

Pharmacy Connection



Official Publication of the Ontario College of Pharmacists

*Annual
Pharmacist Fees Due
March 10, 2002*

January/February 2002

DISTRICT MEETINGS 2002



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Confidentiality
page 8

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Perceptions of
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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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| 2 Barbara Minshall | 12 Sherry Peister | PM Bob Drummond |
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- Complaints
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- Fitness to Practice
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- Quality Assurance
- Registration

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- Finance
- Professional Practice

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- Standards of Practice Working Group
- Structured Practical Training

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- Working Group on Certification Examination for Pharmacy Technicians
- Working Group on Pharmacy Technicians

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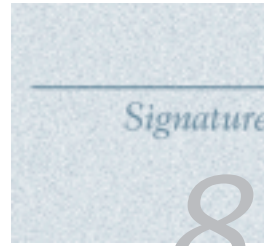
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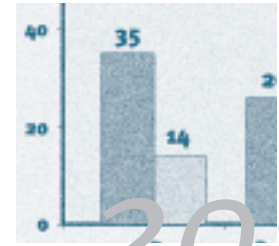
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Pharmacy Connection

The objectives of Pharmacy Connection are to:

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

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



*Della Croteau
Deputy Registrar/
Director of Programs*

Editor's Message

District meetings will soon be held throughout the province. Running from February to June 2002, meetings will focus on three areas: the proposed competencies for pharmacy technicians, the proposed standards for designated managers, and the new public education program.

To allow for a full discussion on the proposed pharmacy technician competencies, we encourage all pharmacists and certified pharmacy technicians who receive *Pharmacy Connection* to share the competencies (printed in the November/December 2001) with their technician colleagues. We also ask you to invite your technician colleagues to attend and contribute to the discussions of the proposed competencies at their local district meeting.

The regulation of pharmacy technicians is a major undertaking and it requires input from as many stakeholders as possible. While the College has invited stakeholders from across the province to review and provide feedback on the proposals, we also know the experts and most important stakeholders on this issue are the pharmacists and pharmacy technicians providing patient care every day in community and institutional practices. Come out and let us know your thoughts and perspectives. Your assistance in

***We encourage
all pharmacists
and pharmacy
technicians to
come out to this
year's district
meetings***

facilitating a discussion and participation with all technicians will be greatly appreciated.

Pharmacists and pharmacy technicians attending the district meetings will also be interested in participating in discussions on the *Proposed Standards for Designated Managers* (May/June 2001). These standards are intended to clarify the role of designated managers for the managers themselves, their employers and their employees. The Accreditation Committee has

received written feedback on the standards and we look forward to further discussions with you and your colleagues.

We will also be discussing progress and implementation of the new *Point of Care* public education program. In addition, the results of two recent surveys on public attitudes and pharmacy care are presented on page 20. As you know this is a multi-year program and we seek your views on the audiences and messages we need to target in the future.

Our Council and staff look forward to meeting with you at the district meetings. Please refer to the district meeting schedule, page 6, to note the meeting closest to you. See you and your technicians there. ☑

Registrar's Message



*Deanna Laws
Registrar*

Do pharmacists need to own pharmacies? As a question that was the subject of considerable discussion between the College and the Ministry in the mid-1980s, this issue was once again debated with vigour and much emotion at our December Council. This question tugs at the heartstrings of every pharmacist and invariably invokes a compelling and immediate “YES” from all of us. I was proud to be a pharmacy owner, and the pharmacist in me continues to struggle whenever an argument is made saying that the places of practice where drugs are sold does not need to be owned and controlled by pharmacists.

But for a moment, let's look at “the other side” of the coin. The reality in Ontario is that we have had, for many years, a quirky phenomenon known as “pre-54 charters.” These exempt pharmacies (with charters dated May 19, 1954 or earlier) from the College's usual and customary ownership requirements. Since that time, the number of non-pharmacist-owned pharmacies under this exemption has grown to over 660, or 25 per cent of all Ontario pharmacies.

We believe that the College must be able to hold everyone who owns/operates a pharmacy accountable — whether they are a pharmacist or not. Indeed, the College has recently taken a number of steps to increase the levels of accountability in pharmacy operations. But there is little evidence in Ontario that the public is better protected or served by pharmacist-owned pharmacies.


Nor does the reality in other Canadian jurisdictions help this argument. Ontario is only one of three provinces that still requires pharmacists to own pharmacies. We are currently collecting cross-Canada data, but so far, there is little evidence to show that, in the absence of professional ownership, the public is not being well served. Our regulatory colleagues report few challenges associated with pharmacy ownership, but they do agree that public protection can only be

assured as long as the appropriate measures are in place to hold all owners, pharmacists or not, accountable to the regulatory body for pharmacy operations.

The College understands that the Drug and Pharmacies Regulation Act (DPRA) may be opened in 2002 as part of a government legislative review. Therefore, Council has been reviewing the Act to ensure that necessary amendments are “ready to go” should this occur. Council therefore approved an amendment that would permit pharmacists to accept prescriptions from prescribers from any Canadian jurisdiction, and a second amendment that would allow pharmacists to delegate certain controlled acts (according to specific regulations which will need to be made) to registered pharmacy technicians.

The College appreciates being alerted to the possibility that the DPRA will be opened. While regulations to Acts are made and amended with some regularity, actual Acts are very rarely opened. This notice provides the College with the opportunity to propose changes to the Act — some of which will directly benefit the public and others necessary to effect future policy changes. And, whether the matter of pharmacy ownership arises or not, the College must be ready if such discussion occurs.

Council therefore struck a working group under the Accreditation Committee to consider this matter and to return with recommendations in March. This group will be review Ontario complaints and discipline statistics as well as data from other provinces.

Indeed, a position that is seen to be wholly supporting the ‘self preservation for pharmacy’ will be difficult, if not impossible, to sell. But we are confident that a compelling argument, made in the best interest of public safety and protection, will be heard. Stay tuned. 

***Everyone who
owns/operates
a pharmacy must
be accountable —
whether a
pharmacist
or not.***

Deanna Laws

OCP COUNCIL REPORT

December 2001



COLLEGE AMENDS BY-LAWS

In response to Council's decision earlier this year regarding membership in NAPRA, the Council agreed to amend the College by-laws to permit, *but not mandate*, membership in a national organization of bodies with similar functions to those of the College.

In addition to this by-law amendment, Council ratified the fees recommended in September 2001 and directed that the Schedules C and D of the by-laws be replaced to reflect the 2002 fees.

PROPOSED AMENDMENTS TO THE DPRA

Council considered an Executive Committee report that proposed a number of amendments to the Drug and Pharmacies Regulation Act. The DPRA was reviewed and changes were recommended in response to indications from the Ministry that the Act may be opened in 2002, and that the current provisions pertaining to the College's regulation of pharmacy ownership would be under review. The Executive's intent was for Council to be prepared with a position that would ensure that any amendments made would remain with sufficient controls to hold all pharmacy owners/operators accountable for pharmacy operational breaches — regardless of shareholding or ownership status. In addition to changes relating to accountability for operational issues, new clauses have been proposed to incorporate Council's previous decision to permit delegation (under certain protocols) to regulated pharmacy technicians in the future.

Although Council agreed to several amendments, the issue of pharmacy ownership was referred to the Accreditation Committee, who, with the involvement of a representative group from Council, will further examine this issue. This sub-group will gather information and report back to Council in March. The proposed changes will be published in *Pharmacy Connection* once Council has reached agreement on a position.

11TH ANNUAL REPORT OF THE GERIATRIC AND LONG-TERM CARE REVIEW COMMITTEE

The Council received an informational copy of the *Eleventh Annual Report of the Geriatric and Long Term Care Review Committee* to the Chief Coroner for the Province of Ontario. Several of the report's recommendations have been referred to the Professional Practice Committee for consideration and the relevant sections of the report will be published in a future issue of *Pharmacy Connection*.

CONFIDENTIALITY AGREEMENT TEMPLATE

Council reviewed a confidentiality agreement developed by the Professional Practice Committee. The agreement is intended to serve as a template that can be used or revised by owners and designated managers in their practices. It is important that all pharmacy staff agree to protect patient confidentiality. This message is prominent in the new

Policy Changes for Structured Practical Training

Council approved amendments to the SPT policy for pharmacist graduates from outside Canada and the U.S to incorporate the necessary flexibility for individuals participating in the education modules (CPS I and CPS II) offered at the Faculty. The policy revisions to the “General Policy Applying to Applicants from Other Jurisdictions” are as follows:

Clause 3. Applicants are required to serve a minimum of 32 weeks in-service training in studentship. This training will be comprised of:

- i) A minimum of 16 weeks of academic training at the Faculty of Pharmacy, University of Toronto, plus*
- ii) A minimum of 16 weeks of structured practical training in a direct patient care setting.*


There is a need for flexibility within the 32-week studentship to offer a variety of combinations of both academic and practical training to meet the needs for distance education or a part-time format, provided that equivalent outcomes are met. Therefore different formats will be tested to determine which ones best meet the needs of the candidates. Where possible, candidates will be encouraged to gain experience in a pharmacy prior to studentship.

