

Pharmacy Connection



Official Publication of the Ontario College of Pharmacists

QUALITY assurance

clinical knowledge

patient interaction

learning portfolio

standards of practice

September/October 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.

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Pharmacy Connection

The objectives of Pharmacy Connection are to:

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

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



*Della Croteau
Deputy Registrar/
Director of Programs*

Editor's Message

This issue features the College's Quality Assurance Program. Recent analyses of the results from the program's fifth year shows that the trends revealed originally in the program's first year have remained largely unchanged. Namely, two high-risk groups, those pharmacists among us who graduated more than 25 years ago, and pharmacists trained outside North America, are more at risk of falling below the standards set by the College.

Many of us who graduated more than 25 years ago are not working in the front lines of dispensing every day and therefore, it comes as no surprise that some may not be as focused on providing patient care. Pharmacists in this group may have moved on to management positions or be nearing the end of their career and are no longer exposed to daily practice. Consequently, these pharmacists' priorities for continuing education have likely changed over time, leaving them less current with practice than they once were.

Pharmacists who graduated from schools outside of North America face different challenges as they are more likely to have received training that had a different focus than that in North American schools, and they may not have had the same opportunities for continuing education as are available here.


Rest assured that the vast majority of pharmacists continue to do well in the Practice Review — but those of us in one or both of the two higher risk groups should pay special attention to our learning needs and make sure to keep current with today's standards of practice.

***Those pharmacists
among us who
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25 years ago, and
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the College***

Alison Delory, our former associate editor of *Pharmacy Connection*, recently interviewed four past Practice Review candidates about their experiences with the review and its process (page 8). I hope that you will find these resulting interviews and the members' comments to be insightful, candid and helpful summaries of the Practice Review process.

Following the interviews, Bernie DesRoches has provided a sample of an ideal learning portfolio (page 16) to serve as a model for pharmacists who are wondering if their portfolio is hitting the mark.

A less obvious but equally important aspect of the College's responsibility to maintain quality assurance, is evident in this issue as we have published a larger than usual number of discipline decisions. The Council has prioritized reducing the number of pending cases; the College has, therefore, engaged additional staff and prosecutors to reduce the backlog as expeditiously as possible. While you can expect to see more discipline cases than usual being published over the next few months, the College's pending case load, and the resulting published decisions will return to usual levels within the coming months.

Indeed, this issue demonstrates the breadth of the College's quality assurance responsibilities — from both ends of the spectrum. 



COUNCIL

ELECTIONS



District 1 - Marie Ogilvie
District 2 - Mark Scanlon (acclaimed)
District 3 - Oluremi Ojo (acclaimed)
District 4 - Reza Farmand
District 7 - Leslie Braden (acclaimed)
District 10 - Gerry Cook (acclaimed)

As a result of resignation from Council by Sherry Peister in District 12 and a vacancy in District 13, by-elections were held in these districts with the following members being acclaimed:

District 12 - Lee Ann Chan
District 13 - Donald (Dan) Stringer

Congratulations to all!



Bernie Des Roches, Ph.D.

Manager, Pharmacy Technician Programs

Q&A Pharmacy Technician

The following questions have been posed by pharmacy technicians. We invite questions/comments from pharmacists and pharmacy technicians for possible inclusion in future issues of this journal. These should be addressed to Pharmacy Technician Program, Ontario College of Pharmacists, 483 Huron St., Toronto, ON M5R 2R4, or fax (416) 703-3112, or e-mail: bdesroches@ocpinfo.com.

Q Which pharmacy technician programs are accredited by OCP?

None. The accreditation of community colleges, private vocational schools or business schools to offer pharmacy technician training programs is the responsibility of the Ministry of Training, Colleges and Universities. The College does not accredit, endorse nor promote any of these programs. However, we do recognize certificates from Ministry-approved programs to satisfy part of the eligibility requirements for writing the voluntary certification examination. Pharmacists have been puzzled by resumes submitted by pharmacy technicians who graduated from a program they claim is endorsed or accredited by the College. You should make no such claim in any written or verbal communications.


Q Can repeats/refills be “piggy-backed” in the computer?

No. A repeat/refill authorization must be entered in the computer record in such a manner as to preserve the audit trail for that medication. It must be clear in the prescription records which authorizations belong to which sequence of refills.

Q Can a pharmacy technician document the refusal of a patient to dialogue with a pharmacist on a new prescription?

No. When a patient comes to the pharmacy to pick up their medication, it is not appropriate for a pharmacy technician to ask whether he/she wishes to speak to the pharmacist nor document their refusal to dialogue. The pharmacist may be unaware of such a transaction and may have wanted to speak to the patient. Good practice requires the pharmacist to be involved in the delivery of the medication to the patient so that he/she can ascertain the need to press for counselling if, in their professional judgement, they deem it important to the patient's well-being.

Q Can I answer a client request for information on a non-prescription product?

This is a difficult question as it falls into a transitional area where a pharmacy technician's role must end and a pharmacist must become involved. A patient's inquiry, “what is in this product?” can certainly be answered by a pharmacy technician by reading the ingredients listed on the package aloud. Generally, however, this first question is followed by something like “Will this product help relieve ...?” At this point, a pharmacist is required to respond to questions about the therapeutic issues related to the product. There may be questions the pharmacist will want to ask before giving a response. This applies to herbal remedies as well. Even though such products can be sold in health food stores by anyone, our position is that a patient making such a purchase in a pharmacy has an expectation of expert advice; this should come from the pharmacist. 



Focus on Error Prevention



Ian Stewart, B.Sc.Pharm.

Medication errors associated with pharmaceutical labelling and packaging are often seen in pharmacy practice. Product labels can be especially confusing to consumers purchasing non-prescription drugs. A manufacturer's failure to clearly label all the ingredients included in the product(s) and the relevant strength(s) can also lead to dosing errors.

CASE:

Mr. Smith, 63, was prescribed ferrous sulphate 300mg to be taken once daily. His wife presented the prescription to the pharmacist who suggested the product be bought as a non-prescription item. Mrs. Smith then purchased a bottle of 100 ferrous sulphate 300mg tablets with appropriate counselling, including instructions that her husband take one tablet daily. Mrs. Smith observed that the manufacturer's label indicated that each tablet contained 300mg ferrous sulphate, but did not notice that the label included, in much smaller print, the statement that each tablet also contained 60mg of elemental iron.

About three months later Mrs. Smith returned to the pharmacy to purchase a second bottle of ferrous sulphate 300mg tablets (same brand) for her husband. However, the manufacturer had changed the label of the bottle to better reflect the elemental iron content of the product. It now indicated that each tablet contained 60mg elemental iron, and in much smaller print, 300mg ferrous sulphate.

Days later Mrs. Smith observed that the label had been changed, by which point Mr. Smith had taken approximately two-thirds of the bottle. Assuming that the pharmacist had given her the incorrect strength and not wanting to return an almost empty bottle, Mrs. Smith then decided to give her husband five tablets per dose (i.e. 5 x 60mg), resulting in a dose of 1500mg of ferrous sulphate

and 300mg of elemental iron.


Mrs. Smith returned to the pharmacy after the second bottle was finished and presented the empty insisting that the pharmacist give her a new bottle with the correct strength as she said, "I was given the wrong strength the last time."

The pharmacist then explained the relationship between the elemental iron and ferrous sulphate content.

POSSIBLE CONTRIBUTING FACTORS

- As with most people, Mrs. Smith did not understand the relationship between elemental iron and ferrous sulphate
- Lack of labelling standards. While some manufacturers highlight the elemental iron content others highlight the ferrous sulphate
- The pharmacist did not tell Mrs. Smith about the label change, thereby leading to her later confusion of the product's content
- Mrs. Smith was either unaware or unwilling that she could question the pharmacist about the potential incorrect strength of the product

RECOMMENDATIONS

- Manufacturers should ensure that both the elemental iron and ferrous sulphate content are readily marked on the containers and easily seen and understood by the public
- Educate your patients about the relationship between elemental iron and ferrous sulphate. This also applies to ferrous gluconate, calcium carbonate, etc.
- Discuss label changes and the potential implications with your patients
- Encourage your patients to ask questions, especially when they suspect that something may not be right 



The Practice Review

Four Pharmacists Describe Their Experiences

by Alison DeLory, B.A.A., B.P.R.

How will you feel when you get a letter from the College asking you to submit your learning portfolio and come in for the Practice Review?

In this article, Pharmacy Connection's former Associate Editor Alison DeLory, currently an editor with The Medical Post, reports on the experiences of four candidates (from various backgrounds) who have been through the Practice Review. Candidate's names have been changed to protect their privacy.

As part of the College's Quality Assurance program, each year about 1,800 pharmacists –one-fifth of the total number of Ontario's practicing pharmacists – take part in phase 1 of the program: Self Assessment. This means that once every five-year cycle you will be required to demonstrate to the College that you have been pursuing professional learning opportunities like courses, seminars, independent research and analysis, reading, etc., to maintain your knowledge and skills as a pharmacist. You are also required to send in a record of these activities for review.

From this pool of 1,800, about 200 members are randomly selected each year to take part in phase 2: the Practice Review. This means spending about five hours at the College offices in Toronto. Here, you'll take part in an orientation and information-sharing session, complete a written exercise with case studies and multiple choice questions, and interact with mock patients who come to you needing information and assistance about their prescriptions or general health.

About 86% of pharmacists successfully complete the practice review on their first try, assuring that an overwhelming majority of the profession meets current standards.

Resource materials like the *CPS* and *Therapeutic Choices* are available to you during the written case study portion. Both the case studies and patient scenarios have been carefully designed by your pharmacist peers to realistically depict what actually goes on in a pharmacy. Peer assessors monitor your ability to gather information, communicate, and manage

patients and follow-up. The Practice Review concludes with a feedback session where you have the opportunity to share your thoughts with fellow candidates and College staff. You receive a complete, detailed summary of your results by mail about six to eight weeks later.

About 86% of pharmacists successfully complete the Practice Review on their first try, assuring that an overwhelming majority of the profession meets current standards. In the event that you are found to be weak in a certain area, you meet with a peer support group to discuss your results and what resources are available to help you. An education plan will be devised with you so that you can correct your deficiency and, you may also be requested to repeat the Practice Review nine to 12 months later to ensure you have attained an adequate knowledge and skill level.

BRIAN, OVER 30 YEARS PRACTICE, PASSED FIRST TIME

“I was glad it was over and surprised that, although not easy, it was fair.”

Brian, 54, works as a freelance pharmacist in a few independent pharmacies in Eastern Ontario. Previously he worked in hospital pharmacy and owned a community pharmacy.

Until a year ago, Brian also served as a regional CE coor-

dinator for the College. He was busy coordinating and pursuing learning opportunities but found it hard to keep his notes organized until he downloaded the sample professional profile and learning portfolio from the OCP website.

He says the College, especially Manager of Continuing Education Programs Bernie Des Roches, helped him

prepare for the Practice Review and did a good job explaining the process. “I knew it was just a matter of seeing whether we were on target. I think people misunderstand the process. I felt comfortable with what would happen. I was curious to learn if I had any weaknesses, according to the College, that I needed to work on.”

Brian watched a video that the College supplied about the Practice Review to help him prepare. He also did the Clinical Knowledge Assessment on the website and scored fairly well on the sample multiple choice questions. “That put my mind at ease.” He wanted to be stronger in certain areas so did some reading on asthma and diabetes feeling this would give him an edge.

“The hardest part was trying to stay calm and focused. To do what I do at work,” says Brian. His Practice Review day began with cookies, coffee and a discussion of portfolios. “I had a chance to sit back and relax which helped a great deal.”

He was nervous about the role-playing and wished that the College assessors could have watched him interacting with real patients in one of the pharmacies where he works instead. (All Practice Reviews take place at the College for administrative purposes and so that they can be as consistent and fair as possible.) “In your pharmacy you have more distractions but you’re comfortable. You get into a pattern,” he says. But in the end he says all the mock patients had presented themselves with “very everyday, ordinary things.”

Brian scored well on the written exam, and emphasizes, “There are no trick questions.” But he says he found the

All practice reviews take place at the College for administrative purposes and so they can be as consistent and fair as possible.

clinical questions in the Practice Review more difficult than the website samples.

He enjoyed the feedback session and listening to the comments of his fellow candidates at the day's end. He believes the profession is right to check for minimum standards and says if you can't meet them, you should have a program set up for you. Overall, he says as he left the College that day, he felt good. "I was glad it was over and surprised that, although not easy, it was fair."

JON, OVER 25 YEARS PRACTICE, PASSED FIRST TIME

Jon, 63, says he felt "nervous as hell and angry" when learning he'd have to undergo the the Practice Review. "It's like you've been on your own for 25 or 30 years. Now 'we (the College) are going to tell you whether you know what you're doing.' It's a lack of respect."

Jon has been practicing since 1963 in industry, community and hospital settings. These days he works at both a hospital and rehabilitation facility in Central Ontario.

"It's like you've been on your own for 25 or 30 years. Now 'we (the College) are going to tell you whether you know what you're doing.' It's a lack of respect."

Home study, says Jon, was never his forte. He had at one time been active in his local pharmacists' association, but admits to neglecting continuing education during the busy years when he owned his own retail operation. Since he joined the hospital in 1996, he has been going to its monthly lunch-and-learn sessions and simply saving notices about the events for his portfolio. "I find the documentation to be frustrating and time consuming," Jon admits.

He filed two self assessments: one each from the hospital

and community pharmacist perspectives. "The differences were striking," says Jon. "Depth of clinical knowledge is higher among hospital pharmacists . . . but they're considerably weaker in communicating with patients."

