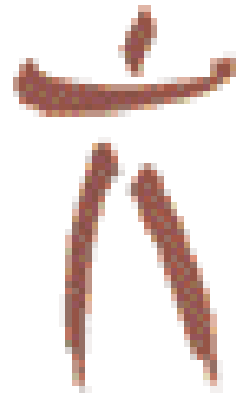


Pharmacy Connection

Official Publication of the DePaul College of Pharmacy



Standards
of Practice

2003

Council

2002-2003

November/December 2002





Mission Statement

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

Council Members

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

1 Marie Ogilvie	11 David Malian, <i>President</i>	PM Bob Drummond
2 Mark Scanlon	12 Lee Ann Chan	PM Dean French
3 Oluremi Ojo	13 Donald Stringer	PM Tina Gabriel
4 Reza Farmand	14 Vacant	PM Steve Gupta
5 Larry Hallok	15 Gurjit Husson	PM Katherine Hollinsworth
6 Alexander Wong	16 Albert Chaiet	PM Mel Jones
7 Leslie Braden	17 Shelley McKinney	PM Stephen Mangos
8 Iris Krawchenko, <i>Vice President</i>	PM Russell Carrington	PM Michael Schoales
9 Larry Boggio	PM Vladimir Demine	PM Linda Robbins
10 Gerry Cook	PM Garry Dent	DFP Wayne Hindmarsh

Statutory Committees

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

Standing Committees

- Finance
- Professional Practice

Special Committees

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

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

COUNCIL BY-ELECTION IN DISTRICT 14

A by-election was called on

November 4, 2002.

Nominations are to be

received at the College by November 27, 2002.

The election will be held on January 8, 2003.



For more information contact Connie Campbell,
 Director of Finance and Administration
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Pharmacy Connection

The objectives of Pharmacy Connection are to:

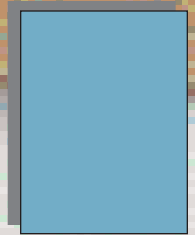
- Encourage ongoing dialogue with pharmacists by communicating information on College activities and discussing issues of interest to members.
- Promote understanding and appreciation of the role of the pharmacist among members of our profession, allied health professions and the public, and provide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

Electoral Districts and Members of Council



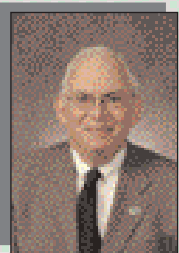
District 15, Gurjit Husson
Thunder Bay



District 14, Vacant

Hospital Members

Dean, Faculty of Pharmacy



District 16, Albert Chaiet
Toronto



District 17, Shelley McKinney
Oshawa



Wayne Hindmarsh, Ph.D., FCSFS
Dean, Leslie Dan Faculty of Pharmacy
University of Toronto



District 11, Dave Malian
(President)
Windsor

Public Members



Public Member,
Russell Carrington
Toronto



Public Member,
Vladimir Demine
Toronto



Public Member,
Garry Dent
Kapusksing



Public Member,
Bob Drummond
Parry Sound



Public Member,
Tina Gabriel
Toronto



Public Member,
Dean French
Toronto

Elected Members



District 7, Leslie Braden
(Past President)
Barrie



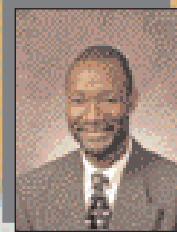
District 2, Mark F. Scanlon
Peterborough



District 1, Marie Ogilvie
Kemptville



District 13, Donald (Dan) Stringer
Goderich



District 3, Remi Ojo
Scarborough



District 4, Reza Farmand
Toronto



District 5, Larry Hallok
Toronto



District 6, Alexander Wong
Mississauga



District 10, Gerry Cook
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District 12, Lee Ann Chan
Brantford

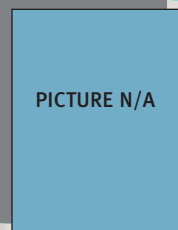


District 8, Iris Krawchenko
(Vice President)
Hamilton



District 9, Larry Boggio
Port Colborne

Please contact the
Ontario College of
Pharmacists if you would
like to communicate with
a Member of Council.



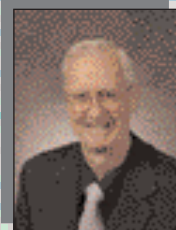
Public Member,
Michael Schoales
Toronto



Public Member,
Steve Gupta
Toronto



Public Member,
Katherine Hollinsworth
Carp



Public Member,
Mel Jones
Elliott Lake



Public Member,
Stephen Mangos
Toronto



Public Member,
Linda Robbins
Toronto



Public Member,
Christina Weylie
Kitchener



*Della Croteau
Deputy Registrar/
Director of Programs*

Editor's Message

CHANGES TO COUNCIL

This fall we welcome nine new members to the Council table: six pharmacist members and four public members. I am pleased to have the opportunity to acknowledge them for volunteering their time and welcome their upcoming efforts towards regulation of Pharmacy in Ontario.

I also want to extend the College's gratitude to Council's departing members. Pharmacists Steve Balestrini, Martin Belitz, Sam Hirsch and Bill Mann were not only dedicated Council members for nine years but each also served as the College's president. Pharmacists Barbara Minshall, Sherry Peister and Tracy Wiersema also brought much to Council and its committees. I also want to express the College's gratitude to public members Joan Boyer, Pasquale Fiorino, Marlene Hogarth and Barry Solway for each volunteering six years of their personal time to contribute to the College, the profession and the Ontario public.

Without the input of pharmacists from a variety of practice backgrounds, and public members to remind us of the public interest, the College could not carry out its duty to self-regulate the profession. The health professions in Ontario continue to enjoy the privilege of self-regulation because of dedicated health professionals and public members such as these who participate in the

important work of registering pharmacists, accrediting pharmacies, ensuring quality assurance of both pharmacists and pharmacies, setting standards for the profession, handling public complaints and finally, disciplining members when circumstances warrant it.

FIRST SESSION FOR 2002-2003

One of Council's first duties this past year was to consider an updated version of the *Standards of Practice* that have been revised to include both community and hospital pharmacy practices (see pages 8-17).

Another duty was to consider the *Strategic Plan 2000* and a resulting budget which will govern the College's direction and efforts in 2003. Indeed, your Council members, both old and new, take great pains to review every item carefully and consider how each possible decision will affect both the practice of pharmacy and

the public we all serve. As you read this issue of *Pharmacy Connection*, the holiday season will be upon us. While we each observe this time through different traditions, I want to wish peace on earth and the very best of 2003 to you and your families. 📧

The College could not carry out its duty to self-regulate the profession without the input of pharmacists and public members.

President's Message



David Malian
President

It is an honour to have this opportunity to write to you as President of the College for 2002-2003.

I must admit that my initial understanding of the College's role when I graduated in 1982 was rather limited. I viewed the College only as a licensing body whose function was limited to requiring membership to practice pharmacy. I understood the College governed pharmacy much like the state boards of pharmacy do in the United States (I am a graduate of Wayne State University in Detroit, Michigan), but I did not appreciate the College's elected Council, its mandate to protect the public, nor our profession's privilege of self-regulation. I dutifully paid my fees to the College for the past 20 years hoping, as probably most pharmacists do, that a College inspector would never visit me at work. I certainly have learned a great deal since then.

I now have a much greater appreciation of the College's role. Your current Council, consisting of 17 dedicated pharmacists and 13 community minded publicly appointed members, work extremely hard to ensure that the laws governing pharmacy are upheld and that the public is protected. In doing so, each member of Council ensures that its decisions are well thought out and reflect the necessary balance between public protection and a practically governed profession.

Some pharmacists have told me that the College does not represent them and in some cases, may be adversarial to pharmacists. This couldn't be further from the truth.

Council is very aware of your concerns, needs and requirements of practice, however its decisions are always

made to uphold the overarching principle that the protection of the Ontario public is tantamount. Indeed, Council's role is not to advocate for the profession, but rather to support the laws that govern the profession to ensure pharmacists practice with the highest possible standards of pharmaceutical care.

Organizations such as the Ontario Pharmacists' Association (OPA) and the Canadian Society of Hospital Pharmacists (CSHP-Ontario Branch) advocate and work on behalf of their members and the profession. As a Past-President of the OPA and a past member of CSHP, I know that these organizations continually strive for excellence in community and hospital pharmacy practice. While the OPA and CSHP answer to pharmacists, the College answers to the public.

I look forward to serving as President of the College. I am excited about our next phase of the *Point of Care Program* that will include a television commercial explaining the value of the pharmacist/patient relationship — reaching out to more consumers than ever before. I also look forward to March of 2003 when our Council will prepare our strategic plan for the next 3 years.

I hope that I have an opportunity to meet with many of you during my term and I encourage each one of you to be an active participant of our profession. 📧

Some pharmacists have told me that the College does not represent them and in some cases, may be adversarial to pharmacists. This couldn't be further from the truth.



Standards of Practice

**Anne Resnick, Chair,
Standards of Practice Working Group, B.Sc.Pharm.**

Doesn't it seem that the College *just* introduced the new *Standards of Practice* not too long ago? Yet, in fact, it was nearly two years ago, in January 2000, when the current *Standards* became effective.

You will recall that the new standards were the focus of the College's 2000 District Meetings. Members of the Standards of Practice Working Group attended every session to meet with pharmacists to discuss and gather feedback on these *Standards* prior to their implementation. The *Standards* were subsequently introduced and we indicated at that time, consistent with members' wishes, that we would continue to improve and raise the *Standards* as the profession advances.

We received a lot of feedback on the *Standards* and, importantly, we received significant feedback from hospital pharmacists who stated that they were unsure how the *Standards* applied to them in their particular institutional settings. (Hospital pharmacists also questioned how they

were to reconcile these *Standards* with the College's previously approved *Standards for Hospital Pharmacists*, December 1999.) Indeed, hospital pharmacists had concerns about their ability to meet the new *Standards* within their every day practices.

As a result, then-President Sam Hirsch appointed a special committee of hospital pharmacists, chaired by Albert Chaiet, to review the *Standards* and to consider how these could be adapted to reflect *both* community and institutional practices.

After much discussion between this special committee and the Standards of Practice Working Group, and consultation with the Ontario Branch of Canadian Society of Hospital Pharmacists, Council has recently approved the following updated version of the *Standards of Practice*. These expanded *Standards* will come into effect in January 2003.

As always, the Standards of Practice Working Group will continue to monitor Ontario practices and consider future improvements as required. We expect that the vast majority of pharmacists are currently meeting these *Standards* in their everyday practice.

Please review and refresh your understanding of the *Standards* and consider how your practice reflects these *Standards*.

The *Standards for Hospital Pharmacists*, December 1999, was divided into two sections: i) standards for pharmacists supervising hospital pharmacies and, ii) standards for pharmacist dispensing and compounding in the hospital setting. The standards from the latter part have been integrated into this new version, *Standards of Practice 2003*.

The special committee of hospital pharmacists has now turned their attention to the standards for pharmacists *supervising* hospital pharmacies. They are also considering the *Standards for Designated Managers* and where these two documents might overlap. While these new standards are being developed, the standards for pharmacists supervising hospital pharmacies, December 1999, remain in effect.

STANDARD 1



The pharmacist, using unique knowledge and skills to meet a patient's drug-related needs, practices patient-focused care in partnership with patients and other health care providers, to achieve positive health outcomes and/or to maintain or improve quality of life for the patient. Refer: *Operational Components 1.1 - 1.8*

Operational Component 1.1

The pharmacist develops professional relationships with patients and/or patients' agents and/or health care providers:

- a. To determine the patient's needs, values, desired level of care and desired outcomes regarding drug therapy, and
- b. To establish the mutual responsibility of each participant.

1.1.1 The pharmacist establishes and maintains rapport by using effective communication skills. Effective communication includes:

- listening, speaking and writing skills
- sensitivity to nonverbal forms of communication
- sensitivity to language barriers and
- sensitivity to diversity in the community

1.1.2 The pharmacist demonstrates a caring and professional attitude.

1.1.3 The pharmacist elicits the needs, values, desired level of care and desired outcomes of the patient.

1.1.4 The pharmacist considers the impact of life style factors on the health of individual patients.

1.1.5 The pharmacist discusses with the patient the role of the pharmacist and the responsibilities of the patient.

1.1.6 The pharmacist encourages patients to participate in decisions about their health and supports the patient's right to make choices.

Operational Component 1.2

The pharmacist ensures that appropriate patient information is gathered and recorded to establish a profile for the provision of patient-focused care and that the information is maintained in a manner which ensures ease of use for patient care activities and confidentiality for the patient. The pharmacist reviews relevant information from the patient profile with each new prescription, change of prescription, and repeat prescription.

The profile shall include demographic information about the patient as articulated under the Drug and Pharmacies Regulation Act and Regulations or the CSHP Standards of Practice and may also include, where appropriate, other information that is considered important for continuity of care and achievement of an optimal therapeutic outcome. This could include known patient risk factors for adverse drug reactions, drug allergies or sensitivities; known contraindications to prescription drugs, nonprescription drugs, natural health products, and complementary or alternative medicines, and other medications or treatments the patient is currently taking that may contribute to their condition or interact with suggested therapy.

Operational Component 1.3

Prior to dispensing any medication, the pharmacist shall review the prescription to ensure that it is authentic, accurate, appropriate, and complete. In a hospital, when the review of each medication order is not possible at time of dispensing or use, the pharmacist should review medication orders for appropriateness within a reasonable amount of time.

With the information available, the pharmacist *evaluates* the patient's drug therapy and identifies potential and actual drug-related problems.

