

# Pharmacy Connection

Official Publication of the Ontario College of Pharmacists



Annual  
Pharmacist Fees  
Due March 10, 2005

January/February 2005

— PROPOSED —

*Standards of Practice for*

**Registered  
Pharmacy  
Technicians**



— NEW —

*Standards of Practice for*

**Pharmacy  
Managers**

## Council Members

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

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

## Standing Committees

- Finance
- Professional Practice

## Special Committees

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

## ONTARIO COLLEGE OF PHARMACISTS

### MISSION STATEMENT

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

## COLLEGE REACHES SIGNIFICANT MILESTONE

**Mr. Vijay Sekar Polamreddy is our**

**10,000TH  
PHARMACIST!**

This past October, the College's current active register of pharmacists reached 10,000. Of course, far more than 10,000 have been registered by the College since it began issuing licenses back in 1871. However, every year, as new members are licensed and added to the active register, others resign or pass away, so getting to 10,000 marks a significant milestone and the steady growth in our profession.



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## Pharmacy Connection

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

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

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

# EDITOR'S MESSAGE

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

One of the unique characteristics about our profession is that its members set their own standards of practice. This edition presents two sets of standards that

**We need your comments and feedback to ensure that the proposed pharmacy technician standards will be finalized with the broadest consultation from our profession.**

have recently been passed at Council, the fruit of extensive discussion and deliberation by many practitioners and stakeholders.


## Standards for Pharmacy Managers

The new *Standards for Pharmacy Managers* are a combination of two existing sets of standards — the *Standards for Designated Managers* and the *Standards for Pharmacists Supervising Hospital Pharmacies*. Many pharmacists collaborated to update and combine the key principles of each document to create a single set of standards that address pharmacy supervision in both community and institutional settings.

## Proposed Standards for Pharmacy Technicians

The *Proposed Standards of Practice for Registered Pharmacy Technicians* is a unique document created in anticipation of future regulation of pharmacy technicians. Developed by a group of pharmacists and pharmacy technicians, it constitutes one more step towards the regulation of technicians,

and should be considered in the context of the future regulatory changes and increased education requirements that will be established before the registration of technicians is possible.

I want to thank the many pharmacists and pharmacy technicians who contributed much of their time and expertise to develop these proposals. I also want to invite all pharmacists and pharmacy technicians to consider the standards proposed for pharmacy technicians and to provide us with your comments and perspectives. 





December 2004

## Stakeholder Consultation on Proposed Standards of Practice for Registered Pharmacy Technicians Approved

In 1998, Council identified as one of its priorities the establishment of a separate class of registration for pharmacy technicians. In June 1999, the Pharmacy Technician Working Group was established to go about this task. In June 2003, Council approved the *Competency Profile for Pharmacy Technicians* recommended by the Working Group. Approval of this document marked the first of many steps that must be taken to achieve Council's goal.

An essential step to continue the process towards regulation is to develop standards of practice for regulated pharmacy technicians. The *Proposed Standards of Practice for Registered Pharmacy Technicians* will support a registered pharmacy technician class that has gained its own scope of practice based on a higher level of knowledge, skills and accountability.

These proposed standards support the *Standards of Practice, 2003* for pharmacists practising in community, hospital or long-term care facilities. The registered pharmacy technician could provide technical assistance to pharmacists who wish to focus more on the cognitive aspects of their practice.

There are a number of additional steps to be taken once these standards have been finalized. With these standards, Council and its committees can go forward with

developing entry-to-practice requirements, securing legislative changes and, eventually, establishing a continuing competency program for technicians — all of which will be required by the Ministry of Health and Long-Term Care prior to any legislative support to create the new pharmacy technician class.

Council noted that members need to bear in mind its current activities with respect to the initiatives recommended by the Task Force on Optimizing the Pharmacist's Role and approved by Council in September 2004. (See page 10, November/December 2004 issue.)

It is important that you review these proposed standards in the context of how regulated technicians can support future expanded roles for pharmacists.

See page 8 for details.

**Council has directed that these proposed standards be circulated to members and stakeholders for consideration and feedback. Comments respecting this document should be made, in writing, to Della Croteau, Deputy Registrar/Director of Programs by June 1, 2005.**



## Bylaw Amendment Approved

Subsequent to the September 2004 Council Meeting where Council discussed the election procedure, and in particular, the process applied to the election of the public members to the Executive Committee, a review of the elections process was undertaken and the following amendment to the OCP Bylaw was approved by Council:

- (a) Paragraph 8.6.4 shall be amended by deleting the last sentence of the said paragraph
- (b) Paragraph 8.6.4 shall be amended by adding the following provision as the last sentence thereof:  
 "If there are more than three candidates for the three available public positions on the Executive Committee, Council members shall mark their ballots for up to three candidates. The candidate who has received the fewest votes shall then be removed from the ballot until there are three candidates remaining, who shall be declared elected. Council members can only cast one vote per candidate on each ballot."

This bylaw will come into effect immediately and will be applied to the next Executive Committee Elections (i.e. September 2005).

## Appointment of Auditors for 2004

Council approved the Finance Committee's recommendation that Hilborn Ellis Grant LLP Chartered Accountants be appointed as Auditors for the College for the fiscal year 2004.

As part of the College's routine business practice, the financial and audit services for the College were taken to market in the spring of 2003 and both the proposal from and the background of, Hillborn Ellis Grant were considered to be most suited to that of the College. The relationship with the auditor continues to remain positive and their sound recommendations for changes in reporting are appreciated.

## Council Approves Standards of Practice for Pharmacy Managers (Community and Hospital)

These standards integrate the previous *Standards of Practice for Designated Managers* and *Standards for Pharmacists Supervising Hospital Pharmacies* approved by Council in 2002 and 1999, respectively. In accordance with the Drug and Pharmacies Regulation Act, the pharmacist named as designated manager assumes significant responsibility for the management and operation of the pharmacy. The practice of pharmacy in hospitals is not subject to the provisions of the DPRA, and the College has no legal authority to require hospital pharmacies to comply with

the accreditation requirements under the DPRA. However, the College does have the authority under the Regulated Health Professions Act to regulate the practice of pharmacists in institutional settings.

These new, integrated standards have been developed to support the *Standards of Practice, 2003*, which apply to pharmacists in all practice settings, and serve to clarify the expectations with respect to the role and responsibilities of managers in all pharmacy practice settings.

These *Standards* will come into effect July 1, 2005. See page 18 for details.

## Amendments to the Pharmacy Act, 1991, O Reg. 202/94

Amendments respecting Registration Regulations under the Pharmacy Act were gazetted on September 11, 2004 and have been received by Council for information. The amendments facilitate the College's obligations under the *Mutual Recognition Agreement* by allowing a non-practising pharmacist from another province in Canada to move into part B of the Register in Ontario (active, but not providing direct patient care).

## Regulatory Appeals Processes Review

The College has been advised by Minister Mary Anne Chambers, Minister of Training, Colleges and

Universities, of the appointment of former Ontario Justice George Thomson as advisor to conduct a review of the appeal processes in regulated professions and to make recommendations on the best model(s) of appeal mechanisms. Senior staff of the College have met with Mr. Thomson and have provided input on this initiative. A report and accompanying recommendations will be provided to all the health regulatory colleges in 2005.

### **Code of Ethics Review**

President Boggio will be appointing a working group to review and update the existing *Code of Ethics for Pharmacists*. In considering this issue, Council endorsed the Executive Committee's position that the pharmacist and the pharmacy technician should share code of ethics. The mandate of the new working group will be to ensure that the principles in the code are relevant to both pharmacists and pharmacy technicians.

### **Canada Health Infoway**


The College was requested by the Canada Health Infoway to nominate pharmacists for participation in a pan-Canadian working group collaborating on the development of standards for drug information systems which would allow information to be shared among organizations. The working group, comprising 20 representatives of provincial and federal health bodies, regulated health professions and vendors, includes pharmacists Mr. Scott Belfer, Ms. Sherry Peister (College nominee), Ms. Elizabeth Ivey and Ms. Marsha Watts.

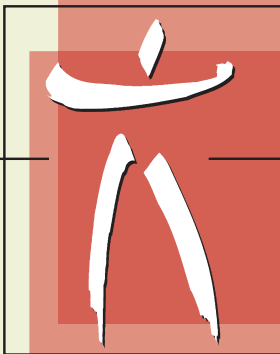
### **Natural Health Products/Canadian Institutes of Health Research**

In response to a request by the Leslie Dan Faculty of Pharmacy, University of Toronto, Council has endorsed a resolution to become a decision-making partner with the Faculty as they apply for funding

from CIHR to allow them to investigate the professional (including legal and ethical) responsibilities of pharmacists with respect to natural health products. The partnership would involve participating in the project in an advisory capacity and the College will benefit from sharing and using the information resulting from this research.

### **Government Relations**

The existing contract for services with Navigator PPG has been extended through to the end of 2005, subject to submission of quarterly progress reports reflecting forward movement of the various initiatives. Navigator PPG will be working on priorities identified by the Executive Committee and progress will continue to be monitored by the Executive Committee and reported to Council. 



## Proposed Standards of Practice for **Registered Pharmacy Technicians**

Elaine Akers, R.Ph., B.Sc.Phm.  
Chair, Pharmacy Technician Working Group

### a foundation for an expanded role to support pharmacists

**A**t its December 2004 meeting, Council approved the release of the *Proposed Standards of Practice for Registered Pharmacy Technicians* for consultation with stakeholders.

With this significant decision, we have taken another important step toward establishing a distinct class of registration for pharmacy technicians able to perform an expanded role. These technicians will be qualified and able to provide greater support for pharmacists who face workplace challenges linked to the requirements of their own standards of practice.

It is important to note that these proposed standards apply to a class of registration of pharmacy technicians that does not currently exist. Presently, no pharmacy technician in Ontario is legally able to perform the functions that are contemplated for this expanded role.

The *Pharmacy Technician Competency Profile*, published in the September/October 2003 issue of *Pharmacy Connection* was the culmination of five years' work and provided the basis for these proposed standards.

### Concurrent with Efforts to Optimize the Pharmacist's Role

The development of an expanded role for pharmacy technicians will progress *in concert with* the College's work to expand the role of the pharmacist. The College's goal is to ensure that every effort to expand the technician's role directly supports both the current and the expanded future roles of the pharmacist.

(Please review the results of a survey by the Task Force on Optimizing the Pharmacist's Role on proposed future roles of the pharmacist in the September/October 2004 issue and the September 2004 Council Report in the November/December 2004 issue which presents the Task Force's recommendations approved by Council.)

## Many Steps to Go

Establishing a new class of registration for Registered Pharmacy Technicians (R.Ph.T.) will involve many steps that must be presented first to Council, then to external organizations for comment, and eventually to the Ontario government. As with all College initiatives, Council will require consultation with stakeholders and will review and approve each step we take towards regulation. These steps are outlined below.

1. Legislative change
2. Finalizing code of ethics
3. Developing education requirements
4. Accrediting educational providers
5. Developing separate but parallel registration process and procedures
6. Developing parallel complaints and discipline procedures and a quality assurance program

## Differences Between Unregulated and the Registered Technician

Predicting how the role of the future registered technician will support the pharmacist has led to some confusion and concerns. The following information highlights the major differences between the current unregulated technician and the anticipated role of the new class of regulated technician.

### Role

Under the direct supervision of a pharmacist, the regulated pharmacy technician would perform all of the functions outlined in the *Guidelines for the Pharmacist on the Role of the Pharmacy Technician* (1994).

In addition, the regulated pharmacy technician, subject to legislation and applicable policies and procedures, would be able to perform the following functions:

- Receive a new or repeat prescription from healthcare providers
- Transfer prescriptions to, and receive prescriptions from, other pharmacies
- Copy prescriptions for authorized recipients
- Check pharmaceutical products prepared by another regu-

lated pharmacy technician or by unregulated pharmacy personnel

- Confirm the accuracy and completeness of pharmaceutical products prepared for release
- Refer all inquiries and/or issues that require a therapeutic decision to the pharmacist

### Education

All registered pharmacy technicians will be educated to meet the competencies approved by Council in 2003. It is important to note that no program currently in place is approved to educate pharmacy technicians in the expanded role. The standards to qualify as a regulated pharmacy technician will be set in accordance with tasks and responsibilities associated with a new class of health professional.


Formal educational programs and a prior learning assessment process will also be established to ensure that candidates seeking registration have achieved the educational outcomes required to meet the entry-to-practice competencies. Lifelong learning, as embodied by the College's quality assurance requirements, will also apply.

### Council Participation

Registered pharmacy technicians will have representation on Council and its committees and will be accountable to the College for all activities within the scope of their practice.

## Your Opinion is Important

Our success depends significantly on maintaining continual communication with all of our colleagues and stakeholders. We will continue to publish updates in *Pharmacy Connection* and on our website to ensure that you can follow our progress and have the opportunity to provide feedback.

I urge you to review this document carefully and to consider its potential impact on your practice and your practice setting. If you have questions or comments regarding these *Proposed Standards*, please submit them in writing, by no later than June 1, 2005, to Della Croteau, Deputy Registrar/Director of Programs. 

## PROPOSED STANDARDS OF PRACTICE FOR REGISTERED PHARMACY TECHNICIANS

# SUMMARY

### STANDARD ONE

The pharmacy technician practises within legal requirements and ethical principles, demonstrates professional integrity, and acts to uphold professional standards of practice.

Refer: Operational Components 1.1- 1.4

### STANDARD FOUR

The pharmacy technician, in collaboration with the pharmacist, designated manager, or hospital pharmacy manager, prepares pharmaceutical products for release and documents.

Refer: Operational Components 4.1-4.4

### STANDARD TWO

The pharmacy technician, as a member of the pharmacy team and in compliance with relevant legislation and established policies and procedures, uses knowledge and skills to receive, renew, and transfer/copy prescriptions and to document.

Refer: Operational Components 2.1-2.3

### STANDARD FIVE

The pharmacy technician, in collaboration with the pharmacist, designated manager, or hospital pharmacy manager, performs distributive and quality assurance functions to ensure safety, accuracy, and quality of supplied products.

Refer: Operational Components 5.1- 5.4

### STANDARD THREE

The pharmacy technician, as a member of the pharmacy team, uses knowledge, skills, and established policies and procedures to enter demographic and prescription data into the patient profile or health record.

Refer: Operational Component 3.1

### STANDARD SIX

The pharmacy technician, as a member of the pharmacy team, uses knowledge and skills and follows established policies and procedures to communicate with patients or their agents, pharmacists, and other healthcare providers.

Refer: Operational Components 6.1-6.2



## Proposed Standards of Practice for **Registered Pharmacy Technicians**



### **STANDARD 1**

The pharmacy technician practises within legal requirements and ethical principles, demonstrates professional integrity, and acts to uphold professional standards of practice. *Refer: Operational Components 1.1- 1.4*

#### **Operational Component 1.1**

The pharmacy technician complies with federal and provincial regulatory by-laws, standards of practice, policies and guidelines, practice expectations, and where provided, workplace policies and procedures.

- 1.1.1 The pharmacy technician keeps current with and applies knowledge of legal requirements, professional standards, and where provided, workplace policies and procedures.
- 1.1.2 The pharmacy technician recognizes the right, role, and responsibility of regulatory bodies to establish and monitor professional standards, ethical guidelines, and practice expectations.

#### **Operational Component 1.2**

The pharmacy technician applies ethical principles and guidelines to practice.

- 1.2.1 The pharmacy technician acts in the best interest of the patient and the public by:
  - Reflecting on personal values and attitudes and examining their influence on interactions with the patient, the patient's agent, members of the pharmacy team, and other healthcare providers
  - Respecting diversity
  - Protecting patient rights to quality care, dignity, privacy, and confidentiality

#### **Operational Component 1.3**

The pharmacy technician demonstrates personal and professional integrity.

- 1.3.1 The pharmacy technician understands the roles, rights, and responsibilities of and collaborates with members of the pharmacy and healthcare teams to promote the patient's health and wellness
- 1.3.2 The pharmacy technician recognizes and practises within the limits of his or her professional role and

personal knowledge and expertise.