To prepare, Jon reviewed the sample case studies in the Clinical Knowledge

Assessment on the College website (www.ocpinfo.com), finding them "very realistic." On the day of the Practice Review, he says it was hard to resist the temptation to look up everything using the reference books provided for the written exam, but there wasn't time for second-guessing and besides, his initial reaction was almost always right.

"It's not an insult to our intelligence or integrity. It's reasonable to expect a practice review sometime in our lifetime."

He found the mock patient scenarios easy, saying that as a former retail pharmacist he did that kind of work everyday. In fact, he says interacting with patients in a real pharmacy is more difficult because of distractions like the phone and other patients. Though candidates are given five to 12 minutes per encounter, Jon says "I was done in three minutes."

Jon found the information sharing session on how to maintain the learning portfolio "a complete waste of time," and says he had little to contribute to the feedback session at the end of the day because he was so mentally exhausted. Yet even still, he says the day was better than he had predicted it would be. "It's not an insult to our intelligence or integrity. It's reasonable to expect a Practice Review sometime in our lifetime." Jon would also like to reassure pharmacists, especially older members, saying "We know more than we think." He concludes, "It's a good system, I guess."

ALICE, OVER 20 YEARS PRACTICE, PASSED SECOND TIME

Alice, 51, has more experience than most with the Practice Review – she’s been through it twice. The first time, she scored well in the written exam but her communication and interviewing skills during the mock patient scenarios were weak.

“I was nervous. I went through the first scenario very quickly. I didn’t think to ask lots of questions. Things started off badly,” says Alice.

“Because I was not in a pharmacy my mind was not in that practice setting,”

Alice has been working as a pharmacist since 1975. It had been many years since she had written an exam and she didn’t look forward to being judged. To prepare for her first Practice Review she went through her pharmacology books and looked through notes she had collected from various seminars she’d attended over the years. She reviewed the sample cases on the College website and read *Pharmacy Connection* articles about the Practice Review. She said that helped her know what to expect. “There were no surprises.”

Despite her preparation, she admits she did not perform well when push came to shove. “Because I was not in a pharmacy, my mind was not in that practice setting,” she says.

When she received her results by mail she learned that she’d have to meet with a peer support group at the College. She says the group gave her useful advice to help ensure she would be successful during reassessment and Bernie Des Roches provided a list of courses that would assist her. When Alice explained that a close family member had recently died, she says the peer support group was understanding and gave her about a year before scheduling her second Practice Review.

“Her main advice to others facing practice review would be to “remain calm, and pretend you’re at work.”

She used that year to continue reviewing her pharmacology textbooks and take courses (provided by her employer) to strengthen her skills in asking patients open-ended questions. She also ordered a home-study continuing education course on patient counselling.

Alice says she felt more confident on her second attempt. She says she was very thorough with the mock patients in the oral portion, probing more thoroughly and providing more detailed advice than she had during her first attempt at the Practice Review. Alice also wore her lab coat, which she says helped. “It made me feel like I was at work.”

Alice’s results improved and she believes her experiences with the two Practice Reviews probably made her a better pharmacist. “I’d reviewed everything because I didn’t know what they’d ask.” Her main advice to others facing the Practice Review would be to “remain calm, and pretend you’re at work.”

JOYCE, 9 YEARS PRACTICE, PASSED FIRST TIME

“All the situations were very typical, common. They were things I have exposure to all the time.”

Joyce has been working as a pharmacist since graduating in 1993. At 31 she is younger than the average Practice Review candidate. “I was in one of the first years (in pharmacy school) to have lots of practice in role playing. That helped a great deal with the mock patient scenarios.”

Joyce has been a staff pharmacist and manager with a franchise pharmacy, and now works primarily in operations at the company’s headquarters. She maintains a *Part A* registration by working part-time in dispensaries as needed.

“If you don’t have problems in everyday practice you won’t have problems in practice review.”

When she learned she’d been selected for the Practice Review, Joyce enrolled in a consultant pharmacist accreditation program offered by her employer. This, she says, helped her review major topic areas like cardiovascular health, diabetes and asthma. She also went through her journals and textbooks and brushed up on her knowledge of new drugs.

Joyce worried that because she only works directly with patients on an occasional basis, she would encounter patient scenarios that she’s not familiar with. But that wasn’t her experience. “All the situations were very typical, and common. They were things I have exposure to all the time.”

She also worried that because she is a slow reader she’d have trouble with the written portion. Joyce answered all the multiple choice questions without using the reference books to save time, and when she found she’d finished early she returned to the answers she’d doubted and verified information using the available materials. Candidates are allowed to bring two additional books into the written

“I was holding a piece of paper in front of a patient and it was shaking!”

portion, and Joyce says she agonized over what to choose. “At first I wanted to bring in lots. But in reality I didn’t need anything extra. What was provided was enough,” she says.


Joyce admits to being “freaked out” at times, but says the facilitators worked hard to make everyone comfortable. The only really stressful moment for Joyce came during the mock patients scenarios. Candidates are allowed one practice scenario to begin, for which they aren’t marked, and Joyce felt she flubbed it. But when it was time to begin with scenarios that counted, Joyce was faced with the same evaluator that had seen her falter. It also bothered her that this

evaluator sat facing her. In other scenarios evaluators sat behind her and she says it was much easier with them out of sight. Though she worked hard to control her nerves, she remembers one unsettling incident. “I was holding a piece of paper in front of a patient and it was shaking!”

When it was over, Joyce says she felt sure she had passed but was still nagged by doubts about her performance. She was “pleasantly surprised” when she received her results showing that she’d done very well. Her advice to other pharmacists facing the Practice Review would be to familiarize themselves by referring to *Therapeutic Choices*, and mainly to relax. “If you don’t have problems in everyday practice you won’t have problems in the Practice Review.”

While these four pharmacists each practice in different settings and have varying levels of experience, they all admit that they felt very apprehensive when selected for the Practice Review. They prepared in various ways and came to the College somewhat unsure of what to expect. Yet after having gone through it, all four said the Practice Review was less intimidating than they had expected, and their opinions of the process, and how they regarded their own skills, were raised by the experience.

We hope that in our sharing of their stories you have gained some insight into the process and better understand how to approach the Practice Review should you be called in. We also hope that you remember that if you are called, you will be among colleagues and friends experiencing similar emotions.

So look for future items on the QA process to be published in *Pharmacy Connection* as well as on our website. The College wants you to perform your best and will continue to collect feedback, monitor the program results, and devise new ways to help all members maintain quality in their practices. 

5 Years of QUALITY assurance

*Della Croteau, BSP, MCEd
Zubin Austin, PhD
Anthony Marini, PhD*

The College participates in a variety of activities designed to assure quality practice, including developing standards of practice, carrying out routine inspections of pharmacies, and addressing complaints from the public. With the introduction of the *Regulated Health Professions Act* (RHPA) in 1993, the College began developing a quality assurance program to focus on ensuring and maintaining the competency of all practising members.

The College launched a pilot program in 1996 that formed the basis of our current practice review model. This model now consists of the following elements:

1. **Learning Portfolio:** all Ontario pharmacists are expected to document their continuing professional development activities
2. **Self-Assessment Survey:** randomly-selected pharmacists are encouraged to engage in a self-reflection assessment of their professional practice and their learning needs

3. Practice Review

- **Clinical Knowledge Assessment:** randomly-selected pharmacists are asked to complete a written assessment that consists of 15 written cases and accompanying multiple-choice questions based on contemporary pharmacy practice
- **Clinical Skills Assessment:** these randomly-selected pharmacists are asked to participate in five simulated-patient cases assessing pharmacists' abilities to communicate effectively in a clinical situation. Specific skills to be demonstrated include: gathering information, patient management and education, and communication skills

4. **Professional Development:** most pharmacists continue to direct their own professional development needs, however a small portion are identified as needing peer assistance

During the creation of the program the College also created a two-part register: pharmacists involved in direct patient care activities are registered in Part A, and those involved in non-direct patient care activities may self-select into Part B. While all pharmacists on the register are required to maintain the standards of the profession, only those involved in direct patient care (Part A) are required to participate in the Practice Review process.

THE FIVE-YEAR REVIEW

As of September 2002, 9,485 pharmacists were listed on the College register. Of these, 8,800 are in Part A and 685 are in Part B. All members in Part A have now completed a self-assessment survey and provided a summary of their learning portfolio. As well, since the inception of the program, over 1,000 pharmacists from Part A have participated in all parts of the practice review process.

1. Learning Portfolio

Since 1997, all pharmacists in Ontario have been expected to maintain a personal learning portfolio. Learning portfolios are also being introduced throughout the world. Pharmacy regulators in New Zealand, the United Kingdom, and South Africa have adopted similar models.

Members are encouraged to maintain an up-to-date portfolio of their learning objectives and continuing education activities and all pharmacists selected for the Practice Review are required to submit their learning portfolio in advance.

Pharmacists are invited to share the contents of their portfolios and learn from one another during the Practice Review sessions. This has become a valuable component of the Practice Review sessions as feedback and suggestions from other participants assist individual pharmacists in setting future learning goals and identifying resources, upon which they can draw for their own practice.

2. Self-Assessment Survey

Each year, pharmacists are randomly selected to complete a self-assessment survey of their learning and practice needs. (Summary results of these surveys have been published in past editions of *Pharmacy Connection*.)

These valuable findings are then used to design continuing education events that respond directly to the identified learning needs. For individual pharmacists, the survey serves as a resource for identifying personal continuing education goals necessary to support one's professional practice.

3. Practice Review

The Practice Review component was developed to reflect the need for pharmacists to maintain both a strong clinical knowledge base and the necessary communication skills to

apply this knowledge to patient care.

Recognizing the importance of the peer review process, the entire Practice Review component has been designed, validated and implemented by pharmacists from across the province to ensure the review process truly reflects contemporary Ontario pharmacy practice.

Groups of pharmacists regularly work together to develop cases, set standards reflective of professional practice expectations, and to assess peers involved in the Practice Review. As a result, individual pharmacists participating in the Practice Review have an opportunity to view the "landscape of practice" as determined by their peers.

86% of Ontario Pharmacists are either meeting or exceeding current standards for the Practice Review

4. Professional Development

In order to facilitate the enhancement of skills among the group of pharmacists who have been identified as having difficulty meeting the standards in one or more of the four components of the Practice Review, a variety of additional supports have been developed. These include workshops (such as Pharmacy Practice Skills Enhancement, a course based on the professional practice laboratories at the Leslie Dan Faculty of Pharmacy), referrals to the International Pharmacy Graduate Program (where Canadian Pharmacy Skills courses have been developed), and one-on-one coaching with College staff.

An additional and significant resource to members is the *Peer Support Panel* of the Quality Assurance Committee. The Panel consists of practicing pharmacists and public members who work co-operatively with the members to identify learning needs and resources.

In 2002, the College, in co-operation with the University of Toronto's Standardized Patient Program and members of the Leslie Dan Faculty of Pharmacy, held a workshop to assist individuals in developing the learning skills necessary to move from "Peer Assisted" to "Self Directed" continuing professional development. Through these supports, candidates can acquire the necessary skills to enhance their professional practice.

FIVE-YEAR RESULTS

Since 1997, 1036 pharmacists have undertaken the Practice Review. Despite some initial anxiety concerning

the process, the vast majority of pharmacists report that the process is fair, reflective of daily practice, and is an important component in ensuring quality in the profession. (See page 9 for past Practice Review participant's interviews.)


A review of the past five years also shows that the majority of Ontario pharmacists — 86 per cent — are either meeting or exceeding current standards for the Practice Review. Falling into the “self-directed” category, these pharmacists are encouraged to continue their self-directed continuing professional development.

The remaining 14 per cent of pharmacists assessed encountered difficulties in meeting standards in one or more of the four components (see below) of the Practice Review. As a result, these individuals were identified as potentially benefiting from a “peer-assisted” approach to their continuing professional development. These pharmacists are given an

opportunity to meet with a Peer Support Group to help them identify learning needs and resources. Additionally, ongoing assistance is provided by College staff to help monitor the participant's progress in meeting their learning objectives.

CONTINUING TO STRIVE

As our Quality Assurance Program enters into its sixth year, the College will be commissioning an external assessment of the program, so you may be contacted by researchers to participate in surveys, interviews or focus groups to determine the impact of the program on the practice of pharmacy in Ontario.

Our goal is not only to provide a sound, reliable and authentic quality assurance program but to also ensure that the program continues to evolve and meet an ever-advancing practice and profession. 

THE FOUR PRACTICE REVIEW COMPONENTS ARE:

1. Gathering information
2. Patient management and education
3. Communication skills
4. Clinical knowledge

Analysis of the data over five years confirms certain trends related to the Practice Review. Generally, recent graduates (0-5 years), hospital pharmacists, and pharmacists trained in North America were more often assessed to be in the “self-directed” category. Pharmacists trained outside North America, and those who graduated 25 years ago or longer were more likely to encounter greater challenges with the process. For these individuals, circumstances around professional preparation may have influenced their performance. For example, communication skills (which are now considered central to pharmacy practice) have not been as strongly emphasized in past pharmacy curricula. These individuals are encouraged to participate in the peer assistance process to better examine their learning needs in light of contemporary standards of practice. After the Practice Review, each pharmacist receives an individualized report outlining his/her performance on the four components of the assessment process.

Overall, performance of non-North American trained pharmacists and those who graduated more than 25 years ago in gathering information, communication skills, and clinical knowledge has been comparable with most pharmacists. However, the area of patient management has been relatively weaker for this group — perhaps indicating difficulty for some pharmacists in integrating clinical knowledge into the practice setting, or in maintaining an evolving standard of practice.

