAPRA Approved**

In a letter dated June 18, 2001 the Ontario College of Pharmacists notified NAPRA of its intention to withdraw as a member of NAPRA effective December 31, 2002. By written resolution dated April 7, 2002, the NAPRA Board of Directors, including Ontario, unanimously approved a resolution to allow the Ontario College of Pharmacists to withdraw its membership in NAPRA earlier than the anticipated date of December 31, 2002. This action was taken following considerable discussions between the College and NAPRA where such action was determined to be in the best interests of both parties.

College's withdrawal from NAPRA will not affect the terms or conditions of the Mutual Recognition Agreement (MRA) for the Profession of Pharmacy in Canada, which was signed in April 2000 or Ontario's continued access to Canada's national drug scheduling system that is currently maintained by NAPRA.

## **Internal Organizational Change: Investigations and Resolutions**

The Patient Relations Program area has been renamed "Investigations and Resolutions" and the manager title will now be Manager, Investigations and Resolutions. This change was made to better reflect the activities of the department as well as clarify the department's role to individuals outside the College.

## **OCP Past President Reunion Dinner**

At the request of a number of past College Presidents, a second reunion dinner for Past Presidents has been planned for the evening of Sunday, June 23, 2002. Tickets will be available to interested past Council Members but subject to availability as space is limited.

The Reunion will be held at the Old Mill in Toronto and we anticipate the cost will be in the range of \$45-\$50 per person. Anyone wishing to attend is invited to contact Ushma Rajdev, Executive

Assistant to the Registrar at the College, or via [urajdev@ocpharma.com](mailto:urajdev@ocpharma.com), to reserve a ticket and/or information.

## **First Annual Ontario Branch-CSHP AGM/Educational Weekend**

The Ontario Branch of the Canadian Society of Hospital Pharmacists is holding its second annual AGM on Friday, September 20th to Sunday, September 22nd, 2002 at the Nottawasaga Inn, in Alliston.

All pharmacists are cordially invited to attend this weekend. Both hospital and community pharmacists will benefit from its many education sessions (variety of therapeutic, clinical, and practice issues) and enjoy the many social events including a nine-hole golf tournament and Salsa dancing lessons and live entertainment. For program information, please contact Henry Halapy, (416) 864-6060 x 2120 or email [halapyh@smh.toronto.on.ca](mailto:halapyh@smh.toronto.on.ca) or Marie Rocchi Dean (416) 946-5586 or email [marie.dean@utoronto.ca](mailto:marie.dean@utoronto.ca).

## **NEWCOMERS**

**Wendy Chuy** joined us in March in the newly created role of Investigations Secretary (contract) with Investigations and Resolutions. Wendy is working closely with the Complaints Officer and the Investigator and is providing administrative support to the Complaints Committee. Wendy has a Bachelor of Science degree from the University of Western Ontario and is an Accredited Pharmacy Assistant.

**Agostino Porcellini** joined us in April as our Graphic Designer/Production Coordinator. Agostino has extensive experience in magazine design and production and has served as Art Director and Designer on a number of magazines for three publishing houses. Agostino received his design and illustration training from Seneca College.

# Points of Care

*in Ontario*

If you are interested in including the *Point of Care* symbol into your permanent pharmacy signage, please contact the Communications Department for an electronic copy of the artwork. You may also go online to [ocpinfo.com](http://ocpinfo.com) and select "*Point of Care*" to view the graphic usage standards.



*Rexall Drug Store TORONTO*



*Guardian Pharmacy BOLTON*



*Wexford Pharmacy BRAMPTON*

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



*Let the public know you are*

# Worth Knowing!

**Are you displaying the *Point of Care* Symbol?**

All pharmacies are asked to participate in the *Point of Care* public education program by displaying the *Point of Care* symbol in their pharmacy window/main entrance and by displaying the Worth Knowing education materials.