1.3.1 The pharmacist determines whether the drug therapy is appropriate including appropriate dosage form, route, and length of therapy.

- 1.3.2 The pharmacist determines if the correct amount of the drug is being received and taken appropriately.
- 1.3.3 The pharmacist recognizes and takes steps to avoid or minimize adverse outcomes related to drug therapy such as side effects, toxicity, adverse drug reactions, drug-disease incompatibilities, drug-drug interactions, and duplication of therapeutically similar medications.
- 1.3.4 The pharmacist recognizes and takes steps to avoid problems related to intravenous administration including potential incompatibilities, drug stability, volume of intravenous fluid for medication administration and rate of administration.
- 1.3.5 The pharmacist recognizes and addresses patterns of inappropriate use of drugs.
- 1.3.6 The pharmacist detects and responds appropriately to activities which would divert drugs from their intended legitimate use.
- 1.3.7 The pharmacist provides appropriate information to facilitate the patient's understanding of his or her drug therapy and ability to comply with the therapy regimen.

Operational Component 1.4

If any potential or actual drug-related problems are identified, the pharmacist determines appropriate therapeutic options to solve or prevent them.

- 1.4.1 The pharmacist prioritizes identified problems.
- 1.4.2 The pharmacist proposes alternative strategies, including non-drug and drug therapies.
- 1.4.3 The pharmacist selects the most appropriate therapeutic option through consultation with the patient and/or other health care providers.
- 1.4.4 The pharmacist refers the patient to an appropriate health care provider or health care agency after determining with the patient if such a referral is necessary.

The following situations may prompt such a referral:

- Information from the patient indicating a potentially severe or worsening condition
 - Uncertainty about the patient's symptoms or condition
 - Failure of treatment to remedy a condition within a predetermined period of time
- 1.4.5 The pharmacist explains the rationale of the proposed treatment to patients and/or patients' agents and/or other health care providers.

Operational Component 1.5

The pharmacist ensures documentation of significant observations arising from the patient assessment, recommendations made and actions taken, in a readily retrievable format. The pharmacist shall resolve any questions regarding the order and shall document the resolution in the patient's health record.

Operational Component 1.6

The pharmacist is clearly identifiable and is available, accessible and approachable to consult with the patient who is seeking to self-medicate with a nonprescription drug, a natural health product, or a complementary or alternative medicine.

Operational Component 1.7

The pharmacist documents and reports any unexpected adverse drug reactions* to the prescriber and other health care providers as appropriate, and complies with formal adverse drug reaction reporting programs.

* "Unexpected adverse drug reaction" is an undesirable patient effect that is inconsistent with the product information or labelling; is serious; or results from administration of a recently marketed drug whether serious or not.

Operational Component 1.8

The pharmacist takes appropriate action to acknowledge and prevent medication discrepancies* and errors**, takes the necessary steps to resolve issues arising from medication discrepancies and errors, and implements measures to prevent recurrence.

1.8.1 The pharmacist discusses the error with the patient, prescriber and other health care providers as appropriate.

1.8.2 The pharmacist documents the error according to the protocol of the workplace.

* “Medication discrepancy” - an event which does not involve the actual administration of a drug to a patient, but where an error in the medication process has been detected and corrected before reaching the patient.

** “Medication error” (may also be referred to as a medication incident) is an event which involves the actual prescribing, dispensing, delivery or administration of a drug or the omission of a prescribed drug to a patient.

STANDARD 2

The pharmacist practices within legal requirements and ethical principles, demonstrates professional integrity and acts to uphold professional standards of practice. *Refer: Operational Components 2.1 - 2.4*

Operational Component 2.1

The pharmacist complies with legal requirements and ethical principles of practice including federal and provincial legislation governing the sale of drugs and practice as a pharmacist, and provincial regulatory authority by-laws, standards of practice, policies and guidelines.

Operational Component 2.2

The pharmacist upholds and acts on the ethical principle that the primary accountability of the pharmacist is to the patient, with respect to:

- patient confidentiality
- involvement of the patient in the decision-making process, and
- the right of the patient to make their own choices

2.2.1 In the course of fulfilling the duty of care for the patient, the pharmacist has the right to refuse to provide a product or service.

2.2.2 The pharmacist has the right to dispense less than the quantity prescribed, if the proper exercise of professional judgement by the dispenser so requires (DIDFA, Reg.936, Section 3).

Operational Component 2.3

The pharmacist demonstrates personal and professional integrity.

2.3.1 The pharmacist accepts responsibility for his or her actions and decisions.

2.3.2 The pharmacist shows respect for the dignity of the patient.

2.3.3 The pharmacist collaborates with other health care professionals to enable the patient to achieve his or her health care goals.

Operational Component 2.4

The pharmacist continuously strives to gain knowledge and maintain professional competence.

- 2.4.1 The pharmacist identifies learning needs and seeks, evaluates and participates in learning opportunities to meet these needs to enhance practice through education and experiential learning.
- 2.4.2 The pharmacist recognizes and practices within the limits of his/her professional expertise.

STANDARD 3

The pharmacist identifies, evaluates, interprets and provides appropriate drug and pharmacy practice information to achieve safe and effective patient care. *Refer: Operational Components 3.1 - 3.5*

Operational Component 3.1

The pharmacist identifies and evaluates appropriate sources of relevant information.

Operational Component 3.2

The pharmacist critically evaluates drug information.

Operational Component 3.3

The pharmacist determines the critical content to be provided.

Operational Component 3.4

The pharmacist provides information in a manner suitable for the recipient's use.

Operational Component 3.5

The pharmacist organizes and provides drug information to appropriate recipients.

STANDARD 4

While respecting the patient's right to confidentiality, the pharmacist communicates and educates to provide optimal patient care and promote health. *Refer: Operational Components 4.1 - 4.5*

Operational Component 4.1

The pharmacist respects the patient's rights to confidentiality and privacy by taking all reasonable steps to ensure that personal health information is communicated in a manner in which the discussion cannot be overheard by others. This may involve the use of an acoustically private area such as:

- A semi-private area with suitable traffic and/or noise barriers or
- A private counselling room

- 4.1.1 The pharmacist respects the confidences of the patient and protects the information received as privileged communication between a patient and healthcare provider. (Also see Principle 3 of the *Code of Ethics*.)

Operational Component 4.2

The pharmacist communicates using effective and appropriate communication skills while respecting the patient's personal, cultural and educational differences. The pharmacist demonstrates flexibility in recognizing the unique qualities of each patient in order to find workable solutions.

Operational Component 4.3

Prescribed Drugs

The pharmacist takes reasonable steps to enter into dialogue with the patient or agent on all initial prescriptions in a community setting, in established programs in an institutional setting, or when made necessary by professional judgment of the pharmacist, the need of the patient or agent, or upon their request. Hospital pharmacists should include patient dialogue in their practice. Such dialogue includes, but is not necessarily limited to:

- Confirmation of the identity of the patient
- Current medical condition(s) being treated
- Name, general description of the drug dispensed and directions for use
- The intended therapeutic response
- Common or important side effects and appropriate management, and
- Storage requirements

4.3.1 The pharmacist documents the dialogue in a readily retrievable format, including the date the dialogue occurred, with whom, and the identity of the pharmacist.

4.3.2 Should dialogue not take place in the community setting, the pharmacist documents the reason.

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

Operational Component 4.4

Nonprescription Drugs

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

- Requests help in selecting a Schedule II, III or other nonprescription product
- Appears to be having difficulty selecting a nonprescription product
- Is perceived or observed to make frequent or repeat purchases, or to purchase inappropriate quantities of nonprescription products
- Is recognized as someone for whom self-selection and use of a nonprescription product may pose a risk (such as pregnant or nursing women, the elderly, infants or young children, and those with known medical conditions or those currently on other drug therapy)
- In an institution, requests information and advice

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

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

- Condition or symptom(s) to be treated
- Current, relevant disease state(s) drug allergies or sensitivities
- Current medications

- Other medications or treatments patient may have already tried
- The need for referral to another health professional, the appropriateness of drug therapy or the advisability of non-drug therapies

As part of the patient/pharmacist dialogue, the pharmacist consults and reviews the patient profile and ensures that it is updated as appropriate.

4.4.3 The pharmacist discusses with the patient any recommended drug therapy including, where appropriate:

- Directions for proper use
- Common adverse effects
- Expected response
- When to seek the attention of another health professional

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

Operational Component 4.5

Delivered Drugs

Upon a request from a patient in the community or outpatient setting, for the delivery of a scheduled product, the pharmacist takes reasonable steps to dialogue with the patient or agent.

4.5.1 If a prescribed drug is being released to a person other than the patient or for delivery to another premises, the pharmacist takes reasonable steps to:

- Inform the patient through written or electronic communication that he or she is available to provide information about the medication
- Confirm that the person is an agent for the patient
- Provide the agent for the patient with the necessary information if the pharmacist is satisfied that it is in the patient's best interest to do so, and
- Where possible, communicate by telephone or other electronic means with the patient
- Protect patient confidentiality

4.5.2 If a Schedule II drug is being released to a person other than the patient or for delivery to another premises, the pharmacist must make the decision to sell the product and take reasonable steps to dialogue with the patient or their agent.

4.5.3 If a Schedule III drug is being released to a person other than the patient or for delivery to another premises, the pharmacist informs the patient that he or she is available for consultation.

STANDARD 5



The pharmacist, in collaboration with the designated manager or hospital pharmacy manager, manages drug distribution by performing, supervising, or reviewing the functions of selection, preparation, distribution, storage and disposal of drugs to ensure safety, accuracy and quality of supplied products. *Refer: Operational Components 5.1 - 5.4*

Operational Component 5.1

The pharmacist ensures that all pharmacy support personnel know when to refer a question or query to a pharmacist.

Operational Component 5.2 - (*Applies to community practice*)

The pharmacist locates drugs in the area of the pharmacy consistent with the appropriate drug schedule classification, regulations and safety consideration which reflect the level of risk of the drug for the patient.

- 5.2.1 Schedule I drugs must be located in the prescription services department (dispensary) or in a secure storage area accessible only to authorized personnel.
- 5.2.2 Schedule II drugs for sale to the public must be located in the prescription services department (dispensary) or in a secure area adjacent to the prescription services department, ensuring the area is readily accessible for the pharmacist but provides no opportunity for self selection by the patient. The pharmacist must always be involved in the decision to sell a Schedule II drug to the public.
- 5.2.3 The pharmacist ensures that all personnel know:
- That only a pharmacist, intern, or registered pharmacy student under the direct supervision of the pharmacist may provide information or advice respecting the use of nonprescription products, natural health products and complementary or alternative medicines
 - Where Schedule II, III and other nonprescription products are located in the pharmacy
 - Why these products are located where they are
 - When the pharmacist is required or expected to intervene/consult
 - When to refer patients to the pharmacist
- 5.2.4 Schedule III drugs and all other nonprescription products should be located in an area of the pharmacy adjacent to the prescription services department (dispensary) which should allow self selection of Schedule III drugs by a patient, and provide opportunities for patient/pharmacist consultation.
- 5.2.5 The pharmacist should endeavour to enhance patient awareness of the benefits, limitations, appropriate use and risks associated with nonprescription products through one or more of the following:
- Signage which encourages patients to consult with the pharmacist regarding the selection of nonprescription products
 - Signage in particular areas to encourage dialogue between the pharmacist and the patient with respect to certain disease states, such as:
 - Diabetes and foot care products
 - Glaucoma and eye care products
 - Hypertension and cough/cold products
 - Shelf talkers
 - Appropriate supplementary information
 - Multimedia communication encouraging patients to consult with pharmacists

Operational Component 5.3

The pharmacist performs, supervises and reviews drug distribution activities in accordance with federal and provincial legislation, policies and guidelines, and/or institutional policies and CSHP Standards of Practice.

- 5.3.1 The pharmacist applies knowledge relevant to:
- Interpretation of prescription medication orders
 - Bio-equivalency and interchangeability of multi-source drugs
 - Formulary and drug plan management
 - Pharmaceutical calculations
 - Selection of ingredients
 - Acquisition of pharmaceuticals
 - Compounding and dispensing, including labelling according to applicable standards
 - Appropriate packaging
 - Preparation of sterile products
 - Storage, handling conditions and stability

Operational Component 5.4

The pharmacist ensures the removal of outdated, mislabeled or deteriorated drugs and those recalled from regular stock, for storage in a separate area for appropriate disposal. The pharmacist ensures that:

- Expired and recalled drugs are not dispensed
- Drug recall policies and procedures are in place and enacted if necessary
- Dispensed drugs will not expire prior to the patient completing the course of therapy

Operational Component 5.5

The pharmacist shall not return to stock, or dispense a drug previously dispensed and delivered to the patient or the patient's agent. In a hospital practice, a drug shall only be considered to have been dispensed and delivered to the patient when the drug has been given, or administered to the patient by a nurse or other health care practitioner.

5.5.1 In a hospital practice, the pharmacist shall ensure that medications dispensed for individual patients, but not delivered to the patient, are returned to pharmacy. Procedures for crediting and returning medications to stock shall ensure:

- Integrity of the returned drug package;
- Proper storage of the medication in the patient care area;
- Ability to identify the drug, including the lot number and expiry date

Operational Component 5.6

When the pharmacist accepts the return of unused drugs, he/she ensures the safe and appropriate storage and disposal of those drugs according to environmental regulations under written policies and procedures.

