

PHARMACY CONNECTION

THE ONTARIO COLLEGE OF PHARMACISTS
VOL.8 NO.3

MAY/JUNE 2001



Proposed Standards for Designated Managers

Included in this issue...

- New International Pharmacy Graduate Program
- Learning Needs Assessment 1999, 2000
- Communications Road Trip Part II

ONTARIO COLLEGE OF PHARMACISTS



Ontario College of Pharmacists
483 Huron Street
Toronto, ON Canada M5R 2R4
Telephone (416) 962-4861
Facsimile (416) 703-3100
Internet www.ocpharma.com

Sam Hirsch, B.Sc.Pharm.
President

Deanna Laws, B.Sc.Pharm.
Registrar

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

Layne Verbeek, B.A.
Associate Editor

Alice Wlosek
Distribution

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Mission Statement

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

Council Members

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

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				DFP	Wayne Hindmarsh

Frequently Accessed Extensions/Addresses

Registrar's Office	ext 243	urajdev@ocpharma.com
Deputy Registrar/Director of Programs' Office	ext 241	lseneviratne@ocpharma.com
Director of Finance and Administration's Office	ext 263	lbaker@ocpharma.com
Registration Programs	ext 250	jdsouza@ocpharma.com
Structured Practical Training Programs	ext 297	bchurch@ocpharma.com
Pharmacy Practice Programs	ext 236	ltodd@ocpharma.com
Patient Relations Programs/Legal Services	ext 272	ehelleur@ocpharma.com
Continuing Education/Pharmacy Technicians Programs	ext 251	cpowell@ocpharma.com
Communication Programs	ext 294	lverbeek@ocpharma.com

Information Processing

Registration Information	surnames A-L:	ext 228	vduczek@ocpharma.com
	surnames M-Z:	ext 232	jmckee@ocpharma.com
Pharmacy Technician Information		ext 229	pmitchell@ocpharma.com
Pharmacy Openings/Closings		ext 227	jsandhu@ocpharma.com
Pharmacy Sales/Relocation		ext 227	jsandhu@ocpharma.com
Membership		ext 237	rstarr@ocpharma.com

Pharmacy Connection

The objectives of Pharmacy Connection are to

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

We welcome original manuscripts for consideration. We publish six times a year, in January, March, May, July, September and November. Manuscripts should be received no later than 10 weeks prior to publication. If you intend to submit material, or would like a copy of the publishing requirements, please contact the Associate Editor. The Ontario College of Pharmacists reserves the right to modify contributions as editorial staff feel is appropriate.

To be published, subject matter should promote the objectives of the journal. We also invite you to share with us any suggestions for topics, or journal criticisms, etc. Letters must include the name, address and telephone number of the author for verification purposes, and may be reprinted in a Letters to the Editor column.

The opinions expressed in this publication do not necessarily represent the views or official position of the Ontario College of Pharmacists.

A Message from the Editor

Della Croteau
Deputy Registrar/
Director of Programs




As you know, designated managers make many decisions each and every day regarding both the operation of their pharmacy and the pharmacy services which they and their staff provide to the public. And while the *Drug and Pharmacies Regulation Act* clearly outlines that each pharmacy must indicate a designated manager, it does not clearly define the designated manager's role. With this in mind, the Accreditation and Professional Practice Committees, the Working Group on Standards of Practice, and finally, the College Council have debated and revised a document proposing a set of parameters that would clearly outline the duties of designated managers. This edition of *Pharmacy Connection* contains the resulting *Proposed Standards for Designated Managers*.

These *Standards* are key to ensuring that management and operation decisions made in pharmacies enable pharmacists to provide the best possible patient care. You will see that authority for carrying out the laws for the operation of a pharmacy will rest with the designated manager. Council and its committees have attempted to outline the standards clearly so that each member of the profession has the opportunity to reflect on and respond to them.

Are you the designated manager of the pharmacy in which you work? Have you been asked to be the designated manager? We believe that most designated managers are already performing most of these duties, but please read these standards carefully and let us know if you think they are reasonable. Let us know your opinion.

Some pharmacists have indicated to us that they were not aware that they had been appointed as a designated manager, nor were they aware of the responsibilities that come with this designation. As a result, the College is also reviewing its processes to ensure that any potential designated manager would need to first acknowledge that they have both understood, and agreed to accept, the responsibilities as outlined.

These *Standards* are currently in a proposed form. Now is the time for you to provide us with your feedback by either writing or e-mailing your comments and/or concerns. We look forward to your perspectives so that the College can finalize a set of standards that will support designated managers in every pharmacy and ensure that the *Standards of Practice* are met. 

A handwritten signature in blue ink that reads "Della Croteau".

Please note as Council will be held in late June,
the next issue of *Pharmacy Connection* will be
distributed two weeks later than usual.
You can expect your next issue at the end of July.

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“It’s Worth Knowing”
See the July/August Issue of *Pharmacy Connection*

A Message from the Registrar

Deanna Laws
Registrar



Spring has finally shoved winter aside in our part of the world; but as I write this message, spending a few days in the Sunshine State is a much-needed “toddy for the body” — and a good way to ward off *karoshi!* (“Death by overwork.”)

Florida is of course known for its natural beauty, and I enjoyed exploring its many beaches for seashells — along with a few million other folks. These fascinating mollusk remains are endlessly varied and have been discussed in numerous books, one excellent example being “Gift From The Sea” by Anne Morrow Lindberg. Lindberg writes about her two-week vacation at a beach house, wandering the shoreline with her sisal bag bulging from the beach’s bounty. She sees her experience there as a pattern of living; one where its simplicity brings freedom and where its wide variety of discoveries in the sand brings added richness to one’s life.


This idea also reminds me of the richness of our many pharmacy practices, where their very diversity bring further strength to our profession. It would be problematic if, as with an excess of zebra mussels, one particular form of practice were to achieve dominance, since the entire pharmacy environment could be put in harms way — and there are those who have such concerns.

The continued expansion of pharmacies in large “warehouse-club” outlets can be cited, as can the advent of “dot-com” pharmacies. In a recent business article, the former has been characterized as the “latest headache for drugstores,” along with pie charts indicating a modest future shift in market share to supermarkets and mass merchandisers from chain and independent outlets predicted through 2002. And the latter, though offering a murkier picture with much of its potential yet to be realized, is presenting new challenges to the pharmacy environment, just as other business markets are experiencing significant problems from Internet and e-commerce expansion. Nonetheless, both of these pharmacy types can and should be offering the same levels of patient care and service that are expected of all pharmacies.

Through all of this, I am reminded of three essential elements that offer perspective:

- A continuing public need and demand for personalized professional service
- The fact that patient-focused care can take place in any practice setting
- The existence of a common set of practice standards for operational regulations

The College is working to ensure that this third element is equitably applied to all pharmacies — whether they exist in a virtual world, are part of a larger premises, or made of traditional independent “bricks and mortar” pharmacy sites. These regulations may well pose awkward problems for non-traditional practice — but compliance must be achieved, regardless of the site, for full pharmacist-to-public communication to be maintained. While Internet pharmacies offer new approaches and convenience for such things as information provision and transmission of prescription authority, practitioners in these pharmacies must do these things in keeping with the rules of security, authenticity, confidentiality and drug diversion avoidance. Indeed, these principles have existed since Alexander Graham Bell created the first commercial telephone system by linking Tapscott’s Drug Store in Brantford to a Paris, Ontario doctor’s office. Modern technology has simply made these operations faster and cheaper.

Anne Morrow Lindberg points out that we cannot collect all of the shells on the beach, and this is a good thing to remember in both in our personal and professional lives. Personally, my beach strolls really cleared my head, recharged my batteries and greatly reduced my consumption of Echinacea! And in our profession, let’s ensure that practice diversity and proper technology use continue to enhance patient care and improve our ability to serve the public. 

Deanna Laws

OCP Council Report March 2001 Meeting

Council Approves New Accreditation Policies

Lock and Leave Barriers

Council approved an Accreditation Committee Report recommending a change in the current height restrictions from at least 2.5 metres to at least 2.44 metres (8 feet). In making its decision, Council considered that the previous height restriction was too specific and did not allow for reasonable flexibility. Heights of ceilings in pharmacies vary and a specific height restriction of more than 8 feet could be difficult to meet in locations with lower ceilings. Council considers that the new policy will still achieve the desired goal for inaccessibility while providing greater flexibility in meeting current building material standards that are measured in feet. This new policy will take effect immediately.

Telephone Area Code to be Mandatory Requirement on all Prescription Containers Effective January 1, 2002

Council also approved an Accreditation Committee Report recommending that telephone area codes be added as information required on all prescription containers. The *Drug and Pharmacies Regulation Act*, Section 156(3)(b) states "The container in which the drug is dispensed shall be marked with, (b) the name, address and telephone number of the pharmacy in which the prescription is dispensed."

Council agreed that it is in the public interest that accurate phone numbers, including the entire 10 digits, be clearly identified on prescription containers to prevent delays or confusion when contacting pharmacies in emergencies or to clarify prescription information. Council also considered that while the use of 10-digit numbers has become a reality in the 416 and 905 area codes, with the increasing population, popularity in use of cell phones and the advent of "megacities", the trend towards mandatory 10-digit dialling is expected to continue.

In addition to notifying members through *Pharmacy Connection*, a notice will be sent to label manufacturers as well as key pharmacy organizations

notifying them of this change. To facilitate a seamless implementation of this new policy, Council agreed to an **implementation date of January 1, 2002** so as to allow label providers to make necessary changes and to allow pharmacies to exhaust existing label stock.

New Policy Respecting Accreditation Fees

Council also approved a Report from the Accreditation Committee recommending a change in procedure relating to fees for issuance of an initial certificate of accreditation. Council further approved the introduction of new fees to allow the College to recover costs of multiple re-inspections (over and above the usual routine inspections and re-inspections) to encourage compliance with inspection orders.

With respect to new openings, Field Staff productivity is decreased and additional costs are incurred when staff attend at the appointed time to conduct an opening inspection, only to find that the pharmacy is not ready to be inspected. Council considers that a member should know whether or not their pharmacy will be ready for its opening inspection on the scheduled date, and that it is reasonable to expect a member in such an instance to notify the College in advance of inspection to prevent an unnecessary trip by Field Staff.

The second recommendation respecting charging a fee for re-inspection was approved with the view to encourage compliance with inspection reports. Currently, every pharmacy is subject to a routine inspection that may be followed by one re-inspection if necessary — either of which may require action plans to be developed and implemented. In instances where pharmacies fail to respond or comply with inspection orders, the matter is referred to the College's Triage Process to determine whether a further re-inspection is warranted; whether the matter can be concluded; or whether the matter should be referred to another Committee of the College. Council considered that approval of this Report would result in both improved compliance to inspection reports, and more appropriate use of College resources.

The approved Report will be forwarded to the College's Finance Committee along with some background information from the Accreditation Committee for consideration and recommendations with respect to fee amounts.

New Training Requirements for U.S.- Licensed Pharmacists

A Report of the Structured Practical Training Committee, recommending a 12-week SPT Internship program for all U.S.-licensed pharmacists, regardless of recent experience, was approved and will be effective July 1, 2001. Currently, U.S.-licensed pharmacists who register with OCP undergo a 12-week assessment period based either on the older traditional time program (for pharmacists with recent experience), or the new SPT Internship program (for pharmacists without recent experience). Effective July 1st, all U.S.-licensed pharmacists registering with OCP will undergo the 12-week SPT Internship period, thereby making the College's training approaches consistent and structured for all candidates.

Statement on "Refusal to Fill for Moral or Religious Reasons" Approved

Council approved a policy statement recommended by the Professional Practice Committee respecting pharmacist refusal to fill for moral or religious reasons. The Committee reviewed the model draft statement developed through NAPRA and recommended that Council approve an amended version. The new policy statement, with accompanying background information, will be printed in its entirety for members in the next issue of the journal.


Statement of Operations Approved

Council approved audited statements for College operations in 2000 as prepared by Grant Thornton Chartered Accountants.

The following Statement of Operations at December 31, 2000 reflects a surplus of revenue over expenditure, prior to depreciation, of \$123,702 as compared to an adjusted budget deficit of \$221,366. Total expenditures for the year were below budget by 2%, whereas revenue exceeded budget by 4.5%.

Site Expansion

Council unanimously approved a motion from the floor to permit the President and staff to negotiate the purchase of additional office space, in the vicinity of our current offices, to accommodate growth in College operations.