- 1.3.3 The pharmacy technician accepts responsibility for his or her decisions and actions.
- 1.3.4 The pharmacy technician shows respect for the dignity of the patient.
- 1.3.5 The pharmacy technician collaborates with the pharmacist in enabling the patient to achieve his or her health care goals and to support optimal patient care.

#### **Operational Component 1.4**

The pharmacy technician continuously strives to gain knowledge and maintain professional competence.

- 1.4.1 The pharmacy technician identifies learning needs and seeks, evaluates, and participates in learning opportunities to meet these needs to enhance practice through education and experiential learning.
- 1.4.2 The pharmacy technician seeks out and incorporates into his or her practice information, guidance and constructive feedback from the pharmacist and/or, if required, from other healthcare providers.



### **STANDARD 2**

The pharmacy technician, as a member of the pharmacy team and in compliance with relevant legislation and established policies and procedures, uses knowledge and skills to receive, renew, and transfer/copy prescriptions and to document.

*Refer: Operational Components 2.1-2.3*


#### **Operational Component 2.1**

The pharmacy technician receives a new prescription or a request to renew a prescription from patients and/or patients' agents.

- 2.1.1 The pharmacy technician having obtained the patient's or patient's agent's consent where required and while ensuring patient privacy and confidentiality, gathers information to create and maintain a patient profile\* or health record.

\* A profile shall include demographic information about the patient as articulated under the Drug and Pharmacies Regulation Act and Regulations or the





CSHP Standards of Practice and may also include where appropriate other information that is considered important for the continuity of care and achievement of optimal therapeutic outcome. This profile could include known patient risk factors for adverse drug reactions, drug allergies, or sensitivities, known contraindications to prescription drugs, non-prescription drugs, natural health products and complementary and alternative medicines, and other medications or treatments the patient is currently taking that may contribute to their condition or interact with suggested therapy. (Source: Operational Component 1.2, Standards of Practice for Pharmacists, 2003)

- 2.1.2 The pharmacy technician checks for authenticity of the prescription.
- Determines whether the prescription meets all legal requirements, and where it does not, notifies the pharmacist, and follows up using applicable policies, effective communication, and discretion.
  - Uses healthcare provider lists, where available, to determine current status of prescriber's privileges.
- 2.1.3 The pharmacy technician verifies accuracy and completeness of the demographic and prescription data.
- Checks the demographic and prescription data for accuracy and completeness
  - Reviews the prescription for clarity of abbreviations, medical terminology, drug names, dosage forms, strengths, availability, schedule, route, and related information
  - Notifies the pharmacist regarding known allergies, therapeutic considerations, and/or discrepancies
- 2.1.4 The pharmacy technician differentiates when there are changes in the drug and dosage, the patient profile or health record, and where provided, the diagnosis or medical condition; and notifies the pharmacist.
- 2.1.5 The pharmacy technician completes appropriate documentation.

### **Operational Component 2.2**

The pharmacy technician receives a prescription from healthcare providers.

- 2.2.1 The pharmacy technician complies with workplace policies and procedures to receive prescriptions.
- 2.2.2 The pharmacy technician uses effective communication skills and workplace policies and procedures

to receive an orally transmitted prescription.

- 2.2.3 The pharmacy technician, while ensuring patient confidentiality, gathers information to create and maintain the patient profile or health record.
- 2.2.4 The pharmacy technician checks for authenticity of the prescription.
- Determines whether the prescription meets all legal requirements, and where it does not, notifies the pharmacist, and follows up using applicable policies, effective communication, and discretion.
  - Uses healthcare provider lists, where available, to determine current status of prescriber's privileges
- 2.2.5 The pharmacy technician verifies accuracy and completeness of demographic and prescription data.
- Checks the demographic and prescription data for accuracy and completeness
  - Reviews the prescription for clarity of abbreviations, medical terminology, drug names, dosage forms, strengths, availability, schedule, route, and related information
  - Notifies the pharmacist regarding known allergies, therapeutic considerations, and/or discrepancies
- 2.2.6 The pharmacy technician when receiving orally transmitted prescriptions uses critical thinking and problem-solving skills to recognize the need for pharmacist intervention and to notify the pharmacist.
- 2.2.7 The pharmacy technician transcribes an orally transmitted prescription accurately and completely.
- 2.2.8 The pharmacy technician differentiates when there are changes in the drug and dosage, the patient profile or health record, and where provided, the diagnosis or medical condition and notifies the pharmacist.
- 2.2.9 The pharmacy technician refers to the pharmacist all therapeutic questions or queries made by other healthcare providers.
- 2.2.10 The pharmacy technician completes appropriate documentation.

### **Operational Component 2.3**

The pharmacy technician, in compliance with relevant legislation and, where provided, established policies and procedures, transfers prescriptions to other pharmacies, receives prescriptions from other pharmacies, and copies prescriptions for authorized recipients.

- 2.3.1 The pharmacy technician confirms that the patient or the patient's agent has consented to the transfer.



2.3.2 The pharmacy technician checks for authenticity and ensures accuracy and completeness of the demographic and prescription data before transferring to or receiving/transcribing a prescription from another pharmacy and when copying a prescription for an authorized recipient.

2.3.3 The pharmacy technician completes appropriate documentation.



### STANDARD 3

The pharmacy technician, as a member of the pharmacy team, uses knowledge, skills, and established policies and procedures to enter demographic and prescription data into the patient profile or health record.

*Refer: Operational Component 3.1*

#### Operational Component 3.1

The pharmacy technician enters a prescription as part of the processes used to prepare pharmaceutical products for release and to keep records.

3.1.1 The pharmacy technician while ensuring patient privacy and confidentiality enters, updates, and verifies demographic information in the patient profile or health record.

3.1.2 The pharmacy technician enters prescription data into the patient profile or health record using correct format, terminology, symbols, and abbreviations and which prescription data and notes have been confirmed for accuracy, completeness, and authenticity. When entering prescription data, the pharmacy technician uses knowledge to recognize drug names and to associate these with common health conditions.

3.1.3 The pharmacy technician verifies entered prescription data and notes against information contained in the written prescription received, the electronically transmitted prescription, or the transcribed oral prescription.

3.1.4 The pharmacy technician notifies the pharmacist of any alerts or therapeutic issues.

- Differentiates when there are changes in the drug and dosage, the patient profile or health record, and where provided, the diagnosis or medical condition
- Identifies to the pharmacist all prescriptions received in that pharmacy for the first time
- Reviews the patient profile or health record for alerts
- Reviews the patient notes for patient preferences

- Reviews current patient profile or health record and notes duplicate therapy and active prescriptions on file
- Brings to the pharmacist's attention any changes and/or compliance issues
- Contacts the patient or patient's agent to obtain relevant information or instructions

3.1.5 The pharmacy technician determines patient preferences, applies knowledge about available forms of the pharmaceutical product, and applies knowledge of third-party insurance plan coverage to enter the pharmaceutical product/compound that meets the requirements of the prescription.



### STANDARD 4

The pharmacy technician, in collaboration with the pharmacist, designated manager, or hospital pharmacy manager, prepares pharmaceutical products for release and documents.

*Refer: Operational Components 4.1-4.4*

#### Operational Component 4.1

The pharmacy technician confirms that the pharmacist has had the opportunity to review the prescription and patient profile or health record, prior to the release of the pharmaceutical product.

#### Operational Component 4.2


The pharmacy technician, in collaboration with the pharmacist, prepares/compounds pharmaceutical products for release.

4.2.1 The pharmacy technician obtains a pharmaceutical product that meets the requirements for the prescription.

4.2.2 The pharmacy technician follows formulation instructions, calculates, and confirms calculations with another registered pharmacy team member, documents calculations, and uses proper techniques to prepare/compound sterile pharmaceutical products.

4.2.3 The pharmacy technician follows formulation instructions, calculates, and where necessary confirms calculations with another registered pharmacy team member, documents calculations, and uses proper techniques to prepare a non-sterile compound, a pre-packaged pharmaceutical product, or a reconstituted pharmaceutical product.

4.2.4 The pharmacy technician uses the appropriate container, labels pharmaceutical products including



auxiliary labels, and where specified by the pharmacist, provides patient information materials.

- 4.2.5 The pharmacy technician performs quality control/assurance procedures.

### **Operational Component 4.3**

The pharmacy technician verifies the accuracy and completeness of pharmaceutical products prepared for release.

- 4.3.1. The pharmacy technician shall be permitted to check pharmaceutical products prepared by another registered pharmacy technician/unregistered pharmacy personnel.
- 4.3.2 The pharmacy technician, having prepared a pharmaceutical product, shall have it checked by a registered pharmacist/pharmacy intern or another registered pharmacy technician.
- 4.3.3 The pharmacy technician checks the accuracy and completeness of the demographic and prescription data for pharmaceutical products prepared for release.
- 4.3.4 The pharmacy technician confirms that the prescribed pharmaceutical products being released are the correct products, are properly labelled including auxiliary labels, and that patient materials have been provided.
- 4.3.5 The pharmacy technician confirms the accuracy and completeness of pharmaceutical products prepared for release and documents that verification.
- 4.3.6 The pharmacy technician confirms that a registered pharmacy team member has checked the accuracy and completeness of the pharmaceutical product and documents that check before releasing the product.

### **Operational Component 4.4**

The pharmacy technician collaborates with the pharmacist in the release of the pharmaceutical product to the correct patient or patient's agent.



## **STANDARD 5**

The pharmacy technician, in collaboration with the pharmacist, designated manager, or hospital pharmacy manager, performs distributive and quality assurance functions to ensure safety, accuracy, and quality of supplied products.

*Refer: Operational Components 5.1- 5.4*

### **Operational Component 5.1**

The pharmacy technician participates in distributive and quality assurance functions in accordance with federal and provincial legislation, policies and guidelines, and/or workplace policies and the Canadian Society for Hospitals Pharmacists (CSHP) Standards of Practice.

- 5.1.1 The pharmacy technician collaborates with the pharmacist in providing optimal patient care and pharmacy services through compliance with health and safety legislation, guidelines, and workplace policies and through efficient and effective inventory management.
- 5.1.2 The pharmacy technician collaborates with the pharmacist in the provision of adequate and appropriate staffing, development of efficient workflow patterns, and the development, implementation and evaluation of workplace policies and procedures and quality indicators.
- 5.1.3 The pharmacy technician follows established policies and procedures for ensuring proper location, storage, handling, preparation, distribution, removal, and disposal of drugs, in compliance with environmental requirements.
- 5.1.4 The pharmacy technician uses time management skills to prioritize workload demands, to establish and work within realistic time frames, and to evaluate and modify work patterns.
- 5.1.5 The pharmacy technician selects technology appropriate to the task and uses the technology correctly.
- 5.1.6 The pharmacy technician follows guidelines for safe and correct use of automated medication storage distribution devices and performs appropriate quality assurance measures on automated dispensing cabinet replenishment, packaging/repackaging of pharmaceutical products, bulk compounding products, and medication storage areas outside the dispensary.

### **Operational Component 5.2**

The pharmacy technician responds appropriately to activities, which would divert drugs from their intended legitimate use that come to his/her attention.

### **Operational Component 5.3**

The pharmacy technician individually and as a member of the pharmacy team takes appropriate action to prevent and reduce medication errors\* and medication discrepancies\*\* and implements measures to prevent recurrence.



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

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

(Source: Operational Component 1.8, Standards of Practice for Pharmacists, 2003)

- 5.3.1 The pharmacy technician complies with workplace policies and procedures that have been established to prevent and reduce medication errors and medication discrepancies.
- 5.3.2 The pharmacy technician acknowledges and discusses his or her medication error or medication discrepancy with the pharmacist, pharmacy manager, or hospital pharmacy manager.
- 5.3.3 The pharmacy technician documents the medication error or medication discrepancy and completes appropriate procedures according to established workplace policies and procedures.
- 5.3.4 The pharmacy technician participates, as a member of the pharmacy team and/or a healthcare team, in the evaluation of medication errors and discrepancies.

#### Operational Component 5.4

The pharmacy technician only practises under conditions, which do not compromise his or her professional independence or judgement.



#### STANDARD 6

The pharmacy technician, as a member of the pharmacy team, uses knowledge and skills and follows established policies and procedures to communicate with patients or their agents, pharmacists, and other healthcare providers.

Refer: Operational Components 6.1-6.2

#### Operational Component 6.1

The pharmacy technician communicates within his or her professional role to support optimal patient care and pharmacy services.

- 6.1.1 The pharmacy technician clearly identifies self and is clearly identifiable as a registered pharmacy technician and when necessary describes the role and responsibilities accurately to the patient, the patient’s agent, other healthcare providers, and others.
- 6.1.2 The pharmacy technician refers all therapeutic issues, questions, and queries to the pharmacist.
- 6.1.3 The pharmacy technician establishes and maintains positive working relationships with the patient, the patient’s agent, members of the pharmacy team, and other healthcare providers:
  - Listening, speaking and writing skills
  - Sensitivity to nonverbal forms of communication
  - Sensitivity to language barriers, and
  - Sensitivity to diversity
- 6.1.4 The pharmacy technician uses established communication policies, procedures, or protocols within the pharmacy and when interacting with the patient, the patient’s agent, and other healthcare providers.
- 6.1.5 The pharmacy technician demonstrates a caring and professional attitude.
- 6.1.6 The pharmacy technician maintains confidentiality of patient information.
- 6.1.7 The pharmacy technician documents demographic and prescription data, and other pharmacy related information in the patient profile or health record.
  - Follows standards, policies, and procedures related to documentation and to the maintenance, security, and disposal of records
  - Documents clearly, concisely, correctly, and in a timely manner

#### Operational Component 6.2

The pharmacy technician communicates using effective and appropriate communication skills while respecting the patient’s personal, cultural, and educational differences. When interacting with the patient/patient’s agent the pharmacy technician demonstrates flexibility in recognizing the unique qualities of each patient/patient’s agent to find workable communication solutions.



Proposed Standards of Practice for  
**Registered Pharmacy Technicians**

# SCENARIOS

*To illustrate the manner in which pharmacists, unregulated pharmacy technicians and registered pharmacy technicians could interact to meet client needs, the following scenarios are provided. How the scenarios unfold might vary; however, it is expected that all steps outlined in the scenarios would be completed.*

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## Pharmacy Staff:

Jenny Stiles, Unregulated Pharmacy Technician

Mohammed Quazi, Registered Pharmacy Technician

Yan Wang, Pharmacist

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## Scenario 1

**D**r. Adams calls Lakeland Pharmacy to give a new prescription for her patient Leila Duquette. Jenny, an unregulated pharmacy technician, takes the call. Jenny asks the physician to hold and asks Mohammed (registered pharmacy technician) to take the call. Mohammed identifies himself as a

registered pharmacy technician to Dr. Adams, who then orders an antibiotic for Ms. Duquette. The physician has no questions.

Mohammed transcribes the order and gives it to Jenny to enter into the computer and to prepare the product. When she has finished, Jenny initials the prescription and sets aside the completed prescription product, which she has labelled; the original

copy of the prescription transcription, done by Mohammed; the patient's receipt; and the stock bottle and medication profile printout, for Mohammed to check.

Mohammed reviews the completed product and documentation and signs the prescription. He then sets aside the completed prescription product, medication profile, and receipt for Yan, the pharmacist on duty, to deliver to the patient, who is waiting.

Yan counsels the patient on the use of the product and answers her questions. Yan then signs the prescription, documenting that she has counselled the patient.

## Scenario 2

As in Scenario 1, but Dr. Adams wants to know about other medications that Ms. Duquette is taking.

Mohammed (registered pharmacy technician) notifies Yan (pharmacist) who then takes the call while referring to the medication profile on the computer screen. She answers Dr. Adams' questions and transcribes the prescription order. She then calls Ms. Duquette to the counselling area, counsels her on her new medication, and indicates that it will be ready shortly. Ms. Wang signs the prescription order to indicate that counselling has been completed, and gives the prescription order to Jenny to enter into the computer and to prepare the

pharmaceutical product for release.