Point of Care program. The document will be posted on our web site, www.ocpinfo.com and is presented on page 8.

PRACTICE ADVISORY BREAKFAST SERIES MEETINGS

This past fall, a pilot project of breakfast meetings was conducted to provide pharmacists with opportunities to meet and interact with College field representatives to discuss various pharmacy practice issues outside regular inspections. Meetings were held in Orillia, Bracebridge and Pembroke, and based on feedback from both members and staff; the meetings were a resounding success. Therefore, 16 meetings have been scheduled for 2002. See page 35 for details.

HPRAC FIVE-YEAR REVIEW

Council received an update on the five-year review of the RHPA undertaken by the Health Professions Regulatory Advisory Council. The HPRAC report contains 67 recommendations — all aimed at making the regulatory processes of the health colleges more effective, efficient, flexible and fair. The College prepared a submission and also contributed to a submission by the Federation of Health Regulatory Colleges of Ontario outlining the concerns and suggestions common to all health regulatory colleges. The Ministry will continue to convene meetings with the colleges over the next couple of months to ensure that our concerns are taken into account during the drafting of legislative amendments. 

DISTRICT MEETINGS 2002

This year's meetings will focus on a number of new initiatives with emphasis on the:

- Proposed Pharmacy Technician Competency Profile
- Proposed Standards for Designated Managers
- Point of Care Education Program

We intend to spend particular attention on the proposed pharmacy technician competency profile and ask you invite your technician(s) to attend the district meeting with you, as the proposals affect both the roles of technicians and pharmacists. Please attend the district meeting that is most convenient to you. (All meetings will begin at 7 p.m. and end before 10 p.m.)

FEBRUARY			
DATE	DISTRICT	LOCATION	COUNCILLOR
Thursday, February 7	7	Best Western Voyageur Place Hotel Ontario Room 17565 Yonge Street NEWMARKET	Leslie Braden
Tuesday, February 19	8	Burlington Conference Centre Oakville Room 5420 North Service Road BURLINGTON	Iris Krawchenko
Wednesday, February 20	4	Holiday Inn Yorkdale DeHavilland Room 3450 Dufferin Street TORONTO	Sam Hirsch
Tuesday, February 26	5	Ramada Plaza Toronto Airport East Lady Hamilton Room 1677 Wilson Avenue TORONTO	Larry Hallok
Thursday, February 28	11	Holiday Inn Select St. Clair A 1855 Huron Church Road WINDSOR	Dave Malian
MARCH			
Wednesday, March 6	12	Holiday Inn Hall B 200 Holiday Inn Drive CAMBRIDGE	Sherry Peister
Thursday, March 7	8 17	Sheraton Hamilton Hotel Heritage Room 116 King Street West HAMILTON	Iris Krawchenko Shelley McKinney
APRIL			
Thursday, April 11	12	Holiday Inn Michigan Room 30 Fairway Road KITCHENER	Sherry Peister
Wednesday, April 17	1 17	Chimo Hotel MacKenzie Room 1199 Joseph Cyr Street GLOUCESTER	Marie Ogilvie Shelley McKinney
Thursday, April 18	3	Ramada Plaza Hotel Renaissance Room 185 Yorkland Blvd TORONTO	Martin Belitz

DATE	DISTRICT	LOCATION	COUNCILLOR
Tuesday, April 23	16	Clarke Institute Stokes Auditorium Room G58 250 College Street TORONTO	Albert Chaiet
Thursday, April 25	13	Walkerton Golf & Country Club RR#4 WALKERTON	Bill Mann
MAY			
Wednesday, May 1	10 17	Best Western Lamplighter Inn 591 Wellington Road LONDON	Steve Balestrini Shelley McKinney
Tuesday, May 7	14	Pinewood Park Inn Founders A Room 201 Pinewood Park Drive NORTH BAY	Tracy Wiersema
Thursday, May 9	2 17	Holiday Inn Oshawa Guild East Room 1011 Bloor Street East OSHAWA	Barbara Minshall Shelley McKinney
Thursday, May 16	9	Sheraton Fallsview Oakes Northwest Room 6755 Fallsview Boulevard NIAGARA FALLS	Larry Boggio
Tuesday, May 21	15	Valhalla Inn Viking Room 1 Valhalla Inn Road THUNDER BAY	Gurjit Husson
Wednesday, May 22	15	Best Western Motor Inn Sunset Room 349 Government Road DRYDEN	Gurjit Husson
Wednesday, May 29	6	Canadian Coptic Centre Trinity Hall C 1245 Eglinton Avenue West MISSISSAUGA	Alex Wong
Thursday, May 30	7	Holiday Inn Churchill North 20 Fairview Road Highway 400 and Essa Road BARRIE	Leslie Braden
JUNE			
Tuesday, June 4	14	Howard Johnsons Georgian B 1696 Regent Street South SUDBURY	Tracy Wiersema
Thursday, June 6	2	Holiday Inn Trenton Harvest East Room 99 Glen Miller Road, RR #5 TRENTON	Barbara Minshall
Tuesday, June 11	15	Holiday Inn Waterfront Thompson Suite A 208 St. Mary's River Drive SAULT STE. MARIE	Gurjit Husson
Thursday, June 13	1	McIntosh Country Inn McIntosh Room 12495 Hwy #2 East MORRISBURG	Marie Ogilvie

Ensuring Patient Confidentiality

Pharmacists continue to have concerns about the confidentiality of patient health information. It is also important that patients have confidence, not only in the pharmacist, but in all pharmacy staff, to protect their privacy. This includes both dispensary and front store staff (cashiers, stock, and delivery persons).

PRINCIPLE 3 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.”

STANDARD 4 OF THE STANDARDS OF PRACTICE FURTHER STATES:

“While respecting the patient’s right to confidentiality, the pharmacist communicates and educates to provide optimal patient care and promote health.”

You will have also noticed that a key message of the new *Point of Care* program also addresses confidentiality from the patient’s perspective with the message:

“Your pharmacist and pharmacy staff are required to keep all patient information confidential and safely stored.”


A recent OCP-commissioned survey found that patients have a high level of confidence in both pharmacists and the staff assisting them (see page 20), but it is vital that we continue working to ensure that this level of confidence is maintained in all Ontarians. Confidentiality is key to the pharmacist-patient relationship as well as the patient’s trust in pharmacy staff. It is for this reason that the College has drafted this confidentiality agreement (see page 9).

We strongly recommend that each pharmacy’s designated manager ensure that all staff (behind and in front of the dispensary) confirm their commitment to patient confidentiality by signing an agreement. Using the attached agreement, or any other, we urge you and your staff to sign agreements in the spirit of fostering trusting patient relationships.

At this time of year it is also especially important for pharmacists to be aware of their responsibilities for the confidentiality of patient records. The coming tax return season will bring a flurry of requests for missing receipts, patient medication histories, and prescription expenditures, all of which constitute patient health information.

A July/August 1997 article entitled “Confidentiality of Patient Information” dealt with many aspects of confidentiality and privacy. The following is a useful excerpt:

“Spouses: *We have been asked on numerous occasions whether someone is entitled to a copy of his or her spouse’s prescription information. While in most cases the request is made solely out of convenience (for example, when one spouse is gathering the annual tax information), pharmacists should be cautious, as this information is sometimes gathered to discredit the spouse in a separation or custody battle. It is always a good idea to get permission from the patient whose information is being released. Nothing requires you to get written permission, but it is advisable to document your conversation with the patient; and if there is any doubt in your mind, take the time to get it in writing. Remember, not only are you protecting the patient’s confidential information but you are also protecting yourself from liability.”*

There are a number of OCP articles and references on confidentiality, all of which can be found on www.ocpinfo.com. There you will find articles from past issues of *Pharmacy Connection* along with Council Reports and Pharmacy Practice Q&A’s. Use the “SEARCH” feature for easy locating of these references. 

Confidentiality Agreement

Patient's health records and customer's personal information are confidential.

I understand that I may become aware of patient or customer information in the course of performing my duties at *Name of Pharmacy* and I am prohibited from divulging or communicating this information both during and after my employment.

I agree to respect the patient's right to confidentiality and privacy.

I agree to access patient's personal health information only as permitted in the performance of my duties or as otherwise directed by the pharmacist.

I agree to preserve the confidentiality of all clinical or patient information and to not divulge this information in any form, except where authorized by the patient or required by law.

Any breach, on or off duty, of this agreement will be taken seriously. Any violation can or may result in legal or disciplinary action including dismissal.

I *Name of employee* , acknowledge that I have read the confidentiality agreement and understand my responsibilities as they pertain to confidentiality of personal information and agree to the principles of this agreement.

Signature of employee

Signature of Owner/Designated Manager

Date

Please visit www.ocpinfo.com for electronic copies of this form.

Pharmacists' Annual Fees due March 10, 2002

Your member fee of \$478.87 is due no later than March 10, 2002. Renewal forms will be mailed to you by mid-January; please contact the College if you have not received your form by January 31st.