5.6.1 In a hospital practice, the following medications shall be properly discarded when returned to the pharmacy:

- Opened topical medications (e.g. creams, ointments, lotions, ophthalmic/otic/ nasal drops/ointments);
- Used inhalation products
- Undated, open multi-dose medication, e.g. vials
- Opened single-dose vials
- Medications handled by patients
- Medications returned by ambulatory patients
- Improperly stored medications

Operational Component 5.7

While cognitive functions of dispensing can not be delegated, where appropriate, the pharmacist may assign or delegate technical functions to authorized personnel.

5.7.1 The pharmacist determines whether such personnel are adequately trained and qualified.

5.7.2 The pharmacist ensures that all pharmacy support personnel know when a pharmacist is required or expected to intervene and consult.

5.7.3 In an institutional setting, the technical aspects of dispensing may be delegated to non-pharmacists provided the pharmacist meets the requirements of the Protocol for Delegating Dispensing and Compounding in Health Care Facilities.

STANDARD 6



The pharmacist applies knowledge, principles and skills of management as they pertain to the site of pharmacy practice, with the goal of optimizing patient care and inter-professional relations. *Refer: Operational Components 6.1 - 6.3*

Operational Component 6.1

A pharmacist only practices under conditions which do not compromise his or her professional independence or judgement, and does not impose such conditions on other pharmacists.

Operational Component 6.2


The pharmacist, or the pharmacist in collaboration with pharmacy management, ensures that pharmacy operations protect the public and the people working on the premises.

6.2.1 The pharmacist uses the space, facilities, equipment and supplies available in the pharmacy to ensure patient safety through proper storage, preparation, dispensing, distribution, and disposal of drugs.

6.2.2 The pharmacist ensures that appropriate procedures for the handling and evaluation of medication discrepancies and errors are followed.

Operational Component 6.3

The pharmacist or the pharmacist in collaboration with pharmacy management, takes reasonable steps to maintain adequate and appropriate staffing to ensure that pharmacy practice is in accordance with these Standards.

6.3.1 The pharmacist assumes professional responsibility for and supervision of pharmacy support personnel with whom they have direct interaction in their role and/or assigned tasks. 



OCP COUNCIL REPORT

September 2002

COUNCIL APPROVES 2003 CAPITAL AND OPERATING BUDGET

Council approved capital and operating budgets for 2003 as well as fee increases for pharmacist and pharmacy certificate renewals, initial applications for registration and pharmacy transactions.

In determining the 2003 Budget, Council considered that a number of initiatives have required significant amounts of the College's resources over the past year and will continue to do so for the foreseeable future. These include: i) keeping non-accredited pharmacies (illegal Internet operations) from operating in Ontario; ii) aggressively reducing the discipline case backlog; iii) raising the level of accountability for the operational standards for both pharmacists and non-pharmacist owners/operators; and iv) improving the depth and quality of structured training to ensure licensure candidates possess a high level of knowledge and skills at the point of entry-to-practice.

Two new major initiatives in 2003, advancing the public education program through a television commercial that will communicate the value of the pharmacist/patient relationship, and upgrading our IT infrastructure to greatly improve our business processes, will also require the dedication of significant resources.

In developing the fee levels, the principals of cost recovery were adopted wherever possible. This is most evident in the Registration Programs area where fees have been increased to achieve 50 per cent cost recovery. Individuals seeking licensure in Ontario will bear some of

these increased costs with the remainder of the costs continuing to be borne through membership renewal fees.

Based on monitoring of the fees charged by pharmacy regulators across Canada, Council determined that the College's member fees are among the lowest, and fees for pharmacies have been well below the national average. Council set the 2003 annual pharmacist fee at \$487.92 and the annual pharmacy renewal fee at \$700. Fees associated with each of sales, relocations and re-inspections of pharmacies will be \$500, and fees associated with new openings will be \$750. The late payment penalties will be increased to \$100 for payments received within 30 days and \$150 for payments received more than 30 days late.

Council also approved an increase in the filing fee to \$112; the application fees to \$150 for each level of registration sought, and an increase in the training fees to \$300. An increase was also approved for the Jurisprudence Examination fees — \$200 for administrations in Toronto and \$290 for locations elsewhere. (GST will be applied to above-noted fees.)

Fees for application, examination and renewals under the Certified Pharmacy Technician Program will also be increased by nine per cent.

The new fee structure will come into effect on January 1, 2003.

In making these changes, Council also noted that the levels of service that are being provided by the College in terms of education and enforcement activity, such as field visits to share information, educate and communicate with front line practitioners.

These changes will lead to a 2003 budget that has a \$194,653 deficit after capital expenditures.

Approved 2003 Budget - Summary	
Revenue:	
Pharmacist Fees	\$4,643,192
Pharmacy Fees	\$2,080,500
Registration Fees	\$353,260
Sundry & Investment	\$276,433
Total Revenue	\$7,353,385
Expenses:	
Council & Committees	\$1,766,100
College Administration	\$5,046,938
Property	\$77,600
Niagara Apothecary	\$27,400
Total Expenses	\$6,918,038
Excess of Revenue over Expenses	\$453,347
Capital Expenses	\$630,000
Surplus (Deficit) after Capital	\$(194,653)

APPROVAL OF AUDITORS FOR 2002

Council approved Grant Thornton Chartered Accountants to be appointed as Auditors for the College for the fiscal year 2002.

STANDARDS OF PRACTICE 2003 FINALIZED AND APPROVED

In June 2002, a revised document incorporating the existing *Standards of Practice* for pharmacists, with standards for both hospital and community settings, was presented to Council. After much discussion, it was agreed that clarification was first needed for proposed Standard 5 and the document was referred back to the Standards of Practice Working Group. With the necessary changes made, Council recently approved the *Standards of Practice 2003* in their final form. The *Standards* will come into effect January 1, 2003. They are published in their entirety starting on page 9.

EMERGENCY CONTRACEPTION PILOT PROJECT TO END IN NOVEMBER 2002

The Emergency Contraception Pilot Project, which has been underway in the Toronto area since June 2001, will be concluding at the end of November. The College has received a formal request from Dr. Tom Brown, researcher for the EC Pilot Project, to take steps to permit any pharmacist to dispense emergency contraception as per the pilot protocols to ensure ongoing access to ECP not only in the Toronto area but across Ontario.

Council agreed that it would be in the public interest to

ensure improved and ongoing access to ECP and further agreed that pharmacists have the requisite knowledge, skills and competencies. Although support for province-wide continuation of the policies and protocols set out in the EC Pilot Project has been received from the College of Physicians and Surgeons of Ontario and the Ontario Medical Association, Council acknowledged that the DPRA does not contemplate retrospective authorization. Legislative change is therefore needed in Ontario to permit community pharmacists to dispense emergency contraception without a prescription.

At Council's direction, the Registrar has written to the Hon. Tony Clement, Minister of Health and Long-Term Care, requesting his support for legislative amendments to permit the public of Ontario to access EC through Ontario pharmacies by appropriately trained pharmacists. **Please note that the EC Pilot Project concludes at the end of November, and therefore, until legislative change is made by government, pharmacists will continue to require a prescription for EC prior to dispensing the product to a patient.**


HEALTH CANADA UPDATES

Council received for information copies of correspondence between the Registrar and Dr. Bob Peterson, Director General, Health Canada, respecting a proposed stakeholder meeting to discuss the issue of Internet pharmacy practice and to identify areas of mutual interest and concern. The College has been asked for input respecting an agenda and participants. We are hopeful that an initial meeting of pharmacy stakeholders will be held before the end of this year.

The Registrar has also written to Carol Bouchard, Director, Office of Controlled Substances, Health Canada, expressing the College's concern at the apparent difficulty that Ontario pharmacists are experiencing in obtaining the necessary authorization from the Office to destroy narcotic and controlled drugs. The College is concerned that delays in destruction of these drugs could lead to accumulations of these materials, posing risks to the public. We have also requested a meeting to discuss this matter.

UPCOMING BY-ELECTION IN DISTRICT 14

Due to the recent resignation of Tracy Wiersema, a by-election will be called on November 4, 2002. Nominations are to be received at the College by November 27, 2002. The election will be held on January 8, 2003.

For more information contact Connie Campbell, Director of Finance and Administration at (416) 962-4861 x 225. 

c o m m i t t e e a p p o i n t m e n t s

2002-2003

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* **NCCM: Non-Council
Committee Member**



Bernie Des Roches, Ph.D.

*Manager, Pharmacy
Technician Programs*

Q&A Pharmacy Technician

Q Who do I contact at OCP for questions regarding the technician certification process?

There have been changes to the manner in which inquiries related to pharmacy technicians are handled at the College.

All inquiries pertaining to the certification process, document evaluation and annual fees are to be directed as follows:

- If your last name begins with the letters A through L, contact Jovenice Santiago at extension 228 or email: jsantiago@ocpinfo.com
- If your last name begins with the letters M through Z, contact Jackie McKee at extension 232 or email: jmckee@ocpinfo.com

Q What adjustments are being made to fees in 2003?

At its September 2002 meeting, OCP Council approved the budget for 2003 which included an increase in fees for pharmacists and pharmacies, as well as an increase of nine percent for all fees related to OCP's voluntary certification program for pharmacy technicians, effective January 1, 2003. At that time, the annual fee for renewal of CPhT status will be \$54.50 + GST (due in September, renewal notice will be sent approximately 45 days before due date), the fee for document review for those seeking to write the examination will be \$27.25 + GST, and the fee for writing the exam will be \$220.00 + GST.

There are significant costs associated with developing and maintaining the examination database which involves meetings of several working groups, conducting the exam at several centres throughout the province, and providing staff

to process inquiries, review documents and maintain records. The fees for these services have not changed since 1996 for some and 1999 for others.

Q Can a Registered Nurse sign-off on a prescription in a hospital?

This question was posed by a pharmacy technician working in a hospital where at times there is no pharmacist on duty. At such times, the prescriptions are signed-off when completed by a Registered Nurse. In-patient hospital pharmacies and pharmacists in hospitals are exempt from the provisions of the DPRA (s.118). If a pharmacist is not on staff, the dispensing function must be delegated by a health professional who can perform this controlled act, e.g. physician or nurse. A set of protocols and criteria must be in place within the hospital. Nurses not following this protocol would be subject to disciplinary action by their college if the standards of practice for nurses are not met.

Q Do I have a designation I can use as a French-speaking certified technician?

Yes. Just as OCP has trademarked use of CPhT for those who are Certified Pharmacy Technicians by virtue of having completed the requirements set out by the Ontario College of Pharmacists, it has also trademarked TPA for those who prefer to use the French equivalent. It stands for "Technicien pharmaceutique agréé" or the feminine equivalent. Only pharmacy technicians certified by the Ontario College of Pharmacists are permitted to use these designations in Canada. ■



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

Director of Finance and Administration

Q&A Incorporation

At its' meeting in September, Council ratified the by-law amendments relating to professional incorporation that were circulated to members earlier in the year. The College has received many phone calls from members seeking clarification for the rationale of this new "status" and how this opportunity may affect them. Below are a number of the most frequently asked questions with our response.

Please note, the College cannot, and will not, in any way offer advice to pharmacists on whether or not they should incorporate. If you wish to determine if professional incorporation can be of any benefit to you, your lawyer or accountant can undertake a detailed review of your situation and advise you accordingly. The comments below represent the College's point of view from a professional regulatory standpoint.

Q I have been providing pharmacy services on a locum basis through a personal corporation for several years. Do the new rules now mean that I must incorporate a new business as a professional corporation?

No. You do not need to do anything different if, as an individual pharmacist, you have been providing pharmacy services through a corporation. Professional corporations have many restrictions that personal corporations do not.

Q What are the restrictions of a professional corporation?

The restrictions are as follows:

- Only members of the profession (pharmacists in this case) can hold shares
- The officers and directors must be shareholders
- The name of the corporation is limited to the name of one or more shareholder as set out in the College Register, the name of the health profession practiced by the shareholder and the words "Professional Corporation"
- It cannot be a numbered company (e.g. 123456 Ontario Limited)
- The corporation can only practise the profession of pharmacy or ancillary services (it cannot be used for investment or other purposes)
- The corporation must be issued a certificate of authorization by the College
- The corporation will be subject to the College's investigation and regulatory powers

Q Why did the government enact legislation to permit professional corporations?

The legislation was enacted to level the playing field for professionals, some of whom had previously been able to enjoy some tax relief through recognizing their professional

income through incorporated companies. Professional corporations will enable the shareholders to gain some tax relief without negatively affecting their accountability to the public through limitation of professional liability. Although professional incorporation will provide some protection when it comes to trade creditors, shareholders of professional corporations will not be able to hide behind a corporation to evade professional negligence allegations. Pharmacists will remain accountable to the College for their professional conduct.

Q Why would a pharmacist want to incorporate through a professional corporation?

Perhaps the most likely reason that a pharmacist may wish to incorporate a professional corporation is for the ownership of shares of a corporation that owns/operates a pharmacy. As part of the legislative amendments passed to permit professional incorporation, the *Drug and Pharmacies Regulation Act* (DPRA) was amended to allow the majority of shares of a corporation that owns or operates a pharmacy to be held in either the pharmacist's or a health profession corporation name — each of which holds a valid certificate of authorization issued by the College.

Q I currently own and operate a pharmacy through a numbered company. I am a pharmacist and I own 51% of the shares of that corporation and my wife owns the other 49%. What do the new professional corporation provisions mean to me?

Nothing. Your corporation is currently in compliance with the DPRA and there is no need to change it. In some instances, pharmacies are operated by corporations that have 51 per cent of the shares held in the name of pharmacists and 49 per cent held by a holding company, also a corporation. If you wished to have the 51 per cent of shares also to be held by a company, they would need to be owned by a “professional corporation”.


Q What do I need to do, and who do I need to contact, to go about incorporating a professional corporation?