Over the past several years, in response to a need for more space, the Finance and Executive Committees have been studying the alternatives for expansion of office space. Opportunities for leasing, expanding existing premises, and purchasing new or additional space have been explored. Early this year, the two committees agreed that the current building at 483 Huron Street represents more than just real estate and has intangible value as a symbol for the profession of pharmacy in this province. Accordingly, the College sought to find opportunities for securing additional office space in the immediate area as to minimize any inefficiency that may result from operating a satellite location. In order to maximize our negotiating position as we proceed with purchase offers, Council agreed to hold open the current council meeting and reconvene on short notice to ratify any offer that may be reached. 

Statement of Operations

<i>Year ended December 31, 2000</i>	<u>Budget</u> <i>(Unaudited)</i>	<u>Actual</u>
Revenue:		
Pharmacist Fees	\$ 3,485,125	\$ 3,592,701
Pharmacy Fees	1,288,888	1,324,001
Registration fees and income	173,400	223,895
Sundry	169,000	156,599
Investment	<u>180,000</u>	<u>237,391</u>
	<u>5,296,413</u>	<u>5,534,587</u>
Expenditure (Schedule)		
Council and committee expenses	1,312,000	1,273,664
College and administration costs	4,013,779	3,970,453
Property	160,900	141,530
Niagara Apothecary, net	<u>31,100</u>	<u>25,238</u>
	<u>5,517,779</u>	<u>5,410,885</u>
Excess of revenue over expenditure		
From operations, before depreciation	(221,366)	123,702
Depreciation expenses for the year	<u>—</u>	<u>331,440</u>
Excess of expenditure over revenue	<u>\$ (221,366)</u>	<u>\$ (207,738)</u>

Proposed Standards for Designated Managers



Marie Ogilvie, B.Sc.Pharm.

Chair, Accreditation Committee

As Chair of the Accreditation Committee, I would like to present you with the *Proposed Standards for Designated Managers*. Over the last few months, the Accreditation Committee worked with the goal to develop a set of standards that will not only ensure public protection but also ensure pharmacists who agree to take on the role of designated manager understand and appreciate their responsibilities.

As you know, pharmacy, pharmacy practice and the role of the pharmacist have changed significantly over the past few years, and it is now necessary that the designated manager's roles and responsibilities be



changed to keep abreast of professional standards that are being developed in other areas.

Similar to the process used prior to the adoption of

the *Standards of Practice*, the College is publishing the *Proposed Standards for Designated Managers* for your review and comment prior to our planned implementation date of January 1, 2002. Meetings with pharmacy organizations will be scheduled later this year to discuss these proposed *Standards*, and the Accreditation Committee will also be considering methods to ensure that owners and designated managers have read and understood these responsibilities.

Council thoroughly debated these proposed *Standards* and has decided to now put the document forward to you for review and comment. Some areas of the *Standards* that were debated at Council included the: proposed responsibilities for advertising; narcotic accountability; and staff training for specialty services.

These proposed *Standards* need your feedback. While we expect these to reflect current designated managers' practices, we do need your feedback to ensure that these *Standards* are relevant and ultimately "do-able". Please provide us with your comments by letter or e-mail before **July 31, 2001**.

PROPOSED STANDARDS FOR A DESIGNATED MANAGER – Preamble

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

For purposes of this document the definition of a "designated manager" is a pharmacist licensed in Part A of the Register who is designated by the proprietor of the pharmacy to be responsible for the operation of the pharmacy and have authority over decisions affecting the operation of the pharmacy. The designated manager must actively and effectively participate in the day-to-day management of the pharmacy.

The DPRA identifies designated managers, but fails to clearly define his/her responsibilities.

Standards for a Designated Manager was developed to support the *Standards of Practice* (OCP, 2001) and clarify the expectations with respect to the role and responsibilities of a designated manager.

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

¹ DPRA, Section 146, 166, DPRA, Reg. 551, Section 75

Accredited Premises

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

Record Keeping

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

Professional Supervision of a Pharmacy

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

Process and Procedures

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

Reporting

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

Training and Orientation

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

New International Pharmacy Graduate Program



Faculty and OCP Awarded Three-Year Grant to Develop a New International Pharmacy Graduate Program

In recent years pharmacy practice in North America has undergone significant changes as a result of the evolution to patient-focused care. The core competencies requisite to this new model of practice have been defined at the entry-to-practice level through a document developed by NAPRA and adopted by faculties of pharmacy and pharmacy regulators across Canada.

Canada has been fortunate to be the destination of choice for many international pharmacy graduates — those who have received their pharmacy education and training outside Canada or the United States. These skilled professionals arrive in Canada with a myriad of cultural, linguistic, scientific, and health care backgrounds, but with a common desire to become members of our profession in Ontario. However, until now, there had been no structured orientation or bridging program to facilitate their integration into the Canadian workplace; nor were there any supports in place to assist them in successfully meeting provincial licensure requirements.

Early Programs

In 1996, the College conducted pilot structured practical training programs for international pharmacy graduates. OCP received feedback from the participating international pharmacy graduate students indicating that while they had received excellent opportunities from working with trained preceptors, many found that they were not well prepared for this experience. Furthermore, participants identified a number of gaps in knowledge and skills needed for successful practice in Canada. Some of the issues they highlighted were: the health care system in Canada; communication and

patient counselling skills; drugs and diseases common to Canadian practice; the pharmaceutical care process and laws; and standards and ethics of Canadian practice.

It became clear after this pilot that more intensive educational measures were necessary for international pharmacy graduates. In 1999, College Council approved a fund of \$150,000 per year, over three years, to develop educational programs at the Faculty of Pharmacy, University of Toronto, with the goal to meet the needs of international pharmacy graduates entering Canadian practice.

To address these needs, a bridging program was piloted between 1999 and 2000. The pilot consisted of an introduction to pharmacy practice in Ontario, as well as workplace expectations and job readiness skills. This was a collaborative project between OCP, the Faculty, the Access to Professions and Trades Unit of the Ministry of Training, Colleges and Universities, and a community agency called ACCESS. This program was also the first step in the development of a *Canadian Pharmacy Skills I (CPS I)* module that is currently in place at the Faculty (see the regular “Education Modules” column in this journal).

As the College and Faculty worked towards developing a structured practical training program comprised of both course-work and practical training in a pharmacy, several areas for improvement became evident. First, although the courses are offered at the University of Toronto, many international pharmacy graduates live far outside of the Greater Toronto area. Second, many international pharmacy graduates are isolated from the profession in their community and often are unaware of what information resources exist to assist them in making career decisions. Third, the



IPG GROUP:

(left to right) Zubin Austin, Professor of Pharmacy; Wayne Hindmarsh, Dean, Faculty of Pharmacy; Della Croteau, Deputy Registrar; Sam Hirsch, OCP President; Tessa Armstrong, Ministry of Training, Colleges and Universities

absence of customized education and training resources for international pharmacy graduates fails to address the unique needs of each individual.

Ontario Government Seeks Bridging Programs for Various Professions

In May 2000, the Ontario government announced its intention to support the development of such bridging programs as a way of meeting critical shortages of skilled professionals among various professions in Ontario. Groups interested in developing programs to facilitate licensure of foreign-trained professionals were invited to submit proposals outlining a “best practices model” to the Ministry of Training, Colleges and Universities.

Recognizing the need for enhanced education and support for international pharmacy graduates, the Faculty and OCP began collaborating on a proposal to develop a structured program of both courses and assessments to assist international pharmacy graduates in meeting the current standards of professional practice.

This proposal was built on four distinct pillars:

- 1) An adaptive prior learning assessment to thoroughly evaluate each individual’s unique and specific learning needs and level of practice-readiness, based on the *Standards of Practice* and competency documents
- 2) Customized learning plans based on the prior learning assessment, providing each individual with access to a broad menu of supports (ranging from English-as-a-second-language and professional communication courses, through to pharmacotherapeutics and pharmacy administration modules)
- 3) Development of a mentorship network to enhance links to pharmacists and the pharmacy

- 4) Use of distance technologies to reduce access barriers, link international pharmacy graduates from across the province, and to provide potential immigrants with a central resource of information related to pharmacy practice and licensure requirements in Ontario


Initial Three-Year Program Will Become Self-Sustaining

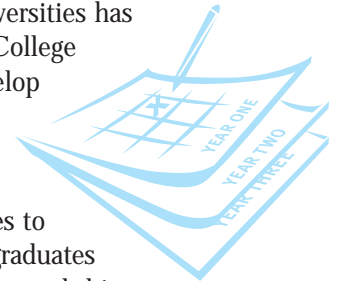
We are pleased to announce that the Ministry of Training, Colleges and Universities has awarded the Faculty and the College with a three-year grant to develop this program.

Since 1999, the College and the Faculty have been developing and piloting courses to assist international pharmacy graduates in meeting *Standards of Practice* and this program will build on the work previously undertaken for foreign-trained pharmacists by the College and the Faculty.

With our new partnership with the Ministry, we will now be able to establish an *international pharmacy graduate program* — one that will be recognized by the provincial government as a best practices model for facilitating licensure of other foreign-trained professionals. We anticipate that 200-250 individuals will be part of a two-year pilot group for this program; and that the program will become self-sustaining (through tuition revenue) by September 2003.

We Need Your Help

As this program’s goal is to enhance the knowledge and skills of international pharmacy graduates to facilitate their practice-readiness, licensure, and post-program employment, *we need your help*. The international pharmacy graduate program will rely heavily on practising pharmacists from across Ontario to serve as teaching assistants and mentors for international pharmacy graduates, in addition to their continuing role as preceptors for the structured studentship and internship programs. Over the next few years, we will be seeking your active participation in this program and those who have already been preceptors, already know the rewards that come with preceptoring. We hope that you will either volunteer as a preceptor, or offer to participate in one of the additional teaching and/or mentorship opportunities that will be an integral part of this program’s success. 



Program Director Required

UNIVERSITY OF TORONTO — POSITION DESCRIPTION

Position Title: Program Director, International Pharmacy Graduate Program
(Term position: initial appointment in effect until Sept 2003.
Possibility of renewal)

Faculty: Pharmacy

Immediate Supervisor's Title: Dean, Faculty of Pharmacy



POSITION SUMMARY:

The International Pharmacy Graduate (IPG) Program is a collaborative venture between the University of Toronto (Faculty of Pharmacy) and the Ontario College of Pharmacists with funding provided by the Access to Professions and Trades Unit of the Ministry of Training, Colleges and Universities. The mandate of the IPG program is to provide foreign-trained pharmacists with the education and support necessary to meet Ontario's Standards of Practice for pharmacists to enable licensure and post-program employment. Initial funding for this program will be in place until September 2003, after which the program is expected to be self-sustaining through tuition revenue.

Under the supervision of the Dean, and in collaboration with the Principle Investigator, the Director will be responsible for the development, growth and day-to-day management of the International Pharmacy Graduate Program. Key responsibilities include: acting as Secretary for the IPG Advisory Board and communicating program initiatives to the pharmacy community and regulatory authorities; undertaking strategic, operational and budget planning and management for the program; recruitment and supervision of managers and administrative staff; establishing, monitoring and enforcing IPG program policies and procedures which meet University, Faculty, regulatory partners and sponsor requirements (reflecting good business practices achieving internal controls (includes preparing, monitoring, managing, and progress reporting on Program budgets and outcomes)). Preparing and presenting reports to the Ministry, Faculty of Pharmacy and Ontario College of Pharmacists. The Director must work collegially and collaboratively with teaching and research faculty at the University, regulatory staff at the Ontario College of Pharmacists, and Ministry representatives, in ensuring program objectives, goals and timelines are met. Establishing strong relationships with pharmacists and employers to enhance mentorship and post-program employment links is a priority.

QUALIFICATIONS REQUIRED:

University degree in pharmacy (B.Sc.Pharm. or Pharm D.). Eligible for registration with the Ontario College of Pharmacists. 5+ years experience with administrative, financial and human resources management within a pharmacy environment. Excellent communication, interpersonal, administrative and organizational skills are necessary. Creativity, flexibility and a strong interest in education are required. Experience in working with individuals from a wide variety of cultural backgrounds is highly desired. Academic preparation (e.g. Masters of Education degree) or background in education is highly desirable.

The University of Toronto is strongly committed to diversity within its community. The University especially welcomes applications from visible minority group members, women, Aboriginal persons, persons with disabilities, and others who may contribute to further diversification of ideas.