When she is finished preparing the product, Jenny initials the prescription and asks Mohammed to check it. Mohammed then signs the prescription order to document that he has checked the pharmaceutical product for accuracy and completeness, and releases the product to Ms. Duquette.

## Scenario 3

Jenny (unregulated pharmacy technician) greets Mr. Lennox at the counter as he presents a prescription for a dermatological preparation that requires compounding. Mr. Lennox is a first-time client at the pharmacy so Jenny asks him for his demographic information and medication and allergy history. Jenny enters this information into the computer and prints out the label, profile and receipt.


Jenny calculates the quantities needed of each component of the compound and places the stock bottles, labels, and profile on the counter for Mohammed (registered pharmacy technician) to check. Mohammed checks the prescription, calculations, ingredients and labels, and asks Jenny to complete the compounding. Jenny does so, adds the labels and signs the prescription order to indicate that she has completed the data entry and the compounding. She leaves the prepared product, stock bottles and

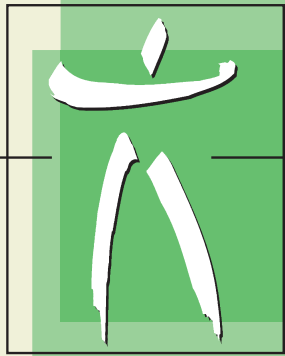
documentation for a final check by Mohammed.

After doing his final check of the product, Mohammed signs that he has checked the prepared product then leaves it for Yan (pharmacist) to counsel Mr. Lennox. Yan counsels Mr. Lennox and signs the prescription to indicate that counselling has occurred.

## Scenario 4

Mohammed (registered pharmacy technician) and Jenny (unregulated pharmacy technician) are checking products in the non-prescription, over-the-counter section when Mrs. White, a senior citizen, asks them for advice about purchasing a cold medication and whether it will interact with her other medication. Mohammed states that he is a registered pharmacy technician and tells Mrs. White that he will ask the pharmacist to help her with her request.

Mohammed brings Yan over to Mrs. White. Yan asks Mrs. White about her symptoms and whether she has tried other medications. As all her prescriptions are filled at this pharmacy, Ms. Wang is able to check Mrs. White's profile and selects a non-prescription cold medication that will not interact with any of her other medications. She counsels Mrs. White on its use, enters the medication in the profile and asks Jenny to complete the sale. 



Standards of Practice for

# Pharmacy Managers

Effective July 1, 2005

Leslie Braden, R.Ph., B.Sc.Pharm.  
Standards of Practice Working Group

**T**his document integrates the *Standards of Practice for Designated Managers* and the *Standards for Pharmacists Supervising Hospital Pharmacies*, which were approved by Council in 2002 and 1999, respectively.

The key elements of the former *Standards of Practice for the Designated Manager* have been retained, but this new document draws on the strengths of both documents and fields of practice.

We want to recognize that pharmacy managers in both areas of practice adhere to the same standards. By bringing the two sets of standards together in one document, we seek to create a shared vision for future advances in pharmacy management.

In accordance with the Drug and Pharmacies Regulation Act, the pharmacist named as designated manager assumes significant responsibility for the management and operation of the pharmacy. The pharmacy practice in hospitals is not subject to the DPRA, and thus the College has no legal authority to require hospital pharmacies to undergo its

**These new standards apply to all designated managers and pharmacy managers in both community and institutional practices.**

accreditation process or to comply with the accreditation requirements under the DPRA. However, the College does have the authority under the RHPA to regulate the practice of pharmacists in institutional\* settings.

These new integrated standards have been developed to support the revised *Standards of Practice, 2003*, which apply to pharmacists in all practice settings and serve to clarify the expectations of the roles and responsibilities of pharmacist managers in all pharmacy practice settings. <sup>c</sup>

\* The term "Institution" is defined thus in the *Drug and Pharmacies Regulation Act, Section 118(a)*: "...a hospital or a health or custodial institution approved or licensed under any general or special Act under the authority of a prescriber for persons under health care provided by such hospital or health or custodial institution."



## Standards of Practice for **Pharmacy Managers**



### Overriding Principles:

#### **For purposes of this document, a “manager”:**

1. is a pharmacist licensed in Part A of the register who is designated by the proprietor of the pharmacy or administrator of the hospital to be responsible for the operation of the pharmacy.  
"Designated manager" means the pharmacist identified by the owner of the pharmacy, in information provided to the College, as the pharmacist responsible for managing the pharmacy. This pertains to the *Drug and Pharmacies Regulation Act (D.P.R.A.)* definition of the designated managers in pharmacies accredited by the College since the practice of pharmacy in hospitals is exempt from this Act.
2. has authority over decisions affecting the operation of the pharmacy.
3. shall ensure adherence to the requirements defined by legislation and policy governing the practice of pharmacy.
4. must actively and effectively participate in the day-to day management of the pharmacy.

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

The legislation that forms the foundation of these standards is the *Drug and Pharmacies Regulation Act (DPRA)*, Section 166, definition:

#### **"Responsibility of owner and manager**

166. (1) Every owner or manager of a pharmacy is liable for every offence against this Part committed by any person in the employ of or under the supervision of the owner or manager with the owner's or manager's permission, consent or approval, express or implied, and every director of a corporation operating a pharmacy is liable for every offence against this Part committed by any person in the employ of the corporation with the director's permission, consent or approval, express or implied. R.S.O. 1990, c. H.4, s. 166 (1).

#### **Idem**

(2) Where any person operates a pharmacy contrary to this Part or the regulations, the owner and manager of such pharmacy, or either of them, or any director of a corporation operating a pharmacy, may be proceeded against, and prosecution or conviction of any of them is not a bar to prosecution or conviction of another. R.S.O. 1990, c. H.4, s. 166 (2). "

#### **The manager is responsible for the overall operation of a pharmacy including:**

1. Professional Supervision of the Pharmacy
2. Facilities, Equipment, Supplies, and Drug Information
3. Record Keeping and Documentation
4. Drug Procurement and Inventory Management
5. Training and Orientation
6. Safe Medication Practices
7. Accountability for Managers of Accredited Pharmacies



## STANDARD 1 Professional Supervision of the Pharmacy

*Pharmacy Act, 1991*

*Authorized acts (S.O. 1991, c. 36)*

*4. In the course of engaging in the practice of pharmacy, a member is authorized, subject to the terms, conditions and limitations imposed on his or her certificate of registration, to dispense, sell or compound a drug or supervise the part of a pharmacy where drugs are kept. 1991, c. 36, s.4.*

- 1.1 The manager shall ensure that only pharmacists registered with the Ontario College of Pharmacists, or registered students or interns under the supervision of a pharmacist, are allowed to perform the controlled acts of a pharmacist. No person except a pharmacist is permitted to direct, influence or control any action defined under the Standards of Practice.
- 1.2 The manager shall ensure that pharmacists can be clearly distinguished by the public from other pharmacy support staff and other staff.
- 1.3 The manager is responsible for ensuring that any delegation protocols permitted in the pharmacy are in compliance with OCP policies.
- 1.4 The manager is responsible for determining and maintaining the appropriate staffing levels required to satisfy patient care needs unique to their practice site and allow full compliance with the College's standards of practice.
- 1.5 The manager shall ensure that a registered pharmacist is on duty during all hours of operation\*

Hospital pharmacy is exempt from the DPRA, however,

- Hours of pharmacy services shall meet the needs of hospital clients; arrangements shall be made for after hours provision of medications;
- After hours access to a hospital pharmacy for obtaining medications shall only be by the pharmacist or delegated personnel under authority and guidance of the pharmacist.

- 1.6 A policy shall be established for an emergency situation, when the pharmacy is closed, which necessitates immediate access by designated non-pharmacy personnel. Access shall be documented and communicated to the manager as soon as possible. Examples of emergency situations would include fire, flood or security breach.
- 1.7 All advertising is compliant with the current regulations, policies or guidelines\*.  
\* hospital pharmacy is exempt from the DPRA



## STANDARD 2 Facilities, Equipment, Supplies, and Drug Information

- 2.1 The manager shall ensure that there is sufficient space, facilities, equipment, information resources and supplies which are of the type, quality and quantity to:

2.1.1 Support the principal functions and related processes, goals and objectives; and

2.1.2 Ensure a safe working environment for pharmacy staff (e.g., consideration for handling antibiotic, cytotoxic, biological and hazardous products, staff and patient security, etc.)

2.1.3 Comply with section 72 and 73 of Reg. 551 under the DPRA (physical conditions/image of the pharmacy)\*.

\*hospital pharmacy is exempt from the DPRA



- 2.2 The manager is responsible for ensuring that any specialized function undertaken at the pharmacy follows established OCP and/or CSHP guidelines/procedures/policies relevant to that function and that the appropriate space and equipment is available and maintained in good working order (e.g., custom compounding, sterile compounding, long-term care, methadone).
- 2.3 The manager shall ensure that
- Library requirements (as per DPRA Reg. 551 s.73(k) for accredited pharmacies or the Canadian Society of Hospital Pharmacists (CSHP) Standards for Hospital Pharmacies) are met and that relevant references regarding specialized practice are available, and
  - There is access to a drug information service that meets OCP and/or CSHP criteria.
- 2.4 The manager shall ensure that if operating a lock & leave area of an accredited pharmacy, all specific requirements for that type of operation are met.



### **STANDARD 3** **Record Keeping and Documentation**

- 3.1 The manager shall ensure that there are policies and procedures in place for consistent record-keeping and documentation.
- 3.2 The manager shall ensure that the software systems used are capable of complying with all relevant record keeping requirements, guidelines, and standards of practice.
- 3.3 The manager shall ensure that written procedures are established to ensure that privacy of personal health information is protected.



### **STANDARD 4** **Drug Procurement and Inventory Management**

- 4.1 The manager shall ensure there is an adequate inventory control system to:
- a) Detect, segregate and dispose of outdated, deteriorated, recalled, obsolete or hazardous drugs, according to environmentally sound methods;
  - b) Ensure that medication storage, including investigational drugs, within the pharmacy and, where applicable, throughout the institution is the responsibility of pharmacists;
  - c) Ensure that all medications are stored under proper conditions of sanitation, temperature, light, humidity, ventilation, regulation, security, and safety; and
  - d) Restrict access to medication storage areas to designated personnel.
- 4.2 The manager shall ensure that a physical count of all narcotic, controlled drugs and targeted substances is conducted at least once every six months. The results of the inventory must be retained for a two-year period in a readily retrievable format in the pharmacy. An inventory of all narcotic, controlled drugs and targeted substances must be conducted whenever there is a change of designated managers or after any break and enter or theft from the pharmacy premises.
- 4.3 The manager is responsible for ensuring that all losses of narcotics, controlled drugs and targeted substances are reported, as required by law, to the appropriate authority.
- 4.4 The manager shall make recommendations and provide direction to ensure that all medications purchased for use or sale are of acceptable standard and quality.
- 4.5 The manager shall ensure that there are procedures in place for obtaining supplies of medications in an urgent situation.



## STANDARD 5 Training and Orientation

5.1 The manager is responsible for ensuring that all staff in the pharmacy is competent to perform duties defined by their position including specialized functions. Certification of staff may be required for some specialized functions.



## STANDARD 6 Safe Medication Practices

6.1 The manager shall ensure that all new, professionally relevant information (e.g., drug recalls, warnings) directed to the pharmacy is immediately available to the staff pharmacists.

6.2 The manager is responsible for ensuring that the medication processing systems (e.g., preparation, distribution, repackaging, returns, compounding, dispensing, etc.) used by the pharmacy are designed to minimize errors, protect the public, and enable staff pharmacists to satisfy their obligations under the Standards of Practice. Consideration should be given to staffing levels, space, environment, information systems, and resources.

6.3 The manager is responsible for ensuring that a system of communicating and documenting patient and drug information is in place in order to provide consistency of care. (Please refer to *Documentation Guidelines for Pharmacists 2004*.)

6.4 The manager is responsible for ensuring that a system is in place for the implementation/maintenance of a medication error follow-up and reporting protocol.

6.5 The manager shall ensure that there are processes in place to evaluate the quality of the pharmacy services provided and to make the necessary changes to improve practice.



## STANDARD 7 Accountability for Managers of Accredited Pharmacies

7.1 The manager must submit to the College an acknowledgement letter outlining that he/she has read and accepts the responsibilities of their position.

7.2 The manager shall respond in writing to the Registrar's queries regarding pharmacy practice situations and, where applicable, identify the member involved in any matter under review.

7.3 The manager is responsible for developing and submitting any action plans that may be directed by the College. 

## Position Available:

# Professional Development Advisor (Pharmacist)

**3 days per week**

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

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

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

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

If you are interested in joining the College staff in this position, please forward your resume by March 4, 2005 in confidence stating salary expectations to:

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

*Only those chosen for interviews will be contacted.*

# NEW



Jacquelyn Fletcher  
Client Services Coordinator

**A**s many of you know, in 2004 we introduced *OCP Connects*, our on-line annual fee payment service for pharmacists and certified pharmacy technicians. We took your feedback seriously and have revamped our on-line services to eliminate the frustrations that you encountered in the past.

You will see that there is now a single link on the OCP homepage. This will take you to the secure *OCP Connects* on-line service page (window) to log in. Your username is now your OCP number. You have been assigned a password consisting of the last six digits of your SIN; however, you can now change this password after your initial log-in and we recommend you do so. We've also eliminated the need for you to input your invoice number when you pay your annual fee on-line.

The new *OCP Connects* has a very different look and feel and will serve as the main portal for all future enhancements to our on-line member services. *OCP Connects* currently offers on-line fee payments and the option for you to update your personal and practice information — all in a secure environment digitally protected by Moneris™.

Last year 27% of our members used the on-line service to pay their renewal fees and update their records. We are hopeful that the improvements introduced this year will enable many more to easily access and use this service.



## To summarize:

OCP Connects can be found at [www.ocpinfo.com](http://www.ocpinfo.com). Simply click on the link at right and follow the instructions. (We recommend that you access the service with *Internet Explorer 5.0* or higher.)

**User ID:** This is your OCP number

**Password:** For the first login this year, your password is the last six digits of your SIN. After your initial log in, we encourage you to change your password.

### NOTE: My OCP Document Access

Pharmacists who currently have a username and password through the My OCP service to access and retrieve documents on [www.ocpinfo.com](http://www.ocpinfo.com) will now login through OCP Connects to view these limited-access documents. (However, book marking and searches will no longer be an option.) Your previous username and password for My OCP will be permanently deleted in January. To access documents or pay your fees, please follow instructions from the OCP Connects link to login and create a new password.

## Pharmacists' Annual Fees due March 10, 2005

There has been no increase in pharmacists' fees in the last three years.

Your member fee of \$522.07 is due no later than March 10, 2005. Renewal forms will be mailed to you by mid-January. Please contact the College if you have not received your form by January 31.

## What's New?

Besides revamping on-line services, we have redesigned the annual fee form. Our goal is to more clearly indicate what information we need you to review at fee renewal time. The form is pre-printed with the information that is currently on your OCP record.

You can now update this information on-line at *OCP Connects* or return the form by mail, with your payment, to the College.

## Paying On-line

Pharmacists who pay their fees on-line (as well as make any changes to their personal information on-line) will not be required to sign or return the renewal form to the College. Your on-line payment is equivalent to your confirmation signature. As always, your payment must be received by March 10, 2005.

## Paying by Mail with a Cheque


Make sure your cheque is *signed* and made payable to the "Ontario College of Pharmacists" or "OCP" in the amount of \$522.07 (\$487.92 + \$34.15 GST). Please write your OCP number and Invoice number on the front of your cheque. NSF cheques are treated as late and are subject to both a late penalty fee and a \$20 NSF service charge. All unsigned cheques will be returned for a signature.

Once processed, your wallet card and income tax receipt will be mailed to your residence.