A pharmacist (or his/her lawyer or accountant) must go to the Ministry of Consumer and Business Services (MCBS) and obtain an incorporation of his/her practice. The Ministry's current fee, excluding disbursements for a minute book, seal etc, is \$750. Once incorporation has been obtained from MCBS, the pharmacist must complete an application for a Certificate of Authorization (COA) from the College's Member Services department. The application forms are also downloadable from the College website. The College fee for the COA filing is \$600.

Q Will the information be available to the public?

Yes. The statute requires that the College's public register show the name and address of the corporation, the names of all shareholders, and any revocation of the corporation's COA.

Q Once issued, how is the COA maintained?

The corporation must promptly notify the College of any changes in shareholders/or and changes to the corporation's name or articles of incorporation. Also, the corporation must apply to the College annually for renewal of the COA. The fee for annual renewal is \$300. 

**Inspectors' Corner
article viewable in
member section
of OCP website only**



Letters

Dear Editor,

I am replying to a case in the Discipline section of the May/June 2002 issue Re: Ishie Abji, whereby methadone was inadvertently added to an antibiotic solution instead of distilled water, and dispensed for a child. Most retail pharmacists do double check their work but when they are busy, mistakes can occur.

Methadone solution (or carries) looks and has the consistency of orange juice. I suspect that the member took the amber bottle containing methadone and poured it directly into the powder to the "Add Up to" mark on the plastic bottle. Had he or she measured out the contents from the amber bottle into a graduated cylinder, the mistake would have been noticed before the orange liquid was incorporated into the amber solution. What was the rationale to have the distilled water in an amber bottle rather than a clear glass or plastic bottle?

Here are a few suggestions that the College of Pharmacists might implement in its inspections to avoid future mistakes:

- An overhead distilled water dispenser with tubing that discharges the water into a cylinder where it can be accurately measured would avert similar situations
- The methadone solution stock bottle should have a child-proof cap on it so that persons dispensing it would not mistake it for something else
- Perhaps standardized precautionary labelling (or labelling comparable to hazardous materials labelling) should be developed for all solutions containing methadone or carries to avoid having it mistaken for orange juice when refrigerated
- Precautionary counselling to ensure that the methadone solution will be stored in a safe environment away from children

Dr. James Cairns, Chief Coroner for Ontario is investigating the 233 deaths due to methadone overdoses since 1998. This is more than in any other province. Let the safety precautions practiced by pharmacists be part of the solution and not part of the problem.

Aldona S. Tallo, B.Sc.Pharm.
Oshawa

Editor:

Your observation is correct that methadone has the consistency of orange juice once it has been prepared for consumption. Many pharmacists also prepare stock solutions of methadone in a concentrate to be diluted when a prescription is received. In these situations, the stock solution is indistinguishable from water.

Regardless of whether the methadone was pre-mixed or a concentrate, you raise several important issues. Pharmacies dispensing methadone should ensure that methadone solutions are kept separate from the main dispensing area and the bottles should be clearly identified. As well, pharmacy staff should also be informed and trained to prevent any errors or mishaps when preparing solutions especially when methadone is being dispensed in a pharmacy.

Your suggestions have been noted and will be referred to the Professional Practice Committee as it is currently developing guidelines for methadone dispensing in collaboration with the Centre for Addiction & Mental Health.

Dear Editor,

I am a glaucoma specialist at the Ottawa Eye Institute and perform a considerable amount of cataract and glaucoma surgery. One of my routine post-operative drops is Ocuflax®, which, as you know, is not covered for this indication by the Ontario Drug Benefit Formulary. It has been increasingly frustrating to be bombarded by requests from pharmacies following each of my operating days for a Limited Use Form. This creates great confusion for the patients who sometimes are delayed several days in starting their ocular medications awaiting the Limited Use Form which they have been led to believe will be forthcoming.

As health care professionals, I think it is incumbent on our pharmacy colleagues to be sure of what is in the *Ontario Drug Benefit Formulary* prior to creating these false expectations among patients. It does appear, at least in my practice in Ottawa, that this misperception among pharmacists has reached epidemic proportions. I too hope the *Ontario Drug Benefit Formulary* does see fit to cover this

continued on page 28

medication for this indication at some point in the future. However, in the meantime, I would be greatly indebted if you could circulate among your regular information to pharmacists a reminder that **Ocuflox® is not covered for post-operative use in routine cataract surgery by the Ontario Drug Benefit Formulary** [author's emphasis].

See Section 52:00 Eye, Ear, Nose and Throat Preparations in the *Ontario Drug Benefit*

Formulary/Comparative Drug Index, current edition.

Thank you in advance for your efforts in bringing this matter to the attention of Ontario pharmacists.

R. Buhrmann, MDCM, MPH, PhD, FRCSC
Assistant Professor
University of Ottawa Eye Institute
Ottawa

HEALTH CANADA Advisories & Notices

DATE	TYPE	GENERIC NAME	TRADE NAME
July 2002	Health Canada Notice of Recall	Ephedrine by Added Dimensions DIN#: 02218743	
August 13/02	Advisory: Health Canada is advising Canadians of incorrect information on new approved uses for Aspirin®.	Acetylsalicylic acid (ASA)	Aspirin®
August 21/02	Advisory: Health Canada issues a stop-sale order for all products containing KAVA		
August 27/02	Health Canada Notice to Hospitals on the Risks Associated with Soft Tissues from Cryolife Inc. used for Transplantation		
September 23/02	Health Professional Advisory <i>Enterobacter sakazakii</i> Infection and Powdered Infant Formulas		

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

NAPRA Clarification of Drug Schedule

Dextromethorphan and its salts in oral dosage forms in package sizes containing more than 300 mg of dextromethorphan	Schedule III	August, 2002
Dextromethorphan and its salts in oral dosage forms in package sizes containing 300 mg or less of dextromethorphan	Unscheduled	August, 2002

Close Up on

COMPLAINTS...

DISPENSING MEDICATIONS WITHOUT AUTHORIZATION

Over the past few months, the Complaints Committee has received several complaints relating to pharmacists dispensing medications without authorization. The complaints were received from a Toronto dermatologist who, in the course of his practice, dispenses and injects his patients with Kenalog®-40 and then issues an official tax receipt for this uninsured service.

In several instances, individual patients have submitted their tax receipts at a pharmacy as though it were a prescription. Unfortunately, some pharmacists dispensed Kenalog®-40 despite the fact the note was clearly stamped “Official Tax Receipt”. Following this, the physician made a number of complaints to the College against pharmacists for dispensing medication without authorization.

In reviewing the tax receipts in question, it is clear that they cannot be mistaken for legal prescriptions as defined by section 156(1) of the *Drug and Pharmacies Regulations Act*. As a result, during its deliberations and dispositions of these complaints, the Committee expressed great concerns about pharmacists confusing a tax receipt with a legal prescription.

Pharmacists are cautioned to ensure that all of the requirements of s.156(1) of the DPRA are met on any document appearing to be a prescription *prior* to dispensing the medication. A document that does not meet the requirements of section 156(1) of the DPRA does not constitute a legal prescription and dispensing medication based on such a document is an unauthorized fill. ❏

Can you spot what's missing from the “prescription” below?

Medical Clinic
1234 Huron Street
Toronto.

Received From.....John Doe

The Sum of \$20.00 (Twenty Dollars)
For Uninsured Medical Services

- Kenalog Injections (DN # 123456)
- Comedone Extractions / Milia Extractions
- Cryotherapy

GST #654321
Official Tax Receipt
NO. 78910

Dr. JSK

INFORMATION NOTED ON PRESCRIPTION

156. (1) Every person who dispenses a drug pursuant to a prescription shall ensure that the following information is recorded on the prescription,
- (a) the name and address of the person for whom the drug is prescribed;
 - (b) the name, strength (where applicable) and quantity of the prescribed drug;
 - (c) the directions for use, as prescribed;
 - (d) the name and address of the prescriber;
 - (e) the identity of the manufacturer of the drug dispensed;
 - (f) an identification number or other designation;
 - (g) the signature of the person dispensing the drug and, where different, also the signature of the person receiving a verbal prescription;
 - (h) the date on which the drug is dispensed;
 - (i) the price charged. R.S.O. 1990, c.H.4, s.156(1).
(excerpt from DPRA)



Greg Ujiye, B.Sc.Pharm.

Manager, Pharmacy
Practice Programs

Q&A Pharmacy Practice

Q What is the best way to apply a label to an eye drop medication or other medications in very small containers?

Small containers, particularly eye drop containers, present many labelling challenges for pharmacists. The *Drug and Pharmacies Regulation Act*, s.156 (3) states that the “container in which the drug is dispensed shall be marked with...” followed by a detailed list of specific requirements.

The questions the College receives concerning labelling extremely small packages reflect practitioners’ uncertainty on this issue: should the label be placed on the actual container, on the box in which the medication is packaged, or should the small container be placed in a larger vial which can accommodate the label?

As there is some conflict between the legislative requirements and the reality of dispensing, you are expected to use professional judgement. There is no one correct answer — except that your action must result in the best outcome for your patient.

Here are some questions that you should ask yourself:

1. Should the label be affixed on the vial or on a separate container?
2. If only a portion of the label can be affixed, which portion should it be?
3. What information might be necessary if an adverse event were to occur?
4. Will the label cover information that the patient may need (e.g. expiry date)?

5. If a label is affixed in a particular way, will this affect the patient’s ability to administer the drug?
6. Is there a security seal on the box containing the medication?
7. Is there a security seal on the actual product and should the seal be broken in order to affix a label?
8. Is it necessary to prime or premix the product?
9. Is it clear to the patient how to use the medication?

Although not a complete list of issues to be considered, it does highlight the importance of dialoguing with your patient. This will insure that there are no misunderstandings when the patient receives the medication.


Q If I can accept a faxed prescription from a physician for a narcotic or controlled drug, why can’t I fax a prescription to another pharmacy for an emergency supply of a narcotic or controlled drug?

The College receives this question often. We have raised this issue with Health Canada and its Drug Control Unit (Controlled Drugs and Substances Office).

It is the Unit’s opinion that ordering an emergency supply of narcotics or controlled drugs is considered to be the same as ordering from a licensed dealer, therefore requiring a written order signed by the pharmacist that cannot be faxed. Licensed dealers (wholesalers, suppliers) cannot accept a verbal or faxed order from pharmacies for narcotics or controlled drugs.

Q Although it is no longer a requirement to submit narcotic sales reports to the Controlled Drugs and Substances Office, am I still required to print this report?

Yes. The *Regulations Respecting the Control of Narcotics* state that a pharmacist must make these records available, and produce these records on request, for an inspector. An inspector can either be a federal narcotic inspector or a College inspector (DPRA, Reg. 551, s.64). Although the intent of the legislation is for pharmacies to maintain up-to-date records at all times, it is a general practice to accept the records as current if they are updated every one or two weeks.

Furthermore, the narcotic regulations state that a “pharmacist shall take all reasonable steps that are necessary to protect narcotics on his premises or under his control against loss or theft” (s.43 *Regulations Respecting the Control of Narcotics*). The printing and reviewing of narcotic sales reports is one means by which owners and designated managers can monitor narcotics and controlled drugs to prevent theft and diversion. Reviewing and comparing these reports with purchase records should help detect any unusual occurrences. 

REMINDER: Mailing Medications to Canadian Citizens Vacationing in the US

This is the time of year many Canadian seniors leave for vacation destinations in the US. This practice was initially addressed in the November/December 1997 issue of *Pharmacy Connection*. Since then, little has changed in the way of procedures and requirements for such mailings. You can find this policy in your OCP Index, Policy Handbook and Reference Guide or on our website under “Mailing Drugs to the US”.

REMINDER: Professional Courtesy

The Pharmacy Practice department regularly receives calls from pharmacists complaining about poor telephone manners, rudeness and lack of co-operation when transfers of prescriptions and information are initiated by pharmacists from other stores. Although the College cannot mandate either good etiquette or professional courtesy and cooperation, the College expects all members to act in a professional and courteous manner when dealing with peers.

Answers to most practice questions can be found in the OCP Index, Policy Handbook, and Reference Guide which can be found in your OCP Manual.

OCP’s website www.ocpinfo.com maintains the most up-to-date information from the OCP Manual, the Handbook, the past six issues of *Pharmacy Connection* and pertinent OCP practice questions, policies and guidelines. Or, simply search by keyword in the search box found at the top of the website.

Deciding on Discipline



Larry Boggio, B.Sc.Pharm.

Perspectives on the DISCIPLINE COMMITTEE The Pre-Hearing Conference

The College has introduced a process known as the **Pre-Hearing Conference** in an effort to increase the efficiency of the discipline process.

Offered to every member facing disciplinary proceedings, the Pre-Hearing Conference is a meeting held in advance of any discipline hearing between College representatives and the member and his/her legal counsel. Also in attendance is an **Officer**, selected by the Chair of the Discipline Committee, to preside over the conference. As an experienced member of the Discipline Committee, the Officer's role is to assist the parties in reaching a resolution on any or all issues involved in the case as well as to prepare for the hearing. (All disciplinary cases result in a formal hearing that is open to the public.)

The pre-hearing process provides the member with the opportunity to be presented with the case the College has prepared (usually by legal counsel), and to hear the assessment of the Officer in a timely fashion.

(These conferences are completely confidential. Nothing that the member says or does at these meetings can be shared or used at the discipline hearing without their consent — nor can any of these discussions be used against the member in his/her case.)

Prior to the Pre-Hearing Conference

The member is first provided with all documents related to the case in the College's possession. This is also the time when any discussions regarding other information, such as further disclosure, clarification about the facts or the discipline process, are held.