Fee Payments

As prescribed in the by-laws, members are responsible for timely renewal and payment.

March 10th Deadline: Your form and fee must be received and/or postmarked no later than March 10th. The sooner your form and payment are received, the sooner they will be processed and the sooner you will receive your receipt and wallet card. (We will try to notify you prior to March 10th if there is a problem with either the form or the payment)

Preferred Mailing Address: Your preferred mailing address will appear only on lists given to providers of accredited CE courses and candidates running for election to Council. In the absence of a workplace address, all mail will be sent to your residence until such time as a workplace address has been registered

Postdated Cheques cannot be processed early by the College, however staff can verify their receipt (call Member Services for confirmation)

Late payments are subject to a penalty of \$80.25. This includes cheques received early but postdated after March 10, 2002. Furthermore, late payments are not processed until the penalty has been received (fee + late penalty fee = \$559.12)

NSF cheques are treated as late and incur both a late penalty fee and a \$5 NSF service charge. As well, all unsigned cheques and forms will be returned for signature

When filing your fee, please ensure that you:

Include your fax number and e-mail address for faster receipt of College updates and notices

Make sure your cheque is signed and made payable to the Ontario College of Pharmacists or OCP for the correct amount of \$478.87

For further information contact: Member Services,
Roland Starr (416) 962-4861 x 237, rstarr@ocpharma.com
Heather Harris x 233, hharris@ocpharma.com
Ifrah Osman, x 230, iosman@ocpharma.com

Q&A

Registration



Chris Schillemore, B.Sc.Pharm.

Manager, Registration Programs

Q I have heard conflicting stories about the need for WSIB Coverage for students. Could you explain my responsibility for arranging coverage for training placements?

Preceptors should be aware that, in certain circumstances, they may need to make arrangements for Workman's Safety & Insurance Board (WSIB) coverage for students. Students or others who are paid during their training placements are typically covered for WSIB through the pharmacy's payroll.

In volunteer placements, U of T students are covered for WSIB through the Ministry of Training, Colleges and Universities.

However, for those doing volunteer training placements, but who are not registered in a Canadian undergraduate pharmacy program, their employer must contact WSIB to arrange for coverage during the training period. This includes such trainees who might do a volunteer placement: international pharmacy graduates; or U.S. graduates/undergraduates or Ontario pharmacists going from Part B to Part A of the register. WSIB coverage costs for community pharmacies is nominal; the 2001 rate was about \$0.45 per day. Contact WSIB at 416-344-1000 or 1-800-387-0080 for details.


Q My friend was licensed in Manitoba in June 2001 and I was licensed there in October 2001. Why are the requirements different for me?

The Mutual Recognition Agreement (MRA) stipulates that the requirements for licensure include: i) an accredited undergraduate degree; ii) fluency; iii) structured practical training; and iv) a national licensing exam which tests entry-to-practice competencies and other requirements.

In addition, the MRA has a "grandfather" clause for those licensed before July 1, 2001. Therefore, candidates licensed in a signatory province prior to July 1, 2001 can be also licensed in Ontario upon successful completion of the OCP jurisprudence exam. As the exam is offered across Canada, we recommend that candidates write the exam in their home province (prior to moving to Ontario) to speed up the licensing process.

Candidates licensed in a signatory province after July 1, 2001 will have their applications referred to a panel of the Registration Committee whenever there are doubts that they meet the registration requirements agreed to under the MRA and required by the OCP for registration.

Such candidates include those who did not complete their undergraduate degree at an accredited U.S. or Canadian university, those who did not complete structured practical training, or those who did not complete the PEBC with OSCE.

The signatory provinces have agreed that all candidates must meet the MRA requirements. However, as some provinces are still in the process of determining some of the means through which these requirements may be best demonstrated, candidates in Ontario will be referred to a registration panel for determination of their attainment of entry-to-practice competencies. 



Greg Ujiye, B.Sc.Pharm.

Manager, Pharmacy
Practice Programs

Q&A Pharmacy Practice

Q Can I accept a faxed prescription order for a narcotic from another pharmacist for emergency use by the patient?

Although the Ontario College of Pharmacist's new policy on faxed prescriptions (see *Pharmacy Connection* July/August 1999) allows for accepting a faxed prescription for a narcotic from a physician, a pharmacist cannot accept a faxed *order* from another pharmacist for a narcotic or controlled drug for emergency purposes.

The fax policy refers to controlled drug or narcotic prescriptions — not orders.

The Narcotic Control Regulations, section 45:

- (1) A pharmacist may, upon receiving a written order for a narcotic signed and dated by
 - (a) the licensed dealer who supplied that narcotic to him, return the narcotic to that dealer; or
 - (b) another pharmacist, supply such quantity of that narcotic to that other pharmacist as is specified in the order as being required for emergency purposes.
- (2) A pharmacist shall forthwith after returning or supplying a narcotic pursuant to subsection (1) or receiving a narcotic pursuant to paragraph (1)(b) or subsection 65(4) enter the details of the transaction in a book, register or other record maintained for the purpose of recording such transactions.

The Narcotic Control Regulations differentiates between a "prescription" and an "order". A narcotic prescription is defined as "an authorization given by a practitioner that a stated amount of the narcotic be dispensed for the person named in the prescription." Supplying a narcotic for emergency purposes is viewed

as an order similar to purchasing products from a licensed dealer.

Pharmacists may fax another pharmacy requesting if the product can be supplied, but the pharmacy supplying the product must ensure that they have the original written order on hand and signed by a pharmacist, prior to releasing the product.

Q Some manufacturers offer incentives to switch patients from a specific competitor's product to their own. Should pharmacists participate in these programs?

No. Pharmacists should be guided by the OCP's *Code of Ethics*:

"All pharmacists have the obligation to act in the best interest of the patient, observe the law, uphold the dignity and honour of the profession, and practice in accordance with ethical principles."

Principle Seven states that:

*"The pharmacist collaborates with other health care professionals to achieve the best possible outcomes for the patient. Pharmacists understand the individual roles and contributions of other health care professionals and consult or refer where appropriate. Pharmacists also acknowledge that colleagues and other health care professionals may differ in the beliefs and values they apply to the care of the patient. **Pharmacists do not participate in any promotional methods or campaigns which undermine the exercise of professional judgement by the pharmacist or any other health care professional.**"*

Continued on page 16

Prescription Fraud & Forgery

Greg Ujiye, B.Sc.Pharm., Manager, Pharmacy Practice Programs

Recent weeks have seen increasing media attention on prescription drug abuse, the types of drugs abused, and their availability on the street.

The most common ways to gain access to narcotics or controlled substances are through legitimate prescriptions and forgeries. This has an impact on both pharmacists and physicians. Pharmacists face the unenviable task of balancing their responsibility to protect these medications from diversion against the requirements of ensuring appropriate patient care. College inspectors are also finding a significant number of forgeries during routine pharmacy inspections.

In the past, Health Canada's Bureau of Dangerous Drugs monitored narcotic and controlled drug purchases, prescription sales, and held a major role in monitoring and preventing diversions. The elimination of this department has placed the responsibility of screening narcotic prescriptions for authenticity directly onto the shoulders of pharmacists who have the ability to either refuse or remove fraudulent prescriptions from the system.

As a good resource on identifying and reporting fraud, I recommend the March/April 1999 article, "Prescription Fraud", written by the Drug Diversion Unit of the Metropolitan Toronto Police Force. This article can be found at www.ocpinfo.com. We recommend that all pharmacy staff read this article.

Advances in technology and the sophistication of such equipment as photocopiers and faxes makes detecting forgeries or prescription copies an even more daunting task. Fax numbers and points of origin can be manipulated, making it more essential than ever for pharmacists to be able to either recognize or verify the signatures on all prescriptions.

We have seen increased reports of forged prescription pads over the past year — which can be easily reproduced using computers with standard software. In these cases, actual clinic names were used but false physician names and phone numbers were added. An accomplice would answer the pharmacist's call and provide false "verification". In instances


where the physician cited on the prescription is unknown to the pharmacist, the clinic's address and phone number should be verified through the telephone listings. The College of Physicians and Surgeons (416-967-2603) should also be called for physician verification.

We have also noticed situations where a patient brings in valid prescriptions for their first few visits to a pharmacy in order to establish a relationship. Once this relationship has been established, the patient then brings in prescription forgeries bearing either the name of the originally cited physician or another. To prevent this, members should routinely verify longstanding prescriptions to ensure continued authenticity.

Pharmacists should also take a systematic approach to screening prescriptions before filling. The *Standards of Practice* and the pharmaceutical care model provide ideal tools for screening prescriptions and patients.

Checking the dose, the frequency and drug use indications are ideal starting points. Using your communication skills and observing the patient's behaviour (e.g. nervousness, aggressiveness, failure to make eye contact) may also provide you with clues of a fraudulent prescription — especially with patients whom you do not know.

Many forgeries for narcotics also contain an order for a second medication. How relevant is this medication to the narcotic or does the patient ask you to put the second prescription on hold or to set it aside to be picked up later? Drug seekers generally do not want you to call the prescribing physician, or if you do, the physician will likely not be available to provide verification. Refusing to take a partial quantity, or returning later for the prescription in conjunction with other factors, should raise your suspicions.