Additionally, for some in this group, the issue has not been seen as solely one of lack of clinical knowledge or communication skills. Instead, it has been necessary to raise awareness of contemporary expectations regarding pharmacy practice among these pharmacists — in particular, the requirement to engage in patient education.



Bernie Des Roches, Ph.D.

Manager, Continuing
Education Programs

Professional Profile and Learning Portfolio

Thoughts & Tips

The Professional Profile and Learning Portfolio was first introduced in 1996 as part of the College's Quality Assurance Program (*Pharmacy Connection*, Jan/Feb 1996). It remains as a model for the *one* document that you are expected to maintain throughout your career to ensure quality assurance in your practice and in the profession as a whole.

For some, the creation of the learning portfolio caused confusion and frustration as it was a new tool, based on a new concept — the principle of life-long learning — all communicated in a single article. While we have met with many groups of pharmacists to help them create and maintain their learning portfolios, we have also, as a College, learned how to better articulate our expectations and advice for pharmacists seeking to understand the purpose of the learning portfolio and how best to maximize its effectiveness in meeting their personal learning needs.

While we will continue to meet with pharmacists to discuss their learning portfolios, the following sample entries and accompanying comments are presented to provide you with further insights into maximizing the benefits of maintaining your learning portfolio.

WHAT VALUE DOES THE PROFESSIONAL PROFILE PROVIDE ME?

The professional profile serves as a companion to your resume, providing an up-to-date document of your non-CE-

specific activities. As a record of past professional activities such as making presentations, serving as a preceptor, participating in professional committees, etc., the profile can also help you when contemplating a career move. While CE credit is seldom given to such activities in other jurisdictions, we believe these professional activities provide invaluable learning opportunities. We encourage you to participate in, and document, these activities. Additionally, when a member visits the College for the Practice Review, their professional profile allows us to better understand the context of their learning activities. (As profile entries are recorded in a straightforward manner, examples are not presented in this article.)

WHY SHOULD I MAINTAIN A LEARNING PORTFOLIO?


The primary purpose of the portfolio is to help you achieve your own learning goals. As there is no requirement in Ontario to accumulate a set amount of CE credits, your goal is to maintain your knowledge and skills to ensure that you can continue to meet all practice standards. (Additionally, your learning accomplishments will help you better perform during the Practice Review — if you're selected.)

Your goal is not to try to impress the College with the number or scope of entries in your portfolio. Rather, your learning portfolio serves as a personal record and is therefore not subject to a pass/fail judgment. Use your portfolio to record the plans, activities and notes that assist you in meeting your learning objectives. By doing so you will personally benefit from having a written record that provides you with a means of reviewing and reflecting on your learning activities, tracking your progress in meeting your goals, keeping focus on meeting the learning outcomes that are important to you, and acknowledging your achievements.

Your learning needs may be driven by the demands of your practice (e.g. patient and physician inquiries, management of complex drug regimens) or by your personal learning goals (e.g. learning to become a certified diabetes educator, opening your own practice). We all have learning needs and your learning portfolio is your personal tool to help you achieve yours.

Finally, both you and your colleagues also benefit from each others' portfolios as the College routinely reviews hundreds of learning portfolios to compile annual reports that identify trends in members' learning needs. This information is then shared with CE providers and the College's CE coordinators.

C.E. PLANNING CALENDAR

This section is designed to accommodate 12 months, so you can begin scheduling your learning activities any time you wish. You might want to plan three months in advance or perhaps a full year - the choice is yours. Its purpose is to help you to not forget nor lose track of learning objectives that are important to you. Alternatively, you may choose to use either a day timer, a computerized calendar or a palm pilot to track your commitments along with your daily appointments. Choose the method that both minimizes duplication and works best for you. 

HOW CAN I BUILD AND MAKE MY LEARNING PORTFOLIO EASY TO MAINTAIN?

The learning portfolio is not designed to be merely a reference file for completed learning activities nor a depository of journal articles that you want to keep. Rather, the portfolio is a "living document" that you can use to identify, track and record the progress you make in your professional learning activities.

(Relevant journal articles are best *referenced* in your learning portfolio but stored in separate files. A "notes" section is also included in various sections of the portfolio to help you do this.)

MAINTAINING A PAPER PORTFOLIO IS CUMBERSOME, IS THERE A BETTER WAY?

Yes. The College provides an electronic version of the learning portfolio, eliminating the need to maintain paper records. Visit our website at www.ocpinfo.com and select "Learning Portfolio" from the left column. Follow the instructions to download the small program to your PC. The program allows for one or more users and includes a unique password protection feature.

MAKE YOUR PORTFOLIO WORK FOR YOU

Remember, this is your personal portfolio. Your learning portfolio should be a useful tool, not a burden or hindrance to your learning activities. So make it work for you, or modify it to meet your needs. It should be a vital and long-term companion to your professional development and career.

LEARNING PORTFOLIO

Sanchez	Isa	L	555555
Surname	First Name	Middle Initial(s)	OCP Registration No

CE PLANNING CALENDAR

DATE (m/y)	LEARNING OBJECTIVES	NOTES
06/02	1. Begin reading on homeopathic remedies	Start with search on Internet sites
06/13/02	2. Attend seminar on osteoarthritis	Learned some new counselling tips that I will apply to practice
06/02	3. Review techniques to improve skills for taking a complete drug history	
08/02	1. Review treatment option for head lice	Order home study lesson from Lexicon
08/02	2. Review psoriasis and its treatment	Too busy
	3.	
9/12/02	1. Attend workshop on medication errors	St Martin's Hospital Auditorium, 9:30 a.m.
09/2-6/02	2. Attend asthma conference workshop, Chicago	
09/22/02	3. Attend presentation on ADHD	Langstaff Hotel, 8 p.m.
11/02	1. Review psoriasis and its treatment	AJCPA, Vol 14, No 6, pp 22-28
11/11/02	2. Complete home study lesson on acne	
	3.	
12/02	1. Review pharmacology of anthelmintics	
12/02	2. Participate in, and plan child wellness program for in-store presentation, Feb 03	Speak to Dan about collaborating on this
	3.	

Note that Isa was too busy to complete this task in August so she rescheduled it to November. In this way, she will ensure that she ultimately gets it done →

Here, Isa has entered the specific date of the workshop to make sure she doesn't miss it →

Specific notation of journal makes it easier to locate when needed for future reference →

Record the learning activities that you undertook to meet a need you have personally identified. Circle the appropriate code to help you identify resources that work best for you and to schedule future learning activities that you want to pursue further. (This data is also useful to the College in reporting and identifying members' learning needs.) A typical learning portfolio contains several pages of such entries; only a few are recorded here.

INDIVIDUAL LEARNING ACTIVITY

Date: (m/y) 09/02 **Total hours:** 2.5

State your item of learning in the form of a specific question or statement:

How do you treat allergic rhinitis during pregnancy and lactation?

STIMULUS: Circle **ONLY ONE** code

1 2 3 4 5 6 7 8 (specify) _____

LEARNING RESOURCES: Circle **as many as appropriate**

1 2 3 4 5 6 7 8 (specify) _____

OUTCOME: Circle **ONLY ONE** code

1 2 3

Notes:

Read article in *Pharmacy Practice*, Feb 2000 on Allergies: A Motherhood Issue

Stimulus Code:

1. Discussion with peers.
2. During management of current patient/problem
3. Group C.E. activity
4. Reading (scanning) literature
5. Research
6. Self-assessment program
7. Teaching, serving as preceptor
8. Other

Learning resources Code:

1. Home study program
2. Group C.E. activity
3. Colleagues (discussion)
4. Computer learning
5. Planned literature search
6. Reading articles
7. Self-assessment program
8. Other

Outcome code:

1. I plan to change my practice
2. I plan to pursue additional information
3. No change needed to my practice. Findings reaffirm, or add to my knowledge

Frequently you will need to consult more than one resource to find your answer: circle all that apply. A learning outcome of "3" is very common



INDIVIDUAL LEARNING ACTIVITY

Date: (m/y) 09/02 **Total hours:** 0.25

State your item of learning in the form of a specific question or statement:

What is the recommended dose for rifampicin for meningitis prophylaxis in women?

STIMULUS: Circle **ONLY ONE** code

1 2 3 4 5 6 7 8 (specify) _____

LEARNING RESOURCES: Circle **as many as appropriate**

1 2 3 4 5 6 7 8 (specify) CPS Book

OUTCOME: Circle **ONLY ONE** code

1 2 3

Notes:

The value of too many such entries is questionable. Merely looking up a bit of information in a readily available reference is not a significant learning activity. You have to decide whether you want to record this for future reference



INDIVIDUAL LEARNING ACTIVITY

Date: (m/y) **03/02** Total hours: **5.0**

State your item of learning in the form of a specific question or statement:

What are the latest technologies in diabetes care and how do these compare to those commonly in use?

STIMULUS: Circle **ONLY ONE** code

1 (2) 3 4 5 6 7 8 (specify) _____

LEARNING RESOURCES: Circle **as many as appropriate**

1 2 3 (4) 5 (6) 7 8 (specify) _____

OUTCOME: Circle **ONLY ONE** code

1 2 (3)

Notes:

Learned how to operate various machines. This enabled me to instruct patients on new machines and added to satisfaction to my practice.

INDIVIDUAL LEARNING ACTIVITY

Date: (m/y) **07/02** Total hours: **3**

State your item of learning in the form of a specific question or statement:

What is the thinking on use of HRT in a woman who has risk factors for breast cancer?

STIMULUS: Circle **ONLY ONE** code

1 (2) 3 4 5 6 7 8 (specify) _____

LEARNING RESOURCES: Circle **as many as appropriate**

1 (2) 3 4 (5) (6) 7 8 (specify) CPS Book

OUTCOME: Circle **ONLY ONE** code

1 (2) 3

Notes:

Stimulus Code:

1. Discussion with peers.
2. During management of current patient/problem
3. Group C.E. activity
4. Reading (scanning) literature
5. Research
6. Self-assessment program
7. Teaching, serving as preceptor
8. Other

Learning resources Code:

1. Home study program
2. Group C.E. activity
3. Colleagues (discussion)
4. Computer learning
5. Planned literature search
6. Reading articles
7. Self-assessment program
8. Other

Outcome code:

1. I plan to change my practice
2. I plan to pursue additional information
3. No change needed to my practice. Findings reaffirm, or add to my knowledge

As Isa has circled "2" for the outcome, she should put this into her C.E. Planning Calendar to address at some future date so that she doesn't forget to follow up



Record the lectures, conferences, workshops and seminars that you attend, as well as all correspondence, video/audiotape and Internet courses/programs to which you subscribe. These activities can also be described as ones in which the learning outcomes and resources have been determined by someone other than yourself, e.g., a committee, author, faculty, etc. (You should focus your efforts on attending or subscribing to those programs where the learning outcomes match the needs that you previously self-identified.)

STRUCTURED C.E. EVENTS

Activity Code:

1. Seminar/workshop/conference
2. Journal club/hospital rounds
3. Correspondence Course
4. Audio/video cassette
5. CD Rom/computer
6. Other (specify)

Outcome Code:

1. I plan to change my practice
2. I plan to pursue additional information
3. No change needed to my practice
Findings reaffirm, or add to my knowledge

Note that here, the learning outcome circled is "1". This does not occur frequently and is intended to identify a learning activity that causes you to make some change to your practice.



Date	Title of Activity	Activity Code	Total Hours	Outcome Code
03/20/02	Pain Management B A Multi-modal Approach	1	2	3
05/11/02	Asthma Clinic Day Training	1	4	3
07/22/02	Migraine Therapy	3	3	2
08/18/02	Dyspepsia	5	1	1
08/02	Pharmaceutical Care Workshop Series	2	1.5	1

International Pharmacy Graduate Program



- *an update*

Marie Rocchi Dean, B.Sc.Pharm.
Education Coordinator

CANADIAN PHARMACY SKILLS ACADEMIC MODULES

As you know, the Canadian Pharmacy Skills modules (CPS I and II) have now been integrated into the International Pharmacy Graduate Program.

You will also recall that the original funding provided to the Faculty of Pharmacy from the College was to develop modules that would be suited to a variety of participants including pharmacists seeking refresher and remedial opportunities. In the first offerings, the majority of the program's students have been international pharmacy graduates, but the program now admits already-licensed pharmacists interested in taking CPS classes.

PROGRAM PARTICIPANTS AND THEIR EXPERIENCES IN CPS

Over 100 students have participated during the program's first 18 months. We are very pleased to report that the success rate on the PEBC Qualifying Exam for those who completed CPS II was 100 per cent! This result clearly demonstrates the relevance of the curriculum to the entry-to-practice standards.

Referrals to the CPS program from the College's Discipline and Quality Assurance committees are also on the increase. Referred pharmacists who participated in the modules reported that their experiences were positive and that they were successful in meeting their learning objectives. (Note: Members who are referred by these committees can be assured that all information provided by the College to the Faculty remains confidential.)

One member wrote, "In taking the course I was nervous


and apprehensive, but everyone involved went the extra mile. The CPS program is well constructed and is providing students with actual situations encountered in daily practice — information gathering, dispensing and patient counselling".

Another benefit the program offers to practising pharmacists is the aspect of *continuing education*. Several pharmacists have taken our classes to either prepare for their transition from Part B to Part A of the Register, or to achieve greater success in their Quality Assurance Practice Review assessment.

PROGRAM DELIVERY

The modules are offered regularly throughout the year. Classes are held each day from 9:30 am to 4:30 pm. All classes, labs and seminars are held at the St. George Campus, either at the Faculty or in adjacent buildings. Pay parking is readily available close to the campus.