## Late Payments

Late payments are subject to a fee of \$107 (\$100 + \$7 GST) (if paid within 30 days after the due date) or \$160.50 (if paid more than 30 days after the due date). This includes postdated cheques received early but dated after March 10, 2005. Late payments are not processed until the late payment fee has been received.

## For further information contact:

Client Services by e-mailing [ocpclientservices@ocpinfo.com](mailto:ocpclientservices@ocpinfo.com) or by calling (416) 962-4861. 

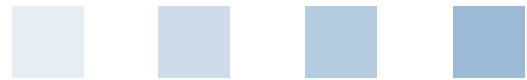
## Member Emeritus

Any pharmacist who has practiced continually in good standing in Ontario and/or other jurisdictions for at least 25 years can voluntarily resign from the Register and make an application for the Member Emeritus designation. Members Emeriti are not permitted to practice pharmacy in Ontario but will be added to the roll of persons so designated, receive a certificate and continue to receive Pharmacy Connection at no charge

# Continuing Education meets PIPEDA

## Indicate Your Consent When You Pay Your Fees

by Nora MacLeod-Glover, R.Ph., B.Sc. (Pharm)  
Manager, Continuing Competency Programs



The Personal Information Protection and Electronic Documents Act (PIPEDA) came into effect in 2004 to protect personal information and provide guidelines for the collection, use and disclosure of such information. While PIPEDA is intended for commercial businesses, the College's privacy policy mirrors the spirit and intent of PIPEDA.

### How does this affect CE?

Historically, the College has helped to distribute information about CE events by sharing members' preferred mailing addresses (whether at work or at home) with CE providers and our CE Coordinator team.

Under the College's new privacy policy, personal information must be used and disclosed for the limited purpose for which it was collected. As the College's purpose is to regulate the practice of pharmacy, we are now limited in how we can assist CE providers.

However, our privacy policy permits the additional use of personal information when that information is collected with consent and will be used for a reasonable purpose.

### How can I continue to be informed of upcoming CE events?

The College believes it is reasonable to collect and share limited, specific personal information (name, preferred mailing address, and preferred e-mail only) of pharmacists and technicians who want to be made aware of upcoming educational opportunities.

We encourage you to show your agreement by indicating consent on your Annual Fee Form to sharing your information with accredited CE providers publicizing upcoming CE education opportunities.

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**Your consent for this activity is specific and limited to continuing education announcements.**

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Education opportunities will also continue to be listed on our website, and I encourage you to visit [www.ocpinfo.com](http://www.ocpinfo.com) regularly for upcoming events.

# HEALTH CANADA

## Advisories & Notices

DATE	TYPE
26 Nov. 2004	Health Canada Warns Consumers Not to use Male Power Plus
25 Nov. 2004	Health Canada Warns Consumers Not to use Blue Cap Shampoo and Spray
25 Nov. 2004	Health Canada Endorsed Important Safety Information to Consumers regarding Crestor® rosuvastatin
22 Nov. 2004	Health Canada Endorsed Important Safety Update: Potential Effect of DEPO-PROVERA* (medroxyprogesterone acetate) on Bone Mineral Density
16 Nov. 2004	Health Canada Letter to Pharmacists Re: Obligations of Pharmacists under the Food and Drugs Act and Food and Drug Regulations
09 Nov. 2004	Health Canada Endorsed Safety Information on the Recall notification for all unused Advanced Bionics implantable cochlear stimulators. CLARION® 1.2, CLARION® CII, and HiRes™90K cochlear implants
04 Nov. 2004	Health Canada Endorsed Important Safety Information on Drug stability failure of a few lots of Carbolith® 150 mg capsules
04 Nov. 2004	Health Canada Endorsed Public Safety Information on the LTV® Series Ventilators With Lead Acid Batteries, Universal Power Supply or Automobile Cigarette Lighter/Accessory Power Outlet
29 Oct. 2004	Health Canada advises consumers to consult with their physicians on the use of Carbolith 150 milligram products
29 Oct. 2004	Health Canada Public Advisory on Important Safety Information of an Urgent product removal: Oral-B CrossAction Power and PowerMax toothbrushes and refills
26 Oct. 2004	Health Canada Endorsed Important Safety Information on the New Warnings about Parkinson's Drug PERMAX® and Reports of Heart Valve Problems - Shire BioChem Inc.
21 Oct. 2004	Health Canada Letter to Pharmacists – Important Safety Information on the Update on Euro-K Recall Lot EKT 404 and Lot EKT 405
20 Oct. 2004	Health Canada Notice to Hospitals – Important Safety Information on the Risk of Serious Infection From Ultrasound and Medical Gels
14 Oct. 2004	Health Canada Endorsed Important Safety Information on EPREX® (epoetin alfa) Sterile Solution. Association of EPREX® (epoetin alfa) with thrombotic vascular events

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

# PRACTICE



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

## PRACTICE ADVISORY

### The Top Ten Questions Asked In 2004

**T**he Practice Advisory Service staff at the College answer over a hundred pharmacy practice-related questions every week. Yet answers to all of these questions can be found on the College's website or in the OCP Manual and Policy Handbook.

Following are the ten most common questions we receive from pharmacists and pharmacy technicians.

The answers to all of these and most practice-related questions can be easily searched and located on our website at [www.ocpinfo.com](http://www.ocpinfo.com)

#### **Q1) Record Retention:** How long do I keep prescription records on file at the pharmacy?

Section 156 (2) of the Drugs and Pharmacies Regulation Act states that records must be retained for not less than two years. Two years is also a requirement of the Food and Drugs Act, the Controlled Drugs and Substances Act, and the Narcotics Regulations.

However, according to Revenue Canada, records and books of accounting information must be maintained for a period of six years from the end of the taxation year; and prior to destroying any records, permission from Revenue Canada should be obtained.

#### **Q2) Prescription Expiry:** What is the expiry date of a prescription?

The only legislated expiry is for drugs in the benzodiazepines/targeted substances category, which have an expiry date of one year from the date prescribed. [Controlled Drugs and Substances Act, Benzodiazepines and Other Targeted Substances Regulations (Reg 1091), s. 52 (c)]

No expiry date is legislated for any other prescriptions, so you should address each situation with professional judgment and document the reason for your decision. Bear in mind that you are required to keep prescription records for two years. If repeat prescriptions are dispensed after this length of time, there could be problems during auditing procedures and transferring prescriptions.

#### **Q3) Drug Schedules:** What is the status of...?

Pharmacists and pharmacy technicians can determine drug schedules by accessing the NAPRA website and generating a drug schedule list. You should have the [www.napra.org](http://www.napra.org) website bookmarked on your pharmacy's computer or a keep an up-to-date print copy of this list in your OCP Manual for quick and easy reference. Following is an example of the most common products whose status is requested:

- Epi – Pen . . . . .Schedule II
- Mupirocin (topical) . . . . .Schedule I
- Nitrolingual Spray . . . . .Schedule II
- Otrivin ® 0.05% ophthalmic . . . .Schedule II
- Quinine . . . . .Schedule I
- Vitamin B12 injection . . . . .Schedule II
- Progesterone (topical) . . . . .Schedule I

#### Q4) Rx Transfers: Can I accept a prescription transfer from another province?

The current legislation allows you to fill a prescription issued by a prescriber licensed in another province only if, in your professional judgment, you believe the patient requires the drug immediately. Such an order must be in writing and cannot be refilled. (DPRA, s. 158)

This means that you cannot fill an out-of-province verbal prescription or a refill. You can contact the out-of-province prescriber for the prescription to be faxed, or recommend that your patient consult a physician in a nearby walk-in clinic or emergency department to obtain a new prescription.

#### Can I provide a prescription transfer to a pharmacy in another province?

As an Ontario pharmacist, you may transfer prescription authority to another province or jurisdiction. It is the responsibility of the pharmacist requesting the transfer to know the legislation pertaining to prescription transfers in that province or jurisdiction.

Prescription transfers are processed from pharmacist to pharmacist, and proper documentation and record-keeping is required. You should remind your patient that once the prescription is sent to the other province, it may not be transferred back into Ontario; your patient will require another authorization in order to have the prescription filled again in Ontario.

#### Can a pharmacy technician accept or provide the prescription transfer information from one pharmacy to another pharmacy?

The transfer process is outlined in the DPRA Reg. 551 s. 62. The transfer process is between two pharmacists and may be performed over the phone or by fax. If it is agreed that the transfer information is being provided by fax to the other pharmacy, the pharmacist will transcribe, collect, or print the necessary information as per the DPRA Reg. 551 s. 62 (1)(d). The pharmacy technician may assemble the information to be faxed; however, the pharmacist should sign and provide his/her license number on the transferred faxed copy.

#### Q5) Expiry/Wastage/Drug Loss/Theft of Narcotic or Controlled Drugs: What do I do?

You should contact the Health Canada office listed below for the appropriate forms and reports. All narcotics reporting issues should be reported to the Ottawa office. Controlled substances must be destroyed by a pharmacist and

witnessed by another pharmacist, practitioner, registered pharmacy intern, or a registered pharmacy student.

Compliance, Monitoring and Liaison Division  
Office of Controlled Substances  
Drug Strategy and Controlled Substances Programme  
Health Canada  
Address Locator: 3502 B  
Ottawa, ON  
K1A 1B9  
Tel: (613) 954-1541  
Fax: (613) 957-0110

**Reporting Expired/Unused/Wasted Narcotic and Controlled Drugs:** Send an itemized list to the above address for approval to destroy.

**Reporting Narcotic Loss/Theft/Forgeries:** Submit a report to the above address within 10 days of discovery.

#### Q6) Methadone: Can I verify a methadone prescriber with the College?

The College no longer maintains a current list of methadone prescribers. Pharmacists can verify prescribers' terms of exemption (including expiry) by contacting Health Canada or the CPSO.

To confirm a methadone prescriber, or obtain information on MD revocations or suspensions, contact:

Health Canada Drug Control Unit:  
For methadone and MD notifications: Ms. Kim Barber,  
(613) 946-5139

College of Physicians and Surgeons of Ontario:  
Methadone: Margaret Liew 416-967-2661  
Notifications: 416-967-2600 x 306  
Or refer to "Doctor Search" at [www.cpso.on.ca](http://www.cpso.on.ca)

#### Q7) Holding Prescriptions: What should I do if I receive a prescription from a patient for a medication that still has renewal authorizations left on the previous prescription?

The physician issuing the new authorization may not have been aware that there were previous authorizations left. You should contact the physician to ensure that both the new and old authorizations are valid. Both are to be maintained, it should be clear in the prescription record *which* authorizations belong to *which* sequence of refills, and each prescription should have its own complete audit trail.

The new authorization can be placed on hold until the previous authorizations are used up, or the new prescription can be kept on file until required.

### **Q8) Melatonin: Can melatonin be sold in my pharmacy?**

It depends on the brand and whether the manufacturer has applied for a product license. As of January 1, 2004, melatonin was moved to the Natural Health Products Directorate (NHPD), Health Canada. Previously, this product was dispensed only through the Special Access Program.

The NHPD has informed the College that manufacturers had until June 2004 to apply for a product license, as per the requirements outlined on the monograph for melatonin which can be accessed on the NHPD website.

Pharmacists may confirm with Health Canada whether a product license has been submitted by the manufacturer by calling 416-952-4610. Note that if a product has an NHP number on the label, it is legal to sell, in Canada, and a confirmation from Health Canada is not required.

### **Q9) Privacy: Do I need the patient's consent to fill a prescription or to obtain a prescription transfer?**

Both filling a prescription and fulfilling a prescription transfer fall under the implied consent model of Personal Health Information Protection Act (PHIPA). You should refer to the September/October 2004 issue of *Pharmacy Connection* for information on the Act.

The following is an excerpt reprinted from that article:

One of the unique features of PHIPA is the implied consent model. PHIPA provides health care professionals with a flexible framework to obtain disclosure and use health information as necessary in order to deliver adequate and timely health care. As such, pharmacists are considered to be within the "circle of care" when providing direct health care and are permitted to rely on an individual's implied consent for the collection, use and disclosure of personal health information.

Custodians may rely on implied consent if they post a wall notice or make pamphlets or brochures readily available to the public so that individuals can understand the purpose of the collection, use or disclosure of his/her personal health information. Disclosures outside the circle of care or to another custodian unrelated to the provision of health care will require express consent.

In keeping with a flexible legislated framework under

PHIPA, custodians are permitted to collect, use and disclose personal health information without consent in certain limited circumstances. For example, custodians are permitted to use personal health information for the purpose of health planning and management, risk assessment, education and reimbursement and/or verification of claims. Custodians are also permitted to disclose personal health information without consent in circumstances related to a significant risk or to control and contain specific diseases. These permissible uses and disclosures derive from existing common law and statutory requirements.

### **Q10) US Prescriptions: Can I fill a prescription from a physician licensed in the US?**

Patients who present prescriptions authorized by out-of-country prescribers should be referred to an emergency department or a medical walk-in clinic for a valid prescription. For a US citizen to have a prescription filled in Ontario, the prescription must be signed by a valid Ontario prescriber.

However, the CPSO expects physicians to prescribe medications only where there is an established patient-physician relationship.


The CPSO policy statement, "Prescribing Outside an Established Physician-Patient Relationship" (Policy#8-00, November 2000) can be found on their website at [www.cpso.on.ca](http://www.cpso.on.ca).

The OCP does not regulate physicians or enforce their policies. However, the College strongly supports the CPSO position that prescribing should only occur in the context of a proper patient-physician relationship to ensure appropriate patient care.

In addition, at its December 2002 meeting, Council passed the following policy concerning this issue:

#### **Co-Signing Out-of-Country Prescriptions**

Pharmacists shall not facilitate or enter into agreements with physicians for the purposes of co-signing or rewriting prescriptions for out-of-country patients. If a prescription is filled in Ontario, the standards of practice for pharmacists and pharmacies for Ontario must be met, regardless of where the patient resides and these Standards cannot be waived through any agreements or contracts.

Council considers that pharmacists who knowingly facilitate the practice by any Ontario prescriber to co-sign/authorize prescriptions where no established physician/patient relationship exists are acting unethically and fall below a standard of practice of our profession. 

## NOTICE TO PHARMACISTS

### Notice to All Pharmacies and Pharmacists Providing Service to Long-Term Care Facilities

#### OCP Strategic Initiative

The provision of pharmacy services to long-term care facilities has always posed challenges and created issues for both the College and members engaged in providing services to LTC residents, and continues to do so.

The College has identified this area of practice as a priority and has begun a study of the challenges and issues faced by pharmacists who provide these services, with a view to developing standards that will ensure optimal patient care and safe medication delivery in LTC facilities.

To this end, the College has contracted the services of IntroPharm & Associates Ltd. to undertake research and develop draft standards for consideration. IntroPharm will thoroughly examine all areas of the delivery of pharmacy care to LTC facilities, including roles of other health providers and activities by related regulatory colleges and associations, the Ministry of Health and Long-Term Care, and LTC provider associations.

IntroPharm & Associates Ltd. will be representing the College during this contract and will be bound by the College's duties, responsibilities and confidentiality requirements. IntroPharm will present final recommendations to the College for consideration. The proposals will then be considered by the College's Professional Practice Committee, with a view to presenting recommendations to Council later in the year.

As part of the research, a questionnaire was sent out in December to all identified LTC pharmacy service providers. If your pharmacy provides services to a licensed facility and you have not received a questionnaire, please contact IntroPharm to participate in this survey.

#### IntroPharm & Associates Ltd.

Mike Jaczko, President

Jennifer Camman, Associate

Leigh Heald, Associate

Tel: (519) 777-5418 • Fax: (519) 657-1704

e-mail: [mjaczko@execulink.com](mailto:mjaczko@execulink.com)

## Communicating with Health Professionals

As part of the Point of Care Education Program, we are communicating the value of pharmacists and pharmaceutical care to health professionals.

This ad is now appearing in the Ontario Medical Review (physician association magazine), The Standard (College of Nurses of Ontario magazine), and Ontario Dentist (dentist association magazine).

Further communications targeting health professionals will be created this year.