I recommend that you keep these and other suggestions from the prescription fraud article in mind for future situations where you suspect a patient has presented a forged prescription. 

Initiating *Dialogue* on Drug Interactions

Midge Monaghan, B.Sc.Pharm.

It's often helpful (if time and circumstances permit) for a health care professional to visit a client in the client's home. While it's not feasible to visit every client, it can be beneficial to identify and visit those who are most at risk for drug-related problems (taking multiple medications and/or living alone). A home visit will often reveal compliance and lifestyle issues that help explain the causes of drug-related problems that are occurring.

Most community pharmacists rarely have the chance to meet face-to-face with all of their patients. While pharmacists are able to provide care to certain elderly or physically immobile clients through telephone calls and delivery services, it is most beneficial for the pharmacist to personally visit these clients in their home to see exactly how they are managing their medications.

Pharmacist Joe Knows, was able to identify and resolve a DRP caused by a drug-drug interaction when he visited Mary Best on his way home from work one evening. Joe had called ahead and told Mary that he wanted to spend a few minutes with her to go over her medications. He asked her to gather all of her pills together, including all OTCs, vitamins and any herbal products she was taking.

Joe started by saying: "Hi Mary. It's nice to be able to visit you in your home because I miss seeing you at the pharmacy."

Mary: "I really appreciate your coming here Joe, because I haven't been able to get out of the house for any shopping at all since I broke my hip last year."

Joe: "I'd like to review all of your pills with you to make sure that you're not having any problems. While I'm doing this, would you please fill out this "Just Checking" questionnaire for me?"

Mary: "Sure. I can't believe that pharmacists really make house calls!"

Joe reviews all of her meds in the dosette as well as the Didrocal® kit and the PRN medications. Joe identifies some outdated vitamins and eye drops and then asks Mary if he can dispose of them at the pharmacy for her. He also notices that Mary has an extra calcium tablet in every bedtime slot of her dosette. He asks her if she takes it at the same time as the white (Didrone!®) tablets from the Didrocal® kit.

Mary: "Yes. My doctor told me that there isn't enough calcium in the kit, and she suggested that I take an extra one every day. Isn't that OK?"

Joe: "It's important for you to know that calcium tablets should not be taken at the same time as the white pills in the kit. The calcium actually mixes with the white pill and prevents it from doing its job. Those white pills are very important and must be taken on an empty stomach with a glass of water. You should be careful not to take any calcium or milk products within two hours. The blue pills in the kit are also calcium pills and they are set up to be taken on the days when you are not taking the white pills (Didrone!®). Your doctor is correct in telling you to take extra calcium, but it would be better to take the extra calcium every morning after breakfast. Do you eat a good breakfast every morning, Mary?"

Mary: "Oh, yes. I always have a poached egg on toast with juice or I have a bran muffin with fresh fruit. I usually have at least one of glass of milk along with some cheese everyday. Am I getting too much calcium in my diet?"

Continued on page 16

Dear Dr. Kool:

I visited your patient Mary Best in her home last week and spent some time reviewing her medications. Enclosed, please find a summary of her medications and dosage.

Medication Review:

Hydrochlorothiazide 25mg1/2 tablet QAM
 Ranitidine 150mg.....1 tablet BID
 Enteric Coated ASA 325mg1 tablet DY
 Pilocarpine 2%.....1 drop OU QID
 Norvasc® 5mg.....1 tablet DY
 Didrocal®1 tablet DY
 Tylenol® #32 tablets Q4-6H prn
 Nitrospray®prn for chest pain

Other OTC Medications:

Calcium carbonate 500mg1 tablet DY
 Vitamin E 400 u2 capsules at noon
 Acetaminophen 500mg1 or 2 tablets prn for pain

Overview:

Mary Best lives alone in her own home and manages her medications by using a daily dosette. She is very aware of the names and indications for all of her medications and seems to be compliant with her dosages. She tells me that she uses her Nitrospray® occasionally (once or twice a week) and uses her Tylenol® #3 tablets only when she wakes up with pain in the middle of the night.

She told me that she was having trouble reading the labels on her prescription bottles and I offered to enlarge and darken the print on her next refills. She feels that all of her medications are working well, but she is concerned that she is taking too many different types of pills and would like to cut something out if possible.

When reviewing her medications, I discovered that she has been taking an extra calcium tablet along with her Didronel® every evening. I explained the interaction and suggested that she could take the calcium with her breakfast each morning. I also discovered some outdated eye drops and vitamins that she agreed to let me destroy in the pharmacy.

Recommendation:

Since Mary is interested in eliminating something from her daily routine, I wondered if you would consider changing her ranitidine 150mg. BID tablets to ranitidine 300mg. HS.

I look forward to your comments on this interview report and recommendations.

— Sincerely, Joe Knows

Initiating Dialogue on Drug Interactions


continued from page 14

Joe discusses some of the other dietary sources of calcium and then says:

Joe: “You need about 1500 mg of calcium per day and it sounds like you are getting that from the pills and your diet. I’ll send you an information sheet listing the different types of food and their calcium content so that you can calculate how much you’re getting every day. You can also call me with any questions and I can help you with the calculations. Remember that your doctor is checking your calcium levels as well as your bone density whenever you get your blood work done. You can ask him what those levels are the next time you have an appointment.”

Mary: “Thanks for all your help, Joe. I’m so happy that you came and set me straight about these things. I learned a lot.”

Joe thought that Mary’s doctor would be interested in a report about this visit and prepared a letter (previous page).

The next time Joe spoke with Dr. Kool on the telephone Dr. Kool remembered the letter and thanked Joe for informing him about the visit with Mary Best. She appreciated the fact that Joe had identified and resolved the drug interaction situation and then ordered a new prescription for ranitidine 300mg HS to be put on hold until Mary ran out of her present stock of 150mg. tablets. 

Correction to Previous Article:

Re: *Initiating Dialogue on Adverse Drug Reactions* (November/December 2001, page 16). I would like to correct the recommendation made to Dr. Lance regarding Di Abbott. After discussion with colleagues, I must clarify the use of repaglinide (GlucoNorm[®]) in this case. Since repaglinide and sulfonylureals stimulate insulin secretion (albeit by different mechanisms of actions) it would be inappropriate to use these together. Repaglinide is effective as monotherapy or as add-on therapy to metformin, not to glyburide.


— Midge Monaghan

Q & A Pharmacy Practice

continued from page 12

Pharmacists must frequently make decisions to interchange products. The decision to interchange a product must clearly demonstrate that the benefits are in the patient’s best interest. Documentation should show the need to interchange a product for the patient and the lack of efficacy of the current therapy.

A pharmacist’s decision to use a different product must be in compliance with the requirements of Drug Interchangeability and Dispensing Fee Act,

the Ontario Drug Benefit Act and other pertinent provincial and federal legislation. In Ontario, pharmacists are protected from liability as a result of interchangeability by DIDFA, s. 8; provided they have complied with the legislation. Interchangeability outside DIDFA and the ODB Formulary could result in legal action being taken against a pharmacist when an adverse incident occurs. 



Focus on Error Prevention



Ian Stewart, B.Sc.Pharm.

Patients often request their pharmacist to 'transfer' a prescription from another pharmacy. Though the information provided by the transferring pharmacy is usually accurate, there is also a potential for incorrect information to be transferred, as the following case highlights.

CASE:

An ophthalmologist prescribed Timoptic® 0.5% ophthalmic drops with the instructions to instil one drop into each eye twice daily. The 70-year-old glaucoma patient took the written prescription to her regular pharmacy for filling. In error, the technician entered Timoptic XE® 0.5% with the same directions to instil twice daily. A second technician read the computer generated hard copy and therefore retrieved Timoptic XE® 0.5% from the shelf. The pharmacist also failed to detect the error when checking the prescription. The patient therefore received Timoptic XE® 0.5% with instructions to instill twice daily, even though the recommended dosage for the XE formulation is once daily.

A month later, the patient went to a second pharmacy to have her prescription refilled. Her prescription, with a remaining twelve repeats, was then transferred. Assuming that the computer information initially entered was correct, the second pharmacist perpetuated this error by transferring Timoptic XE® 0.5%. As a result, the patient used the incorrect drug for an entire year until all the repeats were exhausted, at which time her prescriber was called for a verbal authority to refill the prescription.


When contacted, the ophthalmologist indicated that he did not prescribe Timoptic XE® 0.5%. He further added that he would not have prescribed Timoptic XE® 0.5% with a twice-daily dosing schedule. The sec-

ond pharmacist then contacted the original pharmacy and requested that the original prescription be retrieved. The error was detected at this time. Fortunately, the patient suffered no long-term effects.