CPS I	Fall 2002	October 15 - December 6
CPS II	Winter 2003	January 13 - March 8
CPS I	Spring 2003	May 5 - June 28
CPS II	Summer 2003	July 21 - September 12

Please contact the office (416-946-5779) for more information regarding cost, course content, and the schedule and registration process for particular areas of interest (e.g. Therapeutics lectures, Advanced Interviewing Seminars or Standardized Patient Labs). 



Faculty Facts

HOMECOMING CELEBRATION

Ontario pharmacists are invited to attend the Faculty's 'Pharmacy: Yesterday, Today and Tomorrow', a University of Toronto 175th Anniversary Homecoming Celebration. Come out for refreshments and meet colleagues, faculty staff and students, and see some of the preliminary designs for the new Faculty building.

The celebration will be held Friday, October 4, 2002, at 5:00 pm in the Great Hall, Hart House. To register: visit www.utoronto.ca/pharmacy/alumni/rsvp-form.htm, or email: alumni.pharmacy@utoronto.ca or call 416-946-8140.

LESLIE L. DAN PHARMACY BUILDING

Excitement is growing with each step toward completing the design for our new 'home'. We are meeting regularly with the Foster and Moffat Kinoshita design team. Each successive design concept brings us closer to a melding of the users' perceptions of how space will be organized and structured within the overall design. These challenges are numerous, and, to paraphrase a design team member, "Each space must be designed to function exquisitely in and of itself. These components must merge together so that the whole building 'functions' like the proverbial Swiss watch."

The target date for completion of the design is early October 2002, with a targetted completion of the building in 2005.

STRUCTURED PRACTICAL EXPERIENCE PROGRAM (SPEP) TEACHING ASSOCIATES

We encourage you to become an SPEP Teaching Associate (TA). As an off-site Faculty instructor you will have a unique role in educating future pharmacists.

As a new TA you will first be provided Faculty training that helps you solidify your knowledge, skills and confidence in teaching and assessing student performance. Visit <http://spep.phm.utoronto.ca> to find out more or to complete an on-line application form, or contact Lucy Gabinet, SPEP Administrative Assistant, at l.gabinet@utoronto.ca, phone: 416-978-0280 or fax: 416-946-3841.

CAREER OPPORTUNITY – SPEP

We are seeking candidates for a full-time SPEP position. For more information or to apply visit www.utoronto.ca/pharmacy and select 'Career Opportunities', 'Pharmacy Academic Positions' and then 'Lecturer/Senior Lecturer'.


HAVE YOU CONSIDERED PURSUING A PHARM.D. ?

- Enhance your pharmacy practice!
- Learn how to help different types of patients with a broad range of medication-related problems in community, ambulatory and/or hospital practices!
- Develop self-directed life-long learning skills!
- Gain knowledge and skills to advance the profession of pharmacy!

We offer practising pharmacists a full-time, two-year, patient-focused program. The student-centered, collaborative environment allows students to hone their expertise in the delivery of pharmaceutical care.

Applications are due November 8, 2002, for the academic year starting July 2003. For more information or to obtain an application form, please call us at (416) 978-0603 or e-mail d.pharm@utoronto.ca or visit: www.phm.utoronto.ca/pharmd/phmd_idx.html.

THE ADMISSIONS - B.Sc.PHM.

A new look and architecture for our B.Sc.Phm. web pages and the 2003 Admissions Booklet will be coming soon; but our updated brochure is now available. While our brochure is distributed through high school guidance departments, Ontario university admissions departments, career counselling offices and 'career day' events, we firmly believe that, as a pharmacist, you are the ideal recruiter for future pharmacists. Would you like to promote the benefits of a profession in pharmacy to potential candidates in your area? If so, contact our Admissions Office: email adm.phm@utoronto.ca, telephone 416-978-3967. 

Lesley Lavack, Assistant Dean and Director, Structured Practical Experience Program, Faculty of Pharmacy, University of Toronto



Greg Ujiye, B.Sc.Phm.

Manager, Pharmacy Practice Programs

Q&A Pharmacy Practice

Q As a pharmacist, can I dispense prescriptions for myself, family members or friends?

Although there is no specific policy that covers this issue, the Code of Ethics #10 and the *Standards of Practice*, Operational Component 6.1 has relevance to this question.

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

By filling a prescription for you, family members or friends, it may compromise your independence as well as your judgement as perceived through the eyes of other members of your pharmacy team or staff. Although there may be nothing wrong with what you are doing, the perception that you may be doing something wrong can be damaging to how others view you and your actions.

A second point to remember is that once you fill a prescription for a family member or friend, they become patients in the eyes of the law and have status under the *Regulated Health Professions Act* if disagreements should arise.

As a safe practice, many pharmacies implement policies prohibiting pharmacists or pharmacy staff from filling their own prescriptions or those of family and friends.

Q I understand that pharmacies may be charged for re-inspections. Please clarify.

The College regularly inspects all Ontario pharmacies. This is an aspect of quality assurance that ensures that each community pharmacy location is in compliance with all legislation and that the *Standards of Practice* are being met. Inspections also serve as an opportunity for pharmacists and owners to meet and discuss operational issues with College field staff.

All pharmacies and pharmacists, through their accreditation and membership fees, share the cost of this program. While the majority of pharmacies in Ontario are compliant and meet the standards, there are, unfortunately, a few pharmacies that fail to meet the standards and continue to have problems, even after several visits.

The Accreditation Committee considered this issue and felt that it was unfair for the majority of pharmacies to bear the cost of re-inspections for just a few pharmacies. Council therefore approved a recommendation by the Committee to implement cost-recovery fees for sites requiring further inspections after the initial inspection and *one* re-inspection.

Currently, all pharmacies receive one regular inspection and, if there are deficiencies, a possible second inspection. Pharmacies failing this second inspection are referred to the Accreditation Committee. If the Committee decides that a future inspection is warranted, a cost recovery fee is charged to the pharmacy prior to the next inspection. This policy has been in effect since January, 1, 2002.

Q I am being audited by a third party adjudicator (e.g. Green Shield, ESI). Should I be doing anything to prepare for this visit?

A third party adjudicator is normally acting on behalf of an insurer (some are both insurer and adjudicator) and have agreements signed by plan holders allowing the adjudicator to access their prescriptions. Prescriptions are audited to ensure claims are being properly processed and the plan is being properly administered.

The adjudicator should inform you with notice of when they intend to conduct an audit. This is a normal process and pharmacists should co-operate with all reasonable

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BULLETIN BOARD

Telehealth Ontario

In its first year, Telehealth Ontario received more than half a million calls from its service areas of 416 and 905 and recently expanded its service province-wide. It also launched a dedicated line for callers with hearing impairments or speech difficulties. The direct TTY is 1-866-797-0007. Services are provided in English and French and translation support is available for 100 additional languages.

Some Quick Facts:


- Calls are highest during suppertime and early evening hours of the weekend
- 40% of callers are parents, mainly mothers
- Top five reasons for seeking symptom-related advice are: nausea/vomiting, abdominal pain, fever in children between 3 months and 3 years, cough and colds and rash
- 45% receive self-care information
- 30% are referred to family doctors/medical clinics
- 12% are referred to emergency departments

- 3% are referred to the Ontario Pharmacists Association's medication information line
- 2% are connected to ambulance dispatch

Class of 9T2 - 10 year reunion

Our class reunion has been set for the weekend of October 4-6, 2002, in Toronto to coincide with U of T's Alumni Homecoming. For further information, please contact Christine Donaldson (nee Pavicic) at rcdonaldson@sympatico.ca or (519)945-9578.

Ontario Pharmacist Receives National Award

Connie Sellors received the CPhA Innovative Practice Award for outstanding innovation in pharmacy practice aimed at improving patient outcomes. A faculty member with the University of Toronto and McMaster University, Connie has dedicated much of her career to practice research devoted to proving the value of pharmacists' expertise towards better patient care outcomes. 

Q&A Pharmacy Practice

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requests. You should, however, be able to negotiate another date, within reason, if the proposed date is inconvenient.

You are responsible for ensuring patient confidentiality. You must allow access to only those prescriptions under audit.

It is important to remember that the auditors are only allowed to audit or look at the prescriptions for which they are adjudicating or paying. You should first ask for the prescriptions that they wish to audit and, if this is not possible, then you or a senior staff member of the pharmacy should be

personally available to retrieve the prescriptions.

Failing to use pharmacy staff to search for past prescription records will, in effect be allowing the auditor access to unauthorized personal patient health information for which you are responsible.

It would also be reasonable for the auditor to ask for photocopies, or to take photocopies, of any prescriptions that they have adjudicated. Original prescriptions must not be removed from the pharmacy. 

Health Canada Reports – Copy to OCP

Controlled Drugs and Substances Loss or Theft Report Psychoactive Drug Forgery Report

All incidents of theft, loss, or fraudulent prescriptions of narcotic, controlled and benzodiazepines / targeted substances must be reported to Health Canada's Office of Controlled Substances or Bureau of Drug Surveillance.

In Ontario, to report a theft, narcotic loss or drug forgery, please contact Mr. Aaron Wolfson, Drug Control Unit at (416) 952-3204.

Instructions on these reports ask you to submit the PINK copy to the Provincial Pharmacy Authority.

Please forward a copy of the reports to us either by mail to:
Ontario College of Pharmacists, Pharmacy Practice Programs, 483 Huron St., Toronto, ON M5R 2R4
or Fax to: Barb Church, Pharmacy Practice Programs (416) 703-3110

CPSO NOTICES NOW ON BBS

Have you accessed the BBS today?

Pharmacists are now able to access public notices issued by the College of Physicians and Surgeons of Ontario (CPSO) on the Ontario Drug Benefit Bulletin Board Service (BBS). Postings will include: Notices of Suspension, Revocation and Restrictions of CPSO members' Certificate of Registration. Also included in the information are effective dates, certificate numbers, name, address and a brief description of the decision.

Any questions regarding the notices should be directed to the CPSO, 80 College Street, Toronto, ON M5G 2E2. Telephone: (416) 967-2600

HEALTH CANADA

Advisories & Notices

DATE	TYPE	GENERIC NAME	TRADE NAME
June 06, 2002	Advisory: Important safety reminder for patients	Gentamicin sulfate – containing ear drops	Garasone® Garamycin® PMS-Gentamicin SAB-Gentamicin SAB-Pentasone Garatec
June 14, 2002	Advisory: Health Canada warns Canadians not to use	Bejai Bowyantant, a traditional Chinese medicine for infants	
June 19, 2002	Warning: Health Canada warns Canadians not to use seven herbal supplements	Arthrin, Osporo, Poena, Neutralis, Oa Plus, Ra Spes and Hepastat	
June 21, 2002	Advisory: Health Canada is advising Canadians not to take certain drugs with grapefruit juice	Certain drugs used in the treatment of: anxiety, depression, high blood pressure, HIV/AIDS, cancer, irregular heart rhythms, infections, psychotic problems, erectile dysfunction, angina, convulsions, gastrointestinal reflux, high lipid (cholesterol) levels, organ graft rejections	
June 25, 2002	Important Drug Safety Update of Pure Red Cell Aplasia (PRCA, Erythroblastopenia)	Epoetin alfa	Eprex®
July 10, 2002	Notice to Hospitals – Important Drug Safety Information	Propofol contraindicated for sedation in pediatric patients receiving intensive care	
July 18, 2002	Important New Safety Information	Procarbazine hydrochloride	Matulane® (formerly marketed under the name Natulane®)
July 25, 2002	Important Drug Safety Information	Baclofen Injection	Lioresal Intrathecal
July 29, 2002	Notice to Hospitals	Cochlear implant recipients may be at greater risk for meningitis	
July 30, 2002	Notice to Hospitals	Risk of strangulation of infants by IV tubing and monitor leads	
July 2002	Notice of RECALL	<p>The following Drug Identification Number (DIN) for ephedrine has been inactivated by the Added Dimensions Company and cancelled by Health Canada.</p> <p>The Added Dimensions Company is conducting a recall and this product should not be on pharmacy and non-pharmacy shelves</p> <p>DIN #: 02218743</p> <p>Ephedrine by Added Dimensions</p>	

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

Deciding on Discipline

Perspectives on the DISCIPLINE PROCESS



Larry Boggio, B.Sc.Pharm.

I was recently appointed Chair of the Discipline Committee to replace Marty Belitz whose nine-year term on Council came to an end this past April. In this role, I have continued with the Council's goal for the Discipline Committee to work to reduce the overall number of pending hearings of discipline cases.

With this mission in mind, the members of the Discipline Committee have been very active over the past several months in presiding over hearings of cases referred to it by both the Complaints and Executive committees. Discipline Committee Panels consist of three pharmacists (one of whom must also be a member of Council) and two publicly appointed members of Council. This is a formal peer review process and hearings are open to the public.

In considering the cases presented, the panels strive to make orders that are fair and reasonable, based on the facts presented. In determining the fairness of the decisions, the panels consider the particular circumstances of each case and balance the need of the public to be protected with the member's privilege to practice the profession. In reaching their decisions, the panels have the opportunity to test and interpret the profession's standards of practice as well as further define under which of the various categories of professional misconduct in the *Pharmacy Act* that the offense falls.

The College publishes the panels' decisions for educational purposes, and in so doing, shares with the membership its interpretation of the professional misconduct regulations. This also serves as an additional way for the College to enable pharmacists to better understand the standards, as well as deterring members from engaging in practices that fall below the *Standards of Practice*.