The Pre-Hearing Conference

At the Conference, all parties (member, College and Officer) meet to hear each other's perspectives on the case. At this time, the Officer will also provide his/her input by assessing the College's case and by providing an opinion as to whether a **Panel of the Discipline Committee** would likely render a decision with a finding of professional misconduct.

Exclusion of the Chair from the Panel

Regardless of whether the case will be contested or not, the Officer (who attended the Pre-Hearing Conference) is precluded from sitting on the Panel that will hear the member's case.

When All Parties Agree

In the event that there is an agreement to the facts and the member admits that these constitute professional misconduct, the parties will be able to discuss appropriate penalties. The Officer may also be asked to comment on whether the penalty sought by the College would likely be accepted by the Panel. (The Officer may also provide his/her thoughts as to the penalty that the Panel would likely order in the event that the member chooses to contest the recommended penalty.)

Discipline Hearing

The Pre-Hearing Conference has proven to be an excellent method for bringing cases forward and exploring suitable resolution opportunities in advance of discipline hearings. As a result, most hearings at the College are uncontested and, therefore, proceed to an **Agreed Statement of Facts** and **Joint Submission on Penalty** that has been negotiated, and agreed to, by all parties.

The Agreed Statement of Facts is a joint statement of the facts that the parties agree upon and an acknowledgment by the member that his/her acts amounted to professional misconduct. This means that, because the member has acknowledged professional misconduct, the Panel is not required to hear and assess evidence to reach a finding of professional misconduct. (The Panel will hold a hearing to review all evidence, receive testimony, and to deliberate and render its decision in the event that an Agreed Statement of Facts was not reached.)

Similarly, a Joint Submission on Penalty — a negotiated agreement between the parties on a suitable penalty for the case — is also often presented to the Panel. When this occurs, the College and the member jointly request the Panel to accept the proposed penalty. The Panel will grant the order sought — as long as the proposed penalty is fair, reasonable, and within the range of acceptable penalties.

Contesting the Sought Penalty

If, however, the member agrees with the College about the facts but cannot agree with the penalty sought by the College, the College and the member will both then need to present their proposed penalties to the Panel. The Panel would then determine the penalty to be imposed.

Our Goal

The College's goal is to develop a speedy, fair and appropriate resolution process for all discipline matters. This allows the member to plead their case, receive a promptly rendered decision, be sanctioned, engage in remediation and then resume their practice in a shorter time period.

In effect, our introduction of the pre-hearing process will speed up the current disciplinary process so, once the College's backlog of cases have been completed (over the next few months), it will take the College a number of months, rather than years, to review and complete each discipline case from start to finish.

Expediting the process serves the interests of both members and the public. Members will be able to correct practice deficits and return to practice as soon as possible. The public will be better served by being able to receive more timely decisions and outcomes on each discipline case. Finally, it will also allow the College to administer its processes more efficiently.

Following Cases

In determining the suitability of the order, each Panel of the Discipline Committee assesses the circumstances of each case. A number of cases are presented in this issue that deal with various acts of dishonesty by members.

In the decisions you will see that the Discipline Committee and its Panels find any act of dishonesty by a pharmacist to be unacceptable regardless of circumstances. Our profession fundamentally relies on its members to conduct themselves honestly and ethically to ensure the public's trust. It is the public's trust that underlies our profession's various privileges, including that of drug custodianship, authority to directly bill third party payers and the right to own and operate a pharmacy.

Every pharmacist's act of dishonesty is an abuse of the public's trust —and a betrayal that has the effect of bringing disrepute to our entire profession. 📌

Deciding on Discipline

CASE 1

Theft

Member: Etienne Jean Paul Misigaro, Embrum

Hearing Date: May 22, 2002

Mr. Misigaro was found:

- Guilty of an offence relevant to his suitability to practise pharmacy, in that he stole money from his employer, a pharmacy

Mr. Misigaro did not attend the hearing; however he entered a plea of professional misconduct by way of an Agreed Statement of Facts.

Facts:

On May 27, 1999, Mr. Misigaro was found guilty of the criminal offence of theft of a sum of money, of a value not exceeding \$5,000.00, the property of his employer, Zellers Pharmacy contrary to section 334 (b) of the *Criminal Code of Canada*. On sentencing, Mr. Misigaro was subject to a probation order for one year, ordered to make restitution to Zellers Pharmacy in the amount of \$1,092, and fined \$700. Mr. Misigaro admitted that the offence is relevant to his suitability to practise pharmacy.

Reasons:

The subject matter of this professional misconduct involved theft from an employer which is a serious breach of trust. Regardless of the stress that Mr. Misigaro was experiencing, or his perception of an inequity of employee compensation at the workplace, there was no justification for his behaviour.

Order:

1. A reprimand
2. A suspension of Mr. Misigaro's Certificate of Registration for a period of six months, two months of which will be remitted upon the member attending in person to receive the reprimand

CASE 2

Theft

Member: Babak Khazra, Woodbridge

Hearing Date: June 27, 2002

Mr. Khazra was found to have:

- Been guilty of an offence relevant to his suitability to practise pharmacy
- Engaged in conduct or performed an act relevant to the practice of pharmacy that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional in that he stole pharmaceutical drugs from his employer

The Panel accepted a plea of professional misconduct by the member, and was provided with an Agreed Statement of Facts which formed the basis of his plea.

Facts:

On or about May 11, 2000, Mr. Khazra was convicted of theft of pharmaceutical drugs, the property of Zellers Inc., the value of which exceeded \$5,000, contrary to section 334(a) of the *Criminal Code of Canada*. Apparently the theft of these drugs, namely, prescription drugs for high blood pressure, cancer and cholesterol, was not a commercial endeavour, but rather Mr. Khazra was sending the medications to impoverished persons in Iran. None of the prescription medications taken were narcotics.

Reasons:

The member and the College provided a Joint Submission on Penalty which the Committee carefully considered, noting that this matter involved the theft of pharmaceutical products from Mr. Khazra's employer. It was the Committee's view that Mr. Khazra's intent to send the pharmaceutical to impoverished people in Iran in no way justifies his behaviour, and that his actions were clearly outside the scope of practice for a pharmacist. Taking his conviction for a criminal offence into account, the Committee noted that Mr. Khazra has no prior record and has entered a plea of professional misconduct which saved the College the time and expense of a lengthy hearing. The Committee therefore concluded that the proposed penalty

was fair and reasonable in the circumstances, and made the following Order.

Order:

1. A reprimand
2. A six-month suspension of Mr. Khazra's Certificate of Registration

CASE 3

Billing Irregularities

Member: Ovietobore Felix Ayigbe, Toronto

Hearing Date: September 17, 2002

Mr. Ayigbe was found to have:

- Failed to maintain a standard of practice of the profession
- Failed to keep the required records respecting his patients
- Signed or issued in his professional capacity, a document that he knew to contain a false or misleading statement
- Breached the *Drug and Pharmacies Regulation Act* and regulations thereunder
- Engaged in conduct or performed an act relevant to the practice of pharmacy that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional

The Committee accepted a plea of professional misconduct by the member and was provided with an Agreed Statement of Facts which formed the basis of his plea.

Facts:

The College initiated an investigation of Mr. Ayigbe's pharmacy practice in February 1999 after receiving information from various drug plans. The results of the investigation revealed a total of approximately \$196,000 in billing irregularities as well as numerous errors or omissions in documentation of prescriptions such as prescriber information, directions for use and quantities dispensed; and/or unauthorized reductions in quantities on approximately 4,100 claims processed by Mr. Ayigbe's pharmacy through the various drug plans during the period of November 1996 to February 1998.

Mr. Ayigbe acknowledged that that he committed acts of professional misconduct, stating also, however, that all outstanding claims of third party payers had been paid or otherwise resolved.

Reason:

The member and the College provided the Committee with a Joint Submission on Penalty which the Committee carefully considered, noting that the member pleaded guilty saving the College the time and expense of a lengthy hearing and that he has resolved all of the financial issues related to this investigation with the appropriate parties.

The Committee also noted however, that the member had a prior finding of professional misconduct in May 1998 involving a dispensing error. The Committee felt that the proposed penalty would serve the public interest through the suspension of, and restrictions on, the member's Certificate of Registration; the profession, through the seriousness of the penalty for this type of misconduct; and the member himself, in that he is being given the opportunity to improve his skills and judgment to better serve the public when reinstated. For these reasons the Committee found the Joint Submission on Penalty to be fair and reasonable and made the following Order:

Order:

1. A reprimand
2. A suspension of Mr. Ayigbe's Certificate of Registration for a period of 12 months
3. Specified terms, conditions and limitations on Mr. Ayigbe's Certificate of Registration, and in particular, that Mr. Ayigbe complete successfully, at his own expense, within 12 months of the date of this order, remedial training in the following courses and evaluations from the *Canadian Pharmacy Skills Program* offered through the Leslie Dan Faculty of Pharmacy at the University of Toronto:
 - a) Advanced Professional Practice Labs
 - b) Law Lesson 2 – The Regulation of Pharmacy Practice
 - c) Law Lesson 6 – Standards of Practice
 - d) Law Lesson 7 – Professional Liability
4. Additional specified terms, conditions and limitations to remain on Mr. Ayigbe's Certificate of Registration for a period of three years following the term of his suspension, and in particular, that:
 - a) Mr. Ayigbe shall be prohibited from having any proprietary interest in a pharmacy, as a sole proprietor, partner, or director or shareholder in a corporation that owns a pharmacy, or in any other capacity

- b) Mr. Ayigbe shall not act as a designated manager in any pharmacy
 - c) Mr. Ayigbe shall inform all employers in a pharmacy setting in which he is employed on a permanent, relief or any other basis, of the full details of the decision of the Discipline Committee, including the findings of professional misconduct and this order, and provide them with a copy thereof
 - d) Mr. Ayigbe shall notify the College in writing immediately upon commencement of any and all employment in a pharmacy
 - e) Mr. Ayigbe shall ensure that all employers confirm in writing to the College within 10 days following the commencement of Mr. Ayigbe's employment that they have received and reviewed a copy of the decision of the Discipline Committee, including the findings of professional misconduct and this order
 - f) Mr. Ayigbe's employment remuneration shall be based only on hourly or weekly rates and not on any incentive for the value of prescription sales or the number of prescription sales
 - g) Mr. Ayigbe shall ensure that all employers confirm in writing to the College within 10 days of the commencement of his employment that Mr. Ayigbe is being remunerated in accordance with paragraph 4(f) above and that they agree to review Mr. Ayigbe's pharmacy billings on at least a quarterly basis and to report any irregularities of billings attributable to Mr. Ayigbe to the College within 10 days of the discovery of any such irregularity
 - h) For the purposes of clarity, the failure of any employer to meet the conditions in paragraphs 4 (e), (f) or (g) shall constitute a breach by Mr. Ayigbe of a condition on his Certificate of Registration
5. Costs to the College in the amount of \$10,000

CASE 4

Falsification of Record, Failure to Keep Records, Unauthorized Dispensing

Member: John Girgis, Mississauga

Hearing Date: July 24, 2002

Mr. Girgis was found to have:

- Failed to maintain a standard of practice of the profession

- Failed to keep records as required respecting his patients
- Submitted an account or charge for services that he knew to be false or misleading
- Contravened the *Pharmacy Act*, the *Drug and Pharmacies Regulation Act*, the *Regulated Health Professions Act* or the regulations under those Acts
- Contravened, while engaged in the practice of pharmacy any federal or provincial law or municipal by-law with respect to the distribution, sale or dispensing of any drug or mixture of drugs

The Discipline Committee accepted a plea of professional misconduct by the member and was provided with an Agreed Statement of Facts, which formed the basis of his plea.

Facts:

This matter arose from two separate investigations of Mr. Girgis's practice at two different locations. The first investigation was ordered by the Registrar in September 1997 and again in February 1998 to investigate prescription discrepancies and lack of documentation of dialogue of drugs dispensed. The second investigation was ordered in October 1997 and examined Mr. Girgis's billing practices.

Investigation #1

Mr. Girgis admitted that, between April and July 1998, he dispensed drugs, namely Novo-Ranidine® 150mg 30 tabs (NOP), Novohydrazide 25mg 90 tabs (NOP), Novo-Atenol 50mg 90 tabs (NOP), C.E.S. 0.625mg 75 tabs (ICN), Novo-Medrone® 10mg 39 tabs (NOP), Pravachol® 20mg 90 tabs (BQU), Ectosone® 0.1% cream 25gm (TGH), and Arthrotec® 50mg 14 tabs (SEA) without referencing the prescription to the proper authority to refill; he dispensed drugs, namely, Didrocal®, Endocet®, and Arthrotec® labeled with instructions for use that differed for the instructions provided by the physician; he dispensed drugs, namely Flonase® and a Novo-Salmol® Inhaler pursuant to prescriptions that were not signed by the prescribing physician; and he dispensed an increased quantity of a drug, namely Novoferrogluc®, without proper authority.

Investigation #2

Mr. Girgis admitted that, between 1994 and 1997, he submitted accounts for services to a health insurance provider that he knew were false and misleading by dispensing and/or billing for 441 unauthorized prescriptions

for one patient; dispensing to another patient a total of 428 tablets of Methotrexate 2.5mg when only 200 tablets had been authorized, as well as 120 tablets of Novohydrazide 25mg that were unauthorized.

Mr. Girgis further admitted that between 1996 and 1997 he charged a patient for the actual cost of drugs dispensed on 150 prescriptions, but issued false receipts that inflated the total cost to eliminate that portion of the total price of the prescriptions that would not otherwise be covered under the patient's drug plan, knowing that the patient intended to submit the false receipts to her insurer for reimbursement.