POSSIBLE CONTRIBUTING FACTORS:

- The similarities between Timoptic® 0.5% and Timoptic XE® 0.5% increases the likelihood of selecting the incorrect drug when scrolling through drug names during computer entry
- The second technician filled the prescription by reading the computer-generated hard copy instead of the original
- The first pharmacist did not make full use of the patient's history
- Both the transferring and receiving pharmacists failed to check the dosage for appropriateness

RECOMMENDATIONS:

- Educate your staff to always read the original prescription whenever identifying the drug that is to be retrieved from stock. The retrieved product must then be compared with the product name printed on the computer-generated hard copy
- The patient's medication history should also be used as a tool to confirm or clarify prescriptions. Any change in therapy should be investigated and/or discussed with the patient
- When accepting prescription transfers, repeat all information, as understood by you, back to the transferring pharmacist
- Carefully check the information for appropriateness
- Consider requesting a copy of the original prescription to be faxed to you for your records 



Faculty Facts

PHARMACISTS RECRUITING FUTURE PHARMACISTS

The North American, and possibly global, demand for pharmacists is evident. While the profession is doing its best to respond to this issue, long-term planning is needed to ensure the demand for pharmacists will be effectively met for many years to come.

The personal and professional benefits and rewards of graduating from a faculty of pharmacy and becoming a pharmacist are clear to us all; but I wonder if these benefits and rewards are clear to potential new pharmacists.

Do you see high school and university students in your practice who strike you as being just the type of people who would make great pharmacists? Do you encourage them to pursue pharmacy as an academic option? Are you aware of the current admission requirements for the B.Sc.Pharm. degree?

We encourage you to take an active role in identifying individuals who may possess the necessary attributes to pursue a career in pharmacy. Large pools of highly qualified applicants enable us to admit greater numbers of the very best candidates, and in turn, help meet the long-term needs of our patients and our profession. The following is an overview of the Faculty's current admissions information:

B.Sc.PHM. — ADMISSIONS

Annual enrolment to the Faculty's undergraduate program recently increased to 180, a significant increase from our original 120 'base' enrollment of 1994. We expect to admit 180 students each year until we can achieve our 240-enrollment target upon the new Faculty building's completion.

As admission requirements have changed dramatically in recent years, many recent pharmacy graduates may be unaware of the new criteria.

The B.Sc.Pharm. program at the University of Toronto is now a 'second entry' program — meaning students are no longer directly admitted from high school, but must first enter a university-level program prior to seeking a 'second entry' (admission) to the Faculty of Pharmacy. **The application deadline for September 2002 admissions is February 1, 2002.**

Pre-requisites

- Minimum one full year (i.e. minimum of 5.0 full-credit equivalents) of university level studies, including specific required subjects

Academic Performance

1. Assessment is based on the average of seven specified required subjects (combination of Ontario Academic Credits (OAC) plus first year university grades) and the cumulative average obtained at the university level
2. A minimum of 70% (B-) cumulative university average is usually required for applicants to be seriously considered for final selection

Non-Academic Criteria

1. An essay format "Test of Critical Skills"
2. *Profile Form*; assesses applicants' motivation and knowledge of the profession

Qualified Ontario residents and qualified non-Ontario residents (including international students) may apply.


Complete details of the admission requirements can be found at www.utoronto.ca/pharmacy or by contacting the Admissions Office at (416) 978-3967.

PHARMACIST INSTRUCTORS

We also need pharmacists to get involved in the program to ensure that the student-to-practitioner ratio and the quality of the teaching in our faculty-based *Professional Practice Program* are maintained.

Our pharmacist teaching assistants report that their role as facilitators for pharmacy students are truly professionally stimulating and rewarding experiences. Enthusiastic pharmacists who are interested in becoming teaching assistants in either the Year I or II of the Professional Practice Program may contact Vinita Arora at: (416) 978-0187.

LESLIE L. DAN BUILDING

In November, plans for the Faculty's new home moved successfully through all of the university's necessary approval stages. Architect selection is next... and the excitement is growing! 

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

Education Modules:

Invitation for Practising Pharmacists to Join the CPS Classes

Several pharmacists have recently attended classes in the Canadian Pharmacy Skills program as a means to prepare for Quality Assurance. The participants' feedback on the education caliber and the Faculty's learning environment has been positive.

Practising pharmacists are welcome to attend CPS program classes, as they will be held twice a year. Interested pharmacists should contact this office for more information. Schedules will also be distributed by mail and e-mail as they are finalized.

Interested pharmacists may simply "pre-register" for selected lectures. Most lectures are 3 hours in length and course fees are \$20 per contact hour. A single lecture (including pre-reading and handouts) will cost \$60. The lecture format includes an overview of the specific disease, its treatment, and is followed by an interactive case study.

Therapeutic topics offered include: Asthma and COPD, Diabetes (Type 1 and 2), Hypertension, Anemia, Urinary Tract Infections, Dyslipidemia/Myocardial Infarction, Peptic Ulcer Disease, Osteoporosis and Depression/Schizophrenia. Other lecture series include Jurisprudence, Communication Skills and Drug Information. These topics will be listed in the schedule and we encourage you to consider these courses when developing your educational goals.

FREQUENTLY ASKED QUESTIONS

How are CPS I and CPS II priced? It seems like an expensive program.

Course registration fees are based on cost-recovery and are comparable to tuition charged in the undergraduate program. A grant from the provincial government will allow the first 200 international pharmacy graduates to have the costs of CPS II completely subsidized. Currently, the course fee for CPS I are \$3,500.

Can international pharmacy graduates afford this?

The program has set up access to three financial assistance plans. These are: i) ScotiaBank Professional Loans Program — similar to the program available to U of T students; ii) Maytree Foundation, which

administers a loan program designed for individuals unable to access the ScotiaBank program (such as refugees and individuals with no assets or credit-rating); and iii) Ontario Works Skills Retraining (formerly Welfare), which provides a grant that does not require repayment.



Marie Rocchi Dean, B.Sc.Pharm.

Education Coordinator
Faculty of Pharmacy, U of T

Why does the program only run twice a year? It would be more convenient if it was held more frequently.


CPS I and II are full-time, eight-week programs. The effort involved in mounting each curriculum is considerable including: coordinating lecturers, pharmacist teaching assistants and English-language support staff, as well as booking classrooms, lecture theatres and labs.

Does the Faculty help students find a preceptor?

OCP trains preceptors and maintains lists of preceptors for students and interns. The College and the Faculty work collaboratively to ensure that CPS students have access to current preceptor lists.

Moreover, the CPS program invites interested employers to contact the Faculty to organize information sessions and recruitment opportunities. These can be done while international pharmacy graduates are at the Faculty preparing for internship and studentship.

How can I become involved in the program?

The program needs practising pharmacists and certified pharmacy technicians to serve as teaching assistants in the Professional Practice labs and English for Specific Purposes sessions. The time commitment is usually four hours, as often as weekly or less, depending on your schedule. Interested pharmacists are encouraged to contact: (416) 946-5586 or marie.dean@utoronto.ca 



Barry Solway

Public Member
Chair, Communications
Committee

Public Perceptions of Pharmacy Care in Ontario

Highlights from:

Ontario Reid Omnibus Survey¹, Ipsos-Reid Inc.:

Ontario College of Pharmacists Commissioned Questions

&

Ontario College of Pharmacists Survey:

Pharmacists Perspectives on Patient Attitudes and Needs for Education

As part of the College's new public education initiatives, a significant amount of research was conducted to measure both the Ontario public's attitudes towards pharmacists and pharmacy care and Ontario pharmacists' perceptions of their patients' attitudes and overall levels of awareness.

Conducted over the summer of 2001, this research not only contributed to the formation of the first year messages of the *Point of Care* program, but more importantly, this research will serve as a comparative baseline against future research and trend analysis. Our goal is to conduct research every 12-18 months to measure the program's success and to provide insight into the areas that indicate the need for further public education or communications adjustments.

The OCP commissioned questions in the June 2001 Ontario Reid Omnibus Survey by Ipsos-Reid Inc. to obtain the Ontario public's attitudes and awareness on areas such as pharmacists' qualifications, confidentiality, and drug and herbal product interactions. (The data was statistically weighted to ensure the sample's regional and age/sex composition reflects that of the actual Ontario population according to most recent Census data.)

The College also conducted a member survey (800 OCP registrants randomly selected) to determine pharmacists' perceptions and experience with regard to their patients' knowledge.

The findings from both surveys are printed below in two colours (Ipsos Reid public survey in black, OCP pharmacist survey in blue). Note that while both surveys addressed similar topics, the surveys' formats and structure prevent *direct* comparisons for much of the data. Nonetheless, the survey results are grouped by topic for easier reading.