*Your Patient is Our Patient.*

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*Working together we can increase patient compliance  
and minimize drug interactions*





ONTARIO COLLEGE OF PHARMACISTS



Lesley Lavack, Assistant Dean – Undergraduate Affairs

### Faculty Implements Early Experiential Program

In 2004, we added an important component of authentic pharmacy practice experience for Years 1 and 2. A series of visits to community practice sites for Year 1 students was implemented for students to observe pharmacists in community settings first-hand. They were also able to practice the direct patient care skills that they learned in the Faculty's Professional Practice Laboratory in a real-life setting under the supervision of a pharmacist mentor.

**The Faculty is sincerely grateful to the 129 Early Experience pharmacist mentors for their involvement and dedication to pharmacy education.**

Building on this, an enhanced series of visits to hospital practice sites was implemented for Year 2 students. Students were able to gain experience and insight into the pharmacist's role in providing care to patients in hospital settings, again, under the supervision of a pharmacist mentor.

These programs bring our curriculum more into line with the guidelines of the Canadian Council for Accreditation of Pharmacy Programs for early experi-

ential offerings, and serve as a partial substitute for the College's discontinued studentship program. They also provide meaningful opportunities for practising pharmacists to mentor future colleagues.

### Induction Event of the Class of OT8

Last September, we held an Induction into the Professional Community of Pharmacy for the class of 2008. After being addressed by leaders in Pharmacy, students heard a recitation of the Ontario College of Pharmacists' Code of Ethics, then symbolically donned white coats and together made their Pledge of Professionalism.



## The Case for Increasing Enrolment Realized

Last year saw the admission of 200 students into Year 1 (from a record number of 1,200 applicants). This year, when we admit 240 students we will have met our commitment to double enrolment from our 1998 intake of 120. Our "Case for Increasing Enrolment" was instrumental in the Ontario government's decision to direct SuperBuild Funds to Pharmacy. Our course was set and, in the very near future, our plan will be realized: in addition to a doubling our enrolment, we will have a fabulous new building, increased numbers of great researchers and teachers, and innovative new programs.

## Student Recruitment

The deadline for applications for admission to the B.Sc.Pharm. program for September 2005 was January 10th. However, it is not too early for students to be thinking about applying for September 2006. Would you be interested in helping us spread the word about Pharmacy? Please e-mail [adm.phm@utoronto.ca](mailto:adm.phm@utoronto.ca) to receive a supply of our brochures. Please use "Brochure Request" in the subject line.

## Part-Time Distance Doctor of Pharmacy Program

Our Pharm.D. Program is now offered in two formats: a traditional two-year full-time program, and a part-time distance education program, which students can complete within four years. Both programs are academically rigorous and lead to post-baccalaureate degrees.

The part-time format is divided into two phases: the first consists of online courses, delivered through web-based interactive courseware, and the second consists of eleven one-month rotations, which can be scheduled over a one- to two-year period. The use of web-based interactive courseware permits flexibility, as students are able to combine their professional work with their studies, and participating in courses at times and locations convenient to them.

Visit the Pharm.D. website: [www.utoronto.ca/pharmacy](http://www.utoronto.ca/pharmacy); click on "Programs and Admissions" and follow the links to "Pharm.D." For an admissions package call 416-978-0603.

## New Undergraduate Program in Pharmaceutical Chemistry

Another Faculty milestone was reached in 2004 when we

admitted our first students into the specialist program in pharmaceutical chemistry.

This is the first joint-degree program between the Leslie Dan Faculty of Pharmacy and the Faculty of Arts and Science at the University of Toronto. The goal of this four-year non-professional program is to provide students with a rigorous education in the fundamental scientific aspects of drug-based therapeutics.

For more information about the program visit [www.utoronto.ca/pharmacy](http://www.utoronto.ca/pharmacy); click on "Programs and Admissions" and follow the link to "Pharmaceutical Chemistry Specialist Program."

## Leslie L. Dan Pharmacy Building



You can't miss it! Our beautiful new home is rising steadily at the northwest corner of College Street and Queen's Park Circle. A picture is worth at least a thousand words – just look at what's in store above. A visit to the site will take your breath away. Being in the sightlines of the Ontario legislature and at an intersection crossed by thousands of motorists and pedestrians each day, we will provide enduring opportunities to highlight all that our Faculty does, the contributions that it makes, and the support that it attracts. Pharmacy's presence will certainly be clear. ☑

## International Pharmacy Graduate Program



# An Opportunity for Refresher Education

Marie Rocchi Dean, R.Ph., B.Sc.Pharm.

The original mandate of the Canadian Pharmacy Skills Program was both to offer entry-to-practice preparation for pharmacists licensed outside North America and to provide opportunities for refresher education for licensed pharmacists.

As a result, since 2001, over 90 licensed pharmacists have participated in the academic modules of the International Pharmacy Graduate Program for refresher education. About two-thirds of this group were referred by the College's Discipline Committee, and the remaining third attended as part of their participation in the Quality Assurance Program.

### Discipline Referrals

Members may be referred to one or several courses, depending on the nature of their case. Most often, members are required to take the Basic and/or Advanced Professional Practice labs. (These sessions provide simulations of practice scenarios.)

In Basic Labs, members dispense written prescriptions, receive requests for refills or new prescriptions from "physicians," research drug information questions and perform various pharmacy tasks. In Advanced Labs, patient cases are more complex and the pharmacist may be required to intervene when filling prescriptions when there is a drug-related problem, e.g., a clinically significant drug interaction, or a dose that is too high.

Lab students also hone their telephone skills, including

receiving verbal prescriptions for controlled drugs and giving transfers. In both courses, documentation is emphasized, as well as adherence to legal requirements. Each course consists of three labs, an orientation lab and a final examination.

These are some of the participants comments:

***"I enjoyed all the labs to date and want to thank you for all your help in furthering my professional career."***

***"I need to improve the courtesy of my verbal communication."***

***"You can really see how non-drug related information plays a role in determining drug-related problems."***

***"This lab actually assimilates all aspects of pharmacy practice."***

To date, a majority of members have been successful in the labs, although some have had to take supplemental examinations. In rare cases, members referred by Discipline decision choose to be marked as "incomplete" in their course work and to serve their penalties in the form of suspensions or fines. The average mark in Basic Labs has been 74% and 64% in Advanced Labs.

### Patient Care Skills

The Patient Care Skills course emphasizes patient counselling and integrates therapeutic knowledge and communication skills. In groups of eight, individuals counsel a standardized patient to determine if any drug-related problems exist. Active listening techniques are strongly encouraged. This course has been more challenging for members than the labs have, since counselling skills may not have been part of their formal education. Although many members state that they enjoy excellent rapport with their patients, they may struggle in applying current therapeutic knowledge. One wrote:

***“I should’ve kept up with CE.”***

### Law Lessons

Many members referred by Discipline are required to complete Law Lessons. This is a correspondence course in which, every two weeks, the learner reads pages of text and submits answers to questions (in short answer and essay format). This course examines the legal responsibilities of pharmacists. For example, Lesson 4 is entitled “Standards of Practice”; members are asked to reflect on their own practice and cite areas for improvement.

Overall, it has been a pleasure to work with the member referrals from the discipline process. Information about the member’s performance is provided to the College upon completion of each course.

### Quality Assurance Referrals

Referrals from the Quality Assurance Program can occur in several ways. Individuals who have been unsuccessful in one or more attempts of Practice Review may be encouraged to attend parts of the IPG program.

Depending on the member’s QA results, they may be referred to therapeutic lectures, communication courses or a combination thereof. Members are often reluctant to accept their QA results and several meetings or telephone conversations may occur before they are prepared to attend courses. (Unlike discipline referrals, attendance for these members is voluntary.)


Some members also seek to participate in our program in advance of their Practice Review, to be better prepared:

***“Had I known about this program, I would’ve attended it prior to Practice Review. It gave me the structure and confidence I needed”.***

As with referrals from the discipline process, information may be shared with OCP staff with the member’s approval. However, there are no time limits involved and members are not required to pass any program elements.

### Future Directions

Data has been compiled throughout this process and Faculty and College staff will be meeting to evaluate the referral and the educational approach to remediation.

Information about the structure of each course and a list of topics can be found on the Program website at [www.ipgcanada.ca](http://www.ipgcanada.ca). Application forms are available from the Program office and interested members can contact Marie Rocchi Dean at 416-946-5586 or [marie.dean@utoronto.ca](mailto:marie.dean@utoronto.ca). 

**C A S E :**

**Billing Discrepancies**

**Member:** Aminmahomed Hassam-Adatia, Forest, Ontario  
**Hearing Date:** September 28, 2004

Mr. Hassam-Adatia was found to have:

- Failed to maintain a standard of practice of the profession
- Contravened, while engaging in the practice of pharmacy, particular provisions of the Narcotic Control Regulations made under the Controlled Drugs and Substances Act

The Panel accepted Mr. Hassam-Adatia's plea of professional misconduct, based on the facts set out in an Agreed Statement of Facts, as follows:

**The Facts**

The College received a complaint from ESI Canada, following an audit of Mr. Hassam-Adatia's practice. The audit identified problematic practices relating to a significant number of prescriptions processed by the pharmacy, including prescriptions for Oxycocet® that were identified as forgeries, medications dispensed without authorization, and prescriptions substituted with other drugs without authorization.

Mr. Hassam-Adatia acknowledged that on 11 occasions he dispensed Oxycocet® to a patient on the basis of prescriptions that he should have recognized as forgeries.

Mr. Hassam-Adatia also acknowledged that he failed to document authorizations for the medications and substitutions, as required, on a significant number of other transactions. He maintains, however, that these medications and substitutions had been authorized by the signing physicians.

**Joint Submission on Penalty**


The parties agreed to a penalty which was presented to the Panel by way of a Joint Submission on Penalty.

In accepting the Joint Submission on Penalty, the Panel considered that:

- This was Mr. Hassam-Adatia's third appearance before a Panel of the Discipline Committee, as he was found guilty of professional misconduct in 1982 and in 1993 on issues unrelated to this matter
- The narcotic drug in this case, Oxycocet®, has been identified by authorities as one of the most abused and misused drugs in Canada. This fact alone should have raised a red flag for the member that he should have taken extra caution when dispensing this product
- The standards of practice of the profession require that authorizations for medication substitution be documented. The member failed to record any physician authorizations

In assessing the remedial provision set out in the Joint Submission, the Panel expressed its expectation that, upon completion of the seminar, Mr. Hassam-Adatia's pharmacy operation will be elevated to meet the current standards of practice.

**Order**

1. A reprimand
2. Specified terms, conditions and limitations on Mr. Hassam-Adatia's Certificate of Registration in that he complete successfully, at his own expense, the Jurisprudence Seminar (with examination) provided by the College, within six months of the date of this Order
3. A suspension of Mr. Hassam-Adatia's Certificate of Registration for a period of two months, with one month remitted on condition that he complete the remedial training exercise specified above 

# Pharmacy Connection

## READER SURVEY

We have made many changes to the content and design of this journal over the last three years. Let us know what you think of it. We are also interested in knowing when and how you read the journal (printed copy or website), and how we can improve its content or delivery.

### 1. How many issues of Pharmacy Connection do you read per year?

- None  1  2  3  
 4  5  6

### 2. When you receive Pharmacy Connection, what are you most likely to do?

- Look at the cover to see if anything interesting is featured in that issue  
 Flip the pages quickly to see if anything catches my eye  
 Put it aside, to read/browse through the whole issue at a specific time  
 Put it aside, with a hope to read/browse through it later  
 Recycle it right away

### 3. Where do you read this journal?

- At home  At work

### 4. Of the following articles, which do you read most often?

(Please select all that apply)

- President's Message  
 Registrar's and/or Editor's Message  
 Cover story – Feature  
 Council Reports  
 Q&A columns  
 International Pharmacy Graduate column  
 Deciding on Discipline  
 New Drugs/Drug News insert  
 Focus on Error Prevention column  
 Health Canada and Pharmacist advisories and notices  
 CE Listings  
 Bulletin Board  
 OCP Manual contents list (back page)

### 5. Thinking of the last few issues, which of the following articles did you read? (Select all that apply)

- "Protection of Health Information Act" (PHIPA)  
 "Getting Ready for ECP"  
 "Evaluation of the Quality Assurance Practice Review"  
 "District Meeting Survey Findings on Optimizing the Pharmacist's Role"  
 "Methadone Dispensing – Proper Packaging and Labelling"  
 "Alternate Dispute Resolution"

### 6. What areas of information do you find most helpful?

- Legislative changes  
 College policies  
 Practice standards, guidelines, recommendations  
 Council decisions and activities  
 Current practice issues  
 Health/drug notices  
 International Pharmacy Graduate Program activities  
 Leslie Dan Faculty of Pharmacy activities  
 Membership surveys on various topics  
 OCP Manual contents list (back page)  
 CE listings

### 7. What areas of information do you find least helpful?

- Legislative changes  
 College policies  
 Practice standards, guidelines, recommendations  
 Council decisions and activities  
 Current practice issues  
 Health/drug notices  
 International Pharmacy Graduate Program activities  
 Leslie Dan Faculty of Pharmacy activities  
 Membership surveys on various topics  
 OCP Manual contents list (back page)  
 CE listing

### 8. What topics would you like us to add as regular columns or special features? (Please list)

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### 9. The journal is available online (in pdf format) a few days before printing. Do you read the journal online?

- Yes  No  
 Didn't know about this service, but will look for it now

### 10. The College records members' e-mails for important notices and communication. Would you like us to send you a bi-monthly e-mail notice, with a hyperlink to the new journal, as soon as it is ready to read online?

- Yes  No

### 11. Do you find the frequency (bi-monthly) of the journal about right?

- Yes  No

### 12. If not, how often would you like to see it published?

- Less often (i.e., quarterly)  
 More often (i.e., every month, with fewer pages)

### 13. Do you go online to access past articles of the journal?

- Yes  No

### 14. Where do keep back copies of this journal?

- At home  At work

**Thanks!**

Please fax your survey to 416-847-8276 or mail to:  
Communications Department, Ontario College of Pharmacists, 483 Huron Street, Toronto, M5R 2R4.

# Call for Preceptors

Are you looking for a way to recapture the excitement of practising pharmacy? Consider becoming a preceptor in 2005 and attend an Orientation Workshop close to home or in Toronto.

Please visit [www.ocpinfo.com](http://www.ocpinfo.com) for more information.

## 2005 Workshops

<b>DATE</b>	<b>LOCATION</b>	<b>WORKSHOP &amp; TOPIC</b>
Wednesday, January 12	Toronto (OCP)	Orientation
Wednesday, February 2	Toronto (OCP)	Orientation
Thursday, February 3	Toronto (Faculty Club, U of T)	Exploring Culture and Organization with International Pharmacy Graduates
Tuesday, March 1	Toronto (OCP)	Orientation
Wednesday, March 2	Toronto (OCP)	Advanced(Intercultural Communication )
Tuesday, March 22	Ottawa	Orientation
Wednesday, March 23	Ottawa	Advanced (Learning Styles)
Tuesday, April 12	Toronto (OCP)	Orientation
Tuesday, April 19	London	Orientation
Wednesday, April 20	London	Advanced (Learning Styles)
Thursday, May 5	Toronto (OCP)	Advanced (Interviewing Skills)
Wednesday, May 11	Hamilton	Orientation
Thursday, May 12	Hamilton	Advanced (Learning Styles)
Wednesday, May 18	Toronto (Columbus Centre)	Orientation
Wednesday, June 1	Windsor	Orientation
Thursday, June 2	Windsor	Advanced (Learning Styles)
Tuesday, June 21	Toronto (OCP)	Orientation
Thursday, July 7	Toronto (OCP)	Orientation

Pharmacists who are actively serving as preceptors for students or interns are required to attend either an Advanced or a second Orientation Workshop within two years of their last workshop date.

To arrange a workshop in your community, please have your CE Coordinator contact Vicky Gardner at 416-962-4861 x 297 or at [vgardner@ocpinfo.com](mailto:vgardner@ocpinfo.com). Please visit our website for regular updates.