Interested applicants should forward their resume to:

Jean Robertson, Human Resources Manager
Central Administration Human Resources Services
University of Toronto
214 College Street, Room 310
Toronto, ON M5S 1A2
Fax: 416-978-0381

The University of Toronto thanks all applicants for their interest; however, only those applicants selected for an interview will be contacted.

Education Modules: *The Next Stage*

As this article is being written, our office is immersed in the admissions process for CPS I, the first cluster of academic modules that international pharmacy graduates are now required to complete for licensure. Currently, 48 offers of admission to the program are pending, with applicants contacting us every day. By the time this article is published, the eight-week course will be near completion. And, as the Deputy Registrar mentioned in last issue's editorial, practicing pharmacists may be anticipating the arrival of this first group of international pharmacy graduates to begin their Structured Practical Training (Studentship).

So, what can preceptors expect?

The course objectives and goals include preparing international pharmacy graduates for in-service training. In particular, we will have focused on areas such as: communication skills; pharmaceutical care; drug distribution; Canadian drug names (recognition and pronunciation); health care systems; jurisprudence; therapeutics; and self-medication. The course is intense – five days a week, for eight weeks.

CPS I will extend into the students' training period, with students being required to complete two Internet courses involving pharmacotherapeutic case studies and clinical skills development. After studentship training, students will then return to the Faculty for another eight weeks of academic modules that will prepare them for the rigors of structured internship.

It is our intention — in fact, it is a Faculty commitment — that Ontario preceptors will find international pharmacy graduates who have completed CPS I and II and who have met the expected *Standards of Practice* required for entry-to-practice. Furthermore, the students will attend approximately nine hours each week for *English for Specific Purposes*, focusing on developing their speaking, listening and writing skills — especially in areas of accuracy and in the context of pharmacy practice.

This is a momentous turning point for the program, one that began about two years ago when the College first provided a grant to the Faculty to establish our office with the joint goals of developing academic modules for both skill enhancement of foreign-trained pharmacists and for pharmacists requiring refresher courses.

I would be remiss not to acknowledge the participa-

tion and support of those who have assisted in the development of these modules.


At the College, the Structured Practical Training Committee, chaired most capably by Midge Monaghan, guided the program from its inception.

The Professional Practice faculty staff,

including Lalitha Raman-Wilms, Vinita Arora, Debra Sibbald and Zubin Austin, have been generous with their time, resources, experience and perspectives. Their involvement contributes largely to the credibility of the program. Dean Hindmarsh, at the Faculty of Pharmacy, in the midst of unprecedented growth and change at 19 Russell Street, has provided much leadership and direction in matters of academia, process, and collaboration with other institutions (such as the government, the College and the profession).

As well, the pharmacists who participated as teaching assistants for the undergraduates have allowed me to “audit” their teaching seminars so that I may gauge the levels to which the international pharmacy graduate program students must reach. Another pharmacist, Doris Kalamut, successfully piloted the communications module with professionalism, energy and commitment. And last, but certainly not least, the students, especially the class of OT1, allowed me to learn more from them than I can ever express.

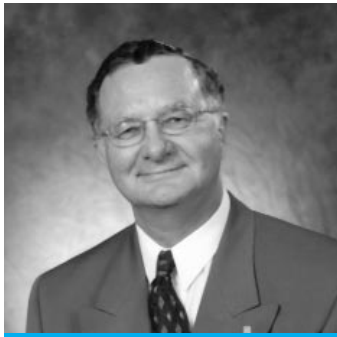
In future columns, you will likely see the “educational modules” of this section included in a larger context as we embark on the newly funded *International Pharmacy Graduate Program*. Future articles will integrate the existing modules with other aspects of the Program, including prior learning assessment and mentorship.

Della Croteau and Zubin Austin spearheaded this grant and it has been deservedly approved by the provincial government to serve as a “best practices” model for all professions and trades seeking to increase access by skilled immigrants. We look forward to the challenges ahead. 



Marie Rocchi Dean, B.Sc.Pharm.

Education Coordinator
Faculty of Pharmacy, UofT



Bernie Des Roches, Ph.D.

Manager, Continuing Education Programs

Learning Needs and Experiences

a two-year focus, four-year perspective

By now, the final group of Part A pharmacists should have received a *Self-Assessment Survey* and the majority will also likely have submitted a *Summary of Continuing Education Activities* (initiated in 1998). This marks the end of the College's Phase 1 selection process in the first five-year cycle under the Quality Assurance (QA) program. In summarizing the data collected over the past two years, we carry on from the last report in the July/August 1999 issue of *Pharmacy Connection*. It is also time now to reflect on the Self-Assessment Survey's place in the QA process.

Since its introduction, the College's QA program has focused on using an educational approach with an ultimate goal of ensuring that you and your colleagues meet the *Standards of Practice* established by your peers. This process relies on you taking responsibility for maintaining your own competence (knowledge and skills) through whatever approach works best for you, whether it be through practice experience, traditional CE (e.g., seminars, home study programs) and/or non-traditional learning activities (e.g., serving as a preceptor, presenting a talk). The College's role is to assist and provide you with additional resources to follow this process.

Phase 1 of the QA process involves submitting both the *Self-Assessment Survey* and the *Summary of Continuing Education Activities*. The survey is based on the six *Standards of Practice* competencies expected of pharmacists along with an assessment that helps you determine your clinical knowledge learning needs. This is the first step in a process designed to encourage you to reflect on, and to take responsibility for, your

educational needs. The entire process emphasizes self-assessment. For some, these surveys may represent the first time that you are able to set one hour aside to reflect on your learning needs and begin developing a plan to meet them based on activities tailored to your own learning style. The College's *Professional Profile and Learning Portfolio* is designed to help you plan, coordinate and reflect on your learning experiences.

If you are chosen through the random selection process for the Practice Review (Phase 2), you will be called to the College to be assessed by your peers on your clinical knowledge, communication skills and ability to manage clients' health care needs. As part of the report that you will receive after your review, you will receive a comparison of your assessment with that of your peers. If it indicates a need for upgrading on any of the assessed competencies, the College will then use these results, along with your learning portfolio data and self-assessment profile, to help you develop an Action Plan for remediation.

Data from your *Self-Assessment Survey and Summary of Continuing Education Activities* is a valuable contribution to the overall results of the approximately 1,800 members surveyed each year. The following report is a partial indication of that value. Its data is shared with CE resource developers and coordinators (e.g., the Regional CE Coordinators, the Faculty, OPA, the Ontario Branch of the CSHP, and pharmaceutical manufacturers) to help them identify course topics to meet particular interests and needs. Following is a brief summary of the data that we share.



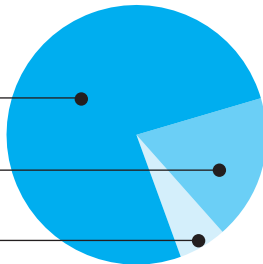
Self-Assessment Survey

Characteristics of Survey Respondents

In 1999, 1,726 pharmacists submitted their completed surveys; in 2000 there were 1,840. Through using random selection, the demographic characteristics of the sampling is reflective of the entire pharmacist population on OCP's Register.

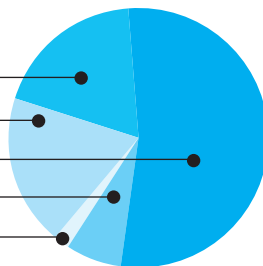
Type of Practice

76% community pharmacies
18% hospital or long-term care facilities
6% other settings, e.g., government, association



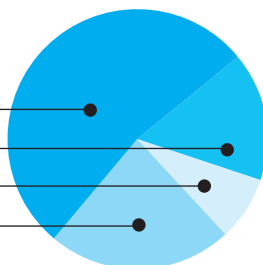
Employment Status

18% owners or directors
19% designated managers
54% staff pharmacists
7% other
2% unemployed



Qualifying Degree

53% Ontario
16% another province
8% United States
23% another country



Graduation/Registration

54% graduated 15 years ago or more
42% registered with College 15 years ago or more



Ranking of Comfort Level With Competencies

Data was gathered in 1999 and 2000 on the six competencies approved by the College:

- Ability to Practice *Pharmaceutical Care**
- Ability to Assume *Ethical, Legal and Professional Responsibilities*
- Ability to Access, Retrieve, Evaluate and Disseminate Relevant Information
- Ability to Communicate and Educate Effectively
- Ability to Manage Drug Distribution
- Ability to Apply *Practice Management Knowledge and Skills*

along with:

- *Clinical Knowledge*

* for brevity these competencies are identified by italicized words in the text and tables that follow

These surveys differ from previous analyses that were based on the 12 competencies that comprised the previous document. Respondents were asked, from the perspective of their own practice, to indicate their level of comfort for each competency — with the following scale:

1 = I would benefit from assistance in this area

2 = I feel comfortable in this area

3 = I feel particularly strong in this area

According to All Respondents

Of the seven competency areas rated, the mean of comfort levels reported by the group as a whole ranked as follows (3.00 being the highest comfort level possible, 1.00 the lowest):

Comfort Level on Competency Areas

	1999	2000
Drug distribution	2.48	2.49
Ethical, legal, professional responsibilities	2.35	2.38
Practice management	2.30	2.33
Pharmaceutical care	2.20	2.27
Communicate and educate	2.12	2.15
Clinical knowledge	2.03	2.06
Access, retrieve, evaluate, disseminate information	2.01	2.05

These results are very similar to those gathered in 1997 and 1998, recognizing that the 12 competencies previously surveyed had been collapsed into six for 1999 and 2000. An encouraging point to note is the trend for respondents to report a generally higher comfort level as the years have progressed. In 1997 and 1998, means were as low as 1.81— compared to the lowest mean in 2000 being 2.05. Pharmacists appear to be gaining greater comfort and confidence in their ability to meet the competencies as they gain experience in addressing their identified needs to meet these competencies. The growth in comfort level is marked for pharmaceutical care. Having said that, we recognize that the data still indicates a significant indication of need for assistance with some competencies and will continue to address those needs.

Statistical results from 1999 and 2000 are quite similar so they are reported here as an average of the data from the two years. Exceptions are noted as required. Specific statistics for both years are also available from the author. Data was analyzed at a significance level of $p < 0.001$ to adjust for sample size and reduce the error of finding differences where none exist.

According to Years in Practice and Place of Graduation

Generally, those who graduated 15 or fewer years ago express a higher level of comfort on the competencies than do their more senior colleagues. The most notable exceptions are for *drug distribution* and *practice management* where greater practice experience seems to provide a greater level of comfort for the respondent, while *ethical, legal, professional responsibilities* and *clinical knowledge* comfort levels are highest among those having six to 25 years elapsed since graduation. The differences are statistically significant for *pharmaceutical care, drug distribution* and *practice management*.

We have come to recognize that data analysis based on place of graduation produces more interesting results if we compare the views of those who graduated in North America (including the U.S.) with those of graduates from non-North American universities. As a group, graduates of non-North American universities rate themselves as being more comfortable on all competencies than do graduates of North American

universities. This is consistent with the pattern seen in 1997 and 1998 and the differences are statistically significant for all competencies except for *communicate and educate*. The reasons for these differences are not known.

According to Practice Setting

The 1997 and 1998 results revealed both expected and unexpected differences in comfort levels depending on place of practice (community versus hospital versus long-term care facilities), and this pattern continues in the data from 1999 and 2000. Pharmacists in community practice express significantly higher comfort levels than their hospital-based counterparts on *ethical, legal, professional responsibilities, drug distribution, practice management* and *clinical knowledge*. Only on *access, retrieve, disseminate information, and communicate and educate* did hospital pharmacists express a higher comfort level, however these differences were not statistically significant.

Comfort With Clinical Knowledge

As clinical knowledge is the foundation on which our professional role rests, OCP closely examines respondents' self-assessments of their clinical topic learning needs in order to help development of, and access to, relevant resources. The survey provided a list of 70 topics for comment. While not reported here, the survey results are analysed by geographic categories and shared with provincial and national agencies involved in developing and disseminating educational resources. For example, we provide OCP district-specific data to each of our Regional CE Coordinators so they can target programs identified as needed in their region. Furthermore, our 2001 data will be even more geographically specific, as it will be calculated based on the newly developed CE Regions (see *Pharmacy Connection*, Jan/Feb 2001, p. 26-29).

Data from 1999 and 2000 are similar, so only that from 2000 is reported here for sake of clarity. Specific information on 1999 results is available from the author. The following table highlights those topics for which respondents identified both the greatest need (determined from response "benefit from assistance"), and interest (respondents indicated top five topics they would like to address first). In



the table below you will see that since some of the results were identical for certain topics, there are more than 10 listed in some cases. It is also interesting to note that *diabetes* appears in both columns of the table as it did in 1999; nevertheless showing that there is still a very strong indication of need for programs on diabetes.