96%

96%

Confidentiality

- Ontarians have very high confidence that pharmacists (96% strongly or somewhat agree) and staff assisting them (96%) maintain the confidentiality of their personal health information
- Note: this question did not solicit perceptions of how well other pharmacy store staff (such as cashiers or delivery persons) might maintain patient confidentiality

94%

89%

Pharmacists' Perception of Patient's Sense of Confidentiality

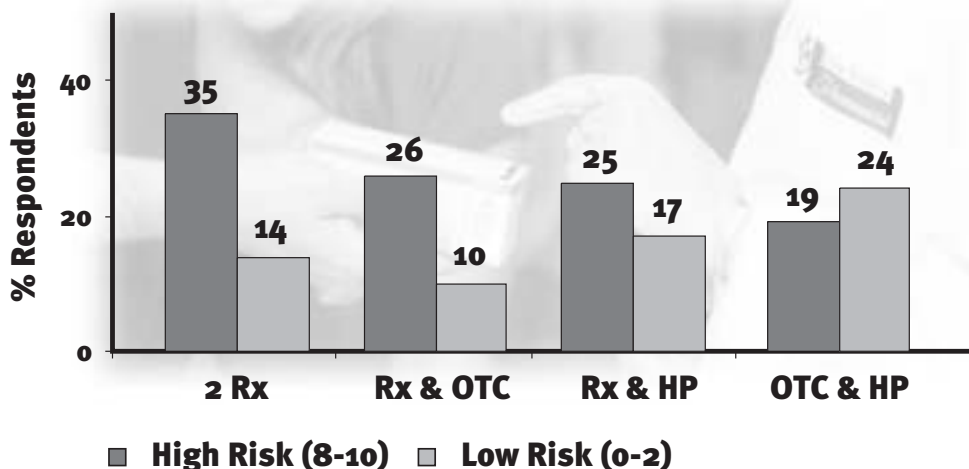
- Pharmacists hold similar perceptions of their patients' sense of trust in them (94% versus 96% strongly or somewhat agree) but a slightly lower perception in their patients' level of trust in their assistant staff (89% versus 96%)

Mixing One or More Medicines or Herbal Products

- While the public appears to consider that greatest risks occur when mixing prescription drugs with other medications or remedies, the percentage of the population holding this perception remains relatively low
- 35% feel that taking more than one prescription medicine simultaneously is dangerous, whereas 26% feel there is danger in taking a prescription medication with an OTC
- 25% feel that taking a prescription medicine with an herbal product is dangerous, whereas 19% feel the same way about taking an OTC with an herbal product
- As well, nearly 1 in 6 Ontarians believe there is no risk in mixing an herbal with a prescription medicine (17%) and 24% of Ontarians consider there to be little or no risk in mixing an OTC with an herbal product

Other Findings*

- While men held similar perceptions of risk in mixing two prescriptions as women did (34% and 36%), men consistently saw less risk in mixing OTCs with prescriptions (22% versus 31%), herbals with prescriptions (16% versus 33%) and OTCs with herbals (11% versus 26%)

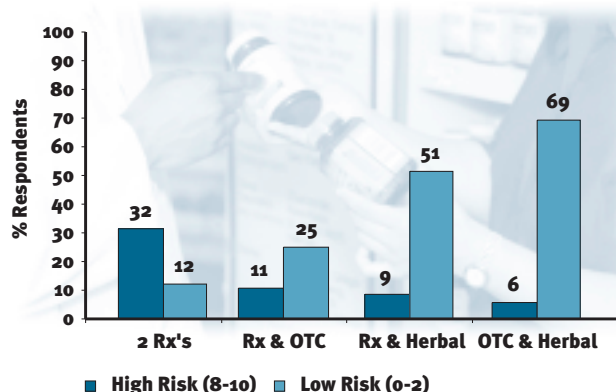


Overall, the public has a sense of diminished risk when mixing OTCs and herbal products over mixing these with prescription medicines

Pharmacists' Perception of Patients' Regard for Mixing One or More Medicines or Herbal Products

There is a great gap between pharmacists' perception of patients' sense of risk in mixing drugs/herbals than that which was reported by the public

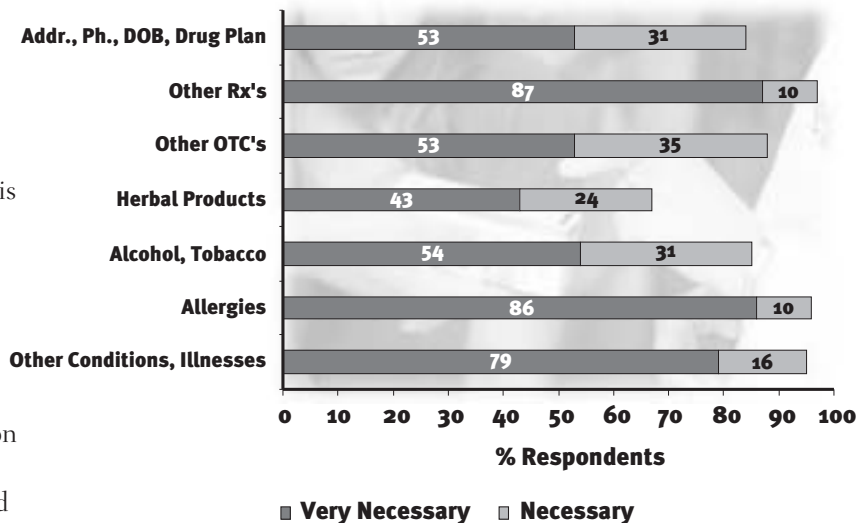
- While pharmacists' perceptions of patient's sense of risk in mixing two prescriptions is similar to what the public reported (32%, 25%), pharmacists believe a majority of their patients consider there to be no risk in mixing herbals with either prescription or non-prescription (51%, 69%) medications



*Absence of any noted findings for various demographics or regional variations denotes a un-noteworthy variance among the subgroups

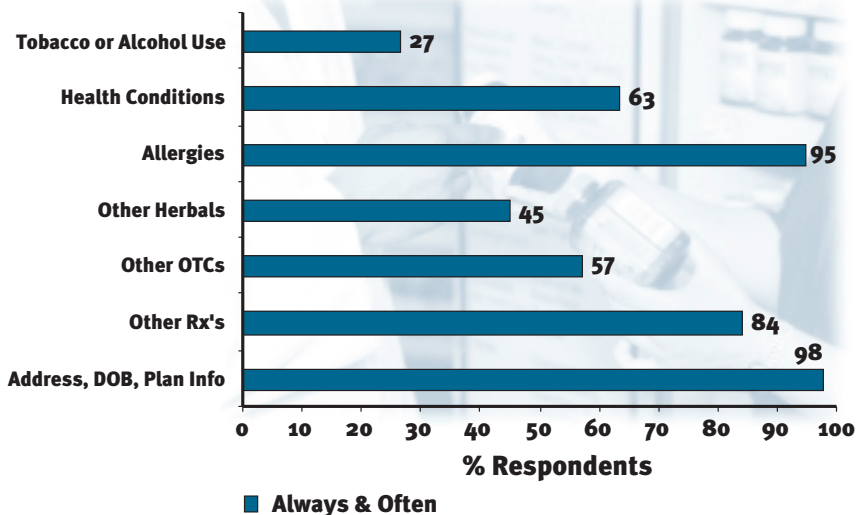
Sharing Personal Health Information with the Pharmacist

- 79% of the public believes it is very necessary for a pharmacist to know their other health or medical conditions when preparing a prescription for them
- High proportions of the public feel it is also very necessary for pharmacists to know about other prescription drugs they are taking (87%) and their personal allergies (86%) when filling prescriptions, but notably lower proportions feel the same about providing pharmacists with information about OTCs (53%), herbal products (43%), alcohol/tobacco use (54%), and personal details such as their contact information, age, and drug plan (53%)



33% of the public believes the pharmacist does not need to know whether they are also taking herbal products when filling a prescription

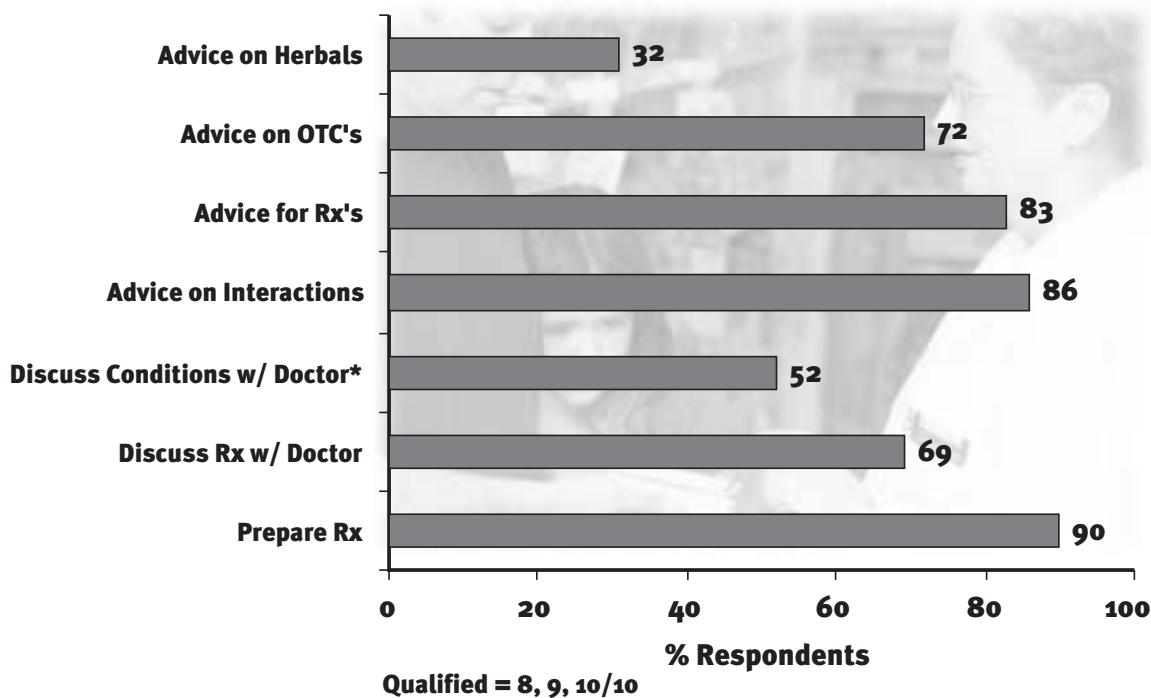
Pharmacists' Perception of Patient Willingness to Share Certain Personal Information