Following a finding of professional misconduct, the panel is authorized under the *Health Professions Procedural Code* to make an order directing the Registrar to impose specified measures to restrict the member's practice. Available measures include suspension and/or imposition of specific terms, conditions and limitations on the member's *Certificate of Registration*, including possible suspension and/or other specified terms, conditions and limitations on practice. The panel may choose to reprimand the member, impose a fine, and, in appropriate cases, require the member to pay costs that were incurred by the College in prosecuting the case.

The Discipline Committee panel may ultimately direct the Registrar to revoke the member's *Certificate of Registration*. However, this extreme measure is reserved only for the most serious cases wherein the member, by his/her actions or conduct, has demonstrated that he/she is ungovernable or that no other measure can adequately protect the public from his/her unsafe or unethical practice.


The fourteen cases published in this edition, which have been grouped according to areas of misconduct, illustrate the Committee's efforts to broaden its use of the legislation to address the members' actions and the consequences that resulted.

In so doing, the panels have the opportunity to examine the member's practice, as illustrated in the circumstances of the case, and to determine if deficiencies exist. This assessment enables the panel to determine whether remediation is appropriate and if restrictions on the member's practice are warranted. Through such an assessment, the panel attempts to ensure that the member's practice is improved or curtailed to prevent a reoccurrence of similar misconduct.

While cases involving medication dispensing errors are often considered to be professional misconduct, they also present educational opportunities for members. In many cases, the underlying cause for the misconduct was assessed to be knowledge or practice-based deficiencies, therefore, the panel seeks to identify and require quality improvement measures. The Discipline Committee believes it is better able to support members in their future practice and to protect the public from harm by exercising its authority in this way.

The unprecedented number of cases reported in this issue is an indication of the Committee's level of activity to meet its goals, and does not in any way indicate a sudden increase in the number of cases that are being referred to the Committee, as the frequency of referrals remains unchanged.

The Discipline Committee will continue with its accelerated activity over the next few months to consider the remaining pending cases, making appropriate orders consistent with the College's values and mission. The Committee will also further pursue its mission to facilitate efficiencies in the process so that once the current backlog of cases has been disposed of, the Discipline Committee will make efforts to ensure that it reviews new cases expeditiously with a view of disposing of them within a few months of referral.

This timely review of cases is being sought so that the objectives of procedural fairness and effectiveness are consistent with the interests of the members and the public alike. Once this has been achieved, you can expect a return to three to five cases being reported in each *Pharmacy Connection*. 

Deciding on Discipline

CASE 1

Falsification of Records

Member: Marlien Aziz, Toronto

Hearing Date: April 8, 2002

Ms. Aziz was found to have failed to maintain a standard of practice of the profession, to have failed to keep records as required respecting her patients, to have falsified a record relating to her practice, to have submitted an account or charge for services that she knew to be false or misleading, to have contravened the *Pharmacy Act*, the *Drug and Pharmacies Regulation Act*, the *Regulated Health Professions Act* or the regulations under those Acts, to have 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, and to have engaged in conduct relevant to the practice of pharmacy that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional.

The Discipline Committee accepted a plea of professional misconduct pursuant to the facts alleged in the Notice of Hearing, which formed the basis of her plea.

Facts:

On January 13, 1998, while working at Alsalam Pharmacy, Ms. Aziz dispensed a prescription to a patient and failed to maintain the original prescription as required. She subsequently noted in the pharmacy record of dispensing that the prescription had been cancelled even though this was not the case and thereby created a false record of dispensing. In fact, the prescription was transferred to Steeles Square Pharmacy where the prescription was entered into the computer system and billed to a health insurance company

because Alsalam Pharmacy did not have a direct billing relationship with the company.

Order:

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

1. A reprimand
2. A one-month suspension of Ms. Aziz's Certificate of Registration to be remitted in full upon completion of the College's jurisprudence examination within one year of this Order. In preparation for the examination, she must attend the one day jurisprudence seminar offered by the College. All costs associated with attending the seminar and examinations are to be borne by Ms. Aziz
3. Effective immediately, a condition will be placed on Ms. Aziz's Certificate of Registration with the College which will require the successful completion of the College's jurisprudence examination in order to continue practicing following one year of the date of this Order. Failure to successfully complete the examination will result in the suspension of Ms. Aziz's Certificate of Registration until such time that she passes the examination
4. Upon successful completion of the Jurisprudence Examination at a time after one year of this order, Ms. Aziz will serve the one-month suspension (referred to in paragraph 2)
5. If a suspension provided for in paragraph 3 occurs, the member may apply to a panel of the Discipline Committee of this College for a variation

CASE 2

Falsification of Records, Failure to Maintain Records

Member: Nagy Riad, Toronto

Hearing Date: April 9, 2002

This hearing commenced on July 11, 2001 and adjourned

on July 12, 2001. At that time, the panel heard evidence regarding this matter. The hearing continued on April 8, 2002. On April 9, 2002, Mr. Riad entered a plea of professional misconduct and was therefore found to have failed to keep records as required respecting his patients and to have submitted an account for charges for services that he knew to be false or misleading.

The misconduct relates to the following:

Facts:

Between August 8, 1994 and October 6, 1996, while working at Steeles Square Pharmacy, Mr. Riad created a record of dispensing for 255 prescriptions without proper authorization and subsequently billed these prescriptions to a health insurance provider. Furthermore, while working as Designated Manager of Steeles Square Pharmacy, Mr. Riad failed to maintain required prescription records for 39 prescriptions.

Reasons:

The Committee was provided with a joint submission on penalty which it carefully considered taking into account that Mr. Riad has no prior discipline record with this College. However, Mr. Riad invoiced third parties over an extended period of time, for services which he knew to be false, and in doing so created 255 records of dispensing without proper authorization. Mr. Riad also failed to maintain required prescription records for 39 prescriptions.

Having considered these factors the Committee concluded that the proposed penalty was fair and reasonable and made the following Order:

Order:

1. A reprimand
2. A six-month suspension of Mr. Riad's Certificate of Registration
3. Terms and conditions on the Certificate of Registration of Mr. Riad to become effective upon the termination of the term of suspension, as follows:

- a) Mr. Riad shall be prohibited from having any proprietary interest in a pharmacy, either as a sole proprietor, partner, or director, or shareholder in a corporation that owns a pharmacy
- b) Mr. Riad may not act as a designated manager in any pharmacy
- c) Mr. Riad is to inform all employers in a pharmacy setting (“employers”), in which he is employed on a permanent or relief basis, of the full details of this Order and findings and provide them with a copy thereof
- d) Mr. Riad is to ensure that all employers confirm in writing to the College within 10 days following the commencement of Mr. Riad’s employment that:
 - i.) they have received and reviewed a copy of this Order and findings
 - ii.) Mr. Riad’s employment remuneration is based only on hourly or weekly rates and not based on any incentive upon the value of prescription sales or the number of prescription sales
 - iii.) confirm that they agree to review Mr. Riad’s billings on an at least quarterly basis and to report findings of irregularities of billings attributable to Mr. Riad to the College’s Manager, Investigations & Resolutions, within 10 days of the discovery of the irregularity

The failure of any employer to meet these conditions shall constitute a breach of this condition on Mr. Riad’s Certificate of Registration. These terms and conditions shall terminate on May 15, 2005.

4. Mr. Riad will pay costs in the amount of \$10,000

CASE 3

Falsification of Records

Member: Zeenat Velji, Barrie

Hearing Date: May 23, 2002

Ms. Velji was found to have failed to maintain a standard of practice of the profession, had falsified a record relating to her practice, had signed or issued in her professional capacity a document that she knew contained a false or misleading statement, submitted an account or charge for services that she knew was false or misleading, and to have 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 she falsified limited use prescription forms. Ms. Velji’s entered a plea of professional misconduct, which the Committee accepted.

Reasons:

The Member and the College submitted a Joint Submission on Penalty which the Committee carefully considered, as well as evidence submitted on consent, which included the report of a forensic psychiatrist which stated that he had concerns about Ms. Velji’s ability to police herself entirely, and thought it prudent to not allow her to practise without active supervision and possible initial exclusion from administrative and supervisory tasks.

The Committee noted that this was Ms. Velji’s third appearance before the Discipline Committee of this College. As a result of her last finding of professional misconduct, Ms. Velji’s certificate of registration was suspended for a period of four months. The subject matter of that misconduct involved fraudulent acts which led to a criminal conviction. The events which formed the basis of these proceedings preceded the advent of the second disciplinary matter. The Committee believes that Ms. Velji has learned from this experience, as well as from the consequences of this matter, and will never appear before the Discipline Committee of this College again. It concluded that the proposed penalty was fair and reasonable and made the following Order:

Order:

1. A reprimand
2. Costs in the amount of \$1,500
3. 12 months suspension, to run consecutively
4. Ms. Velji's Certificate of Registration be restricted to prohibit her from being a designated manager in any pharmacy in which she is employed
5. The Member's Certificate of Registration shall be subject to the following conditions
 - a. Ms. Velji will provide any and all employers and designated managers of pharmacies in which she is employed with a copy of this Decision and Order of the Discipline Committee, including the terms, limitations and restrictions contained herein, and any additional information attached to the Decision and Order of the Discipline Committee; she will ensure that the employer or designated manager writes to the Manager, Investigations and Resolutions, within 10 days of the commencement of her employment confirming that he or she has received the prescribed documentation from her
 - b. Ms. Velji shall only practice pharmacy under the supervision of a pharmacist who's Certificate of Registration is in good standing and who is not employed by her either directly or indirectly in a pharmacy or corporation in which she holds an interest (hereinafter referred to as the Supervising Pharmacist)
 - c. Ms. Velji shall ensure that the Supervising Pharmacist confirms in writing to the Manager, Investigations and Resolutions of the College that he or she agrees to supervise the her practice and undertakes to promptly advise the Manager, Investigations and Resolutions of any observations of irregularities in the Ms. Velji's behaviour and/or deficiencies in the her pharmacy practice including but not limited to record keeping and documentation
6. Ms. Velji may apply to the Discipline Committee to remove or vary the conditions and restrictions on her Certificate of Registration set out at paragraphs 4 and 5 above if she can satisfy the Discipline Committee that

the conditions and restrictions, in whole or in part, are no longer necessary to protect the public interest

7. The Ontario College of Pharmacists will conduct an unannounced inspection within 12 months of the date of this Order at each of the two pharmacies in which Ms. Velji has an interest and is a pharmacist director. The inspections will be conducted at the expense of the Member and or the pharmacy, being \$400 each, payable forthwith. The results of the inspections will be reviewed by the Pharmacy Practice Advisory Department in the normal course.

CASE 4

Failure to Dispense Whole Quantity without Proper Authorization

Member: Yervant Sekdorjian, Toronto

Hearing Date: April 30, 2002

Mr. Sekdorjian was found to have falsified a record relating to his practice and to have contravened, while engaged in the practice of pharmacy, a federal or provincial law or municipal by-law with respect to the distribution, sale or dispensing of a drug or mixture of drugs, in that he failed to dispense the entire quantity of a prescription without proper authority contrary to the requirements of section 9 (1) of the *Drug Interchangeability and Dispensing Fee Act* and by refusing to supply a listed drug product contrary to section 10 of the *Ontario Drug Benefit Act*. The Committee accepted the member's plea of professional misconduct and was provided with an Agreed Statement of Facts, which formed the basis of his plea.

Facts:

The complainant submitted a prescription for her father for 200 pills of metoprolol tartrate with four repeats to Mr. Sekdorjian. According to the complainant, Mr. Sekdorjian advised that that he was unable to give 200 pills as the prescription should be repeated on a monthly basis. Instead he dispensed 62 pills. Mr. Sekdorjian indicated on the hard

copy of the prescription that there were to be 11 repeats. A dispensing fee was charged for all repeats. The balance of the prescription was dispensed in reduced quantities, without the informed consent to do so.

Mr. Sekdorjian took the position that on the prescription maintained in the pharmacy the complainant acknowledged the reduced quantity by signing the prescription.

It was the complainant's position that she signed the prescription without explanation but at the request of Mr. Sekdorjian. She was under the impression that because it was not her prescription or medication that she needed to sign the prescription to release the pills to her.

It was Mr. Sekdorjian's position that as he ran a small store with low inventory and a small prescription volume it could not survive on the \$6.11 prescription fee for a three-month supply. He advised the complainant's father of this and offered him the alternative of going to a larger pharmacy.

Order:

The member and the College submitted a joint submission on Penalty which the Discipline Committee found to be fair and reasonable in the circumstances and made the following Order:

1. A reprimand
2. A fine in the amount of \$2,000
3. Mr. Sekdorjian will provide the Committee with a detailed acknowledgement, in writing, that his conduct in short-dispensing prescriptions and charging multiple dispensing fees is a breach of the standard of practice of his profession and amounts to overcharging, and that he undertake to the College not to practice in that manner in the future.

Publication:

Mr. Sekdorjian requested that his name be withheld in the publication of this matter. The panel was of the opinion that the member's name should be published because the College's disciplinary processes must be seen as transparent; and therefore directed that the College publish the

decision and reasons or summary together with the member's name, in the normal course.

CASE 5

Dispensing without Authorization, Falsification of Records

Member: Ming Min (Kevin) Wu, Weston

Hearing Date: June 27, 2002

Mr. Wu was found to have failed to maintain a standard of practice of the profession respecting unauthorized dispensing of drugs, failed to keep records as required, breached provisions of the *Drug and Pharmacies Regulation Act*, the *Controlled Drugs and Substances Act* and the *Narcotic Control Regulations*; and issued, in his professional capacity, documents that he knew contained false or misleading statements. The Committee accepted Mr. Wu's plea of Professional Misconduct and was provided with an Agreed Statement of Facts, which formed the basis of his plea and is summarized as follows:

Facts:

The College received a complaint from a physician that Mr. Wu had dispensed a prescription drug, isotretinoin (Accutane®), used to treat acne, to one of his patients, without authorization. The physician explained that while he had prescribed isotretinoin (Accutane®) 40mg M:30 to his patient he would only prescribe 30 capsules of the medication at a time to ensure monitoring of the effects. The records confirmed that Mr. Wu dispensed the drug as prescribed and that the prescription did not authorize any repeats. The records also confirmed that isotretinoin (Accutane®) 40mg (30 capsules) was dispensed to the patient on 2 additional occasions over the following 43 days without authorization. The records also confirmed that a new prescription was subsequently provided by the physician to the patient for the medication and was dispensed.