The consistency of these results is even more dramatic when one compares the data to the results from 1997 and 1998. Here too, nine of the 10 topics (except *hepatitis*) in the current list of those with highest interest/need were also recorded as such four years ago. This consistency gives us confidence that

the *Self-Assessment Survey* is a valid and reliable instrument that is being completed by respondents in a reflective and honest way. The fact that the need for more information on such topics still exists four years later also points to the need to develop more resources quickly in these key areas. On the other hand, it would appear to be a waste of resources to devote dollars and energy to develop programs, with the exception of diabetes, which are listed in the right column of the table, as courses on these topics will not meet the majority of practitioners' interest or needs.

Table: Therapeutic Topics of Greatest Interest and Need - 2000

Topics of greatest interest/need	Topics of least interest/need
2 Adrenocortical dysfunction	3 Anthelmintics/pediculocides/scabicides
1, 2 AIDS	4 Arthritis
1, 2 Cancer chemotherapy	4 Asthma and COPD
2 Cardiopulmonary resuscitation	3, 4 Constipation/diarrhea
1, 2 Diabetes	4 Contraceptives (Rx & nonRx)
2 Drugs in pregnancy & lactation	4 Cough/cold/allergy
2 Hepatitis, cirrhosis	4 Diabetes
1, 2 Herbal remedies/homeopathy	3 External analgesics
2 Infectious diseases	3 Hemorrhoids
1, 2 Infertility	4 Hypertension
2 Mycotic & parasitic infections	4 Osteoporosis
2 Pancreatitis	3 Otics (nonprescription)
2 Parkinson's disease	4 Pain management (Rx & nonRx)
2 Poisoning and overdose	4 Sunscreens
2 Renal diseases	
2 Schizophrenia	
2 Sterile products, TPN	

Legend:
 1 = want to address first (top 5)
 2 = benefit from assistance (top 10)
 3 = least desire to address first (bottom 5)
 4 = most comfortable on these topics (bottom 10)



Summary of Continuing Education Activities

As stated in the preamble, the data collected from the record of continuing education activities from such a large number of pharmacists provides us with an opportunity to assess the way in which pharmacists learn, the frustrations they encounter, and the focus of their needs. Here, we provide you with insight into the content and experiences of your colleagues' *Learning Portfolios*.

Again, due to high consistency in 1999 and 2000 data, the findings are reported conjointly to better focus on the many similarities rather than the few differences.

Learning Objectives

Respondents were asked to indicate the total number of learning objectives they had listed in their CE Planning Calendar (a feature of the College's model *Portfolio*) and the percentage of these that they were able to achieve. Over 80% had listed achieving three or more of the objectives that they had previously set (single largest group — approximately 42% listed 3-6 objectives). A significant majority (78%) of respondents achieved at least half of the objectives they set for themselves, and almost 40% achieved 75-100% of their objectives. These figures are down slightly from those reported in 1998 but their patterns remain consistent.

Learning Activities

The College's model *Portfolio* provides space for pharmacists to record individual learning activities — those for which they have identified learning needs, and the resources that they access in order to address these needs. Typically, learning needs arise during the course of daily practice, in response to a challenging patient profile, and/or from a complex request for information from a physician. In another section of the summary, members record their structured CE activities — typically their involvement in seminars, workshops, conferences, and home study programs. In this case, the pharmacists' learning needs have been identified by someone else, e.g., a conference planning committee or lesson author, and the pharmacist chooses to attend or subscribe if the program promises to address their personal learning needs.

Individual Learning Activities

Approximately 60% of the respondents identified six or more individual learning activities for themselves, consistent with results from 1998. However, the most common number of individual learning activities has decreased (34% in 1998 reported 6-10 individual learning activities, 35% in 2000 reported 1-5 individual learning activities). However, this is not discouraging. At the *Portfolio* sharing sessions held as part of the Practice Reviews, we encourage pharmacists to be selective in terms of what they record as learning activities. This is a maturation process and the statistics indicate that perhaps this is taking place.

Approximately 54% of the respondents spent 16 or more hours in the course of a year pursuing individual learning activities, with 25% spending more than 30 hours in the process. These figures are comparable to those from 1998. As well, one of the most significant outcomes that can arise from tracking one's learning activities is a decision to change one's practice. This was echoed by the survey results in that over 80% of the respondents found that at least one learning activity caused them to make such a decision.

Structured CE Activities

As in the past, almost 95% of the respondents reported participating in at least one structured CE activity over the previous year, with 37% reporting in the range of 1-5 such activities, and 28% involved in 16 or more. The proportion of pharmacists spending 21 or more hours in structured CE activities (43%) is down from 1998 (50%) but the figures for those having spent more than 10 hours over the course of the year are comparable at 73%. The proportion of respondents who found that at least one of these activities had prompted them to consider making a change to their practice is similar (83%) to that reported in 1998 (85%).

The most popular structured CE activity continues to be the live program formats — seminars, workshops and conferences, with 91% of the respondents indicating using this mode. The proportion of respondents who attended five or more such events is down from 51% in 1997 to 40% in 2000. Meanwhile, participation in correspondence courses is up from 50% to 54% but the number completing five or more courses is down to 16% from 37%. There are also similar



patterns on use of videocassette/audiotape programs, and participation in journal clubs/hospital rounds; however the reasons for this are unclear. Certainly, pharmacists are commenting on how much busier they have been in the past couple of years, with longer working hours and less help, and this may be impacting on the amount of personal time they have for participating in learning endeavours. One significant change has been the growth in the use of computer-based/Internet programs. While still far from being highly popular, the increased use by 9% of respondents in 1998 to 34% in 2000 attests to greater availability, access, and interest in this method of learning. This is consistent with our expectations that computer-based learning will grow significantly in the coming years.

Focus of Learning

To which topics/competencies have pharmacists addressed most of their learning activities? We listed seven: *communication skills*, *disease conditions*, *documentation*, *jurisprudence*, *pharmaceutical care process*, *technical competencies*, and *drug therapy*. In 2000, the two topics that led the group by a significant margin were: *drug therapy* (87%) and *disease conditions* (86%); and the next highest area of focus was *pharmaceutical care process* (49%). In 1997, pharmacists focused primarily on *disease conditions* (50%) and *communication skills* (43%). This shift in focus may be due to greater understanding of the pharmaceutical care process and more experience and/or comfort with communication. Obviously, the need to learn more about disease conditions remains consistently high.


From a more detailed analysis on respondents' areas of comfort with the elements that make up each competency (not reported here due to space limitations but available from the author), we know that some tasks, such as documentation, pose a significant challenge to pharmacists as expressed by their indication of comfort levels. However, documentation is not a major focus recorded by most of the respondents. A partial explanation is provided by an analysis of the extent to which respondents had experienced the most difficulty in finding resources to address their learning needs. Documentation leads the list as shown in the following comparisons:

Areas of Difficulty in Finding Resources

	1998	2000
Documentation	20.8%	21.0%
Technical competencies	18.2%	20.7%
Jurisprudence	15.0%	13.1%
Communication skills	8.2%	9.1%
Pharmaceutical care	7.4%	6.9%
Disease conditions	6.5%	2.7%
Drug therapy	3.7%	2.6%

Summary

A two-year focus, four-year perspective, clearly indicates that many similarities continue to remain in terms of members' comfort levels with various competencies and the levels of activity they take in pursuing CE activities. While there are encouraging trends indicating an increasing comfort level with some of the competencies (as resources and experience resolve some of the issues), the consistency in some of the findings points to some areas for improvement. The fact that some of the respondents' areas of discomfort have made little or no change over the past four years means that much has yet to be done. We have traditionally focused our CE resources on disease conditions and drug therapy and hence few pharmacists encounter difficulty in accessing resources to meet their learning needs in these areas. However, the need for CE in areas such as documentation skills, continue to be a high priority and we all need to put greater efforts into meeting these needs.

The value of the *Self-Assessment Survey* and *Summary of Continuing Education Activities* has been enhanced as pharmacists recognize that the OCP does not judge members on their responses and that they can and should be open and honest in their self-evaluation. As pharmacists continue to recognize and make greater efforts in assessing and meeting their personal learning needs, the value of the *Survey* as a starting point becomes clearer, and the *Professional Profile and Learning Portfolio*, (from which you develop your *Summary of CE Activities*), serve as useful tools to help you reach your learning goals. 



IMPORTANT NOTICE to ALL PHARMACISTS

LEVEL 1 VOLUNTARY RECALL

Product: **Sandomigran DS[®]** (pizotifen) 1 mg. tablets (100's)
Lot: **CoLo1371**
Expiry Date: **01/03 (January, 2003)**

Stop all distribution and advise patients not to consume **Sandomigran DS[®]** (pizotifen - double strength) 1 mg. tablets, Lot CoLo1371 (Exp. 01/03). This affects the product dispensed between Jan.23, 2001 and March 30, 2001, due to the presence of Zanaflex[®] 2mg tablets (white, round, with a bisecting score on one side and debossed with the code "A592" on the other) found in some bottles.

Consumption of Zanaflex[®], which is used for management of spasticity associated with conditions such as multiple sclerosis, could lead to hypotension, sedation, and hypersensitivity reactions. This situation has been assessed by both Novartis and Health Canada to be a Type I health hazard, where there is reasonable probability that the use of, or exposure to the product, will cause serious adverse health consequences or death.

Patients have been advised of the recall via the media and have been asked to return their supplies to their local pharmacy for replacement.

PLEASE CONTACT your customers to whom a prescription for **Sandomigran DS[®]** was dispensed after Jan. 23, 2001 to ensure all suspect supplies are returned.

Please notify Novartis Customer Relations immediately of the amounts of this item remaining in stock. Patients that require further information can also contact Novartis Customer Relations.

Novartis Customer Relations:	Phone: 1-800-465-2244
	Fax: 1-800-435-4423

Please note that this recall is specific to **Sandomigran DS[®]** and does not affect Sandomigran.

Notice to Pharmacists

Important information about the Antibiotic Review and the Ontario Drug Benefit Formulary/ Comparative Drug Index (Formulary) was sent to pharmacists by the Ontario Ministry of Health and Long-Term Care in mid-February. The Ministry wants all health practitioners to be aware of the formulary changes that became effective March 7, 2001.

*If you have not received a package from the Ministry, please call **1-800-268-1153**.*

Summary of Antibiotic Review and Formulary changes:

- Antimicrobial resistance is a significant global public health problem. The morbidity, mortality and financial costs of multiple drug resistant infections (for which there are few or no effective therapies) pose an increasing burden for health care systems and are a threat to public health and safety
- In Canada, strains of resistant bacteria include penicillin-resistant *Streptococcus pneumoniae* (PRSP), methicillin-resistant *Staphylococcus aureus* (MRSA), and van-comycin-resistant enterococci (VRE)
- IMS data suggests that 51 per cent of antibiotics in Canada are prescribed for patients with upper respiratory tract infections, the common cold and other viral infections for which antibiotics are not indicated
- The judicious use of antibiotics must form an integral part of any effort aimed at decreasing, and possibly reversing, the emergence and spread of resistance
- In 1999, the Ministry reviewed 50 antibiotics listed in the Formulary
- The review assessed the increasing threat of antimicrobial resistance with the aim of ensuring that all antibiotics listed in the Formulary were being used appropriately in accordance with current clinical evidence
- The review was conducted by an 11-member multidisciplinary Subcommittee of the Drug Quality and Therapeutics Committee, the Ministry's expert drug advisory committee. Manufacturers were given two opportunities to submit information on their products: once at the beginning of the review process, and later following the Subcommittee's preliminary recommendations
- The most significant listing changes affect the quinolone antibiotics, some of which were formerly listed as General Benefit products
- Ciprofloxacin, levofloxacin and ofloxacin will now be listed as Limited Use products; norfloxacin will remain a General Benefit product. The Subcommittee was particularly concerned about increasing rates of resistance to this class of antibiotics and the spread of cross-resistance from older to newer quinolones. The listings for ciprofloxacin, levofloxacin and ofloxacin have been revised to encourage the most appropriate use of these agents and to limit the spread of resistance
- Three agents – clarithromycin, azithromycin and amoxicillin/clavulanic acid – will remain as General Benefit products on a conditional basis
- Some rarely used products have been delisted
- The Ministry will conduct drug utilization reviews in a year to monitor the impact of these changes
- The Ministry, Ontario Pharmacists Association and the Ontario Medical Association will continue to work to improve the Limited Use mechanism





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

Director of Finance
and Administration

Council Elections



Each year in August, the College holds elections for one-third of Council's electoral districts. In 2001, elections will be held in districts 2, 5, 8, 11, 14 and 17.