- Pharmacists report that 2 out of 3 patients are willing to provide information about other health conditions they may have
- Pharmacists report few patients being willing to provide personal information about their tobacco or alcohol use (27%)
- Nearly half of all patients are unwilling to provide information about the OTCs (43%) or herbal products (55%) that they are taking
- 1 in 6 patients is willing to provide information about other prescriptions that they take (14%)

Patients do not appear to be providing personal information to their pharmacist at a rate that would reflect their perception of the importance that this information should be given to their pharmacist

Public Perception of Pharmacists' Qualifications to Provide Various Services



While nearly 70% of the public believe their pharmacist is qualified to discuss their prescriptions with their physician, only half of the population believes their pharmacist is qualified to discuss their medical conditions with their physician

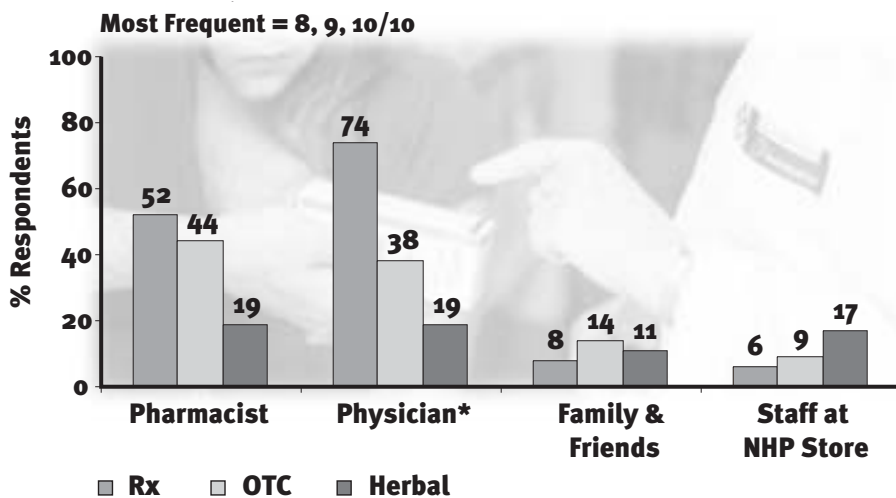
- A majority of Ontarians believe a pharmacist is qualified to discuss their prescriptions (69%) and health/medical conditions (52%) with their doctors
- Although large proportions of the public perceive pharmacists as qualified to provide them with advice about prescription (83%) and non-prescription (72%) medications, only 32% say they are qualified to provide them with advice about herbal products
- Those over 55 are more likely than 35-54 or 18-34 year olds to perceive pharmacists as being qualified to discuss their prescriptions with their physician (79% versus 71% and 59%)
- Those over 55 are also more likely to see pharmacists as qualified to discuss their health or medical conditions with their physician (63% versus 52% and 44%)
- Those over 55 are also more likely to perceive pharmacists as qualified to provide advice on herbal products (40% versus 34% and 23%)
- Women consistently recognize pharmacists' qualifications more than do men (average 73% versus 64%)

95%

Do Pharmacists Need to Know the Medical Condition for Which a Prescription is Intended?

- 95% of Ontarians agree (78% strongly so) that pharmacists should be informed of the health condition their prescription medicine is intended to treat

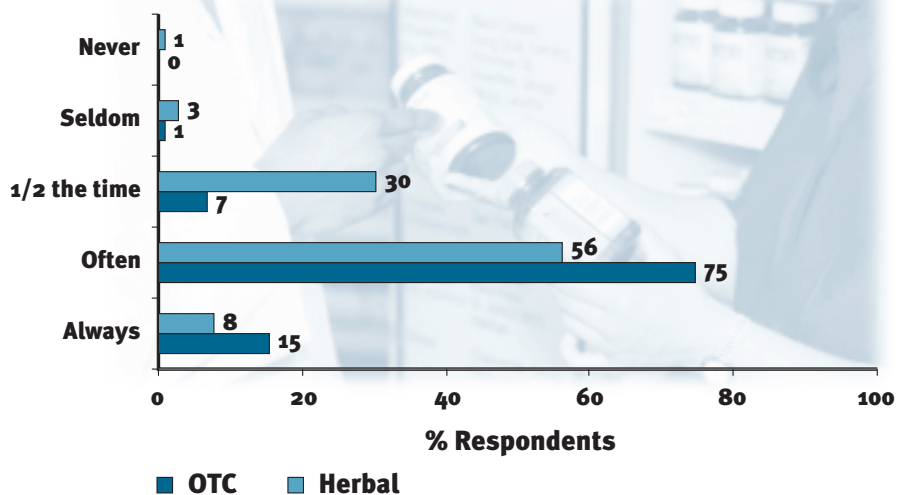
Most Frequent Sources for Drug Information



Only half of Ontarians say they often consult their pharmacist for prescription medicine information, whereas three-quarters often consult their physician

- When seeking information on non-prescription medicines, Ontarians are more likely to often consult pharmacists (44%) than doctors (38%)
- Women (60%) are notably more likely to consult a pharmacist for information about prescription medicine than men (44%)
- Reliance on friends and/or family for information on prescriptions (8%), OTCs (14%) and herbals (11%) is low

Pharmacists' Perception on Patient Frequency to Act on the Pharmacist's Advice



Pharmacists report that a majority of patients act on their advice to use or not use certain OTCs or herbal products

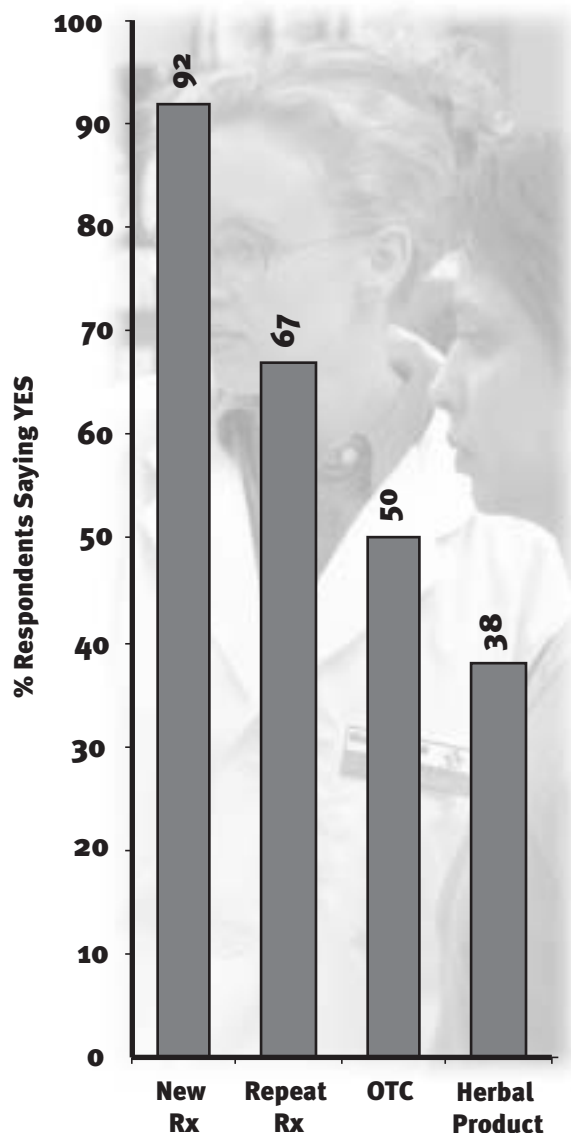
- The public is more likely to act on the pharmacist's advice for OTCs than herbals (90% versus 64% always/often)

Pharmacists' Perceptions on What Influences the Patient when they do not go with their Pharmacist's Advice

- Pharmacists perceive patients acting similarly on the following reasons for not choosing the pharmacist's advice on OTCs: Item too costly (26%), prefers original choice (33%), takes family/friend recommendation (25%)
- Pharmacists perceive patients acting for the following reasons when not choosing the pharmacist's advice on herbals: Item too costly (35%), prefers original choice (33%), takes family/friend recommendation (33%), takes alternative provider's advice (30%)
- Slightly more patients rely on their physician's advice for OTCs than for herbal products (45%, 31%)

Pharmacists perceive there to be no single influencer on patients' decisions not to act on the pharmacist's advice

Did you Receive Advice or Written on your Most Recent Purchase?