Mr. Wu acknowledged that in addition to dispensing the

drugs without authorization, he issued in his professional capacity, documents that he knew contained a false or misleading statement in that the prescription receipts identified a prescriber when, in fact, no prescription had been authorized.

Further investigations of Mr. Wu's practice revealed various additional problems with respect to the information recorded on the prescription receipts, including information incorrectly transcribed between prescriptions, wrong directions for use, incorrect amounts dispensed, inappropriate carrying forward of old prescriptions and other problems. The investigation also identified incidents in which Mr. Wu dispensed other drugs without authorization.

Reasons and Order:

The member and the College provided the Committee with a Joint Submission on Penalty, which after careful consideration, concluded was to be fair and reasonable in the circumstances and therefore made the following Order:

1. A reprimand
2. A suspension of Mr. Wu's certificate of registration for a period of four months, with two months of the suspension to be remitted on the condition that Mr. Wu completes the remedial training described in paragraph 3 below within 12 months. If the two months are not remitted, then it will be served immediately following the expiration of the 12 month period
3. Specified terms, conditions and limitations on Mr. Wu's Certificate of Registration, and, in particular, that the Member successfully complete, 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 Faculty of Pharmacy at the University of Toronto:

Dispensing Practices

- a) The dispensing portion of the Professional Practice Laboratories (Dispensing Milestone)
- b) Translating Latin Abbreviations (Translating Milestone)
- c) Calculations (Calculations Milestone)

Law Assignments

- a) Law Lesson #4 - Standards of Practice
- b) Law Lesson #5 - Complaints and Discipline Procedures of OCP
- c) Law Lesson #7 - Professional Liability

Applied Therapeutics Lectures

- a) Acne - completion of a post-case care plan required
- b) Adverse Drug Reactions Part 1
- c) Adverse Drug Reactions Part 2

CASE 6

Prescription Forgery; Drug Related Criminal Offences; Assault Causing Bodily Harm

Member: Ashit Dhanraj Shihora, St. Catharines

Hearing Date: April 30, 2002

Mr. Shihora was found to have committed an act or acts 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 was convicted of assault causing bodily harm as well as numerous drug-related offences.

The Committee accepted Mr. Shihora's plea of professional misconduct and was provided with an Agreed Statement of Facts which formed the basis of his plea, as summarized as follows:

Facts:

1. On January 10, 2000, Mr. Shihora was convicted on one count of assault causing bodily harm contrary to S.266 of the *Criminal Code of Canada* which occurred on August 3, 1999
2. On or about May 22, 2001, Mr. Shihora was convicted of the following offences:
 - a) Twenty-seven counts of uttering forged documents, and in particular prescriptions contrary to s.268(1)(a) of the *Criminal Code of Canada*
 - b) Seventeen counts of forgery and in particular forged

prescriptions contrary to s.367 of the *Criminal Code of Canada*

- c) Two counts of fraud contrary to the provisions of s.380(1)(b) of the *Criminal Code of Canada*
- d) Six counts of obtaining controlled substances without authorization contrary to the provisions of s.4(1) of the *Controlled Drugs and Substances Act*
- e) Four counts of having in his property possession, namely prescription medication, obtained by crime
- f) Two counts of theft of prescription drugs contrary to the provisions of s.334 of the *Criminal Code of Canada*

Mr. Shihora admitted that the conduct referred to above is relevant to the practice of pharmacy and would reasonably be considered by members as disgraceful, dishonourable or unprofessional.

Mr. Shihora had not practised pharmacy since the day of his arrest, September 23, 1999. On January 19, 2000, Mr. Shihora wrote a letter to the College wherein he temporarily relinquished his license to practise as a pharmacist. Mr. Shihora has a documented history of substance abuse and since May 2000, has been under the care of a physician specializing in addiction medicine. In addition to the report received from Mr. Shihora's physician, the College obtained an independent medical assessment from an addictions specialist. It was the opinion of the independent medical examiner that, from a health-recovery perspective, Mr. Shihora can return to the practice of pharmacy subject to the terms and conditions outlined in the joint submission on penalty.

Reasons:

The Discipline Committee carefully considered the joint submission on penalty noting that overarching Mr. Shihora's charges and convictions, including the assault charge and conviction, is his abuse of prescription narcotics, alcohol and illegal substances. The Committee also noted that over the past two years Mr. Shihora has made excellent endeavours towards recovery. For these reasons and other supporting evidence provided, the Committee concurred with the recommendations made in the Joint Submission on

Penalty and made the following Order:

Order:

1. A reprimand
2. Terms, limitations and restrictions on Mr. Shihora's Certificate of Registration not to be varied for a period of three years as follows:
 - a) Mr. Shihora shall be prohibited from having any proprietary interest in a pharmacy, either as a sole proprietor, partner, or director, or shareholder in a corporation that owns a pharmacy
 - b) Mr. Shihora is prohibited from being a designated manager, or a narcotic signer in any pharmacy in which he is employed;
 - c) Mr. Shihora is to notify the College, in writing, within seven days of the commencement of his employment of the name and address of any employer for whom he is employed in the practice of pharmacy, or becomes employed from time to time
 - d) Mr. Shihora is to provide any and all employers and designated managers of pharmacies at which he is employed with a copy of his Certificates of Conviction as well as a copy of this Decision and Order of the Discipline Committee including the terms, limitations and restrictions contained herein, and ensure that the employer or designated manager writes to the Manager, Investigations and Resolutions, within 10 days confirming that he or she has received the prescribed documentation from the member
 - e) Mr. Shihora is to ensure that the employer and designated manager of each pharmacy in which Mr. Shihora is, or becomes employed, confirms in writing to the Manager, Investigations and Resolutions of the College, that he or she agrees to supervise Mr. Shihora's practice and undertake to advise promptly the Manager, Investigations and Resolutions of the College of any observations of irregular behaviour by Mr. Shihora, or of any narcotic shortages in the pharmacy
 - f) Mr. Shihora shall continue with his narcotic addiction rehabilitation and continue to go to 12-step

- meetings on a regular basis
- g) Mr. Shihora shall continue to attend the Caduceus Group for a period of at least five years from the date hereof and to provide copies to the College of any urinalysis required by the Group
- h) Mr. Shihora shall continue his narcotic addiction rehabilitation with an addiction specialist for at least five years and will provide the College with the name and address of his addiction specialist from time to time. Mr. Shihora hereby grants irrevocable consent to the Manager, Investigations and Resolutions to communicate with Mr. Shihora's addiction specialist from time to time and hereby irrevocably authorizes his addiction specialist to communicate with the College all particulars of his treatment and condition. In the event that Mr. Shihora terminates treatment the addiction specialist shall advise the College of the termination of treatment. Mr. Shihora shall provide his addiction specialist with a copy of this order and ensure that the addiction specialist confirms with the College that he or she has received a copy of this order;
- i) Mr. Shihora shall ensure that the addiction specialist provide reports of treatment and urinalysis on a quarterly basis, except in circumstances where there is a breach of the treatment plan or a positive urinalysis result, in which case a report shall immediately be provided by the addiction specialist to the Ontario College of Pharmacists to the attention of the Manager, Investigations and Resolutions
- j) In the event that Mr. Shihora is employed outside of a pharmacy, but within the pharmaceutical industry, that he inform any employer of his addiction, criminal and professional misconduct history and that he have no access to narcotic medication
- k) That Mr. Shihora's Certificate of Registration be suspended for a period of 12 months, which suspension will be remitted entirely as a result of his voluntary withdrawal from practice on January 19, 2000, continuously to the date hereof

- l) Mr. Shihora will reimburse the College for the Cost of the report of the independent medical examiner within three months of the hearing date. As well, any costs associated with obtaining the information required in paragraph 2 will be paid by Mr. Shihora

CASE 7

Dispensing Errors, Dispensing Without Authorization

Member: Moosa Ahmed Ebrahim Saloojee, Kingston

Hearing Date: April 5, 2002

Mr. Saloojee was found to have failed to maintain a standard of practice of the profession with respect to unauthorized dispensing of drugs, record keeping and a medication error. The Committee accepted the member's plea of professional misconduct and was provided with an Agreed Statement of Facts which formed the basis of his plea.

Facts:

This case arose from two complaints.

Complaint #1

A physician submitted a complaint to the College regarding the conduct of Mr. Saloojee identifying two specific cases in which Mr. Saloojee had dispensed medications to his patients without proper authorization. Specifically, in January, 1998, the physician prescribed a three-month course of theophylline (Theo-Dur®) and nifedipine (Adalat®) for his patient. He did not authorize any repeats or issue any new prescriptions for these medications, but his patient reported to him in February, 1999 that Mr. Saloojee had continued to dispense the medications to him.

The records obtained from Mr. Saloojee indicate that he dispensed theophylline without authorization in April, August and October, 1998. The records also show that Mr. Saloojee dispensed nifedipine without authorization in June and October, 1998. Some of the prescription receipts included in the documents obtained from Mr. Saloojee appear to indicate

that refills had been authorized when, in fact, no such authorizations had been provided by the physician.

Furthermore, in April, 1998, the physician prescribed a three-month course of etidronate (Didronel®) for another patient. He did not authorize further repeats of this medication or issue new prescriptions but Mr. Saloojee continued to dispense the medication in July, August, September, October and December, 1998, according to Mr. Saloojee's records.

Moreover, in November 1996, the physician prescribed diltiazem (Cardizem®). Subsequently, Mr. Saloojee dispensed diltiazem to the patient in August and November, 1997, March, June and September, 1998, and January, 1999, without authorization.

Mr. Saloojee acknowledged that he had been negligent with respect to dispensing the medications without authorization for the two patients. Mr. Saloojee had received requests from the home care agency to replenish the medications for these patients and he had mistakenly assumed, without checking, that prescriptions had been issued by the physician. Mr. Saloojee apologized to the physician, and both patients for this conduct. Since the complaint, Mr. Saloojee has implemented procedures for confirming prescriptions with the prescriber by fax to ensure that this problem does not arise again.

Complaint #2

A complaint was submitted in connection with an incident wherein Mr. Saloojee dispensed the wrong medication with very significant adverse health consequences.

The patient's physician prescribed quinapril (Accupril®), in or about August, 1999. In error, Mr. Saloojee filled the prescription with atorvastatin (Lipitor®). As the result of the error, the patient suffered severe health consequences. He was substantially disabled with a rare condition causing muscle deterioration, renal failure, systemic staphylococcus infection, pleural effusion, heart and/or respiratory failure, pneumonia, portal vein thrombosis, liver failure and other physical, mental and emotional problems.

According to Mr. Saloojee, he processed the prescription and asked his pharmacy technician to bottle the

medication. The technician retrieved a bottle of Lipitor®, in a container the same size and shape as the container for Accupril®, and fixed the pharmacy label over the original bottle. The original label identifying the medication as Lipitor® remained visible on the other side of the bottle, but Mr. Saloojee failed to notice the discrepancy.

Mr. Saloojee immediately acknowledged his error, and expressed his sorrow and remorse about the patient's condition. Mr. Saloojee recognizes the importance of checking the DIN numbers on the drug prescribed and the product dispensed to ensure that the proper medication is dispensed to the patient.

Reasons:

The member and the College submitted a joint submission on penalty which the Discipline Committee carefully considered. When considering whether to accept the joint submission, the Committee considered that this case involved a series of incidents of dispensing medications without authority and one incident of a dispensing error resulting in serious patient harm. The Committee noted that Mr. Saloojee has no discipline history before this College; he has cooperated with the College throughout the course of this proceeding and that he has demonstrated sincere remorse for his mistakes and for what has occurred. The unauthorized dispensing was a result of miscommunication between the home care agency and Mr. Saloojee. Mr. Saloojee had mistakenly assumed that the physician had authorized the prescriptions when he had not. Mr. Saloojee has amended his practice to eliminate this type of problem from arising again. The Committee believed the penalty appropriately addresses public protection, deterrence to the profession and the member, and remediation of the member's practice. Therefore, the Committee concluded that the proposed penalty was fair and reasonable and made the following Order:

Order:

1. A reprimand
2. A fine of \$1,000
3. A suspension of Mr. Saloojee's Certificate of Registration for a period of three months, with two months of the

suspension to be remitted on condition that the Member successfully complete the remedial training described in paragraph 4) below

4. Terms, conditions and limitations on Mr. Saloojee's Certificate of Registration, specifically, that he enroll in and successfully complete the Professional Practice Laboratories course offered through the Canadian Pharmacy Skills Program at the Leslie Dan Faculty of Pharmacy, University of Toronto, within 12 months of the date of this Order, at his own expense

CASE 8

Dispensing Errors

Member: Murray Salomon, Thunder Bay

Hearing Date: May 13, 2002

Mr. Salomon was found to have failed to maintain a standard of practice of the profession. The Committee accepted Mr. Salomon's plea of professional misconduct and was provided with an agreed statement of facts which formed the basis of his plea.

Facts:

This matter arose from two separate complaints both of which concerned medication dispensing errors.