In order to raise member awareness of the process for electing Council members, and to ensure that every eligible member has an opportunity to vote and stand for election in the appropriate district, Council recently approved changes to the election process by introducing a "Declared Place of Practice for Election Purposes".

Effective this year, if a member has places of practice located in more than one electoral district on June 1 immediately preceding an election, the member must inform the Registrar of their "declared place of practice for election purposes". He or she may vote only for a candidate, or stand as a candidate, in that electoral district. If a member has no fixed place of practice, the member may only vote for a candidate, or stand for election, in the electoral district in which he or she resides on June 1 immediately preceding the election.

In the past week or so, you should have received a notice in which you were asked to either confirm or alter your declared place of practice for election purposes. This notice indicates your declared place of practice based on *current* College records. You are required to notify the College **only if** you wish to change your declared place of practice; and if you wish to declare a different location for election purposes, the chosen location must meet the criteria described above. All notices of change received by the College by May 31 will be recorded in the database, and on June 1, nomination forms will be mailed to every member whose declared place of practice is in district 2, 5, 8, 11, 14 or 17.

Members nominated for election must meet the criteria as set forth in the College by-laws and as always, must agree to stand for election. Beginning this year, the nomination paper shall be accompanied by a form that requires a candidate's signature affirming that the candidate commits to the objects of the College, as well as confirming their undertaking to comply with the College's *By-Laws*, *Code of Ethics*, and *Conflict of Interest Guidelines*. This new step was added to ensure that members seeking election to Council have a thorough understanding of the College's role and responsibilities prior to agreeing to stand for election.

After the candidates' eligibility have been confirmed, Council members will be acclaimed in districts where only one candidate was nominated, and elections will be held, in accordance with the OCP by-laws, in the remaining districts. Council elections are held in the first week of August and all newly elected or acclaimed members begin to serve their terms at the start of the September Council meeting. [P](#)

If you have any questions regarding the election process, please contact

Connie Campbell, Director, Finance and Administration at 416-962-4861, ext. 225, email: ccampbell@ocpharma.com

Q&A Pharmacy Technicians



Bernie Des Roches, Ph.D.

Manager, Pharmacy
Technician Programs

Q What is the significance of the CPhT designation?

A: By virtue of the Canadian trademark that we hold, use of the designation CPhT in Canada can only be used by pharmacy technicians certified by the Ontario College of Pharmacists. Furthermore, OCP does not recognize certification credentials presented from outside Ontario as being equivalent at this time, including that of the national certification process in place in the United States. Nonetheless, we see this trademark recognition as an important step for the pharmacy technicians in Ontario.

The College is also seeking trademark protection of the French translation of Certified Pharmacy Technician which is *Technicien Pharmaceutique Agréé* for men, *Technicienne Pharmaceutique Agréée* for women. Certified Pharmacy Technicians who wish to use the French translation may use the above title and the designation T.P.A. In order to ensure support of our French trademark application, we ask Certified Pharmacy Technicians, choosing to use the T.P.A. designation, to forward copies of their correspondence and/or business cards, indicating their use of the designation, to my attention. We will keep these on file as evidence of use. If you submit a piece of correspondence, you may block out personal information to preserve confidentiality.

Q When are recertification fees due?

A: By now, all Certified Pharmacy Technicians (CPhTs) currently on the College's records, including those who were successful at the March 2001 sitting, should have received their fee notice for \$53.50 (\$50 + GST). The fee is due at the College by June 1st. If you have not received your notice, contact Paula Mitchell, (416) 962-4861 ext 231; fax: (416) 703-3101; e-mail: pmitchell@ocpharma.com

Q When are the next certification exams to be held?

A: The dates for the 2001 exams were previously announced, but I'd like to remind you that the next examination sitting is on Saturday, October 13th. If you intend to write in October, and have not yet submitted an application to have your credentials evaluated, please do this as soon as possible. To receive an information package, contact Paula Mitchell, listed above, or download the information and forms from the College's website under "Pharmacy Technicians" at: www.ocpharma.com. Exam dates for next year have been set for Saturday, April 13 and Saturday, October 5, 2002. ☑

Send your questions to
Pharmacy Technician Programs,
Ontario College of Pharmacists,
483 Huron St., Toronto ON M5R 2R4
fax: (416) 703-3112,
e-mail: bdesroches@ocpharma.com

Initiating *Dialogue*

to Identify Drug-Related Problems...

Mary Nelson, B.Sc.Phm.
& Dr. Jennifer Skelly.

...Wrong Drug for Condition

Although technology and pharmacy technicians have assumed most of the tasks in the dispensing process, there are at least three steps which require a pharmacist's expertise: taking new prescriptions over the telephone; performing the final check; and reviewing the patient's medication profile to ensure the most appropriate medication has been prescribed. Although pharmacists feel hampered by not having the diagnosis written on the prescription, a review of previous medications and/or discussion with the patient provides a better understanding of the patient's medical condition(s) and therefore the opportunity to determine if the drug prescribed is appropriate.

In some pharmacies, the pharmacist reviews the incoming prescription and the patient medication profile, prior to the dispensing process. This is particularly beneficial when the patient presents with a new medication, as it allows the pharmacist to consider if the patient has a new medical problem and the appropriateness of the drug ordered. By identifying potential drug-related problems at this step, the pharmacist can immediately contact the prescriber to discuss alternatives — rather than waiting until the drug has gone through the dispensing process, only to realize that the drug is inappropriate.

Although the names have been changed, the following example outlines the potential impact that a pharmacist's intervention can have, particularly when two different physicians are involved in a patient's drug therapy.

Case

A patient approaches the pharmacy intake counter and presents a prescription to the pharmacist for amitriptyline 10 mg HS x 30 tablets, written by Dr. Wilson.

Pharmacist: Hello, Mrs. Drake. I see that you are getting a new medication today. Did the doctor tell you what it was for?

Mrs. Drake: As you may recall, I have been having a lot of migraine headaches lately. I saw a neurologist yesterday, and she said she would give me something to help it.

Pharmacist: This drug is used for an number of reasons, and helping to reduce migraine headaches is one of them. There are other drugs that may be effective, so I want to make sure we use the best one for you. I see on your medication profile that you had some Ditropan® tablets dispensed a few weeks ago; are you still using those?

Mrs. Drake: Yes, I was having some bladder problems, and Dr. Taylor gave me those. I never used to have a problem, but ever since I had my two children, it seems whenever I get a cold and I cough, I then wet my pants. It's really embarrassing; I mentioned it to Dr. Taylor when I went for my annual physical a month ago. I haven't noticed any difference, but maybe I haven't given it a long enough try.

Pharmacist: Ditropan®, is used for some types of urinary incontinence. Did Dr. Taylor say anything about pelvic muscle exercises?

Mrs. Drake: No, he just said to try the medication for a couple of months.

Pharmacist: I would like to talk both with Dr. Taylor and Dr. Wilson about your medications. I might not be able to get in touch with them right away, so can

you leave this with me? I will talk with both of them and get back to you later today or tomorrow.

Mrs. Drake: That's fine. If I am not there, just leave a message on my answering machine.

The pharmacist phones both doctors' offices and leaves a message for them to call regarding Mrs. Drake's drug therapy. Later that day, one of the calls is returned.

Dr. Taylor: This is Dr. Taylor and I am calling back about Mrs. Drake. I pulled her chart, but I haven't seen her for about a month.

Pharmacist: Yes, Dr. Taylor, thanks for calling me back. This is Jackie the pharmacist, and I called you for two reasons. First of all, you may not have received the referral report back from Dr. Wilson, the neurologist, but she has written a prescription for amitriptyline 10 mg HS for migraine prophylaxis. I am somewhat concerned since you are currently treating Mrs. Drake with Ditropan®, and amitriptyline would have additive anticholinergic effects. I have also left a message for Dr. Wilson and I was thinking maybe a beta blocker would be a more reasonable choice.

Dr. Taylor: No, I haven't received the report yet. It often takes 4 to 6 weeks before I do, and that can be quite frustrating since I am the primary care provider and I don't always have all the pieces of the puzzle. On the other hand, I wasn't aware of Mrs. Drake's incontinence problem when I sent the referral to Dr. Wilson, so I can't expect her to be aware of the potential interaction. I do have a couple of patients who take metoprolol for migraine prophylaxis and it does seem to be helping them. That might be a reasonable alternative, but why don't you talk with Dr.

Wilson about that. I would appreciate you letting me know what the final decision is so I can note it in her chart.

Pharmacist: I would be happy to do that for you Dr. Taylor. In talking with Mrs. Drake it sounds like she has stress incontinence, and I didn't



think that anticholinergic agents were first line therapy.

Dr. Taylor: I will admit that I don't know too much about incontinence or its management, but I thought I should give Mrs. Drake something.

Pharmacist: Well, I just attended a seminar on urinary incontinence and its management and I would be happy to send you a copy of the handout. First line management in all types of urinary incontinence include lifestyle adjustment, such as: adequate fluid intake; caffeine reduction; smoking cessation; weight loss in obese women; moderate physical activity and bowel regularity. Kegel or pelvic muscle exercises are strongly recommended for women, such as Mrs. Drake, with stress urinary incontinence. Perhaps you or I could talk with her about all of these various options. If she continues to have a problem, then we could consider pharmacologic agents.

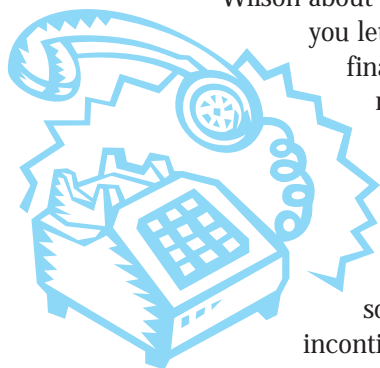
Dr. Taylor: That's fine with me. It seems that you know more about this than I do, so why don't you talk with Mrs. Drake. Have her stop the Ditropan®, for now and you can explain the relevant lifestyle changes that you mentioned. If she is still having problems in a month, have her come and see me. In the meantime, could you please send me a copy of the handout from your conference, and I will do some more reading.

Pharmacist: I will call Mrs. Drake and see if she can come in to see me sometime this week. I will let you know the outcome from my discussion with both Dr. Wilson and Mrs. Drake.

Later that afternoon Dr. Wilson returns the pharmacist's call.

Dr. Wilson: This is Dr. Wilson, there was a message to call Jackie about Mrs. Drake.

Pharmacist: Yes, Dr. Wilson, this is Jackie. Mrs. Drake was in earlier today with her prescription for amitriptyline 10 mg HS, which I understand you are using for migraine prophylaxis. I am not sure if you are aware that Mrs. Drake also has stress urinary incontinence. Dr. Taylor recently put her on Ditropan®, and I was talking with him earlier about stopping that and trying non-drug measures, such as lifestyle modifications and Kegel exercises. He agreed to try that for a month and then I will get back to




him. In the meantime, considering that Mrs. Drake has a problem with incontinence, I was wondering if a beta blocker for migraine prophylaxis might be a more appropriate first step for her.