Mr. Girgis also admitted that in 1996 and 1997 he dispensed a full year's supply of medication, as prescribed, on eight prescriptions for two patients, but submitted monthly claims to the insurer as a reduced quantity, thereby charging the insurer monthly dispensing fees for services that were not incurred. Mr. Girgis has since made restitution in the amount of \$4,909.73 to the insurer in this instance.

Reasons and Order:

The member and the College provided the Committee with a joint submission on penalty. The Committee accepted the proposed penalty for the following reasons:

A Practice Review conducted in October 2001 demonstrated Mr. Girgis's practice skills to be above average. Mr. Girgis refunded all monetary discrepancies and made restitution to the third parties. He voluntarily withdrew from practice for six months commencing March 1999 and agreed to attend two courses which the Committee believed would provide appropriate remediation associated with jurisprudence and ethics.

The Committee therefore concluded that the proposed penalty was fair and reasonable and made the following Order:

1. A reprimand
2. A condition to be placed on Mr. Girgis's Certificate of Registration that within one year from the date of this Order he shall, at his own expense, take and successfully complete the appropriate examinations for the following two courses:
 - a) Advanced Professional Practice Laboratories course of the *Canadian Pharmacy Skills II Program*; and
 - b) Law Lessons 1 through 7 — both offered through the Leslie Dan Faculty of Pharmacy at the

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

3. A suspension of Mr. Girgis's Certificate of Registration for a period of seven months, two months of which are to be remitted in recognition of the voluntary withdrawal from practice by the member between March and August 1999 and, three months of which are to be remitted on successful completion of the courses referred to in paragraph 2 above.
4. The Ontario College of Pharmacists will conduct, at the expense of the member, an unannounced inspection of any pharmacy at which the member may be practising or hold an ownership interest, within 12 months of the date of this Order
5. Costs to the College in the amount of \$3,000

CASE 5

Dispensing Error, Breach of Confidentiality and Pricing Violations

Member: Harvey Organ, Hamilton

Hearing Date: July 24, 2002

Mr. Organ was found to have:

- Failed to maintain a standard of practice of the profession
- Engaged in conduct or performed an act relevant to the practice of pharmacy that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional

The Committee accepted a plea of professional misconduct by the member and was provided with an Agreed Statement of Facts which formed the basis of his plea.

Facts:

This matter arose from two separate cases. One stemmed from a complaint involving a medication dispensing error. The other involved violations of the "Best Available Price" regime of the *Prescription Drug Cost Regulation Act*, the legislation in force at the time of the misconduct.

Case #1

The College received a complaint from a patient advising that, on June 10, 1998, he picked up a renewal prescription for 60 3TC tablets, together with several medications that comprised a drug cocktail to treat AIDS. The patient explained that upon his return home from the pharmacy he noticed that the label on the bottle containing the 3TC tablets was placed partially over a label that disclosed the name of another patient. This patient was an acquaintance of the complainant. The Complainant did not know that this acquaintance also suffered from AIDS. The Complainant further noted that when he opened the bottle of 3TC he noticed that the original safety seal was removed and when he counted the pills, discovered that there were only 49 instead of 60.

Mr. Organ admitted that he dispensed a prescription to a patient that bore the label of another patient disclosing that patient's name and medication and thereby failed to maintain client confidentiality. He also admitted that he dispensed 49 tablets of 3TC instead of 60 tablets as prescribed and then documented on the prescription record that 60 tablets were dispensed.

Case #2:

On November 30, 1998, Mr. Organ and his business partner were convicted of 12 counts of knowingly engaging in an improper arrangement between various individuals to circumvent the "best available price" regime established under the *Prescription Drug Cost Regulation Act* and the *Ontario Drug Benefit Act*. Mr. Organ and his business partner were fined and paid \$300,000 each.

Reasons:

The member and the College provided the Committee with a Joint Submission on Penalty. The Committee noted that the joint submission did not include a term of suspension and considered the circumstances in this case, namely that Mr. Organ has no prior disciplinary history with this College; that the misconduct in the matter concerning a single dispensing error was an isolated incident with no resulting physical injury to the public; that the pharmacy dispensary's policies and procedures have been reviewed and rectified to prevent recurrence; and that in the second matter, Mr. Organ had already incurred a substantial fine. For these reasons, the Committee concluded that the proposed penalty was fair and reasonable and made the

following Order:

1. A reprimand
2. A charitable donation payable to HALCO, the HIV and AIDS Legal Clinic (Ontario) in the amount of \$10,000
3. Fine in the amount of \$5,000
4. Costs payable to the Ontario College of Pharmacists in the amount of \$15,000

CASE 6**Failure to Intervene**

Member: Hani Salib, Mississauga

Hearing Date: July 30, 2002

Mr. Salib was found to have:

- Failed to maintain a standard of practice of the profession
- Engaged in conduct or performed an act relevant to the practice of pharmacy that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional in that as a pharmacist and the designated manager he failed to intervene, detect and act upon the frequency of dispensing narcotic drugs namely Dilaudid®, Tylenol #2® and Tylenol #3®, to a patient

The Committee accepted a plea of professional misconduct by the member and was provided with an Agreed Statement of Facts which formed the basis of his plea.

Facts:

This matter arose on referral from the Complaints Committee in respect to a complaint by a health insurance provider regarding claims for drug benefits on behalf of a patient. The audit report confirmed that the patient had obtained unreasonable quantities of narcotics from various pharmacies, including the pharmacy owned by Mr. Salib and where he is the Designated Manager. Specifically, on 19 occasions between October 17, 1997 and December 17, 1997 prescriptions for narcotic medication prescribed by nine different physicians were dispensed to this patient by either Mr. Salib or another pharmacist at Mr. Salib's pharmacy.

Mr. Salib acknowledged that the pharmacy records showed that there was a pattern of narcotic abuse and that he failed to intervene with the patient, the physicians or the other pharmacist in his pharmacy to question the pattern of prescribing and dispensing of narcotics to the patient.

Reasons and Order:

The member and the College provided the Committee with a joint submission on penalty. After careful consideration, the Committee concluded that that it was fair and reasonable under the circumstances and made the following Order.

1. A reprimand
2. A suspension of the Member's Certificate of Registration for a period of two months, with one month of the suspension to be remitted on condition that the Member completes the remedial retraining described in paragraph 3 below within 12 months
3. Specified terms, conditions and limitations on the Member's Certificate of Registration, that the Member complete successfully, at his own expense, within 12 months of the date of this order, remedial training in the following courses and evaluations from the *Canadian Pharmacy Skills Program* offered through the Leslie Dan Faculty of Pharmacy at the University of Toronto:
 - a. Advanced Professional Practice Laboratories
 - b. Advanced Interviewing Techniques
 - c. Law Assignments:
 - Law Lesson #2 – Regulation of Pharmacy Practice
 - Law Lesson #4 – Complaints and Discipline Procedures of the College
 - Law Lesson #6 – Standards of Practice
 - Law Lesson #7 – Professional Liability

CASE 7**Failure to Intervene**

Member: Nabil Mounir Said, Toronto

Hearing Date: April 17, 2002

Mr. Said was found to have:

- Failed to maintain a standard of practice of the profession in that as a pharmacist and the designated manager he failed to intervene, detect and act upon the frequency of dispensing narcotic drugs, namely Tylenol® #3 and Percocet®

The Committee accepted a plea of professional misconduct by the member and was provided with an Agreed Statement of Facts which formed the basis of his plea.


Facts:

This matter arose on referral from the Complaints Committee in respect of a complaint by a health insurance provider concerning narcotic medications dispensed to a patient by Mr. Said. Concern was expressed as to whether the pharmacist questioned the prescribers in relation to the quantity and frequency of narcotics involving prescriptions by several doctors.

The resulting investigation revealed that on thirty one occasions between December 1995 and July 1997, Mr. Said, in his role as the Designated Manager of the pharmacy, dispensed, or permitted the dispensing of, a total of 767 tablets of Tylenol#3® 30mg and 76 tablets of Percocet®, prescribed by four different physicians, to one patient, and failed to document dialogue to the effect that his pharmacy contacted the prescribing physicians when duplication of medication was occurring.

Reasons and Order:

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

1. A reprimand
2. That a condition be placed upon the Certificate of Registration of Nabil M. Said, that during the next 12 months, he successfully complete the following courses of the *Canadian Pharmacy Skills Program* offered through the Leslie Dan Faculty of Pharmacy, University of Toronto, namely:
 - Advanced Professional Practice Laboratories
 - Advanced Interviewing Techniques 



Stephanie Edwards, B.Sc.Pharm.



Diana Spizzirri, B.Sc.Pharm.

Structured Practical Training

AN UPDATE

2002 marks the seventh anniversary of the introduction of Structured Practical Training (SPT).

The program continues to evolve and, in March 2002, SPT Studentship was discontinued for undergraduates from Canadian and US pharmacy schools — as experiential training is now being provided at these faculties. SPT Studentship does however remain as a training requirement for international pharmacy graduates. There is no change to SPT Internship, which remains as a requirement for both Canadian/US and international pharmacy graduates.

The emphasis of all structured programs is on the student/intern demonstrating competence rather than being required to simply spend a specific period of time at a pharmacy training site.

In brief, the SPT Program requirements include:

- **Activities:** (and *Questions*, depending on the program) that must be completed and documented by students/interns, and reviewed with the preceptor. The Activities are revised by SPT staff on an annual basis to reflect current practice
- **Written Assessments:** Regular written assessments (formal and informal) must be completed by students/interns and preceptors. These describe the students'/interns' performance on all competency elements.

Preceptors and students/interns often contact the College's SPT staff to clarify the *Activities*, to discuss the assessment forms or concerns. Through their written feedback on the Assessment forms, preceptors and students/interns often provide excellent examples to illustrate the student's/intern's training progress.

On occasion, when the written feedback does not fully support the rating (Poor, Fair, Satisfactory, Good, Excellent) selected for a competency element, SPT staff will contact the preceptor or student/intern to obtain further details. Such cases generally result in significantly improved documentation on subsequent assessments. While preceptors may be providing valuable verbal feedback to their students/interns, written feedback on the assessments forms is necessary to document the student's/intern's progress.

[Occasionally situations arise that cause students/interns to change preceptors during the SPT rotation.] In some situations students/interns require an extension of their SPT rotation if they had minimal previous pharmacy work experience, or need to develop skills to become proficient in the competencies. Practically, such students may experience greater challenges in balancing workplace demands (multi-tasking), making rapid decisions and/or applying professional judgment. Some students/interns also change from one type of practise site to another, as they realize that their preference and performance strengths are better suited to a different practice area.

We encourage preceptors and students/interns to contact us regarding any aspect of the SPT program. While we do not initiate contact with every preceptor-student/intern pair during each rotation, we are available to discuss any issues or questions that you may have.

Preceptor Workshops

Twenty preceptor workshops were held in 2002 (13 Orientation and 7 Advanced), eight of which were conducted outside Toronto in Hamilton, London, Ottawa, Sudbury and Windsor. In all, 272 preceptors have attended the Orientation

Workshop and 110 have attended the Advanced Workshop. Since its inception in 1996, over 2100 of Ontario's 9000 'Part A' pharmacists have attended an Orientation Workshop and of these, about 1200 also attended an Advanced Workshop. Meeting the many pharmacists who are interested in guiding a student or intern is always gratifying to the SPT staff and facilitators. Your dedication to our profession is evident.

Finding a Student/Intern

Although we do not "match" students/interns with preceptors, we are able to provide students/interns with a list of "potential preceptors" who have attended a preceptor workshop within the past two years and who are not currently training a student or intern.

Dates for Workshops in 2003

The next Orientation Workshops are scheduled for January 21 and February 12, 2003. Please contact us to sign up for a workshop. Future workshop dates will be posted on our website www.ocpinfo.com and published in *Pharmacy Connection*.

Thank You Preceptors

We would like to extend a heartfelt thank you to all pharmacists who have preceptored students/interns in 2002. Pharmacists have many competing demands for their time and we recognize that you are, in taking a student or intern, working above and beyond your regular duties to commit the time and dedication that is needed to serve as preceptor.

Thank you to all. 

Thank you Preceptors!

AJAX

Kevin Shish-Chuan Hsu
Pharma Plus Drugmart

ALLISTON

Leandra Korpus
Zehrs Markets Drug Store
Pharmacy

AURORA

Gabrielle Ho
Shoppers Drug Mart

Cindy Piquette
Shoppers Drug Mart

BARRHAVEN

Tanya Johnson
Wal-Mart Pharmacy

BARRIE

Antonella Cano
Wal-Mart Pharmacy

Donna Carlyle
Shoppers Drug Mart

BELLEVILLE

Mojgan Bijanzadeh
The Pharmacy (A&P)

Sunil Philip
Wal-Mart Pharmacy

Martin Rowland
Quinte Healthcare
Corporation

BLENHEIM

Erin Berry
Shoppers Drug Mart

BOLTON

Ivan Kraljevic
Shoppers Drug Mart

BRACEBRIDGE

Thu Phan
Shoppers Drug Mart

BRAMALEA

Sela Lee
The Pharmacy (A&P)

BRAMPTON

Regina Dedrick
Pharma Plus Drugmart

Quang Hong Kao
Wal-Mart Pharmacy

Elliot Offman
Shoppers Drug Mart

Anna Posca
Pharma Plus Drugmart

Allan Dominic Saldanha
Pharma Plus Drugmart

Manuel Silva
Shoppers Drug Mart

Parvinder Singh
Shoppers Drug Mart

Mohamed Walji
Zellers Pharmacy

BRANTFORD

John Cook
Zehrs Markets Drug Store
Pharmacy

Ramsis Tadrus
Shoppers Drug Mart

Bhikhu Tejura
Zehrs Markets Drug Store
Pharmacy

Glenys Vanstone
The Brantford General
Hospital

BROCKVILLE

Mary Pagnello
Shoppers Drug Mart

BURLINGTON

Dina Dichek
Joseph Brant Memorial
Hospital

Haresh Gupta
Shoppers Drug Mart

Susan Janssens
Classic Care Pharmacy

Sidney Kadish
Shoppers Drug Mart

Poobalan Nayiager
Urgent Care Canada
Pharmacy Inc.