Complaint #1

The investigation of the first complaint revealed the following dispensing and labeling errors made by Mr. Salomon over a period of approximately one year:

- MS Contin® 60mg, 60 tablets dispensed and incorrectly labeled as 'MS Contin® 30mg, 60 tablets' when the prescription called for MS Contin® 30mg, 60 tablets
- Novo-Chlorpromazine 100mg dispensed when the prescription called for chlorpropamide 100mg
- Frisium® 10mg dispensed with incorrect directions
- Primidone® tablets and Prednisone® tablets mixed together in the same bottle

- Levodopa/carbidopa 100/25 dispensed and incorrectly labeled as levodopa/carbidopa 100/10 when the prescription called for levodopa/carbidopa 100/10
- An incorrect amount of Novopranol® 10mg dispensed
- Chlordiazepoxide dispensed directly to the patient when the prescribing doctor specifically stated that the medication was to be given only to the patient's wife
- Serevent® diskhaler dispensed when prescription called for Serevent® medicated disks (28 day supply)
- Ostoforte® 50,000 IU dispensed daily to a patient when the prescription called for Vit D 1000 units po od 3 months 3 repeats
- Conjugated Estrogens 1.25mg dispensed, labeled as CES 0.625mg
- Sotalol dispensed and incorrectly labeled as megestrol when the prescription called for Megestro 80mg po bid;
- Cytotec® 200mcg dispensed with incorrect directions for use
- Zoloft® 100mg dispensed and incorrectly labeled as Zoloft® 50mg when the prescription called for Zoloft® 50mg;
- Novo-trimel DS dispensed to a patient when the patient's profile indicated the patient had a sulfonamides allergy;
- Nitro-dur 0.4mg/patch dispensed, on a number of occasions, with improper directions
- Erythro 250 dispensed with directions of 1 QD when the prescription called for QID
- HC:Nilstat® CR 0.5% dispensed when the prescription called for Hydrocortisone 1% + nystatin cream 1:1.

Complaint #2

The second complaint concerned medication dispensing errors respecting a prescription for hydralazine 6.25mg TID dispensed as hydrochlorothiazide 6.25mg and refilled accordingly eight times repetitively over a two-year period. The error was discovered only after the patient's cardiologist ordered an increase in his medication.

Reasons:

The Committee was presented with a joint submission on penalty. The Committee considered that this case involved

17 instances of prescriptions that had either been incorrectly labelled, or were incorrectly dispensed, as well as an error that led to a patient receiving the wrong medication for almost two years. The Committee accepted the proposed penalty and made the following Order:

Order:

1. A reprimand
2. A condition on Mr. Salomon's Certificate of Registration that he successfully complete the Professional Practice Laboratory Course of the Canadian Pharmacy Skills I Program offered through the Leslie Dan Faculty of Pharmacy, University of Toronto within the next 12 months
3. A suspension of Mr. Salomon's Certificate of Registration for a period of three months
4. Costs in the amount of \$2,000

CASE 9

Dispensing Error

Member: Krystyna Kearney, Lindsay

Hearing Date: May 23, 2002

Ms. Kearney was found to have failed to maintain the standards of practice of the profession, to have contravened the *Pharmacy Act*, the *Drug and Pharmacies Regulation Act*, the *Regulated Health Professions Act* or the regulations under those Acts, and to have committed an act or acts 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 she improperly dispensed Morphitec®, when morphine, which is not interchangeable, had been prescribed. The Committee accepted Ms. Kearney's plea of professional misconduct and was provided with an Agreed Statement of Facts, which formed the basis of her plea.

Facts:

On March 17 1997, a patient who was semi-comatose and at the terminal stage of bladder cancer was attended at his home by his physician and was prescribed morphine elixir 50mg/ml as directed M:50ml. The physician had left instructions to administer the morphine 50mg per cc; 1 cc every hour if needed for pain (doesn't have to be swallowed-absorbed from the mouth). The reason is that in palliative care cases, oral intake is often very limited and small volumes of concentrated liquids allow for buccal or oral absorption from the lining of the mouth, thus avoids the more complex use of injections by families in the home. Therefore, the volume was of particular importance to this prescription.

On March 19, 1997, the patient's wife attended the pharmacy to have the prescription filled. Ms. Kearney did not have the prescribed morphine in stock. After calling other pharmacies and attempting to speak with the physician by telephone without success, Ms Kearney decided to substitute the prescribed morphine elixir 50mg/ml as directed M: 50ml with Morphitec® 5mg/ml. Her intention was that the Morphitec® be dispensed with instructions to take 2 teaspoons per dose. Instead, the medication was dispensed and labelled with instructions to "take 2 tablespoons as directed". Two tablespoons is the equivalent of 30 ml. The physician's name on the label was incorrectly recorded as the patient's family doctor, rather than the attending physician. The total amount of medication dispensed was three times the amount prescribed (150 mg versus 50 mg) and the instructions for the volume of the solution were thirty times the volume per dose prescribed. The patient passed away on March 20, 1997.

In making the substitution Ms. Kearney increased the dosage volume from 1cc of medication to 10 ml. She improperly dispensed a quantity of medication that was three times the quantity prescribed. Further, she dispensed medication that was labelled improperly and gave directions for use that resulted in a volume of medication that was 30 times the volume prescribed.

In the Agreed Statement of Facts, Ms Kearney expressed her sincere regret for her lapse in judgement. She

noted that she immediately contacted the patient's family to express her remorse and apologized to all concerned for this unfortunate incident. Ms. Kearney further stated that she co-operated fully with the investigation and appeared before the Complaints Committee to explain changes she has since made to her dispensing procedures to avoid a recurrence of this type of error.

Reasons:

The member and the College provided a Joint Submission on Penalty which the Committee carefully considered. It noted that Ms. Kearney has no prior disciplinary history before this College; she cooperated with the College throughout this disciplinary process, and immediately contacted the family to express her remorse. The Committee also considered, however, that the conduct in question was extremely serious. For this reason the Committee concluded that the proposed penalty was fair and reasonable and made the following Order:

Order:

1. A reprimand
2. A two-month suspension of the member's Certificate of Registration
3. A condition be placed on Ms. Kearney's Certificate of Registration that within one year from the date of this Order she shall, at her own expense, take and successfully complete the appropriate examinations for the following two courses:
 - a) Jurisprudence seminar offered at the Ontario College of Pharmacists
 - b) Advanced Professional Practice Labs of the Canadian Pharmacy Skills II 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, her Certificate of Registration will be suspended until such time as she demonstrates to the College of Pharmacists that she has successfully completed the above referenced courses.

CASE 10

Dispensing Error

Member: Qamar Islam, Cornwall

Hearing Date: June 4, 2002

Mr. Islam was found to have failed to maintain a standard of practice of the profession with respect to a dispensing error on a prescription. The Committee accepted a plea of professional misconduct by Mr. Islam and was provided with an agreed statement of facts, which formed the basis of his plea.

Facts:

Mr. Islam was presented with a prescription for digoxin 0.4ml of a 50mcg/ml solution po bid and for Lasix® 4mg po bid X 7 days for an infant who had just been released from hospital following heart surgery. Instead of dispensing the digoxin as 0.4ml twice a day, Mr. Islam dispensed the prescription as 4ml twice a day, ten times the concentration of Digoxin. The mistake was caught by the baby's mother who confirmed the correct dosage with the hospital. No patient harm occurred.

Reasons:

The member and the College submitted a Joint Submission on Penalty which the Committee carefully considered, taking into account that this was Mr. Islam's first appearance before the Discipline Committee, that he has shown remorse for his actions; and that he undertook the appropriate follow-up and acknowledged his mistake.

The Committee also took into account the seriousness of this error and the possible consequences that may have resulted, they noted that Mr. Islam and all pharmacists must be aware that when errors occur they will be held responsible.

Order:

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

1. A reprimand
2. A one-month suspension of Mr. Islam's Certificate of Registration

3. A condition to be placed on Mr. Islam's Certificate of Registration that he successfully complete the following courses, offered through the Faculty of Pharmacy, University of Toronto, within 16 months of this Order
- a) The Pharmacy Practice Laboratories Course of the Canadian Pharmacy Skills I Course, tailored to pediatric dispensing
 - b) The Pharmacy Practice Laboratory Milestone Module

CASE 11

Tax Evasion

Member: Shamin Anil Mussani, Oakville

Hearing Date: May 22, 2002

Facts:

Ms. Mussani was found to have committed an act or acts 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 she was an Officer, Director, Sole Shareholder and Designated Manager of a pharmacy that plead guilty to tax evasion in the amount of \$14,072.46. As well, Ms. Mussani failed to report to the College that she had been charged with an offence under the *Income Tax Act*, contrary to s28 (3) of the Registration Regulations. The charge against her in her personal capacity was eventually withdrawn by the courts.

Reasons:

The member and the College presented a joint submission on penalty which the Committee carefully considered. The Committee pointed out that a pharmacist/owner cannot hide behind a corporation. When a pharmacist is the sole owner, all benefits and proceeds of the corporation eventually flow to the pharmacist/owner. Regardless of the amount involved in this circumstance, this conduct is unacceptable and constitutes a breach of the public's trust that members of the profession will

REPORTING TO THE COLLEGE

All pharmacists know to advise the College of changes in their home or work addresses. This ensures that you continue to receive *Pharmacy Connection*, annual membership renewals, and other important College mailings.

However, there seems to be a misunderstanding by some members that only criminal convictions relating to drug handling/sale/use are required to be reported to the College. There are however other items (i.e. criminal convictions) that you must also report to the College. (The College normally relies on other authorities for this information as it is not usually informed by the member.)

The case presented at right (# 11) relates to tax evasion proceedings and highlights additional reporting requirements of which many pharmacists are not aware.

The *Pharmacy Act* sets out conditions which are automatically placed on all *Certificates of Registration* (pursuant to s.28(3)) that require you to report to the Registrar whenever you are charged (s.28(3)(1)) or found guilty (s.28(3)(2)) of an offence under *any Act* regulating either the practice of pharmacists or the sale of drugs, or indeed, relating to **any criminal offence**. (Such reporting is deemed to be in the interests of public safety and protection.)

In fact, the legislation clearly states a requirement for all members to report *all offences* (including a variety of offences including tax evasion, theft, fraud or murder) — whether these charges are related to drug sales/use or not.

Any failure to report that you have been charged with an offence amounts to a breach of a condition on your *Certificate of Registration* and could constitute professional misconduct. Please call the College's Investigations and Resolutions department if you have any questions.

Brian Brophey, LL.B., Discipline Case Coordinator

comply with the law during the practice of pharmacy. The Committee also noted however, that this was the member's first appearance before the Discipline Committee and that she entered a plea of professional misconduct saving the College the expense of a full hearing. As well, the pharmacy had paid a fine of \$14,072.46 as ordered by the Ontario Court of Justice and through her counsel, Ms. Mussani expressed remorse. For these reasons, the Committee concluded that the proposed penalty was fair and reasonable and made the following Order:

Order:

1. A reprimand
2. A two-week suspension of the member's Certificate of Registration

CASE 12

Tax Evasion

Members: J. K. (Susanna) Yi and O. R. (Rose) Yi, Etobicoke

Hearing Date: June 27, 2002

Susanna Yi and Rose Yi were found to have committed acts 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 they both were pharmacist directors of a pharmacy that was convicted under the *Income Tax Act* of evading taxes in the amount of \$28,242. Both Susanna Yi and Rose Yi entered a plea of professional misconduct which the Committee accepted. The Committee was provided with an Agreed Statement of Facts which formed the basis of their pleas, and is summarized as follows:

Facts:

Rose Yi and Susanna Yi, along with Susanna's brother S. Y. (a non-pharmacist) owned and operated the pharmacy. S. Y. was responsible for the financial side of the business

including daily banking, while Rose Yi was responsible for the merchandise in the frontshop and Susanna Yi was in charge of filling the dispensary stock, meeting with representatives of drug companies to purchase drugs and medications and dealing with third party reconciliation. S. Y. was charged and convicted of unlawfully evading or attempting to evade the payment of taxes in the amount of \$44,512. The pharmacy was convicted of the same offence involving the amount of \$28,242.

Rose Yi and Susanna Yi acknowledged that, as pharmacist directors, they had an obligation to ensure that all income generated by their pharmacy was properly recorded and accounted for in the corporate tax returns filed with Canada Customs and Revenue Agency. They failed to do so, which they acknowledged constitute an act or acts relevant to the practice of pharmacy that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional.

Reasons:

When considering penalty, the Committee noted that neither Rose nor Susanna Yi have a prior disciplinary history with the College and there have never been any issues with their personal income taxes. They entered a plea of professional misconduct, saving the College the time and expense of a lengthy hearing. The Committee accepted and recognized Rose and Susanna Yi's sincere regret for their lapse in judgement. They have since sold the pharmacy which they operated with S.Y.

The Committee was presented with a Joint Submission on Penalty which it found to be fair and reasonable in the circumstances and made the following Order:

Order:

1. Ms. Rose Yi and Ms. Susanna Yi will each receive a reprimand
2. Ms. Rose Yi's Certificate of Registration shall be suspended for a period of three consecutive weeks
3. Ms. Susanna Yi's Certificate of Registration shall be suspended for a period of three consecutive weeks

CASE 13

Tax Evasion

Member: Herbert Hoegler, Kitchener

Hearing Date: July 12, 2002

Mr. Hoegler was found to have committed an act or acts 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 was a Pharmacist Officer and shareholder of a pharmacy that was convicted of willfully evading or attempting to evade the payment of tax in the amount of \$16,232.48 on behalf of the pharmacy, and, in his personal capacity, he was convicted of willfully evading or attempting to evade the payment of tax in the amount of \$57,639.66, pursuant to the *Income Tax Act*.