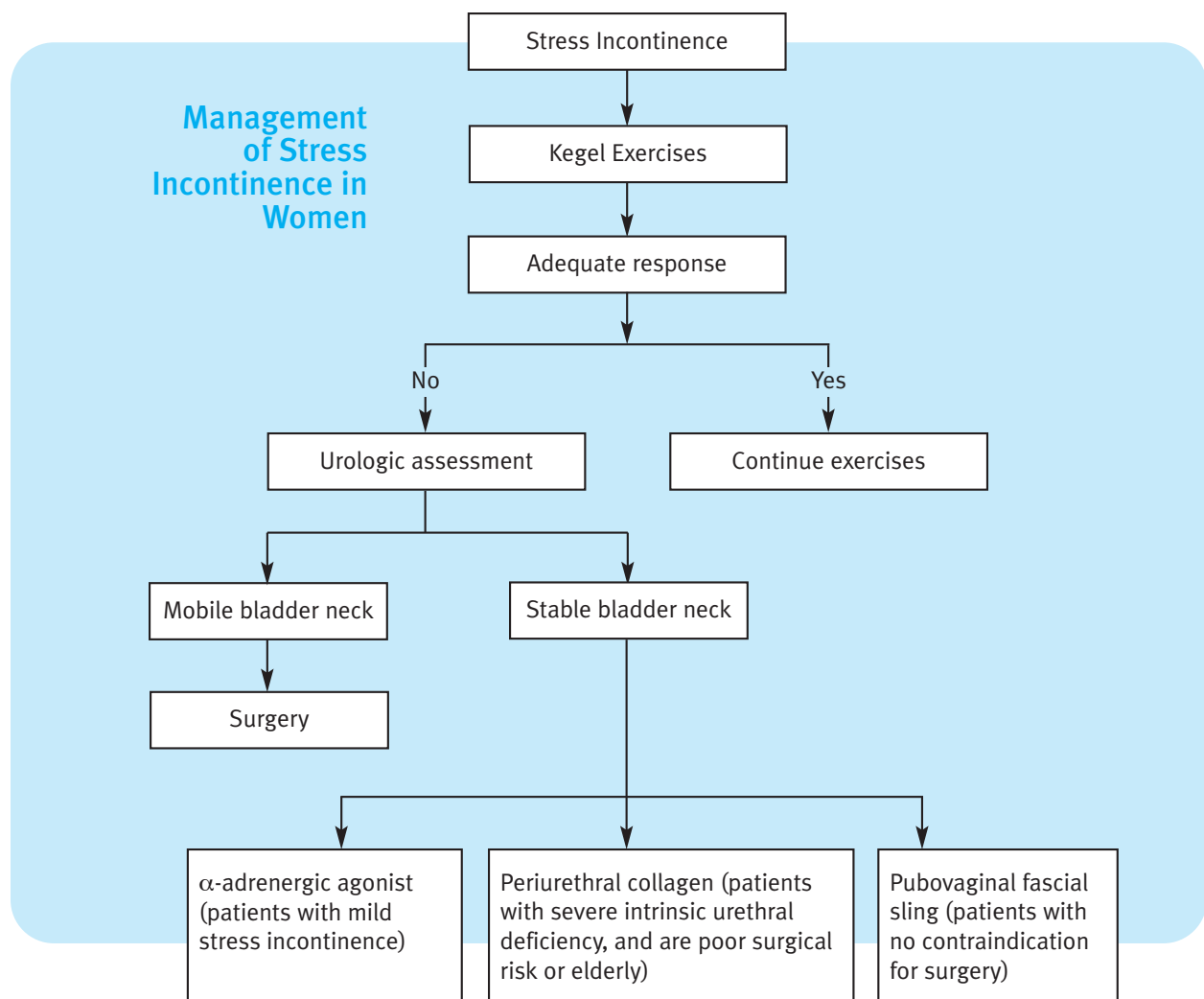
Dr. Wilson: Thank you for letting me know. I wasn't aware that Mrs. Drake had a bladder problem. In that case, can you change the prescription to metoprolol 50 mg HS for one month, then have her come back to see me. It certainly is a good thing that she gets all her prescriptions filled at one pharmacy, so you can keep track.

Pharmacist: I will fill the prescription right now and call Mrs. Drake to see if she can come in. I will let her know what to expect with the metoprolol, and I also want to talk with her about the various non-drug measures she can try for her bladder problem.

The pharmacist checks the filled metoprolol prescription, and calls Mrs. Drake to ask if she would have 20 minutes when she comes in to pick up the prescription, so she can relate the outcome of her discussions with both Dr. Taylor and Dr. Wilson.

Considering the potential for communication delay or breakdown, community pharmacists play a vital role in seamless care, particularly when patients are receiving drug therapy from two different physicians. It is also essential that pharmacists keep abreast of new or changed clinical practice guidelines, so they can help physicians manage the health of their mutual patients. 

Mary Nelson is the Pharmacist Manager at Dell Pharmacy in Burlington, and Dr. Jennifer Skelly is Director, Continence Program, St. Joseph's Healthcare Centre for Ambulatory Health Services in Hamilton.



Q&A Pharmacy Practice



Greg Ujiye, B.Sc.Pharm.

Manager, Pharmacy
Practice Programs

Q I receive prescriptions from a physician who has a private practice and also practices in the hospital. Is it necessary to use the hospital address when a doctor is prescribing for a patient in the hospital, or can I use his regular clinic address in the community?

A: Although this may result in multiple addresses for the same doctor, you should be entering the address from where the prescription was generated. The information on your prescription hard copy should reflect where the record was kept for that patient at the time the prescription was written. This is essential from both patient care and legal perspectives, for if the prescription in this example had been written at the hospital, there would be no record of a visit to the physician's office.

Q Is it necessary to inform the College if I relocate my Lock and Leave area?

A: Yes. You should inform Pharmacy Practice Programs (ext 236) and request a Relocation of a Lock and Leave Form. Once completed and returned to the College, one copy will be kept on file and another will be forwarded to the Field Representative. It is important to note that the new Lock and Leave area must comply with the College's current guidelines (June 1999). There will be no "grandfathering" of relocated Lock and Leave areas.

Q What is my responsibility to maintain the confidentiality of patient records?

A: Principle Three of the *Code of Ethics* states, "the pharmacist preserves the confidentiality of information about individual patients acquired in the course

of his or her professional practice and does not divulge this information except where authorized by the patient or required by law." It is essential that pharmacists protect their patients by serving them in a private and confidential manner. The *Code of Ethics* further states, "pharmacists do not divulge information that identifies the patient, except in instances in which there is a compelling need, in the pharmacist's professional judgement, to share information in order to protect the patient or another person from harm, or when authorized by the patient or required by law."

Spousal requests for information (as well as requests about dependent children) are an especially difficult area for pharmacists. Extreme discretion should be used in these situations as this information is sometimes requested without the patient's knowledge. Principle Three of the *Code of Ethics* is very clear and pharmacists are reminded that they must obtain permission from the patient whose information is being requested. While nothing requires pharmacists to get written permission, pharmacists must document their conversations with patients when verbal authorization is received or denied.

In the event the patient has died, the executor of the patient's estate is entitled to any information the patient would have been entitled to receive. When in doubt as to whether the person making the request is actually the executor, ask them to provide a letter certifying that fact. This will provide you with the necessary documentation to justify the release of the information.

Q What reporting is required for a forged prescription?

A: Once the prescription has been verified as a forgery, you should contact the local police. The police will ask you to turn over the prescription and they will

issue you a receipt. A forgery is not a valid prescription and as such does not meet the same requirements as defined by the acts and regulations governing pharmacy. Once a prescription has been altered by a patient/suspect, it is no longer a valid order and is considered a forgery.

In the case of a forged narcotic prescription, the Drug Control Unit must be notified with details of the forgery. The *Narcotic Control Act and Regulations*, Section 42 states:

“A pharmacist shall report to the Minister any loss or theft of a narcotic within 10 days of his discovery thereof.”

The Drug Control Unit can be contacted at (416) 952-3204. [📞](#)

Seeking Non-Council Members to Serve on College Committees

Under the *Regulated Health Professions Act*, the College committee structure requires the appointment of pharmacists who are not elected members of Council to its various statutory committees. In addition, pharmacists with particular experience or expertise are also required from time to time to serve on various special committees, working groups and task forces. To be eligible for consideration for appointment, you must be a member in good standing and not have a conflict of interest with respect to the committee to which you wish to be appointed.

The committees/working groups/task forces that require participation by a non-council member are: Accreditation, Complaints, Discipline, Fitness to Practice, Patient Relations, Professional Practice, Quality Assurance, Structured Practical Training, Working Group on Certification Examinations for Pharmacy Technicians, Standards of Practice Working Group, Pharmacy Technicians Working Group and Communications Committee.

The number of days required by members to serve on each committee varies according to the frequency of meetings and agenda. Also note that some committees operate using panels comprised by alternating committee members. For example, Discipline Committee, which may have three to five panel meetings per month, selects a representative combination of its committee members to serve on each panel.

If you are interested in being considered for an appointment to a committee or working group, we invite you to submit a letter of interest stating the committee(s) on which you would like to serve, along with a brief resumé and any other information you deem useful.

Non-council committee members are required to serve a one-year term and the President, in conjunction with the chairs of the committees, make committee appointments at the beginning of each Council year.

Send your applications by mail or email to
Ms. Ushma Rajdev, Executive Assistant,
Office of the Registrar, Ontario College of Pharmacists,
483 Huron Street, Toronto, Ontario, M5R 2R4,
email urajdev@ocpharma.com

CE Resources

Planners and organizers of CE programs, both for pharmacists and pharmacy technicians, are urged to contact the College about their plans as early as possible. To arrange for publicizing programs in Pharmacy Connection and/or the College's web site, contact Celia Powell at tel: (416) 962-4861, ext. 251; fax: (416) 703-3112; e-mail: cpowell@ocpharma.com

Information on many CE events, for pharmacists and pharmacy technicians does not reach us in time for publication in Pharmacy Connection. You are invited to contact Ms Powell or look in the College's web site: www.ocpharma.com for a listing of these events.

A number of the programs listed below are suitable for pharmacy technician participation.

CE Events – Ontario

Ontario Hospital Association — Calendar of Events 2001 and Conferences

- June 11:** Telehealth
- June 13:** Patient Information Professionals
- June 15:** Report Cards
- June 18:** OHA/OMA Prototype Hospital By-Laws
- June 19:** Health Care Legal Issues
- June 21:** Rehabilitation Conference
- June 22:** Conference on Alzheimer's Disease
- June 25-26:** National Executive Health Care Leadership Summit

To register or for further information on the above, contact:
Educational Services,
Ontario Hospital Association
tel: (416) 205-1362;
fax: (416) 205-1340
e-mail: programs@oha.com
web: www.oha.com

- June 1-3: Toronto**
Annual Educational Forum 2001: A Respiratory Odyssey,
Canadian Society of Respiratory Therapists, Regal Constellation Hotel
For information:
tel: 1-800-267-3422

- June 5: Toronto**
Paediatrics for Pharmacists Conference, Hospital for Sick Children
For information:
tel: (416) 813-6703
e-mail: mary.ross@sickkids.ca

- June 6: London**
Drug Therapy Update Day, John P. Robarts Research Institute
For information:
Mary Storey
tel: (519) 663-5777, ext. 34082
fax: (519) 663-3299

- June 7-9: Hamilton**
Conference 2001: Reaching for the Stars, Ontario Pharmacists' Association
For information:
Marcia Catarino
tel: (416) 441-0788, ext. 4232
fax: (416) 441-0791
web: www.opatoday.com

- June 11-12: Toronto**
37th Annual Conference, Retail Council of Canada, Metro Toronto Convention Centre
For information:
Jena Branco
tel: (416) 922-6678, ext. 223
e-mail: jbranco@retailcouncil.org

- June 14-16: Ottawa**
4th Annual Symposium: Beyond Bioequivalence! Canadian & International Issues in Biopharmaceutics & Pharmacokinetics, Canadian Society for Pharmaceutical Sciences, Crowne Plaza Hotel
For information:
tel: (780) 492-0950
fax: (780) 492-0951
web: www.ualberta.ca/~csps or www.pharmacy.ualberta.ca/CSPSConferenceSite

- June 19: Markham**
6th Annual Pain and Symptom Management Conference 2001: Challenges of Pain and Suffering, Palliative Care Services for York Region
For information:
Deborah Green
tel: (905) 895-3628, ext. 294
fax: (905) 895-0910

- July 7-11: Toronto**
102nd AACP Annual Meeting, American Association of Colleges of Pharmacy, Westin Harbour Castle
For information:
tel: (703) 739-2330, ext. 1012
fax: (703) 836-8982
web: www.aacp.org

July 10-12: Toronto
**Nutraceuticals and Alternative
Medicine: An Update of the
Current Medical Literature,**

University Learning Systems,
Sheraton Centre Toronto Hotel

For information:

tel: (561) 488-5860 or

1-800-940-5860

fax: (561) 498-3154 or

(561) 488-9399

e-mail:

webmaster@universitylearning.com

web: [http://universitylearning.com/](http://universitylearning.com/toronto_2001.htm)

toronto_2001.htm

Sep. 6-8: Alliston
Hospice Without Borders,

Hospice Association of Ontario,
Nottawasaga Inn

For information:

tel: 1-800-349-3111

fax: (416) 304-1479

e-mail: info@hospice.on.ca

CE Events – Canada

**June 1: Fredericton, NB & June 2:
Halifax, NS**

**Psychobiology of Mental Control:
Focus on the Immune System,
Pain & Emotions,** CorText/Mind
Matters Educational Seminars