# Thank You, Preceptors

Diana Spizzirri, R.Ph., B.Sc.Phm.  
Deanna S. Yee, R.Ph., M.Sc., B.Sc.Phm.


On behalf of the College, we would like to thank all pharmacists who served as preceptors for students and interns in the 2004 Structured Practical Training (SPT) Program.

Students and interns tell us how much they appreciate the time and commitment of their preceptors, and preceptors tell us they continue to be inspired by working with the next generation of pharmacists.

## 2004 Highlights

During 2004, 21 preceptor workshops were conducted across Ontario. 380 preceptors attended one of the 14 Orientation or 7 Advanced Workshops.

In 2004, SPT staff started providing written feedback to students and interns on their *Activity* reports. To promote professional development, SPT staff work to recognize the students' and interns' efforts, while suggesting areas where they might benefit from further research or discussion with their preceptors.

Based on feedback from students, interns, and preceptors, the SPT Committee revised the SPT Handbook/Manual, the studentship and internship-specific manuals, and the Preceptor Guide to better serve students, interns, and preceptors. Response to these revisions has been positive. 

***The SPT Handbook/Manual and the International Pharmacy Graduate Studentship Manual are now available online for members.***

### AGINCOURT

Philip Shing  
Shoppers Drug Mart

Howard So  
Pharma Plus Drugmart

### AILS CRAIG

Monica Miatello  
Ailsa Craig Cds Pharmacy Inc

### AJAX

Mohammed Din  
Wal-Mart Pharmacy

Maii El Shatanoufy  
Drugstore Pharmacy

Elzy George  
Zellers Pharmacy

Amtulla Karimjee  
Drugstore Pharmacy

Patricia McQuaid  
Ajax Pickering Health Centre

Samia Sahyone  
Zellers Pharmacy

### ALLISTON

Anne Wray  
Zehrs Markets Drug Store  
Pharmacy

### ANCASTER

Riyaz Govani  
Shoppers Drug Mart

Mahmood Najak  
Wal-Mart Pharmacy

### AURORA

Jack Holtzman  
Shoppers Drug Mart

Cindy Piquette  
Shoppers Drug Mart Doane  
Hall

### BARRHAVEN

Preveshen Naidoo  
Wal-Mart Pharmacy

### BARRIE

Antonella Cano  
Wal-Mart Pharmacy

Siim Holmberg  
Procure Pharmacy Ltd

Tonya McLellan  
Wal-Mart Pharmacy

Marie Miller  
Wal-Mart Pharmacy

Reza Rouhani  
Herbie's

### BELLEVILLE

Steven Casselman  
Drug Basics

Jugana Milosevic  
Wal-Mart Pharmacy

Sunil Philip  
Wal-Mart Pharmacy

Vincent Samuel  
Zellers Pharmacy

### BOLTON

Gary Daniels  
Wal-Mart Pharmacy

Manuela Moldovan  
Bolton Rexall Drug Store

Ethel Rizarri  
Shoppers Drug Mart

### BOWMANVILLE

Truong Duong  
Drugstore Pharmacy

Adebayo Ojo  
Zellers Pharmacy

### BRACEBRIDGE

Leo Krahn  
Pharma Plus Drugmart

### BRAMPTON

Susan Alderson  
William Osler Health Centre

Faraz Chaudary  
William Osler Health Centre

Gien Dedrick  
Pharma Plus Drugmart

James Hernane  
Shoppers Drug Mart

Ihab Labib  
McLaughlin Medical  
Pharmacy

Katalin Lanczi  
Shoppers Drug Mart

"...it was a good experience which I believe improved my own practice." - Preceptor

Souha Mourad  
The Pharmacy

Anna Posca  
Pharma Plus Drugmart

Emad Ragheb  
Drugstore Pharmacy

Domenico Romano  
Shoppers Drug Mart

Joan Rumbolt  
Wal-Mart Pharmacy

Naresh Sehdev  
Shoppers Drug Mart

Nadia Sourour  
Zellers Pharmacy

**BRANTFORD**

Dilip Jain  
Zehrs Markets Drug Store  
Pharmacy

Shuchita Srivastava  
Zehrs Markets Drug Store  
Pharmacy

Bhikhu Tejura  
Zehrs Markets Drug Store  
Pharmacy

**BRIGHTON**

Peter Arbiter  
Pharma Plus Drugmart

**BROCKVILLE**

Marielle Renaud  
The Pharmacy

**BURLINGTON**

Ik Chong  
Wal-Mart Pharmacy

Heather Emerson  
Medical Pharmacy

David Pinkus  
Shoppers Drug Mart

Kathryn Pollock  
Pharma Plus Drugmart

Charles Todd  
Shoppers Drug Mart

**CALEDONIA**

Refka Mansour  
Zehrs Markets Drugstore  
Pharmacy

**CAMBRIDGE**

Su-Hung Lin  
Zehrs Markets Drug Store  
Pharmacy

Sanjay Patel  
Zehrs Markets Drug Store  
Pharmacy

Kenneth Relph  
Shoppers Drug Mart

Lyndee Yeung  
Shoppers Drug Mart

**COBOURG**

Elizabeth Moores  
Shoppers Drug Mart

**CONCORD**

Theresa Rudakas  
Glen Shields Pharmacy

**DON MILLS**

William Fu  
Medico Pharmacy

Randy Goodman  
Medico Pharmacy

**DOWNSVIEW**

Ping-Ching Chan  
Zellers Pharmacy

Huynh Doan  
Pharmacia Drugs

Anna Gorski  
Shoppers Drug Mart

Awais Hanif  
Shoppers Drug Mart

Grace Lee  
Humber River Regional  
Hospital

Trevor Mason  
Shoppers Drug Mart

George Phillips  
Shoppers Drug Mart

Refat Samuel  
Jane Centre Pharmacy

**DRYDEN**

Robert Button  
Wal-Mart Pharmacy

**ELMIRA**

Gregory Streppel  
Woolwich Centre Pharmacy

**ETOBICOKE**

Mohamed Abdelbary  
Shoppers Drug Mart

Muhammad Ashraf  
Zellers Pharmacy

Nora Guillen  
Pharmasave

Zelimir Krivokapic  
Drugstore Pharmacy

Emad Mankaruos  
Sav-On Drug Mart

Siu Mok  
Rowntree Gate Drug Mart

Saeed Tahir  
Axis Al-Shafa Pharmacy

Lawrence Ura  
Shoppers Drug Mart

Svetlana Uzelac  
Pharma Plus Drugmart

**FERGUS**

Robert Ennis  
Zehrs Markets Drug Store  
Pharmacy

Kimberley Lees  
Zehrs Markets Drug Store  
Pharmacy

**GEORGETOWN**

Charles Zammit  
Wal-Mart Pharmac

**GLOUCESTER**

George Salidis  
Zellers Pharmacy

Diana Wright  
Shoppers Drug Mart

**GUELPH**

Dimiana Botros  
The Medicine Shoppe

Robert Chin  
Shoppers Drug Mart

Joe Cimino  
Pharma Plus Drugmart

Ram Kaushik  
Zehrs Markets Drug Store  
Pharmacy

Nabil Samaan  
Drug Basics Pharmacy

Gregory Streppel  
The Pharmacy

**HAMILTON**

Wassim Abdel-malek  
Shoppers Drug Mart

Jane Bowles-Jordan  
Marchese Pharmacy

Jennifer D'Souza  
Hamilton Health Sciences  
Corp

Samuel Dyer  
Drugstore Pharmacy

Ayman El-Attar  
Daniel Drug Mart

Benjamin Ewalefo  
Pharma Plus Drugmart

Giuseppe Giudice  
Shoppers Drug Mart

Jafar Hanbali  
Shoppers Drug Mart

Joseph Ho  
Pharma Plus Drugmart

Betty Kurian  
Zellers Pharmacy

Sonja Linta  
Shoppers Drug Mart

Eric Lui  
Hamilton Health Sciences  
Corp.

Rima Lukavicius  
Wal-Mart Pharmacy

**"I think it was an excellent experience and all pharmacists should be put in a pool and selected to be preceptors at some point in their careers." - Preceptor**

Saji Mathew  
Zellers Pharmacy

Carmine Nieuwstraten  
St Joseph's Hospital

Christopher O'Brien  
Hamilton Health Sciences  
Corp

Sarbjit Sahmi  
Shoppers Drug Mart

Ramsis Tadrus  
Shoppers Drug Mart

Mary Thornewell  
Hamilton Health Sciences  
Corp

Mary Youssef  
Wal-Mart Pharmacy

### **HANMER**

Jason Keeping  
Drugstore Pharmacy

### **HANOVER**

Rajinder Rajput  
Zellers Pharmacy

### **INGERSOLL**

Usama Shaker  
Drugstore Pharmacy

### **ISLINGTON**

Karen Yeung  
Shoppers Drug Mart

Jie-Young Youn  
Shoppers Drug Mart

### **KANATA**

Borjana Borcic  
Pharma Plus Drugmart

Ijeoma Onyegbula  
Drugstore Pharmacy

### **KENORA**

Peter Adams  
Zellers Pharmacy

### **KINGSTON**

Carol Connerty  
Drug Basics Pharmacy

Syed Hasnain  
Shoppers Drug Mart

Bozica Kokanovic Popov  
Drugstore Pharmacy

Linda Methot  
Kingston General Hospital

Bonnie Ralph  
Kingston General Hospital

Peter Semchism  
Zellers Pharmacy

Jennifer Sheldrick  
Pharma Plus Drugmart

Mary Staddon  
Rm & E Rexall Drug Store

Shailesh Vyas  
Zellers Pharmacy

Ne Zhu  
Pharma Plus Drugmart

### **KINGSVILLE**

Emmanuel Airewele  
Zehrs Markets Drug Store  
Pharmacy

### **KITCHENER**

Veneta Anand  
Shoppers Drug Mart

Terrance Dean  
The Grand River Hospital

Ana Elefteriu  
Zehrs Markets Drug Store  
Pharmacy

Joette Forsyth  
Wal-Mart Pharmacy

Sanjita Laing  
Drug Basics

Marie Wassif  
Zehrs Markets Drug Store  
Pharmacy

Heather Watts  
Drug Basics Pharmacy

### **LA SALLE**

Salam Abdul  
Zehrs Markets Drug Store  
Pharmacy

### **LINDSAY**

Carolee Awde-Sadler  
Ross Memorial Hospital

Edgar Cheng  
Zellers Pharmacy

Catherine Puffer  
Pharma Plus Drugmart

### **LISTOWEL**

David Dodgson  
Shoppers Drug Mart

### **LIVELY**

Rachelle Rocha  
Drugstore Pharmacy

### **LONDON**

Delio Bartolozzi  
Pharma Plus Drugmart

Charles Bayliff  
London Health Sciences  
Centre

Milad Bosta  
Zellers Pharmacy

Wayne Chow  
Pharma Plus Drugmart

Mika Fujii  
Shoppers Drug Mart

Tram Ha  
Drug Basics Pharmacy

Nina Hanif  
Zellers Pharmacy

Asteir Hanna  
Drugstore Pharmacy

Heather Jarman  
St Joseph's Hospital

Al-Karim Ladak  
Zellers Pharmacy (Masonville)

David Ledger  
Shoppers Drug Mart

Rudolf Liem  
Pharma Plus Drugmart

Ola Moubayed El-Chabib  
Wal-Mart Pharmacy

Jason Newman  
Shoppers Drug Mart

Wedaad Price  
Zellers Pharmacy (Masonville)

Sahleslassie Redae  
Drugstore Pharmacy

Grant Taylor  
Shoppers Drug Mart

Paul Unger  
The Pharmacy

Betty Wright  
Pharma Plus Drugmart

### **MARKHAM**

Mohamed Abdelbary  
Shoppers Drug Mart

Gaurang Shah  
Drugstore Pharmacy

Lorne Shapiro  
Shoppers Drug Mart

### **MIDLAND**

Marie Miller  
Wal-Mart Pharmacy

Michael Tolmie  
Shoppers Drug Mart

### **MISSISSAUGA**

Hanan Abdel-Messih  
The Pharmacy

Akilhussein Adamjee  
Wal-Mart Pharmacy

Nadeem Ahmed  
Goreway Guardian Medical  
Pharmacy

Sophia Bajwa  
Shoppers Drug Mart

Darcy Hallett  
Shoppers Drug Mart

Susan Hicks  
Pharma Plus Drugmart

Hai Hoang  
Zellers Pharmacy

Nadzieja Horoszczak  
Pharma Plus Drugmart

**"My preceptor is an excellent teacher and pharmacist and frankly I can find little room for improvement." – Student/Intern**

Charlene Houshmand  
The Pharmacy

Kevin Huang  
Shoppers Drug Mart

Farah Jamani  
The Pharmacy

Christine Kamel  
Pharma Plus Drugmart

Gurdeep Kithoray  
Shoppers Drug Mart

Zofia Kruk  
Drugstore Pharmacy

Ida Lenart  
Calea

Geeta Liladhar  
Shoppers Drug Mart

Michael Maeumbaed  
Shoppers Drug Mart

Oanh Mainprize  
Shoppers Drug Mart

Rick Mak  
Zellers Pharmacy

Michelle Moslim  
Shoppers Drug Mart

Vandana Nathwani  
Mavis Pharmacy

Fanika Nikiforovski  
Drugstore Pharmacy

Emad Nossier  
Erindale Medical Pharmacy

Hitesh Pandya  
Shoppers Drug Mart

Ashokkumar Patel  
Drugstore Pharmacy

Smita Patil  
Pharma Plus Drugmart

Bow Quan  
Pharma Plus Drugmart

Ron Reddy  
Shoppers Drug Mart

Jessy Samuel  
The Trillium Health Centre

Arti Shanghavi  
Drugstore Pharmacy

Carolyn Siau  
Sobeys Pharmacy

Lian Sun  
Pharma Plus Drugmart

Nadia Sutcliffe  
Pharma Plus Drugmart

Jayesh Tailor  
Shoppers Drug Mart

Man Tong  
The Credit Valley Hospital

Kausar Wasim  
Good Luck Pharmacy

Emad Youssef  
Twain Pharmacy

**NAPANEE**

Jura Smith  
Gray's Ida Drug Store

**NEPEAN**

Sanjeev Adukia  
Drugstore Pharmacy

John Dwyer  
Pharma Plus Drugmart

May Salah  
Drugstore Pharmacy

Graham Stebbings  
Greenbank Drug Mart

**NEWMARKET**

Ida Schneider  
Zellers Pharmacy

**NIAGARA FALLS**

Ashraf Boulus  
The Pharmacy

Ihab Rezkalla  
Zehrs Markets Drugstore  
Pharmacy

Thomas Saddler  
Shoppers Drug Mart

Magdy Saleeb  
Wal-Mart Pharmacy

Barbara Trojanowska  
Zehrs Markets Drugstore  
Pharmacy

**NORTH BAY**

Maria Sermona  
Drugstore Pharmacy

**NORTH YORK**

Dakshesh Amin  
York Gate Ida Drug Mart

Hala Demian  
Main Drug Mart

Bahaa Mehany  
Main Drug Mart

Hung Ng  
Zellers Pharmacy

**OAKVILLE**

Irene Asad  
St. Mark's Pharmacy

Andrew Hui  
Shoppers Drug Mart

Catherine MacDonald  
The Pharmacy

Kamal Powar  
Halton Healthcare Services

Aleksandra Wright  
Pharma Plus Drugmart

**ORANGEVILLE**

Siddique Malik  
Wal-Mart Pharmacy

**ORILLIA**

Mary Fors  
Orillia Rexall Drug Store

Karim Mirshahi  
Wal-Mart Pharmacy

Yash Vashishta  
Zehrs Drug Store Pharmacy

Anne Wray  
Zehrs Drug Store Pharmacy

**ORLEANS**

Yasmin Damji  
Pharma Plus Drugmart

Jacqueline MacInnis  
Shoppers Drug Mart

Cherif Riad  
Wal-Mart Pharmacy

**OSHAWA**

Ahmad Abdullah  
Wal-Mart Pharmacy

Lily Canete  
Zellers Pharmacy

Norman Lexovsky  
Shoppers Drug Mart

Mona Mikhael  
Zellers Pharmacy

Leaggy Mwanza  
Drugstore Pharmacy

Reshma Rathod  
Lakeridge Health Oshawa

**OTTAWA**

Pedro Barreiro  
Shoppers Drug Mart

Louis Chan  
Pharma Plus Drugmart

Celine Corman  
The Ottawa Hospital

Lori Danyliw  
Zellers Pharmacy

Marie Dionne  
Shoppers Drug Mart

Nahed El-Hawary  
Ottawa Medical Pharmacy

Samuel Fleming  
Bayshore Pharmacy Limited

Nabil Hanna  
Shoppers Drug Mart

Khadim Hussain  
Shoppers Drug Mart

Valerie MacLaughlin  
Pharma Plus Drugmart

May Salah  
Drugstore Pharmacy

Luc Simard  
Sco Hospital

"The internship provides the pharmacy with the opportunity to develop because of the new ideas learned from interns." - Preceptor