David Pinkus
Shoppers Drug Mart

Kathryn Pollock
Pharma Plus Drugmart

CAMBRIDGE
Sheryl Horton-Smith
Shoppers Drug Mart

CARLETON PLACE

Aziz Dhalla
Carleton Place IDA
Drugmart

CHATHAM

Michael Collodel
Shoppers Drug Mart

COBOURG

Elizabeth Moores
Shoppers Drug Mart

CONCORD

John Stepaniuk
Wal-Mart Pharmacy

CORNWALL

Joanne Labelle
Shoppers Drug Mart

Amanda Wall
Shoppers Drug Mart

DON MILLS

Biljana Simic-Zivkovic
Shoppers Drug Mart

Bogumila Solecka-Janik
Shoppers Drug Mart

DOWNSVIEW

Angela Jeemak
Humber River Regional
Hospital

Laura Weyland
Shoppers Drug Mart

Eliza Sio Wah Wong
Pharma Plus Drugmart

ETOBICOKE

Joseph Cheung
Wal-Mart Pharmacy

Fred Schpanouski
Wal-Mart Pharmacy

Gordon Silverton
Medical Pharmacy

FORT FRANCES

Stephanie Cousineau
La Verendrye Health Centre

GEORGETOWN

Charles Zammit
Wal-Mart Pharmacy

GLOUCESTER

Charles Rak
Pharma Plus Drugmart

GRAND BEND

Claire Knauer
Shoppers Drug Mart

GRIMSBY

Georgios Benakopoulos
Hodgins IDA Pharmacy

Mark Bocchinfuso
Shoppers Drug Mart

GUELPH

Jennifer Smith
Zehrs Markets Drug Store
Pharmacy

Charles Wambeke
Shoppers Drug Mart

HAMILTON

Usama Agaybey
Upper Gage Pharmacy

Carolyn Boudreau
St. Joseph's Hospital

Jane Bowles-Jordan
Marchese Pharmacy

Dale Cochrane
Hamilton Health Sciences Corp.

Kristin Davies
Day Night Pharmacy

Jafar Rasheed Hanbali
Shoppers Drug Mart

Neil Horvath
Pharma Plus Drugmart

Janice Hunks
Shoppers Drug Mart

Sarah Jennings
Hamilton Regional Cancer Centre

Betty Kurian
Zellers Pharmacy

Brenda Stinson
Hamilton Health Sciences Corp.

HANOVER

James Metsovas
Wal-Mart Pharmacy

ISLINGTON

Tammy Shuet Che Cheung
Pharma Plus Drugmart

Ian Stewart
Shoppers Drug Mart

Karen Ka Yi Yeung
Shoppers Drug Mart

Jie-Young Youn
Shoppers Drug Mart

JARVIS

Paul Cavanagh
Cavanagh IDA Pharmacy

KANATA

Chantal Dionne
Shoppers Drug Mart

Raymond Lee
Shoppers Drug Mart

Isabelle Martineau
Pharma Plus Drugmart

KINGSTON

Clarene Ho
Pharma Plus Drugmart

Andrea Neilson (O'Leary)
Shoppers Drug Mart

Eric Pturko
Wal-Mart Pharmacy

KINGSVILLE

Lorrie Verspeelt
Shoppers Drug Mart

KITCHENER

Alysse Hastie
Pharma Plus Drugmart

Jessica Lau
Pharma Plus Drugmart

Elizabeth Mutton
Shoppers Drug Mart

Libby Wright
Shoppers Drug Mart

LEAMINGTON

Stanley Francic
Shoppers Drug Mart

LISTOWEL

Shou-Ben Chang
Zehrs Markets Drug Store Pharmacy

LONDON

Delio Bartolozzi
Pharma Plus Drugmart

Charles Bayliff
London Health Sciences Centre

Ola Moubayed El-Chabib
Wal-Mart Pharmacy

Susan Lam
London Health Sciences Centre

Kenny Leung
Wal-Mart Pharmacy

Paul Unger
The Pharmacy (A&P)

MARKHAM

Patricia Brown
Markham Stouffville Hospital

Tina Cheung
Shoppers Drug Mart

Roger Daher
Ashgrove Pharmasave

Rashmi Gupta
Shoppers Drug Mart

Saleem Khamis
Hillcroft Pharmacy

Puneet Khanna
Drugstore Pharmacy

Jim Lau
Shoppers Drug Mart

Kandavel Palanivel
Denison Discount Pharmacy

Lorne Shapiro
Shoppers Drug Mart

Joria Man Hung Tse
Shoppers Drug Mart

Mary Au Yeung
Hillcroft Pharmacy

MIDLAND

Michael Tolmie
Shoppers Drug Mart

MISSISSAUGA

Maria Croft
The Trillium Health Centre

Linda Dickinson
Pharma Plus Drugmart

Jovana Dukic
The Trillium Health Centre

Patricia Ehgoetz
Shoppers Drug Mart

Charles Fung
Wal-Mart Pharmacy

Sandra Hamid
Shoppers Drug Mart

Sadiyah Ibrahim
Glengarry Dundas Pharmacy

Thi Huong Le
Hy & Zels Drug Warehouse

Michelle Moslim
Shoppers Drug Mart

Linda Nguyen
Shoppers Drug Mart

Tarulata Ravji
Shoppers Drug Mart

NEPEAN

Caroline Cheng
Queensway-Carleton Hospital

Ibrahim Gabriel
CentrepoinTE Guardian Drugs

Kathleen Jordan
Shoppers Drug Mart

Karim Kherani
Shoppers Drug Mart

Christa MacDonald
Shoppers Drug Mart

NEWMARKET

Jacques Kwok-Leung Lee
Wal-Mart Pharmacy

NIAGARA FALLS

Karim Mirshahi
Wal-Mart Pharmacy

Magdy Youssef Saleeb
Wal-Mart Pharmacy

NORTH BAY

Lyla Burnett
Pharma Plus Drugmart

Josée Corbeil
Wal-Mart Pharmacy

NORTH YORK

Wendy Yee Man Lam
St. John's Rehabilitation Hospital

Emmylou Legaspi
St. John's Rehabilitation Hospital

Marisa Chia Ying Lin
CIMS Pharmacy

OAKVILLE

Syed Kazimi
Wal-Mart Pharmacy

Aleksandra Wright
Pharma Plus Drugmart

ORILLIA

Susan Donaldson
Wal-Mart Pharmacy

Karen Yates
Shoppers Drug Mart

ORLEANS

Jacqueline MacInnis
Shoppers Drug Mart

OSHAWA

Patrick Garcha
Shoppers Drug Mart

Rajni Kasset
Guardian Drugs

Norman Lexovsky
Shoppers Drug Mart

Leaggy Mwanza
Drugstore Pharmacy

Ashok Kumar Patel
Pharma Plus Drugmart

Wallace Man Kit Tong
Shoppers Drug Mart

OTTAWA
Raymond Shiu-Leung Au
Shoppers Drug Mart

Tony Boghossian
Bell Pharmacy

John Robert Cameron
Shoppers Drug Mart

Shelagh Campbell
Pharma Plus Drugmart

Hyman Cooper
Drugstore Pharmacy

Celine Corman
The Ottawa Hospital

Lori Danyliw
Zellers Pharmacy

Jean Claude Dube
Nutri Chem Pharmacy Ltd.

Joseph Hanna
Shoppers Drug Mart

Narmin Jalaldin
Shoppers Drug Mart

Raymond Kuryliw
Pro-Medical Pharmacy Ltd.

Bassem Nashed
Shoppers Drug Mart

Anil Virani
Pharma Plus Drugmart

PEMBROKE

Margaret MacKay
Pharma Plus Drugmart

Joan Weise
Mulvihill Drug Mart

PETERBOROUGH

Jason Hinton
Shoppers Drug Mart

PICKERING

Amir Besada
Main Drug Mart

Adrienne Taylor
Pharma Plus Drugmart

PICTON

Usama Gargas
Drugstore Pharmacy

RENFREW

Debbie Newhook
Wal-Mart Pharmacy

REXDALE

Bernadette Almeida
William Osler Health Centre

Rayburn Ho
Shoppers Drug Mart

Nishi Narayan
Shoppers Drug Mart

RICHMOND HILL

Mary Au Yeung
York Central Hospital

ST. CATHARINES

Dennis Martin
Shoppers Drug Mart

Sameh Sallam
Zehrs Markets Drug Store Pharmacy

Monica Stradinger
Zehrs Markets Drug Store
Pharmacy

ST. THOMAS

Stephen Bond
Shoppers Drug Mart

Ronald Elliott
Shoppers Drug Mart

SARNIA

Evan Palsler
Zehrs Markets Drug Store
Pharmacy

Robert Schell
Wal-Mart Pharmacy

SCARBOROUGH

Lynne Anderson
Shoppers Drug Mart

Amir Aziz Hanna Attalla
Zellers Pharmacy

Paul Au
The Pharmacy

Murray Grossman
Shoppers Drug Mart

Almasbegum Kanani
Shoppers Drug Mart

Jason Lau
Shoppers Drug Mart

Man Lit Liu
Shoppers Drug Mart

Joanna Man
Zellers Pharmacy

Gurmeet Minhas
Neilson Rexall Drug Store

Oluremi Ojo
Guardian Corporate
Pharmacy

Nayan Patel
Pharmasave

Michelle Tam
The Scarborough Hospital

Diane Tin
The Scarborough Hospital

Susanna Wong
Shoppers Drug Mart

Sonia Yam
Shoppers Drug Mart

STONEY CREEK

Matthew Neskar
Shoppers Drug Mart

SUDBURY

Everett Dawson
Wal-Mart Pharmacy

Joscelyn Gagnon
Bancroft Centre Pharmacy

Joy Azunna-Kalu
Michaud Medical Pharmacy

Patricia Thompson
Sudbury Regional Hospital

THORNHILL

Ashraf Faltaous
Shoppers Drug Mart

Bob Katz
Hy & Zels Drug Warehouse

THUNDER BAY

Jodi Hicks
Medi+Plus Pharmacy

Vinay Kapoor
Shoppers Drug Mart

Todd Michael Krywy
Shoppers Drug Mart

Murray Parker
Medi+Plus Pharmacy

Cheryl Ritchie
Shoppers Drug Mart Clinic
Pharmacy

Tayyab Ahmed Syed
Shoppers Drug Mart

TORONTO

Vera Avetissov
Shoppers Drug Mart

Myrabel Batangan Pascua
Drugstore Pharmacy

Edmund Bielawski
Summit Chemists

Aleksandra Bjelajac Mejia
The Hospital for Sick
Children

Cherry Brittain
Shoppers Drug Mart

Bella Brody
Mount Sinai Drugstore

Thomas Brown
Sunnybrook and Women's
College H.S.C.

Lisa Burry
Mount Sinai Hospital

Christina Kit Ying Cheung
The Toronto General Hospital

Yet Sheung Rita Cheung
Toronto Rehabilitation
Institute

Judy Chong
St. Joseph's Health Centre

Fabrizio Damiani
Shoppers Drug Mart

Atef Demian
Main Drug Mart

Amin Dharamsi
Shoppers Drug Mart

Speros Dorovenis
Shoppers Drug Mart

Leslie Duncan
The Princess Margaret
Hospital

Matthew Dune
Pharma Plus Drugmart

Olavo Fernandes
The Toronto General Hospital

Martin Fisher
Shoppers Drug Mart

Paul Goldman
Shoppers Drug Mart

Henry Halapy
St. Michael's Hospital

Brian Hardy
Sunnybrook and Women's
College H.S.C

Roxanne Hook
Pharma Plus Drugmart

Jin-Hyeun Huh
The Toronto Western
Hospital

William Kassel
Kassel's Pharmacy Limited

Ara Kolandjian
Shoppers Drug Mart

Richard Konop
Konop Chemists Ltd.