Facts:

In an Agreed Statement of Facts, Mr. Hoegler acknowledged that, as a pharmacist and in his capacity as a pharmacist director of a pharmacy, he had an obligation to ensure that all income received by him and all income received by the pharmacy was properly recorded and accounted for in his personal tax returns as well as in the pharmacy's corporate tax returns filed with Canada Customs and Revenue Agency. Mr. Hoegler acknowledged that the failure to do so constitutes professional misconduct and an act or acts relevant to the practice of pharmacy that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional.

Reasons:

The member and the College presented a joint submission on penalty which the Discipline Committee carefully considered, noting that Mr. Hoegler had been convicted of tax evasion and that a penalty had been imposed by the court. Mr. Hoegler had no prior disciplinary record with this College and entered a plea of professional misconduct, saving this College the expense of a full hearing. Therefore

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

Order:

1. A reprimand
2. A suspension of Mr. Hoegler's Certificate of Registration for a period of three consecutive weeks

CASE 14

Failure to Comply With a Discipline Committee Penalty Order to Pass the Pharmaceutical Exam

Member: Akram Abdul Hameed Al-Samarrai, Waterloo

Hearing Date: March 1, 2000

Mr. Al-Samarrai was found to have failed to maintain a standard of practice of the profession and to have engaged in conduct relevant to the practice of pharmacy that, having regard to all circumstances, would reasonable be regarded by members as disgraceful, dishonourable or unprofessional in that, having been found guilty of professional misconduct by the Discipline Committee in 1997, and having been ordered as part of the penalty to pass, within 12 months of the Order, the pharmaceutical jurisprudence examination, he failed to pass the exam as ordered. The Committee accepted Mr. Al-Samarrai's plea of professional misconduct.

Joint Submission on Penalty:

Counsel for the member and counsel for the College presented a joint submission on penalty proposing that Mr. Al-Samarrai successfully complete the next jurisprudence seminar and examination of the College at his own expense, failing which he shall attend the next Quality Assurance Practice Review of the College at his own expense.

Reasons:

The Committee did not accept this joint submission noting that it did not fall within the range of what it considered acceptable. While the Committee recognized that it should not reject a joint submission on penalty lightly, it concluded

that the proposed penalty was wholly inappropriate as it would allow this member to continue to practice pharmacy in the event that he again failed to successfully complete the jurisprudence examination.

The Committee noted that attendance by the member at a Quality Assurance Practice Review would not adequately protect the public. The Committee further noted that the successful completion of the jurisprudence exam is fundamental to the right to practice pharmacy. Even though the member passed the examination many years ago, a previous panel of the Discipline Committee ordered the member to successfully complete the jurisprudence exam. The member's failure to pass the exam confirms not only the wisdom of the previous panel's Order, but also the fact that the member does not today possess the requisite knowledge to appropriately practice pharmacy in the province of Ontario.

In arriving at an appropriate penalty, the Committee took into consideration the fact that this member has a long disciplinary history with this College. On September 1, 1993 he was found guilty of professional misconduct and his Certificate of Registration was suspended for 30 days. As a result of conduct in 1992 and 1993 the member was found guilty of professional misconduct and received a four month suspension in addition to other penalty items. Then, as a result of conduct in 1995 he was found guilty of professional misconduct again by another panel and his Certificate of Registration was suspended for 60 days. The member was required at that time to successfully complete the jurisprudence exam. He failed.


The previous findings of professional misconduct involved, among other things, dispensing without proper

authority, as well as other dispensing errors. This history also demonstrates a durability and persistence of the member's misconduct which lead the Committee to believe that stronger measures are needed in order to rehabilitate this member and better assure the protection of the public.

Order:

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

1. The member will attend the next jurisprudence seminar of the College at his own expense
2. The member will re-write the next jurisprudence examination at his own expense
3. If the member fails to successfully complete the jurisprudence exam his certificate of registration will be suspended for 12 months during which time the member is free to write subsequent examinations at his own expense. Upon successful completion of this exam the suspension will terminate
4. If the member has not successfully completed a jurisprudence examination within one year of the date of this Order, the member will appear before a panel of the Discipline Committee to further consider the matter and speak to the issue of further terms of penalty that may be imposed
5. The member is further ordered to participate in the first available Practice Review of the Quality Assurance Program

The member appealed the decision of the Discipline Committee to Divisional Court but abandoned his appeal after having satisfied the provisions of the penalty Order. 

Use the *OCPinfo.com* site to stay up to date on College Notices and to learn about upcoming CE Events/Resources

Search Engine (points to the search bar at the top of the page)

Notices to Pharmacists: Displays all OCP and Health Canada Notices of importance. Select notices individually or click on title bar for full listing (points to the 'Notices to Pharmacists' section)

Click on title bar for full listing (points to the title bar of a notice item)

Continuing Education (points to the 'Continuing Education' section)

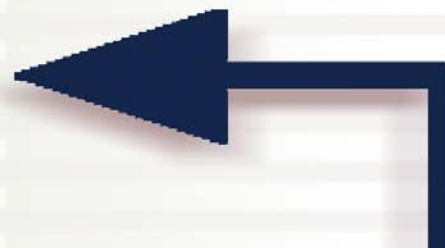
CE Listings: Lists next three upcoming CE events (points to the 'Continuing Education' list)

CE Section Contains CE Events, Resources and Links for Pharmacists. Items are organized by type and location (points to the left sidebar menu)

CE for Technicians: Look for technician events under this link (points to the 'Technicians' link in the sidebar)

The screenshot shows the OCPinfo.com homepage with a search engine at the top, a navigation menu, and sections for 'ONLINE SURVEY', 'COUNCIL ELECTIONS', 'Notices to Pharmacists', and 'Continuing Education'. The sidebar contains various links for pharmacists and technicians.

*Remember, if you cannot find a particular event, search by keyword using the website's search engine at the top of the page



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.

Oct. 2: Simcoe

Evidence-based Breastfeeding: What Clinicians Need to Know

Pharmasave, Roulston's, Haldimand-Norfolk Medical Advisory, and Haldimand-Norfolk Public Health Unit, Simcoe Recreation Centre
Contact: Melanie Everets Rodrigues:
tel: (519) 425-1494
e-mail: meverets@on.pharmasave.ca

or (519) 352-3790
fax: (416) 864-9916
e-mail: orcs@on.lung.ca

Oct. 9: London

Therapeutics in Action 2002

The Pharmacy services of the London Health Science Centre, and St. Joseph's Health Care Best Western Lamplighter Inn
Contact: Bonnie Heffernan:
tel: (519) 685-8500, ext. 74755
fax: (519) 667-6621
e-mail: bonnie.heffernan@lhsc.on.ca

October 3, Peterborough

Community Concerns in Respiratory Care

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

Oct. 11: Buffalo NY

Fall Clinical Meeting

, New York State Chapter of the American College of Clinical Pharmacy (NYSACCP), University at Buffalo
tel: (716) 645-2828, ext. 247
or 1 800 248-4244, ext 273
fax: (716) 645-2886
e-mail: bhavnani@buffalo.edu

Oct. 8: Chatham

Improving Respiratory Health: An Inter-Disciplinary Team Approach

, Ontario Respiratory Care Society, Wheels Inn
tel: (416) 864-9911

Oct. 15: Toronto

Revisiting the Menopause/Hormone Topic

The North York Pharmacists' Association will be hosting this event at the Voyageur Place Hotel, Newmarket
For information Contact Janet Shore:
tel: (905) 841-4432
fax: (905) 853-0571

Oct. 23: Guelph

The Use of Dietary Supplements in Exercise Performance

, Human Nutraceutical Research Unit of the University of Guelph and NuLife

Guelph Turfgrass Institute
Contact: Julie Conquer Ph.D.
tel: (519) 824-4120, ext. 3749
fax: (519) 821-4007
e-mail: jconquier@uguelph.ca

Oct. 24: Kitchener

Resp Fest 2002: A Respiratory Practice Update

, Ontario

Respiratory Care Society, South Central Ontario Region, and Lung Association, Waterloo Region
Bingemans Park
Contact: Sheila Gordon-Dillane
tel: (416) 864-9911
fax: (416) 864-9916
e-mail: orcs@on.lung.ca

Oct. 25-26: Listowel

Current Topics for Pharmacy Technicians 2002

, Listowel

Memorial Hospital
Contact: Christine Vanderspiegel:
tel: (519) 291-3125, ext. 231

INCORPORATION FOR HEALTH PRACTITIONERS

*What are the tax and other advantages of incorporation?
What restrictions will there be on practising through a corporation?
What are the steps for incorporation?*

Tuesday, November 5, 2002, 7:00 p.m. to 9:30 p.m.

Regal Constellation Hotel, 900 Dixon Road (near the airport), Toronto, Ontario

*Presented by Steinecke Maciura LeBlanc. Cost: \$150 if register by Oct. 15.
To Register, see www.sml-law.com or call Liz at 416 599-2200 ext 281*

Oct. 29-30: Toronto
Canadian Annual Pharmaceutical Strategy Summit, Strategy Institute
 tel: (416) 944-8833
 fax: (416) 944-0403

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

Nov. 22: Toronto
Outcome Measures in Respiratory Care, Ontario Respiratory Care Society, Greater Toronto Region, Ramada Plaza Hotel
 Contact: Sheila Gordon-Dillane
 tel: (416) 864-9911, ext. 236
 fax: (416) 864-9916
 e-mail: orcs@on.lung.ca

Guide Your Patients to a Smoke Free Future 2002 & 2003
 The Ontario Pharmacists Association (OPA), in conjunction with the

Ontario Dental Association and the Ontario Medical Association, will be holding programs throughout the province.

The following dates/locations are scheduled:

Oct. 7: Hamilton
 Oct. 17: Lindsay
 Oct. 23: Brantford
 Nov. 4: Thorold

CANADA

Oct. 3-5: Vancouver BC
Telehealth 2002
 Canadian Society of Telehealth, Sheraton Vancouver Wall Centre
 web: www.cst-sct.org

INTERNATIONAL

Oct. 6-9: New Orleans LA
Management of Adverse Drug Experiences: Diagnoses and Issues, Drug Information Association,
 Sheraton New Orleans Hotel
 Contact: Kia Gray

tel: (215) 591-3356
 fax: (215) 641-1229
 e-mail: Kia.Gray@diahome.org

Oct. 20-23: Albuquerque NM
ACCP Annual Meeting, American College of Clinical Pharmacy, Albuquerque Convention Center
 tel: (816) 531-2177
 fax: (816) 561-0058
 web: www.accp.com

Oct. 30-Nov. 3: Napa CA
ACA Annual Conference 2002
 American College of Apothecaries
 The Silverado
 tel: 1-800-828-5933

Nov. 20-23: Tucson AZ
Educational Conference and Annual Business Meeting, National Organization for Competency Assurance (NOCA), Westin La Paloma
 e-mail: info@noca.org
 web: www.noca.org

College Email Has Changed to @ocpinfo.com

To be consistent with the College's new website www.ocpinfo.com, the domain for all College email addresses has also changed from @ocpharma.com to @ocpinfo.com.

Please address emails to this new domain
 i.e. email@ocpharma.com is now email@ocpinfo.com



POINTS OF CARE IN ONTARIO

**Gray's Drugstore
NAPANEE**



**Drugstore Pharmacy, Valu-Mart
TORONTO**



**Bowles' Pharmacy
TORONTO**



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.



**The Prescription Shop Pharmacy
Carleton University, OTTAWA**



**Aikenheads' Drug Store
RENFREW**



**Dell Pharmacies
THROUGHOUT CENTRAL WEST ONTARIO**

Upcoming Events

CALENDAR

OCTOBER

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

NOVEMBER

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

OCP MANUAL CONTENTS

Changes as of June 30, 2002 - As Highlighted

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

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

ONTARIO LEGISLATION

Available from OCP or Publications Ontario

Drugs and Pharmacies Regulation Act (DPRA) & Regulations

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

Regulated Health Professions Act (RHPA)

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

Pharmacy Act (PA) & Regulations

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

Reg. 202/94 – Nov 29, 1999

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

Drug Interchangeability and Dispensing Fee Act (DIDFA) & Regulations

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

Ontario Drug Benefit Act (ODBA) & Regulations

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

Publications Ontario

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

FEDERAL LEGISLATION

Available from OCP or Publishers Group of Federal Publications

Drug Schedules

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

Food and Drug Act (FDA) & Regulations

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

Controlled Drugs and Substances Act (CDSA)

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

Narcotic Control Regulations

- Updated NAPRA Version as of October 25, 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

Registrar's Office x 243
urajdev@ocpinfo.com

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

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

Registration Programs x 250
jdsouza@ocpinfo.com

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

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

Structured Practical Training Programs x 297
bchurch@ocpinfo.com

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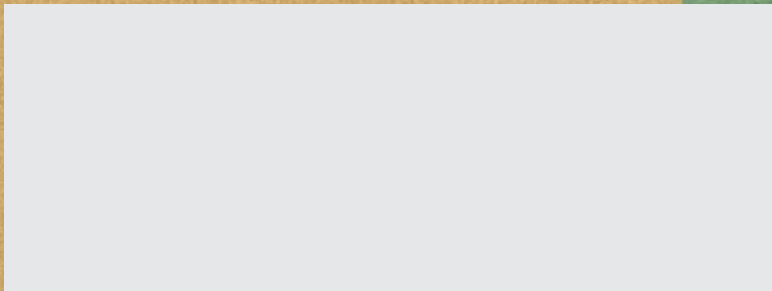
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