For information:

tel: 1-888-671-9335

fax: 1-877-597-3503

e-mail: info@cortext.com

web: www.cortext.com

June 16-20: Banff, AB

24th Annual Meeting, Canadian
College of Neuropsychopharmacology
(CCNP), Banff Centre for the Arts

For information:

tel: (780) 407-6576

fax: (780) 407-6672

e-mail: rmena@gpu.srv.ualberta.ca

Aug. 11-14: Halifax, NS

Annual General Meeting, Canadian
Society of Hospital Pharmacists
(CSHP), Westin Nova Scotian

tel: (613) 736-9733, ext. 29

tax: (613) 736-5660

e-mail: sssmith@cshp.ca

Sep. 9-12: Montreal, QC

Conference, Good Manufacturing
Practices and Training and Education
Association (GMP-TEA), Hotel Omni

For information:

François Lavallee

tel: (514) 748-3748

e-mail: lavallfr@labs.wyeth.com or

web: www.gmptea.org

CE Events – International

**University of Wisconsin –
Madison, Merrimac, WI**

**June 4-8: 43rd Annual
International Industrial
Pharmaceutical Research and
Development Conference**

(June Land 'O Lakes)

**July 16-20: 2nd Annual
Bioanalytical Conference**

**July 30-Aug 3: 41st Annual
Conference on Pharmaceutical
Analysis**

**Sep. 10-14: 4th Annual
International Conference on
Drug Metabolism/Applied
Pharmacokinetics**

University of Wisconsin-Madison
School of Pharmacy, Extension
Services in Pharmacy, Devil's Head
Lodge

For information:

tel: (608) 262-3130

fax: (608) 262-2431

e-mail: jedemuth@pharmacy.wisc.edu

web: www.pharmacy.wisc.edu/esp

**American College of
Apothecaries, Coeur d'Alene, ID**

**June 15-17: 2001 Western
Regional Conference**

**June 16-17: Certificate Program
in Pharmacy Management 501**

**June 16-17 & June 17-18:
Certificate Program in Diabetes
Care 502**

For information:

tel: (901) 383-8119

fax: (901) 383-8882

June 28-July 2: Las Vegas, NV

Marketplace Conference,
National Association of Chain Drug
Stores (NACDS), featuring Canada

Night Reception, on June 28th

For information:

Alicia Duval

(416) 226-9100

e-mail: events@cads.com or

tel: (703) 549-3001

University Learning Systems Cruises/ Vacation CE Events

June 21-23: Las Vegas, NV
**Update on New Drugs, Parts I &
II; Drug Interactions: Focus on
Food and Dietary Supplements,**
MGM Grand

**Aug. 4-11: 7-day Mediterranean
Cruise**

**New Drugs, Drug Therapy an
Drug Interactions,** from Athens,
Greece

Sep. 12-14: Las Vegas, NV
**Anxiety & Mood Disorders –
Current Treatment Strategies,**

MGM Grand

For information:

tel: (561) 488-5860 or

1-800-940-5860

fax: (561) 488-9399 or

(561) 498-3154

e-mail:

webmaster@universitylearning.com

web: www.universitylearning.com or

www.pharmacyseminars.com

Sea Courses Cruises

Alaska Cruises:

**June 1-8: U of T Family Practice
July 23-30: "Viral Hepatitis and
Liver Disease"**

**Aug. 18-25: "New Frontiers in
Medical Profitability"**

Baltic cruise

**June 23-July 5: Clinical
Medicine & Practice
Management**

For information:

tel: (604) 684-7327 or

1-888-647-7327

fax: (604) 684-7337

e-mail: cruises@seacourses.com

web: www.seacourses.com

Bulletin Board

New Preceptor Orientation Workshop Dates

Orientation workshops for new preceptors will be held on Sunday, July 15; Wednesday, August 8; Wednesday, September 19; and Sunday, October 14, 2001. Dates for later workshops will be listed in the July/August issue.

Incorporation of Regulated Professionals

The College, along with regulators of other health professions in the province, is participating in a series of discussions on incorporation of regulated professionals. The meetings, coordinated by the Ministry of Health and Long-Term Care, are intended to gain an understanding of the role of the colleges and the impact on the colleges and their members in respect to this initiative. The Ministry is moving aggressively towards legislative changes and introduction of appropriate regulation to permit incorporation as promised in the Spring 2000 Budget.

Based on our understanding to date, it is unlikely that many professionals will benefit from incorporation under the conditions contemplated. However, OCP appreciates the need for a comprehensive understanding of the rules and the development of an administrative process for those who wish to do so. Stay tuned for more information as it becomes available.

First Annual Ontario Branch CSHP AGM/Educational Weekend

The Ontario Branch of the Canadian Society of Hospital Pharmacists is holding its first AGM on Friday, September 14 to Sunday, September 16, 2001 at the Nottawasaga Inn in Alliston.

All pharmacists are cordially invited to attend this weekend that will feature a combination of professional development, pharmacy educational programs, social interaction and much, much more! Not just for hospital pharmacists, community pharmacists will also benefit from the enhanced therapeutic perspectives of the educational programming. The conference will provide an opportunity for networking between the hospital and community sectors, so come and experience seamless care and its possibilities. For program information, please contact Henry Halapy, St Michael's Hospital, Pharmacy Department, 30 Bond Street, Toronto, M5B 1W8 tel: (416) 864-6060 ext 2120.

Newcomers To The College

Ifrah Osman has joined our Office Services Department in December in the capacity of Office Services Clerk. Ifrah has a B.Sc. in Biology from the University of Toronto. She came to us from Community

Unity Alliance where she worked as an Intake Worker, and prior to that, Ifrah conducted research for the North York Committee on Race and Ethnic Relations.

Wentao (Wendy) Xiong joined the College in January in the capacity of Junior Programmer. She came to us with two years programming experience, most recently with Daedalian Systems Group. Wendy received her B.Sc. in Material Science and Engineering from Beijing Polytechnic University and her M.Sc. in Physical Metallurgy from University of Leeds, UK. Wendy does Oracle programming as well as web HTML programming.

Diana Spizzirri began in March, filling a 15-month contract position as SPT Pharmacist to help with the additional workload and logistics in expanding the SPT program. Diana is a hospital pharmacist who came to us from Mount Sinai Hospital. She graduated from University of Toronto and did a residency at The Toronto Hospital.

Jaswant (Jessie) Sandhu joined us in March as an Information Processing Pharmacy Clerk. Jessie came to us from the Canadian Diabetes Association where she held the position of Office Administrator. She has also held positions at The Red Cross Society and the Bank of Montreal.

Wendy Davidson began in April as the College's Manager, Information Technology Services. Wendy graduated from Sheridan College with a diploma in Computer Science in 1983. She was hired by Sheridan in 1985 as a Programmer and progressed through a number of positions, serving the last three years as Manager, Corporate Information Systems Development. In 1998, Wendy moved to the Law Society of Upper Canada as Manager, Information Systems Projects where she was responsible for the leadership of the IS Department with a special focus on applications development. In this capacity, Wendy worked closely with the management team, staff and service providers to develop and implement the organization's information systems strategies. These strategies included the transition from third-generation applications to web-based solutions supported by leading database technologies. Wendy's familiarity with professional regulatory issues is sure to be of tremendous benefit to the College as we move forward with our IT-related strategic initiatives.

Farewells

Zahra Jiwani – In February we said farewell to Zahra who left the College to pursue a career in the

continued on page 36



Communications Road Trip

Part II



“ The public has to like us... we don't know why, it's just part of our psyche”

• Walkerton

“ We as members of a profession need to do more to help the public understand and appreciate what we do”

• London

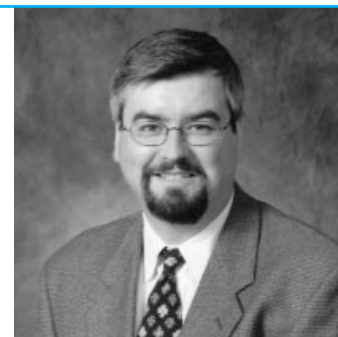
“ Pharmacist counselling builds patient compliance”

• Toronto

“ There isn't one pharmacist today that would not want to participate in the process of changing public perception”

• Peterborough

This is the second article on Layne's findings after visiting with community and hospital pharmacists across Ontario this past summer and fall. This article focuses on feedback he received for assessing the need for public education.



Layne Verbeek, B.A.

Communications Manager

The primary focus of my questions for pharmacists was to obtain their views on how the public perceives pharmacists, as well as how pharmacists perceived the views of the public. It is important to note that the information was gathered qualitatively rather than statistically to inform the overall approach that OCP's public education program should take.

A Majority of Pharmacists Support a College-Led Public Education Program

About two-thirds of all pharmacists interviewed strongly supported the College's decision to educate the public and many said such a plan was long overdue. However, a number of respondents did say that they "had no idea" how this could be done, citing the complexity of the messages that should be relayed as well as the vast volumes of news and marketing that bombard Ontarian's every day. Respondents also insisted that any initiatives created should be clear, graduated, and rolled out over a number of years.

These pharmacists wanted the education program to accomplish two goals: to reach out to patients that dislike or misunderstand pharmacist assistance/dialogue; and to help change public perceptions that see pharmacy as "just another retail commodity". These respondents tended to be working in either chain drugstores or drugstores in mixed retail stores in communities with larger population bases. Many reported having fewer one-on-one relationships with their customers than they would ideally like.

One Third of Members See Low Benefit for Public Education

The remaining third of respondents thought there was little benefit in a public education program. Most said they already had strong relationships with their patients and considered there would be little new information that the College could relay to their patients. These respondents also believed that such a program would not be successful in reaching "the people who need the information the most".

These members also worried that such a program would "interfere" with the



“ No other profession gives out free information, all the time”
• *Owen Sound*

“ The pharmacist is a member of the community... imagine if pharmacists went on strike for one day!”
• *Hamilton*

“ The angle of: “Talk to Your Pharmacist” is well handled by people who profit from it... there is a need for information going to all Ontarians to be congruent and [for us] not to rely on marketers to do this”
• *Sault Ste Marie*

“ We can have more time to counsel if they [patients] can call in advance to re-fill their prescriptions”
• *Mississauga*

relationships with their patients. Not surprisingly, these respondents tended to be pharmacists in either independent pharmacies or small community retail stores that have an established customer base and high patient loyalty. Pharmacists working in clinics also saw less need for public education.

However, when asked if they would want to participate once a program was created, most replied they would, seeing the need for additional demonstrations of professional consistency to the public and other stakeholders.

Through Pharmacists' Eyes

While solidly consistent with the findings of the 1999 Camelford Graham Report (see *Pharmacy Connection* September/October 1999), these interviews yielded a number of subtle variances in members' perspectives on how the public regards pharmacists. Overall, respondents believe that about half of the public already appreciates and/or relies on existing pharmacist-patient relationships, while the remainder believe the public continues to view pharmacists as “retail-focused dispensers”. Respondents' comments on how pharmacists are regarded included:

General Comments

- The public holds pharmacists in high esteem, “most trusted profession”
- Many patients are reluctant to approach the pharmacist for fear of “bothering” or “asking for a favour”
- The public has nonetheless come a long way in their appreciation of the profession over the past 15 years
- The public does not fully understand the range of pharmacists' services, skills or expertise
- There is little public awareness of all the steps required to fill a prescription
- Natural health products are usually purchased based on word-of-mouth information — and often despite a pharmacist's differing advice
- Many people still do not understand the fee structure or how products are priced
- Many people neither appreciate nor want counselling, and even fewer understand the need for providing personal information to their pharmacist

By Population Type

- Seniors make use of pharmacists' services most, though many continue to be shy, fearing they are imposing on the pharmacist's time
- Mothers of small children are the second most-likely group to ask for advice
- Too many “new mothers” think Tylenol®, is a “cure-all”
- 35-45 year-olds need prescriptions less often, but ask many more questions and have higher expectations of the pharmacist
- Young people (15-25) are “intimidated” by the information gathering and counselling process and are often too hesitant to approach the pharmacist
- Overall, men ask less questions and are less participatory than women

Hospital Pharmacists

- Very few people know about hospital pharmacists
- Many people consider hospital pharmacists to have different levels of training from community pharmacists