Joseph Thibault  
Shoppers Drug Mart

### **OWEN SOUND**

Martin Keeping  
Zehrs Markets Drug Store  
Pharmacy

Daniel Martel  
Shoppers Drug Mart

### **PARIS**

Joanne Couch  
Sobeys Pharmacy

### **PETERBOROUGH**

Shafina Charania  
The Medicine Shoppe

### **PICKERING**

Patricia Allen Crook  
Pharma Plus Drugmart

Fareeaa Mohammed  
Pharma Plus Drugmart

### **PORT PERRY**

Elizabeth Mathews  
Shoppers Drug Mart

### **REXDALE**

Wafaa Boshara  
John Garland Pharmacy

Hina Marsonia  
William Osler Health Centre

Adel Tadros  
Austin Albion Pharmacy

### **RICHMOND HILL**

Oluwatoyin Banjoko  
Zellers Pharmacy

Erik Botines  
Shoppers Drug Mart

Rania El Zoghbi  
Cims Drug Mart

Gurmell Gill  
York Central Hospital

Beverley Herczegh  
Pharma Plus Drugmart

Dorota Krezlewicz  
Drugstore Pharmacy

Caresse Lam  
Drugstore Pharmacy

Sabrina Lam  
The Pharmacy

Simon Lau  
Drugstore Pharmacy

Ehab Mekhail  
The Medicine Shoppe

Renu Pathak  
York Central Hospital

Vicky Wong  
Shoppers Drug Mart

Kai Wong  
Meditrust Pharmacy

Kit Yim  
York Central Hospital

### **SARNIA**

Susan Allen  
Phillips Rexall Drug Store

Mahesh Juthani  
Zellers Pharmacy

Robert Schell  
Wal-Mart Pharmacy

Peter Semchism  
Zellers Pharmacy

Alana Szafron  
Wal-Mart Pharmacy

### **SAULT STE MARIE**

Lou Blahey  
Drugstore Pharmacy

Kim Fleury  
Plummer Memorial Public  
Hospital

Jamie Greco  
Medical Center Pharmacy

Maria Paluzzi  
Plummer Memorial Public  
Hospital

### **SCARBOROUGH**

Amgad Abdel Sayed  
Drug Basics

Adel Abdelmalek  
Main Drug Mart

Fouzia Akhtar  
Shoppers Drug Mart

Moe Amro  
Shoppers Drug Mart

Amir Attalla  
Zellers Pharmacy

Paul Au  
The Pharmacy

Chi Chak  
Bay Pharmacy

Eddy Chan  
Pharma Plus Drugmart

Elizabeth Chau  
Drugstore Pharmacy

Jelena Djuka  
Drugstore Pharmacy

Mamdouh Farag  
Danforth Pharmacy

Kevin Im  
Wal-Mart Pharmacy

Jerry Ip  
Shoppers Drug Mart

Meenaz Jaffer  
Drug Basics

Minaaz Kara  
Pharmasave

Archie Kwan  
The Scarborough Hospital

Harvey Leopold  
Pharmasave

Angela Mak  
Pharma Plus Drugmart

Joanna Man  
Bay Pharmacy

Rajeshkumar Mehta  
Zellers Pharmacy

Botros Meikhail  
Danforth Pharmacy

Jugana Milosevic  
Wal-Mart Pharmacy

Chimanlal Mistry  
Mornelle Drug Mart

Chi-Wai Ng  
Zellers Pharmacy

Oluremi Ojo  
Guardian Corporate Pharmacy

Vijesh Parekh  
Wal-Mart Pharmacy

Michael Proussalidis  
T & L Discount Pharmacy

Nashaat Ramzy  
Sheppard Warden Pharmacy

Huda Sherif  
The Pharmacy

Karen Tam  
The Scarborough Hospital

Thi Tran  
The Pharmacy

Michael Wong  
Pharma Plus Drugmart

### **SIMCOE**

Helen Jonker  
Pharmasave

### **ST CATHARINES**

Spring Confiant  
Shoppers Drug Mart

Dennis Martin  
Shoppers Drug Mart

Steven Moss  
Wal-Mart Pharmacy

Moez Saju  
Zellers Pharmacy

Monica-Ursula Stradinger  
Zehrs Markets Drug Store  
Pharmacy

### **ST CLAIR BEACH**

Mojisola Gbadamosi  
Zehrs Markets Drugstore  
Pharmacy

**"Gave me support throughout my rotation giving feedback and responding to my concerns.  
Encouraged me to strive for competency." – Student/Intern**

**ST THOMAS**

Ronald Elliott  
Shoppers Drug Mart

Francis Osih  
Zellers Pharmacy

Peter Yurek  
Yurek Pharmacy Limited

**STITTSVILLE**

Munaza Wasey  
Drugstore Pharmacy

**STONEY CREEK**

Lisa Carvalho  
Drugstore Pharmacy

**STOUFFVILLE**

David Jemmett  
The Pharmacy

**STRATFORD**

Lisa Craig  
Drug Basics Pharmacy

George Jansen  
Zehrs Markets Drug Store  
Pharmacy

**SUDBURY**

Frances Brisebois  
Sudbury Regional Hospital

James Delsaut  
Drugstore Pharmacy

Glen McDonald  
Pharma Plus Drugmart

**THORNHILL**

Gina Chiang  
Pharma Plus Drugmart

Samiha Greiss  
Royal Drug Mart

Maged Hanna  
3m Drug Mart

Bernard Katz  
Hy & Zels Drug Warehouse

Samir Patel  
Shoppers Drug Mart

**THUNDER BAY**

Gerald Friesen  
Shoppers Drug Mart

Vinay Kapoor  
Shoppers Drug Mart

Vuokko Koski-Harja  
Shoppers Drug Mart

Wayne Shier  
Safeway Pharmacy

**TILLSONBURG**

Mohammad Zafar  
Zehrs Markets Drugstore  
Pharmacy

**TIMMINS**

Natalie Roy  
Timmings And District Hospital

**TORONTO**

Amgad Abdel Sayed  
White's Pharmacy

Hojabr Abdolmaleki  
New Era Pharmacy

Rita Al-Shaikh  
Medical Centre Rexall Phar-  
macy

Marilyn Bacher  
Ambulatory Patient Pharmacy

Antonetta Bailie  
Mount Sinai Hospital

Edwin Barrera Liza  
Drugstore Pharmacy

Meena Bedi  
Shoppers Drug Mart

Joy Bedrosyan  
Main Drug Mart

Cherry Brittain  
Shoppers Drug Mart

Thomas Brown  
Sunnybrook & Womens  
College H.S.C.

Lisa Burry  
Mount Sinai Hospital

Jennifer Chafe  
Dales Pharmacy

Christina Cheung  
The Toronto General Hospital

Michael Cheung  
Shoppers Drug Mart

Mirjana Chionglo  
The Hospital For Sick Children

Joon Chong  
Danforth Medical Arts Pharmacy

Barbara Coulston  
Toronto Rehab. Institute

John Del Core  
Shoppers Drug Mart

Jeffrey Doi  
The Toronto General Hospital

Speros Dorovenis  
Shoppers Drug Mart

Jackline Elsobky  
Bathurst-Bloor IDA Drug Mart

Olavo Fernandes  
The Toronto General Hospital

Lisa Forster  
St Michael's Hospital

Ronald Fung  
The Princess Margaret  
Hospital

Evangelia Giotis  
Regional Cancer Centre

Dianne Grise  
Drugstore Pharmacy

Karen Groyeski  
Pharma Plus Drugmart

Mourad Guerguis  
Main Drug Mart

Tasneen Haji  
Pharma Plus Drugmart

Henry Halapy  
St Michael's Hospital

Theofanis Halkusis  
Pape Drug Mart

Brian Hardy  
Sunnybrook & Women's  
College

Stacie Harley  
Mount Sinai Hospital

Ann Hirst  
Drugstore Pharmacy

Rayburn Ho  
Shoppers Drug Mart

Roxanne Hook  
Pharma Plus Drugmart

Raouf Ibrahim  
Main Drug Mart

Dipen Kalaria  
Pharmacy.Ca

Emad Khalil  
St. George Pharmacy

Alaric Kimson  
Wal-Mart Pharmacy

Sladjana Kojovic  
Lakeshore Rexall Drug Store

Ulana Kopystansky  
Swansea Village Pharmasave

Jennifer Lake  
Toronto East General &  
Orthopedic Hospital

Chung Lee  
Pharma Plus Drugmart

Lorna Lee  
Pharma Plus Drugmart

Roy Lee  
The Princess Margaret  
Hospital

Amit Lekhi  
Shoppers Drug Mart

Chin-Ku Lin  
Zellers Pharmacy

Hsien-Chin Lin  
Zellers Pharmacy

Anne Longo  
The Hospital For Sick Children

Elizabeth Lytwyn-Nobili  
Shoppers Drug Mart

Kaye Mekawi  
Zellers Pharmacy

Hanna Michalska  
The Princess Margaret  
Hospital

**"Every new intern that successfully completes internship and becomes a good pharmacist is beneficial for me as a preceptor." - Preceptor**

Elena Mikhaelian  
Shoppers Drug Mart

Medhat Nakhla  
Christie Pharmacy

Novka Nastic-Garic  
Pharma Plus Drugmart

Maria Nenadovich  
Shoppers Drug Mart

Lesley Neves-Azevedo  
College Medical Pharmacy

Dung Nguyen  
Shoppers Drug Mart

Rosaria Oshinowo  
Pharma Plus Drugmart

Mohamed Osman  
Zellers Pharmacy

Jeffrey Petten  
Prescription Care Centre

Phoebe Quek  
Ambulatory Patient Pharmacy

Feryal Ramzi  
The Drugstore Pharmacy

Abraam Rofael  
Zellers Pharmacy

Nahla Saad  
Briarhill Pharmacy

Irina Sagaidak  
Shoppers Drug Mart

Parmanand Singh  
Shoppers Drug Mart

Janet Sio  
The Riverdale Hospital

Safwat Sourial  
Shoppers Drug Mart

Vanessa Tan-Habib  
Drugstore Pharmacy

Pablo Tiscornia  
Pharma Plus Drugmart

Elaine Tom  
St Michael's Hospital

Tai Tran  
Shoppers Drug Mart

Jefter Vandenburg  
Shoppers Drug Mart

Judith Vepy  
Baycrest Hospital

Paula Wagner  
The Princess Margaret  
Hospital

Janet Weber  
Pharma Plus Drugmart

Ossama William  
Main Drug Mart

May Wong  
Novack's Rexall Drug Store

Kai Wong  
Pharma Plus Drugmart

Garrick Wong  
The Toronto General Hospital

Kamal Yeganegi  
Zellers Pharmacy

Selina Ying  
Thornccliffe Pharmacy

Linda Yip  
Shoppers Drug Mart

Agnes Young Hong  
Pharma Plus Drugmart

Suet-mui Yuen  
The Pharmacy

#### **UXBRIDGE**

Sharon Capstick  
Wal-Mart Pharmacy

Gary Smith  
Zehrs Markets Drug Store  
Pharmacy

John Vanderlee  
Shoppers Drug Mart

#### **VAUGHAN**

Pirasteh Adab  
Drugstore Pharmacy

Nineta Anghelache  
Sobeys Pharmacy

Pante-A Lahiji  
Drugstore Pharmacy

#### **WATERLOO**

Maria Horner  
Shoppers Drug Mart

Nazira Jindani  
Sobeys Pharmacy

Olga Kovac  
Zehrs Markets Drug Store  
Pharmacy

Mukesh Kshatri  
Pharma Plus Drugmart

Dragana Nedeljkovic  
Shoppers Drug Mart

#### **WESTON**

Wai Lee  
Humber River Regional  
Hospital

Byung Sull  
Main Drug Mart

Anna Valela  
Islington Rexall Drug Store

#### **WHEATLEY**

Michael Untch  
Adamson Guardian Pharmacy

#### **WILLOWDALE**

Jasvinder Buttoo  
Shoppers Drug Mart

Rizwan Champsi  
Shoppers Drug Mart

Esther Green  
Shoppers Drug Mart

Akeel Jaffer  
Shoppers Drug Mart

Mabel Pau  
Drug Basics Pharmacy

Shohreh Torabi  
Metro Pharmacy

#### **WINDSOR**

David Babineau  
Shoppers Drug Mart

Pauline Bloch  
Shoppers Drug Mart

Cathie Bunt  
Hotel-Dieu Grace Hospital

Sun Chan  
Riverside Medical Pharmacy

Charlene Haluk-McMahon  
Hotel-Dieu Grace Hospital

Michael Hunter  
Hunter's Pharmacy

Joseph Liang  
Zellers Pharmacy

Margaret McNamara  
Eastown Medical Pharmacy  
Limited

Alessandro Nardone  
Shoppers Drug Mart

Paola Reynolds  
Windsor Regional Cancer  
Centre

Cristina Thomas  
Wal-Mart Pharmacy

Bassam Zayat  
Zehrs Markets Drugstore  
Pharmacy

#### **WOODBIDGE**

Jae-Soon Kim  
The Pharmacy

Caterina Mazza  
Pharma Plus Drugmart

Meena Zala  
Shoppers Drug Mart

#### **WOODSTOCK**

Elizabeth Silverthorne  
Shoppers Drug Mart

**"I learned from my preceptor how to be confident and independent, especially in my decisions using professional judgment." – Student/Intern**

"Have Your Say" is a forum intended to inform and stimulate debate among health professionals and other stakeholders. Submissions can be directed to the Editor. The opinions expressed are those of the author(s) and not necessarily representative of a position or politics of the College.

# Documenting Schedule II Codeine Sales is Essential

Tanya Gascoigne, R.Ph.,B.Sc.Pharm.

There are several reasons why codeine-containing products, such as Tylenol® #1 have been classified as a Schedule II product. Not only is it a medication that has potential for abuse, but it is a drug that patients may self-medicate with when a visit to their physician is the best course of action. The decision to sell Tylenol® #1 must be made by the pharmacist. How can a pharmacist identify patients who are not safely using Schedule II codeine products? Better yet, how can the pharmacist identify "at risk individuals" without alienating patients who use these products appropriately?

At Dell Pharmacy in Dunnville we developed a program based on the *Standards of Practice* to solve this dilemma. The pharmacy team agreed that three areas should be focused on:

1. Education
2. Documentation
3. Consistency

To address the first issue education materials were developed. Each patient is provided with a handout that includes an advisory on the appropriate use of codeine-containing products stapled to the patient

counselling printout on Tylenol® #1 or 222®, generated by our pharmacy software program. Pamphlets on migraine, medication-induced headaches and arthritis are available for the pharmacist to supplement counselling. Several copies of these materials have been placed near the Schedule II codeine products and are therefore easily accessed by both technicians and pharmacists.