Please send me a complete kit: \$80.25 (\$75 plus \$5.25 GST)

Please send me a plexi-sign and chains only: \$48.15 (\$45 plus \$6.15 GST)

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(Mr., Mrs., Ms)

(First Name)

(Surname)

Address:

(Pharmacy Name)

(#)

(Street)

(City)

(Province)

(Postal Code)

Telephone Number: (     )     -     \_\_\_\_\_

To order, please complete the form above and send along with a cheque payable to:

Ontario College of Pharmacists  
Office Services  
483 Huron Street  
Toronto, ON M5R 2R4



# Upcoming Events

# CALENDAR

## JUNE

| SUNDAY                 | MONDAY   | TUESDAY  | WEDNESDAY                               | THURSDAY  | FRIDAY    | SATURDAY                                    |
|------------------------|--|--|---|---|-----------|---|
|                        |  |  |   |   |           | <b>1</b> Deadline to apply for July JP exam |
| <b>2</b>               | <b>3</b>   | <b>4</b> District Meeting Sudbury  | <b>5</b>                                | <b>6</b> District Meeting Trenton<br>Preceptor Orientation Workshop | <b>7</b>  | <b>8</b>                                    |
| <b>9</b>               | <b>10</b>  | <b>11</b> District Meeting Sault Ste. Marie  | <b>12</b>                               | <b>13</b> District Meeting Morrisburg                               | <b>14</b> | <b>15</b>                                   |
| <b>16</b>              | <b>17</b> Council Meeting @ OCP<br> | <b>18</b> Council Meeting @ OCP<br> | <b>19</b>                               | <b>20</b>   | <b>21</b> | <b>22</b>                                   |
| <b>23</b><br><b>30</b> | <b>24</b>  | <b>25</b>  | <b>26</b> Jurisprudence Seminar Toronto | <b>27</b>   | <b>28</b> | <b>29</b>                                   |

## JULY

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

# OCP MANUAL CONTENTS

*Changes as of April 25, 2002 - As Highlighted*

Each issue of *Pharmacy Connection* includes an up-to-date summary of all current *OCP Manual* items in the table shown. These items are available and can be printed off from our website: [www.ocpinfo.com](http://www.ocpinfo.com).

Individual copies, or complete sets of the legislation (with binder and tabs), can also be ordered from the College. The *OCP Manual*, sold with the *OCP Policy Handbook* (complete with index and copies of reference articles), is \$85 (\$90.95 with GST). Sold separately, the *OCP Manual* is \$64.20 (GST included) and the *OCP Policy Handbook* is \$32.10 (GST included).

## ONTARIO LEGISLATION

*Available from OCP or Publications Ontario*

### Drugs and Pharmacies Regulation Act (DPRA) & Regulations

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

### Regulated Health Professions Act (RHPA)

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

### Pharmacy Act (PA) & Regulations

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

Reg. 202/94 – Nov 29, 1999

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

### Drug Interchangeability and Dispensing Fee Act (DIDFA) & Regulations

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

### Ontario Drug Benefit Act (ODBA) & Regulations

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

### Publications Ontario

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

## FEDERAL LEGISLATION

*Available from OCP or Publishers Group of Federal Publications*

### Drug Schedules

- Canada's National Drug Scheduling System – Apr 17, 2001 NAPRA

### Food and Drug Act (FDA) & Regulations

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

### Controlled Drugs and Substances Act (CDSA)

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

### Narcotic Control Regulations

- Updated NAPRA Version as of October 25, 2000

### Publishers Group of Federal Publications

Ottawa: 1-888-4FEDPUB (1-888-433-3782)  
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e-mail: [fedpubs@fedpubs.com](mailto:fedpubs@fedpubs.com)

## OCP DOCUMENTS

*Available from OCP or www.ocpinfo.com*

### Drug Schedules

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

### Standards of Practice

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

### OCP By-Laws

- By-Law No. 1 (Year 2000) – Jan 4, 2001
- Schedule A – Code of Ethics, May 1996
- Schedule B – Conflict of Interest Guidelines for Members of Council and Committees – Oct 1994
- Schedule C – Member Fees – Dec 11, 2000
- Schedule D – Pharmacy Fees – Dec 11, 2000

### Reference

- Handling Dispensing Errors, *Pharmacy Connection* Mar/Apr 1995
- Revenue Canada Customs and Excise Circular ED 207.1
- Revenue Canada Customs and Excise Circular ED 207.2
- District Excise Duty Offices – Oct 10, 1996
- Guidelines for the Pharmacists on "The Role of the Pharmacy Technician"

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