By Location

- Customers in small towns with long-established pharmacies are most likely to have a long-term relationship with their pharmacist, often on a first-name basis
- Customers ask pharmacists working in pharmacies in mixed-retail stores, “Are you a full-fledged pharmacist?”
- Patients going to pharmacies located in medical clinic buildings see the pharmacy as an extension of this health care setting and therefore appear to not only “hold higher standards” for that pharmacist, but also to expect faster service
- Some community pharmacists consider it difficult to be the only pharmacist in a small community, feeling that their professionalism is eroded by familiarity

What Pharmacists Believe the Public Should Know

The survey next asked pharmacists what they thought the public should be “taught” or informed about pharmaceutical care. Responses included themes such as:

- Build public trust in pharmacists and pharmacies
- Stay with one pharmacist or one pharmacy
- The pharmacist is a key health care provider and vital part of your health care team
- There is a full range of pharmaceutical care services available
- Nothing replaces communication with the pharmacist
- Patient rights
- It is important for patients to provide detailed personal, medical and drug information for proper pharmaceutical care
- Pharmacists are bound by confidentiality laws
- It is also the patient’s responsibility to ensure he/she provide complete and accurate information to help the pharmacist carry out his/her duties
- Pharmacists cannot fill early repeats on prescriptions
- Non-prescription medicines and herbals are not benign and require as much care in self-administration as prescriptions
- Patients should know that they can schedule counselling sessions with their pharmacist
- Public needs to know they can make complaints (to the pharmacy staff and/or OCP) if they feel they received inadequate service
- Pharmacists can refuse to fill prescriptions under certain circumstances

Suggested Messages for the Public

Much work will need to be done before the key public messages are defined, but the following demonstrates the range of messages proposed by interviewees, in order of frequency:

- “Don’t be shy, ask your pharmacist”
- “Your pharmacist is professionally required to counsel you on all new prescriptions. He/she will ask you about other medications, medical conditions, lifestyle factors and any non-prescription medicines or natural health products that you take, etc.”
- “All Ontario pharmacists, in all locations, follow the same professional standards”

“ Some of the misadventures of patients being admitted to hospital are the result of them not knowing enough information about their drugs and proper usage”
• *Sault Ste. Marie*

“ The public doesn’t expect service just because they pay a fee. Educate them why there is a fee and its benefits.”
• *Thunder Bay*

“ People rely on word of mouth for making decisions on buying herbals – it’s out of our control”
• *Vanier*

“ We need to have the *Standards of Practice* and the public [sic] to come together. We will not see a shift in practice as quickly as we want”
• *Sault Ste. Marie*

“ Not only doesn't the public want to talk with pharmacists, they don't know that they can nor do they know what they can expect – they don't know what they are missing....”

• *Hamilton*

“ The perception you generate will become reality”

• *Kingston*

“ Let people know what to expect and they will make demands of the pharmacist and pharmacy”

• *Ottawa*

“ The public expects free information and see the prescription as the 'prize'...”

• *Hamilton*

“ Count, stick, lick and pour”

• *Chatham*

- “Stay with one pharmacist or one pharmacy”
- “We can counsel on herbal products as well as non-prescription and prescription drugs”
- “Pharmacists are the most accessible and available health care professionals”
- “Your pharmacist is a member of your community”
- “Pharmacists are a key link to your good health”
- “Expect more of your pharmacist”
- “Pharmacists do not have control over drug prices or insurance plan options”
- “There are many types of pharmacists – hospital, community, research, academic, etc.”
- “You pay a professional fee – so make use of it”

Target Groups

The groups most commonly cited to be reached in the education program included:

- General public
- All shoppers and patients visiting the pharmacy
- Parents with babies/young children
- Women
- Adolescents
- Seniors (only for the message: “Don't be shy. Ask. We are here to help.”)
Interestingly, pharmacists say they see less need to directly educate or reach out to seniors — as seniors will be reached through messages and materials directed to other audiences.

Physicians

About one-third of the respondents raised the need to reach out to physicians, although many expressed their doubt that this could be done without significant effort. And, while many felt that a physician-targeted program is necessary, most agreed that OCP's efforts should first focus on public education.

Suggested messages for physicians included:

- “Please complete the entire prescription so we don't have to follow-up with you”
- “Let your patients know that they can consult with their pharmacist for full drug usage and interaction details”
- “Pharmacists are key to ensuring continuity of patient care and should be seen as a part of a team that you can turn to”
- “Don't forget us in the patient discharge process from hospital”

Suggested Communication Methods

When asked what they believe would be the best media to use to communicate to the public, most members were quick to suggest television advertisements. While this response is predictable for such surveys, pharmacists did express their desire for broad-based public education that promotes the value that the profession has for each person's health and overall quality of care.

Once the idea of broad advertising (radio, TV, newspaper ads) was ruled out — due to costs and current budget constraints — members were consistent in wanting OCP initiatives to be initially distributed and focused within the dispensary, non-prescription and natural health product areas of stores. The majority of respondents support a program that uses a few types of in-store materials that allow pharmacists to select what would work best in their location.



They also want the materials to be individual items that would remain in the store and read by many, as opposed to pharmacies receiving hundreds of flyers, brochures or bag stuffers that inevitably become “unused goods for recycling”.

The program should also:

- Ensure messages are the same in all locations
- Use materials that are located at eye-level and designed to stand out from in-store promotions
- Provide additional materials or messages that can be either photocopied and/or distributed by the pharmacist in their own patient education materials
- Encourage pharmaceutical companies to include pharmacists in their direct-to-consumer advertising such as, “Ask your doctor and/or pharmacist for more information”

Mandatory versus Voluntary Participation

If indeed the first phase of the public education program is designed to focus on in-store materials, the next question is whether such a program should involve mandatory or voluntary participation for pharmacists and pharmacy owners.

While this issue garnered a fair amount of debate, a slight majority of those interviewed believed that in order to ensure the consistency of messages the public receives, as well as building membership cohesion, the College should require mandatory participation in the education program.

Respondents who opposed a mandatory program said such a program was either unnecessary or would cause pharmacists to resent the College and therefore lead to less member support for the program.

Funding of Education Initiatives

As most members expressed a desire for extensive long-term public communications, I began asking members how they believed the sizeable costs in carrying out a thorough province-wide program should be met. Interviewees preferred these options in the following order:

- 1) All costs rolled into pharmacy fees
- 2) All costs rolled into membership fees
- 3) Split costs between pharmacy and pharmacist fees
- 4) Provide a certain amount of publication materials free and then have members pay on a cost-recovery basis for additional materials requested

Create a Program with a Professional, Clean Look

Members were questioned on the “look and feel” of such a program and they replied that it should be: professional, bold, have high visibility, coloured uniquely from other marketing materials in stores, and have solid OCP branding or identification. It should not however, be overly humorous, patronizing or casual.

Develop Common Symbol/Signage to Identify Pharmacists in All Locations

During the successive interviews, a number of pharmacists also raised the idea that the College should work to include ways to “raise the profile of the profession for the patient’s benefit “and/or to separate pharmacists from retail staff” through its education materials.

“ We as pharmacists do not communicate with each other – we just compete”

• *St. Catharines*

Suggested Message for Public: “Ask me how else I can help”

• *Ingersoll*

“ There is a wide range of responses [from the public] “

• *Little Current*

“ A voluntary [program] doesn’t properly present the profession”

• *Timmins*

“ You need to make the program [public education] mandatory if you want to move the profession”

• *Trenton*

“ I am not sure if the public doesn’t know about dialogue, or if they just don’t expect the pharmacist to engage”

• *Hamilton*



“ Too many patients perceive value to be different depending on the price of the dispensing fee’
• Kingston

“ We maintain profiles, educate and monitor interactions... we don't fill and bill”
• Port Elgin


Some cited the Quebec model where most pharmacies, regardless of type (independent, clinic or franchise) have a sign with a green cross and bowl of Hygeia on the exterior to identify the pharmacist professionals on site. Versions of this symbol and sign have also been long used in a number of other countries.

Pharmacists said that such a program would work to greatly: improve the public's awareness of the profession and consistency of practice across all settings; improve owner appreciation of the profession; and work to build greater member pride in the profession.

OCP Needs to Ensure Members Thoroughly Understand All Particulars of a New Program

Finally, members also said it was critical for the College to thoroughly explain the rationale, development and communications goals and benefits of any future education programs.

Indeed, this objective is a key operating principle of the new Communications Committee. These articles are being published not only to provide you with a comprehensive summary of my findings, but to let you know that the College is working to launch a multi-year, Ontario-wide public education program within the next few months.

The Communications Committee is well under way in developing this program and we now invite you to provide us with your views and expectations for the program's scope. Any OCP communications program that is developed will also include annual research, regular program monitoring, and continued consultation with pharmacists. Our ultimate goal is to develop a program that will build public awareness and appreciation for the pharmacist-patient relationship. We continue to seek your support and enthusiasm to reach this goal. 



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Bulletin Board *continued from page 30*

communications industry. Zahra worked as an Information Processing Clerk in the Pharmacy area. While she was only with us for a short while, we were happy to share in her wedding and wish her well in the future.

Alison Delory – Alison joined the College as Publications/Production Coordinator in 1994, just as the first issue of Pharmacy Connection was about to roll off the presses. Her many talents helped to mold the publication and Alison was appointed Associate Editor in 1996. In early 1997, Alison left the College to return to school. Later that year with her newly earned degree in Journalism to add to her B.A. in Public Relations, Alison returned to the College and the publication on a contract basis. Alison will be greatly missed by everyone at the College as she moves on now to take up a permanent part-time position with the *Medical Post*. We wish her all the best and hope to cross paths with her again.

Tina Langlois – After eight years at the College, Tina has decided to pursue other life goals. Tina has been

an integral part of the management team. Her perspectives as a lawyer enhanced the College's complaints and discipline processes. Tina is well respected and provided excellent facilitation to the College and its committees and was also sought by many individual members for assistance. Her many contributions, enthusiasm, articulate and straightforward communications skills, and her commitment to the industry will be greatly missed. Tina has recently made a move to Stratford, Ontario with her family. We wish her great success and happiness in the years to come.

Internal Moves

Barbara Church made the move from Information Processing Technician Clerk to SPT Secretary at the beginning of this year.

Paula Mitchell moved from Receptionist to Information Processing Technician Clerk in February.

Layne Verbeek now adds the duties of Associate Editor, Pharmacy Connection to his role as Communications Manager. 

OCP Manual Contents

As of April 4, 2001

Drugs and Pharmacies Regulation Act (DPRA) & Regulations

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

Drug Schedules

- Summary of Laws Governing Prescription Drug Ordering, Records, Prescription
- Requirements and Refills – January 2001 OCP
- Canada's National Drug Scheduling System – April 3, 2001 NAPRA **Change**

Regulated Health Professions Act (RHPA)

- Version – Office Consolidation June 30, 1999 (Publications Ontario)

Pharmacy Act (PA) & Regulations

- Version – Office Consolidation May 28, 1999 (Publications Ontario)
- Ontario Regulation 548/99 Amending O. Reg. 202/94 – November 29, 1999
- Ontario Regulation 550/99 Revoking O. Reg. 620/93 – November 29, 1999

Standards of Practice

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

Drug Interchangeability and Dispensing Fee Act (DIDFA) & Regulations

- Version – Office Consolidation December 4, 1998 (Publications Ontario)
- Ontario Regulation 73/99 Amending Reg. 935 of R.R.O. 1990 – February 25, 1999
- Ontario Regulation 496/00 Amending Reg. 935 of R.R.O. 1990 – August 28, 2000
- Ontario Regulation 15/01 Amending Reg. 935 of R.R.O. 1990 – January 26, 2001 **Change**

Ontario Drug Benefit Act (ODBA) & Regulations

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

Food and Drug Act (FDA) & Regulations

- Updated NAPRA Version as of October 25, 2000
- Amendment – Paragraph C.01.004 (1) (b) – September 1, 2000

Controlled Drugs and Substances Act (CDSA)

- Updated NAPRA Version as of December 1, 1999
- Amendments – Schedules III and IV - September 1, 2000
- Amendment – Benzodiazepines and Other Targeted Substances Regulations – September 1, 2000

Narcotic Control Regulations

- Updated NAPRA Version as of December 1, 1999

OCP By-Laws

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

Reference

- Handling Dispensing Errors, Pharmacy Connection Mar/Apr 1995
- Revenue Canada Customs and Excise Circular ED 207.1
- Revenue Canada Customs and Excise Circular ED 207.2
- District Excise Duty Offices – Oct. 10/96
- Guidelines for the Pharmacists on “The Role of the Pharmacy Technician”

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“It’s Worth Knowing”

See the July/August Issue of Pharmacy Connection