The pharmacy team agreed that documenting all sales of codeine-containing products on the patient's profile is the most effective and retrievable monitoring record. The patient's profile is quickly accessed, enables the pharmacist to check for potential drug interactions with any prescription medications and has a consultation section where details regarding the interaction, such as "stop sale – patient referred to their MD" can be added. (You may need to investigate into what type of documentation or consultation method is available with your pharmacy software.) Our program enables a consultation folder to be created labelled Tylenol® #1. A list of DIN numbers for the codeine-containing products is attached to the computer monitor for quick reference when creating these folders for patients. The pharmacist simply opens the folder and adds the purchase date, thereby creating a complete history of sales.

The key to the success of the program is that each pharmacy team member must consistently implement the program on all sales of Schedule II codeine products. Therefore, no individual customer will feel singled out


and every customer will receive information on the appropriate use of codeine. The following procedure was adopted:

- Patient Requests Tylenol® #1 from technician
- Technician educates the patient that the pharmacist must sell codeine-containing products
- Technician explains that all sales are documented and obtains the patient's name and address. Technician ensures the patient that the pharmacist will be with them shortly
- Technician accesses the patient profile and any consultation notes regarding prior sales
- Pharmacist reviews history of prior sales to determine if usage is appropriate
- Pharmacist reviews medication profile of potential duplicate therapy or drug interactions
- Pharmacist discusses appropriate use of Tylenol® #1 (indication, directions, side effects, duration of use, etc.) and provides patient with education handout
- Pharmacist documents in consultation folder: date, quantity sold, reason for use, whether or not referral to MD was made, referred patient to purchase product at their regular pharmacy, and if necessary, stop sale alert

Although the above procedure seems labour intensive, involving the technician saves much time. With experience, the sale of codeine-containing products fits into your daily workflow similar to OTC recommendations and translating physician's verbal prescriptions.

It has been approximately one year since we implemented this program in our pharmacy. We feel this program not only prevents the overuse of codeine-containing products within our pharmacy but also ensures patients seek medical attention if deemed necessary by the pharmacist. On one occasion a woman requested Tylenol® #1 for her husband's calf pain. After further questioning, the pharmacist discovered that the woman's husband recently had his knee replaced. Concerned that the patient may have a DVT, the pharmacist refused the sale of Tylenol® #1 and referred the patient to the ER. The following day, the woman returned to the pharmacy with a prescription for warfarin for her husband as he was diagnosed with DVT.

On a daily basis, not every Tylenol® #1 sale interaction will result in a potentially life-saving intervention. Routinely, however, the pharmacist educates patients on the availability of preventative therapy for migraines, the risk of medication-induced headache, or the potential for liver damage with high doses of acetaminophen.

As pharmacists, it is our responsibility to ensure the appropriate sale of Schedule II codeine-containing products. By sharing how we ensure this within our pharmacy we hope we can help others implement a similar program in their pharmacy. If you have any questions that we can assist you with, please contact Tanya Gascoigne or Joanne Berdan at [dellundunville.gdn@dt.pharmassist.ca](mailto:dellundunville.gdn@dt.pharmassist.ca). 

## NOTICE TO PHARMACISTS

Dear Sir/Mesdames:

### **Re: Deaths out of hospital in association with the use of patient controlled analgesia pumps**

Our office recently investigated the death of a woman who was receiving both hydromorphone and fentanyl for the management of a chronic pain problem. It is our understanding that there has been an increase in the use of patient controlled analgesia (PCA) in the out-of-hospital setting.

In the main, PCA is delivered through the use of an electronic infusion pump, and the pump used most commonly employs a cassette system to contain the intravenous medication bag. In the case in question, it appears that the patient had two PCA pumps, one delivering fentanyl, and the other, morphine. She somehow confused the cassettes and inadvertently received a large dose of hydromorphone resulting in her death. At the time, the only identification affixed to the cassettes was a standard pharmacy label. There was no colour difference between the cassettes. Since her death, the pharmacy has on its own initiative taken steps to introduce colour coding, as well as, text labelling to enhance visual differentiation of the cassettes.

This situation was somewhat unusual in that the patient was managing the pump independently and appears to have had access to programming codes for the pump. While these may be appropriate in selective cases, it is important that the CCAC personnel are aware of the potential for serious harm that might exist in such a situation.

Finally, our information is that primary care physicians, who may not have extensive experience or training with these devices, are among the group of physicians who are prescribing PCA pump analgesics. There may be a false sense of security because an automated pump is used.

Based on the foregoing, we recommend that College and the CCACs take the following steps:

1. Pharmacies which prepare PCA analgesics should take appropriate steps to colour code and text-identify medication bags and cassettes which are used in these pumps
2. CCAC staff should be reminded of the need to be aware of the risk imposed by patient manipulation of their PCA pump system and of the potential for the confusion between highly potent narcotics. Close supervision is necessary.
3. Physicians who prescribe PCA pumps should have appropriate training and experience. Generally, a physician involved in such programs should have significant ongoing experience in the management of chronic pain.

Barry A. McLellan, M.D., FRCPC  
Chief Coroner for Ontario

Office of the Chief Coroner  
26 Grenville Street  
Toronto M7A 2G9

# C E E V E N T S

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

## **Feb 3-5: Toronto**

### **Better Breathing 2005**

#### **Ontario Respiratory Care Society**

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

## **Feb 5-9: Toronto**

### **Professional Practice Conference (PPC), Canadian Society of Hospital Pharmacists**

Desarae Davidson  
tel (613) 736-9733 x 229  
[www.cshp.ca](http://www.cshp.ca)

## **Feb 8: Aurora/King City**

### **Update on Atopic Dermatitis, York North Pharmacists' Association and Fujisawa**

Janet Shore  
tel (905) 853-0855  
fax (905) 853-0571  
jshore@pathcom.com

## **Feb 19: Ottawa**

### **Update/Mise a Jour 2005, Ottawa Valley Regional Drug Information Service (OVRDIS)**

tel (613) 737-8347 or  
1-800-267-4707

## **March 5-6: Toronto**

### **23rd Annual Pharmacy Technician Conference, Humber College**

Cindy Abela  
tel (416) 675-6622 x 4020  
fax (416) 675-0135  
cindy.abela@humber.ca  
[www.palliativecare.humber.ca](http://www.palliativecare.humber.ca)

## **March 11-13 & May 6-8: Toronto**

### **Certified Geriatric Pharmacist Preparation Course, Ontario**

## **Pharmacists' Association**

Sandra Winkelbauer  
tel (416) 441-0788 x 4235  
fax (416) 441-0791  
swinkelbauer@opatoday.com  
[www.opatoday.com](http://www.opatoday.com)

## **April 3-5: Toronto**

### **15th Annual Provincial Conference on Palliative and End-of-Life Care Humber College**

Cindy Abela  
tel (416) 675-6622 x 4020  
fax (416) 675-0135  
cindy.abela@humber.ca  
[www.palliativecare.humber.ca](http://www.palliativecare.humber.ca)

## **April 8: Toronto**

### **Diabetes Update 2005: Combination Therapies in the Management of Diabetes, Office of Continuing Education, Faculty of Medicine, University of Toronto**

tel (416) 978-2719 or  
1-888-512-8173  
fax (416) 971-2200  
ce.med@utoronto.ca  
[www.cme.utoronto.ca](http://www.cme.utoronto.ca)

## **April 10: Toronto**

### **Oncology for Community Pharmacists, Ontario Pharmacists' Association**

Sandra Winkelbauer  
tel (416) 441-0-788 x 4235  
fax (416) 441-0791  
swinkelbauer@opatoday.com  
[www.opatoday.com](http://www.opatoday.com)

## **April 15-16: Kingston**

### **6th Annual Options for Diabetes Conference**

Margaret Little  
tel (613) 547-3438

hartwork@kingston.net or  
Joan Ferguson  
tel (416) 239-0551

## **May 13-15: Mississauga OPA Conference**

Sandra Winkelbauer  
tel (416) 441-0788 x 4235  
swinkelbauer@opatoday.com  
[www.opatoday.com](http://www.opatoday.com)

## **Canada**

## **March 4-6: Banff AB**

### **31st Annual Banff Seminar, Canadian Society of Hospital Pharmacists, Western Branches**

Christine Morris  
christine.morris@calgaryhealthregion.ca

## **May 28-31, 2005**

### **Annual Conference 2005 Canadian Pharmacists Association**

Québec City Convention Centre,  
Québec  
On-line Registration at:  
[www.pharmacists.ca](http://www.pharmacists.ca)  
email: [meetings@pharmacists.ca](mailto:meetings@pharmacists.ca)

## **June 26: Saskatoon SK**

### **Life Long Learning in Pharmacy - 6th International Conference: Practice, Academia and Industry - Building Bridges through Continuous Professional Development, International Conference on Life Long Learning in Pharmacy** [www.LLLP.usask.ca](http://www.LLLP.usask.ca)

**Pharmacy Golf Classic**

The first annual Pharmacy Golf Classic was held last August at Angus Glen Golf Club. Just over \$44,000 was raised through proceeds from this event and consequent matching funds to benefit the F. Norman Hughes Award for undergraduate students and a new award for graduate students in the Department of Pharmaceutical Sciences.

We expect this year's event to be a sellout. Mark your calendar now to join us on Tuesday, August 23, 2005!



**Farewell from the College**

**Stephanie Edwards**

After 17 years with the College, Stephanie has left for new directions. Stephanie initially held the position of Drug Information Pharmacist until the drug information service was divested in the mid-1990s. Stephanie then moved into the Registration Department as the Structured Practical Training Coordinator.

**Celia Powell**

After 15 years with the College, Celia, who has been working in the Continuing Education/Pharmacy Technician programs alongside Bernie DesRoches, has decided to move on to new challenges.

The staff at the College would like to wish both Stephanie and Celia all the best in their respective endeavours.


**Welcome to the College**

**Raymond Kuryliw** joined us this past summer as a pharmacy inspector. Ray resides in Ottawa and handles pharmacy inspections in the Eastern Ontario region. Ray has been a pharmacist for over 20 years in a variety of settings. He has coordinated a pharmacy technician program in Winnipeg as well as travelled to Tokyo to teach pharmaceutical English.

**Deanna Yee** joined the College last summer to take on contract work in the Registration Programs area. In November, she joined us on a permanent, part-time basis as a registration advisor. Deanna has been a pharmacist since 1988 and received her Master of Science degree in pharmacy administration in 1994. She has an extensive background in long-term care and has been involved in committees through the Ontario Pharmacists' Association and the American Society of Consultant Pharmacists, Canadian Chapter.

**Patti Clayton** joined us in October as a Complaints Officer in the Investigations & Resolutions Program area. Patti is a certified pharmacy technician with 18 years' experience in pharmacy. Patti has worked in a number of hospitals as well as various community pharmacies. She has also been a member of the faculty at Centennial College in the Pharmacy Technician Program.

**Wendy Gaonac'h** joined us in October as a Complaints Officer. Wendy is a law clerk with 16 years' experience in the legal field. Wendy has worked as a law librarian and director of library services in a leading downtown law firm. For the past few years, Wendy has been a research case coordinator in the area of labour law.

**Roxanne Hook** recently joined the College as Registration Advisor in the Registration Programs area. A pharmacist since 1991, Roxanne has worked in a variety of pharmacy settings. She is currently enrolled in the M.Ed. program at the Ontario Institute for Studies in Education. Roxanne is well known to the staff at the College, as she has been involved in a number of working groups and has served as an SPT preceptor. She has also been very active with the Pharmacy Examining Board of Canada. Roxanne has facilitated workshops with the OPA and for the OCP, and has been a guest speaker at many pharmacy-related functions. 

# O C P M A N U A L - February 2005

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

<p>Drug and Pharmacies Regulation Act (DPRA) * Amended 2004 Regulations to the DPRA: DPRA R.R.O. 1990, Regulation 545 – Child Resistant Packages DPRA R.R.O. 1990, Regulation 547 Amended to O.Reg. 548/93 – Dentistry DPRA Ontario Regulation 297/96 Amended to O.Reg. 180/99 – General DPRA R.R.O. 1990, Regulation 551 Amended to O.Reg. 179/99 – General DPRA R.R.O. 1990, Regulation 548 Amended to O.Reg. 705/93 – Medicine DPRA R.R.O. 1990, Regulation 550 Amended to O.Reg 550/93 – Optometry</p> <p>Drug Schedules ** Summary of Laws Governing Prescription Drug Ordering, Records, Prescription Requirements and Refills - January 2001 OCP Canada's National Drug Scheduling System – July 1st, 2004 NAPRA (or later)</p> <p>Regulated Health Professions Act (RHPA) * Amended 2004 Regulations to the RHPA: Ontario Regulation 39/02 -Certificates of Authorization Ontario Regulation 107/96 – Controlled Acts Amended to O.Reg. 296/04 Ontario Regulation 59/94 – Funding for Therapy or Counseling for Patients Sexually Abused by Members</p> <p>Pharmacy Act (PA) &amp; Regulations * Amended 1998 Regulations to the PA: Ontario Regulation 202/94 Amended to O.Reg. 270/04 – General Ontario Regulation 681/93 Amended to O.Reg. 122/97 – Professional Misconduct</p> <p>Standards of Practice ▲ New Standards of Practice, January 1, 2003 OCP</p> <p>Drug Interchangeability and Dispensing Fee Act (DIDFA) &amp; Regulations * Amended 2004 Regulations to the DIDFA: R.R.O. 1990 Regulation 935 Amended to O.Reg. 358/04 – General R.R.O. 1990 Regulation 936 Amended to O.Reg. 205/96 – Notice to Patients</p> <p>Ontario Drug Benefit Act (ODBA) &amp; Regulations * Amended 2004 Regulations to the ODBA: Ontario Regulation 201/96 Amended to O.Reg. 359/04 – General</p>	<p>Food and Drugs Act (FDA) &amp; Regulations ☒ Updated Health Canada Version as of Dec. 31, 2003 Amendment 1329 - Schedule F - 19 May, 2004; Registration: SOR/2004-108, Canada Gazette II</p> <p>Updated NAPRA Version as of October 25, 2000 Regulations to the Controlled Drugs and Substances Act (CDSA) ** Benzodiazepines &amp; Other Targeted Substances Regulations-Can.Gazette; updated Jan. 30, 2003 Marihuana Medical Access Regulations July 2001, NAPRA Precursor Control Regulations – Can.Gazette October 9/02; updated July 2003, NAPRA Regulations Exempting Certain Precursors and Controlled Substances from the Application of the Controlled Drugs and Substances Act; NAPRA update July 2003</p> <p>Narcotic Control Regulations ** Updated NAPRA Version as of October 25, 2000</p> <p>OCP By-Laws By-Law No. 1 – June 2004 ▲ Schedule A - Code of Ethics, May 1996 Schedule B - Conflict of Interest Guidelines for Members of Council and Committees - Oct 1994 Schedule C - Member Fees - Jan 1, 2003 Schedule D - Pharmacy Fees - Jan. 1, 2003 Schedule E – Certificate of Authorization – Jan. 2003 Schedule F - Privacy Code - Dec. 2003</p> <p>Reference ▲ Handling Dispensing Errors, Pharmacy Connection Mar/Apr 1995 Revenue Canada Customs and Excise Circular ED 207.1 Revenue Canada Customs and Excise Circular ED 207.2 District Excise Duty Offices - Oct. 10/96 Guidelines for the Pharmacists on "The Role of the Pharmacy Technician" OCP Required Reference Guide for Pharmacies in Ontario, May 2004 Structure and Function of Pharmacy in Ontario</p>
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\* Information available at **Publications Ontario** (416) 326-5300 or 1-800-668-9938  
 \*\* Information available at [www.napra.org](http://www.napra.org)  
 ☒ Information available at **Federal Publications Inc.** Ottawa: 1-888-4FEDPUB (1-888-433-3782)  
 Toronto: Tel: (416) 860-1611 • Fax: (416) 860-1608 • e-mail: [info@fedpubs.com](mailto:info@fedpubs.com)  
 ▲ Information available at [www.ocpinfo.com](http://www.ocpinfo.com)

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