Ri-Feng Lam
Drugstore Pharmacy

Tracey Lawson
St. Joseph's Health Centre

Anne Lee
Shoppers Drug Mart

Anne Shen Chen Lee
Pharmx Rexall Drug Store

Anne Longo
The Hospital for Sick
Children

Lisa Lytwyn-Nobili
Shoppers Drug Mart

Stephen MacDonald
Shoppers Drug Mart

Rowena Malik
The Toronto Western
Hospital

Arthur Mandel
Shoppers Drug Mart

Kaye Mekawi
Zellers Pharmacy

Maria Nenadovich
Shoppers Drug Mart

Karla O'Brien
The Princess Margaret
Hospital

Carmen Olaru
Shoppers Drug Mart

Tracey Phillips
Pharma Plus Drugmart

Susan Quinton
St. Michael's Hospital

Maria Rofaiel
White's Pharmacy

Mehdi Samiee-Zafarghandi
Shoppers Drug Mart

Doris Shum
Shoppers Drug Mart

Ricardo Silveira
Shoppers Drug Mart

Angela Tam
Ambulatory Patient Pharmacy
Sunnybrook & Women's
College Hospital

Pablo Tiscornia
Pharma Plus Drugmart

Harriet Tuvel
Shoppers Drug Mart

Judith Vepy
Baycrest Hospital

May Wong
Novack's Rexall Drug Store

Linda Yip
Shoppers Drug Mart

Agnes Soo Won Young Hong
Pharma Plus Drugmart

Clement Yuen
The Toronto General Hospital

Suet-Mui Sue Yuen
The Pharmacy (A&P)

Muhammad Khizar Zuberi
The Toronto General Hospital

VAUGHAN

Arlene Salonga
Shoppers Drugmart

Karen Siow
Shoppers Drug Mart

Yin Han Siow
Shoppers Drug Mart

Kenny Tan
Shoppers Drug Mart

WATERLOO

Marie Horner
Shoppers Drug Mart

WELLAND

Nicola Dilibero
Shoppers Drug Mart

WHITBY

Hamat Bhana
Shoppers Drug Mart

WILLOWDALE

Sheren Habib
Shoppers Drug Mart

Nancy Kaiser
Shoppers Drug Mart

Timothy Mickleborough
Drug Basics Pharmacy

Samuel Pell
Zellers Pharmacy

Julie Pui-Yee Yee
Pharma Plus Drugmart

Magdi Youssab Abdel Sayed
Rainbow Drug Mart

WINDSOR

Lili Hong
Costco Pharmacy

Munawar Khan
Shoppers Drug Mart

David Marentette
Wal-Mart Pharmacy

Patricia Anne Paraschak
Shoppers Drug Mart

Sean Taylor
Shoppers Drug Mart

WOODBRIIDGE

Caterina Mazza
Pharma Plus Drugmart

Giovanni Spina
Shoppers Drug Mart

WOODSTOCK

Elizabeth Silverthorne
Shoppers Drug Mart

CE EVENTS

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

Canadian Pharmacy Skills (CPS) Therapeutics Lecture Series - Fall 2002

The Faculty of Pharmacy, University of Toronto, invites practising pharmacists to attend the therapeutics lectures series offered through the Canadian Pharmacy Skills Program. All lectures take place on the St. George Campus, close to the Faculty. Each three-hour session follows a similar format: a 90-minute interactive lecture followed by a case study, led by the lecturer. Pre-registration is required so that pre-reading materials may be mailed. Cost: \$75 per lecture.

Nov. 25 (9:30 am - 12:30 pm)

Diabetes - Type 1, Bill Cornish

Nov. 25 (1:30 pm - 4:30 pm)

Depression, Artemis Diamantouros

Nov. 27 (1:30 pm - 4:30 pm)

Dyslipidemia, Claudia Bucci

Nov. 29 (9:30 am - 12:30 pm)

Anemia, Lalitha Raman Wilms

Dec. 2 (9:30 am - 12:30 pm)

Adverse Drug Reactions Part 1, Sandra Knowles

Dec. 2 (1:30 pm - 4:30 pm)

Overview of Infectious Diseases and Urinary Tract Infections, Olavo Fernandes

For information or to obtain a registration form, contact Marie Rocchi Dean
tel: (416) 946-5586

e-mail: marie.dean@utoronto.ca

Guide Your Patients to a Smoke

Free Future 2003, Ontario Pharmacists Association (OPA) in conjunction with the Ontario Dental Association and the Ontario Medical Association will be holding programs throughout the province. Pharmacy Technicians are also invited to participate in these sessions. The following date has been scheduled:

March 26-27: Ottawa

For information on future dates or on how to have this program in your area contact Sherrie Hertz.

tel: (416) 385-3472, x 2205 or 1-

800-268-8058

Pharmacist-Patient Dialogue

Workshop 1: Enhancing Adherence

2003

The Ontario Pharmacists' Association (OPA) will be hosting this program throughout the province during 2003.

For information, or to arrange to have this program presented in your area, contact Karen Cameron

tel: (416) 441-0788, ext. 4235

fax: (416) 441-0790

e-mail:

kcameron@ontpharmacists.on.ca

Nov. 27: Oshawa

Natural and Pharmacologic Approaches to Arthritis, Durham Region Pharmacists' Association, Holiday Inn

Rita Ankus

tel: (905) 655-4176

e-mail: mailrita@look.ca

Ontario Hospital Association (OHA) - Calendar of Events 2002

Dec. 2-4: Toronto

Managing Human Resources

Dec. 5: Toronto

Health Care Legal Issues

Dec. 9-11: Toronto

Occupational Health & Safety in the Health Care Environment

Dec. 12: Ottawa

Conference on the Privacy of Personal Information Act, 2002

tel: (416) 205-1352

fax: (416) 205-1340

web: www.oha.com

Jan. 23-25: Toronto

Better Breathing 2003, Ontario Respiratory Care Society, Westin

Harbour Castle Hotel

Sheila Gordon-Dillane

tel: (416) 864-9911, x236

fax: (416) 864-9916

e-mail: orcs@on.lung.ca

March 26: Toronto

Diabetes Update 2003:

Preventing Diabetes and Its

Complications - How to Make It Happen, The Continuing Education, Faculty of Medicine, University of Toronto, Metro Toronto Convention Centre.

tel: (416) 978-2719

fax: (416) 971-2200

e-mail: ce.med@utoronto.ca

web: www.cme.utoronto.ca

FOR PHARMACY TECHNICIANS

Oct. 25-26: Listowel

Current Topics for Pharmacy Technicians 2002, Listowel Memorial Hospital

Christine Vanderspiegel:

tel: (519) 291-3125, x 231



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

For information contact:

Layne Verbeek, Communications Manager
at 416-962-4861 ext. 294 or lverbeek@ocpinfo.com

Website
drugstorepharmacy.ca



Prescription Vial Label
Clement's Pharmacy
POWASSAN



Website
mypharmacist.ca





Focus on Error Prevention



Ian Stewart, B.Sc.Pharm.

Failure to contact the prescribing physician to clarify unclear/ambiguous prescriptions can lead to misinterpretations that result in patient harm.

CASE 1:

A physician wrote the following prescription that was then presented to a pharmacist for filling:

Advair 250µg
Sig: ii bid
M: 1

The pharmacist made the assumption that the physician had intended to prescribe Advair Diskus® 250mcg. The patient therefore received Advair Diskus® 250mcg with the instructions to use two doses twice daily. The

following morning, the pharmacist decided to contact the physician's office to confirm his intent. The pharmacist learned that the physician had actually intended to prescribe the Advair® 250mcg Inhaler. Though the patient received twice the intended dosage of salmeterol (See Table 1), no ill effects were observed.

Possible Contributing Factors:

- The physician did not specify Advair Inhaler® versus Advair Diskus®
- Both the physician and the pharmacist were likely unaware of the difference in content between Advair Diskus® 250mcg and Advair Inhaler® 250mcg. (See Table 1)
- The pharmacist was unaware of the recommended dosage for Advair Diskus® 250mcg

Table 1

Product	Content Per Unit Dose	Recommended Dosage (Adults & Children over 12 years of age)
Advair® 100 Diskus	100mcg Fluticasone + 50mcg Salmeterol	1 inhalation twice daily
Advair® 250 Diskus	250mcg Fluticasone + 50mcg Salmeterol	1 inhalation twice daily
Advair® 500 Diskus	500mcg Fluticasone + 50mcg Salmeterol	1 inhalation twice daily
Advair® 125 Inhaler	125mcg Fluticasone + 25mcg Salmeterol	2 puffs twice daily
Advair® 250 Inhaler	250mcg Fluticasone + 25mcg Salmeterol	2 puffs twice daily

CASE 2:

A 55-year-old patient presented the following prescription to a pharmacy technician for filling:

Diltiazem 180mg extended release

Sig: 1 capsule daily

M: 60

The technician entered the prescription into the computer as Alti-Diltiazem CD® 180mg (A generic version of Cardizem CD® 180mg). On checking the prescription, the pharmacist accepted this interpretation by the technician. The patient therefore received Alti-Diltiazem CD® 180mg with the appropriate counseling. A few hours later, the patient called the pharmacist and stated that, "I received the wrong drug. I have been taking Tiazac®."

Possible Contributing Factors:

- Both Alti-Diltiazem CD® and Tiazac® contain diltiazem in an extended release formulation, but the products are not interchangeable
- The physician did not specify the brand
- There are multiple and potentially confusing terminology used by manufacturers to designate their extended release formulations (See Table 2)

RECOMMENDATIONS (BOTH CASES):

- Always clarify incomplete/ambiguous prescriptions with the prescriber. Confirm the specific drug to be dispensed
- Always check the patient profile for previous and current medications being taken. In the absence of a medication history, the patient can be a key source of information
- Be aware of the various formulations with the risk of error

Table 2

Terminology	Product
Extended-release	Effexor XR®, Adalat XL®
Sustained-release	Isoptin SR®
Controlled-release	Tegretol CR®
Modified-release	Diamicron MR®
Controlled delivery	Cardizem CD®
Long acting	Inderal LA®

BULLETIN BOARD

OCP's Elaine Maloney Wins Alumni of Distinction Award

For the first time in Canada, a pharmacy technician has been recognized in academic circles for excellence. Elaine Maloney, Practice Advisory Officer, and graduate from the St. Clair College Pharmacy Assistant program was presented an Alumni of Distinction Award on October 24 at St. Clair College, Windsor.

The award recognizes an outstanding St. Clair Graduate - one who has achieved success and demonstrated a real commitment to others as a student, employee and volunteer. Elaine and three other St. Clair Alumni winners will join other Community College Alumni at the Premier's Alumni of Distinction Awards Ceremonies to be held in Toronto in February 2003.

International Pharmacy Graduate Program



Kris Wichman, Director IPG Program

Our First Gra

CONGRATULATIONS TO THE FIRST GRADUATES OF THE INTERNATIONAL PHARMACY GRADUATE PROGRAM!

The IPG Program has achieved another milestone; its first students have now completed both modules of the Canadian Pharmacy Skills Program. We are pleased to report that of the 21 CPS II graduates, 13 have now achieved licensure and the remaining eight are currently completing internship.

To the Program staff, this signals achievement of the desired outcome of assisting those pharmacists trained outside North America to acquire the knowledge and skills necessary to meet Canadian standards of pharmacy practice, and to recognize their achievement, a celebration was held at the College of Pharmacists on September 9.

We were delighted that the Honourable Dianne Cunningham, Minister of Training, Colleges, and Universities attended. As well as providing her heartfelt congratulations, Minister Cunningham presented certificates to the graduates and reiterated her ministry's support for the IPG Program.

Dean Hindmarsh of the Leslie Dan Faculty of Pharmacy was master of ceremonies. Deanna Laws, Registrar of the College which is a co-partner of the Program, extended warm greetings and congratulations, as did Zubin Austin, the Principal Investigator of the IPG Program. Marie Rocchi Dean, Education Coordinator, brought each student's story to life by describing each student's background, current practice, and hopes for the future. CPS II graduates Samson Efechaabor and Suhair Younis addressed the gathering and commented on their experiences and views of the Program.

The significant contributions of six mentors who volunteered for the pilot were also recognized at the event. Bill Dingwall, Mentorship Coordinator, provided a brief description of the pilot, which was illustrated by Christine Stewart, one of the mentors, who shared her view of her experience. Her mentee Ramy Banoub elaborated on how helpful the mentorship experience had been in introducing him to pharmacy practice in Ontario.

It was a wonderful celebration for the IPG Program's first graduates who have worked hard to achieve their goals. These graduates serve as an inspiration to all of us! 🇨🇦

duates!!

Honorable Dianne Cunningham, Minister of Training, Colleges, and Universities and Samson Efechaobor, IPG Graduate



Chris Schillemore, Manager Registration Programs, OCP, Kris Wichman, Director IPG Program, Zubin Austin, Principal Investigator IPG Program, Tessa Armstrong Coordinator Bridging Projects, Access to Professions and Trades Unit, Ministry of Training, Colleges, and Universities




Front Row: *Honorable Dianne Cunningham, Ministry Training, Colleges, & Universities, Miriam Riad, Suhair Younis, Elena Mikhaelian, Soheila Rajablarjani, Larissa Chtchaveleva, Iana Ivanova, Moshira Dania, Reka Vicu*
Back Row: *Deanna Laws, Registrar, OCP, Wayne Hindmarsh, Dean, Leslie Dan Faculty of Pharmacy, Jamil Ahmad, Samson Efechaobor, Ogieriakhi Omozusi, Waseem Baig, Rossen Velikov, Walei El Sarraf*

Upcoming Events

CALENDAR

DECEMBER

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

JANUARY

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

OCP MANUAL CONTENTS

Changes as of October 30, 2002 - As Highlighted

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

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

ONTARIO LEGISLATION

Available from OCP or Publications Ontario

Drugs and Pharmacies Regulation Act (DPRA) & Regulations

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

Regulated Health Professions Act (RHPA)

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

Pharmacy Act (PA) & Regulations

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

Reg. 202/94 – Nov 29, 1999

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

Drug Interchangeability and Dispensing Fee Act (DIDFA) & Regulations

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

Ontario Drug Benefit Act (ODBA) & Regulations

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

Publications Ontario

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

FEDERAL LEGISLATION

Available from OCP or Publishers Group of Federal Publications

Drug Schedules

- Canada's National Drug Scheduling System – September 25, 2002 NAPRA

Food and Drugs Act (FDA) & Regulations

- 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)
 Toronto: Tel (416) 860-1611
 Fax (416) 860-1608
 e-mail: 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”

COLLEGE STAFF

Frequently Accessed Extensions

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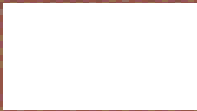
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