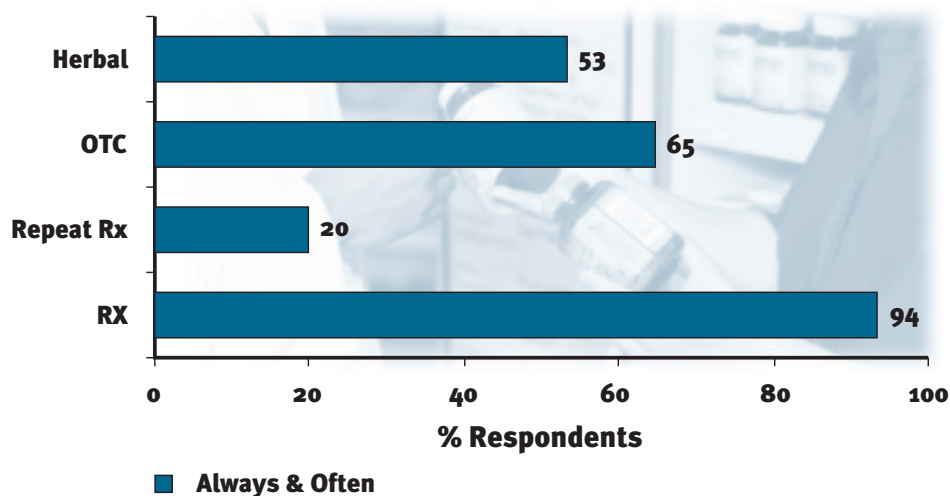


Half of all Ontarians said they received verbal or written advice from their pharmacist when purchasing an OTC

- The public also reported a high level of helpfulness from the pharmacist's advice and the information provided (98% for new prescriptions, 86% for repeat prescriptions, 98% for OTCs, and 87% for herbal products)¹⁴
- Note: This question did not ask respondents to measure whether the information provided was verbal, written or both; therefore no conclusions can be drawn about the rate of dialogue that occurred for prescriptions however, dialogue is more likely fully represented in the OTC and Herbal responses

Pharmacists' Perceptions on Patient Willingness to Engage in Dialogue

- Pharmacists reported patient counselling occurring for 94% of all new prescriptions
- Pharmacists reported patients as having more interest in receiving counselling for OTCs than herbals (65% versus 53% interested)
- Patients are least interested in receiving counselling for repeat prescriptions (20% interested)



With the exception of repeat prescriptions, the majority of patients are perceived to be interested in engaging in dialogue with their pharmacist


Pharmacists' Perceptions on How Often They Initiate Dialogue

- Pharmacists and the public appear to have very similar perceptions on the frequency with which pharmacists enter into dialogue with patients for the various product types

On Reasons for No Dialogue

- Of those who did not get advice/information for their NEW prescription: 78% of women versus 61% of men said the pharmacist was “too busy” or “did not approach” them; 71% of Ontarians with high school or less education versus 63% with post-secondary education said the pharmacist was “too busy” or “did not approach” them
- Of those who did not get advice/information for their REPEAT prescription: 49% of women versus 31% of men said the pharmacist was “too busy” or “did not approach” them; 50% of those aged 18-34 versus 39% over 55 said the pharmacist was “too busy” or “did not approach” them
- Of those who did not get advice /information for OTCs, 54% said they were not approached by the pharmacist (an additional 34% refused help when the pharmacist approached)
- Of those who did not get advice/information for HERBAL PRODUCTS, 50% said they were not approached by the pharmacist (an additional 21% refused help when the pharmacist approached)
- Those 35-54 are less likely to refuse the pharmacist’s approach to help to provide advice/information on OTCs (23%) or HERBALS (26%) than those under 35 or over 55 pharmacist either being too busy or not approaching the patient

Pharmacists' Perceptions for Reasons for No Dialogue

- The most frequently cited reason for no dialogue occurring for new prescriptions was “patient in a hurry” (57%) and “patient confident/appeared knowledgeable” (53 %) about the product
- Pharmacists rarely cite language barriers, lack of private counselling or busy staff as the cause for no counselling having occurred (all less than 7%)
- Patients appearing to be confident/knowledgeable and/or in a hurry were more often cited as reasons for no counselling having occurred on repeat prescriptions
- It appears that pharmacists consider that no dialogue for OTCs occurs most often due to the pharmacist either being too busy or not approaching the patient 

References

1. These are the findings of an Ipsos-Reid poll conducted between June 7th and 14th, 2001 on behalf of the Ontario College of Pharmacists. The poll is based on a randomly selected sample of 1,000 adult Ontarians. With a sample of this size, the results are considered accurate to within ± 3.1 percentage points, 19 times out of 20, of what

they would have been had the entire adult Ontario population been polled. The margin of error will be larger within regions and for other sub-groupings of the survey population. These data were statistically weighted to ensure the sample's regional and age/sex composition reflects that of the actual Ontario population according to most recent Census data.

Looking for Regional CE Coordinators



Volunteer CE Coordinators/Associates
are needed for:

Region 8 – Oshawa, Whitby, Bowmanville areas

Region 9 – Port Perry, Uxbridge, Fenelon Falls areas

Region 23 – Chatham, Wallaceburg, Tilbury areas

Region 10 – North Bay, Gravenhurst, Parry Sound areas

Call **Celia Powell** (416) 962-4861 x 251 for details

Coroner's Reports

From time to time, the College receives reports and recommendations from an *Ontario Coroner's Jury* that contain specific jury recommendations regarding drugs and/or the pharmacist's role.

While a particular coroner's jury may not necessarily have any expertise in health care, it makes recommendations intended to prevent incidents in the future that could result in a death similar to one they have reviewed.

While a number of recommendations for improving the delivery of health care arose from the following inquest, we have concentrated only on recommendations specific to pharmacists and pharmacy. We have included a brief summary of the case. Full details of the report can be obtained by faxing a request to the Office of the Chief Coroner at (416) 314-4030, Attention: Patricia.

INQUEST INTO THE DEATH OF WAYNE RICK WILLIAMS

**Deceased June 11, 1996;
Inquest May-June 2000**

Wayne Williams was born in May 1972 and began to exhibit strange behaviour in February 1994. He was taken to the local hospital emergency department and was assessed but not admitted. Over the next few months he was taken to hospital several times as an involuntary patient due to his aggressive behaviour. In June 1994, he was re-admitted twice and was started on the anti-psychotic medication, Fluanxol®. At this time he was diagnosed with schizophrenia.

Mr. Williams next required hospitalization in July 1995 after having been off his medication for several weeks. Mr. Williams was living independently after this episode, had contact with his family, and was instructed to remain under the care of his family doctor and an outpatient psychiatrist. In January 1996, unknown to his family, Mr. Williams discontinued visits to his family doctor from whom he was receiving medication injections. In March 1996, he indicated to his family that he was not feeling well and was experiencing abnormal bodily sensations. He was then taken to hospital where he was assessed and discharged.

On June 11, 1996, police were called about a male subject, later identified as Wayne Williams, who was damaging car windows in a Scarborough residential area. When police arrived, Mr. Williams drew two knives, and held them up in a menacing fashion. The officer drew his firearm and issued a warning. Other officers arrived, and despite police commands to stop and drop the weapons, Mr. Williams advanced on an officer. As he did, he was shot and fell to the ground. Mr. Williams was transported to hospital where, shortly after arrival, he was pronounced dead.

The jury heard evidence from 22 witnesses over an 18-day period. Preparation, arguments and submissions took place over three days.

RECOMMENDATION #6 (AS PER THE CORONER'S REPORT)

“It is recommended that persons receiving their medication through injections receive written information concerning the medication and potential side effects and risks associated with the medication.

Rationale: Prescriptions received from a pharmacist are accompanied with written information. Evidence showed that the family may not have had a full appreciation of the side effects from the medication being administered.”

CORONER'S COMMENTS

“Mr. Williams was receiving his anti-psychotic medication via injection. From the evidence presented, it was not clear how much detail or discussion had taken place with either Mr. Williams or his family regarding the potential side effects or complications that might arise from such medication. Understanding that many retail pharmacies provide this information in a written format when oral prescriptions are not received [sic], they [coroner's jury] felt that similar information should be available for depot (injectable) medications.”

WHAT CAN PHARMACISTS DO TO ASSIST IN THE CARE OF SUCH PATIENTS AND TO PREVENT FUTURE INCIDENTS?

This is a complex situation because the medication was administered in the physician's office and it may be assumed that the physician and his

staff counselled the patient and his family on the medication. This medication is also sometimes given from a doctor's office supply and the pharmacist may not necessarily have an opportunity to interact with the patient.

However, when a prescription of this type is received in a pharmacy, the pharmacist has an obligation — as a minimum standard of practice — to enter into a dialogue with the patient and/or his/her caregivers regarding the medication. Written information as an adjunct to the verbal information is also encouraged.

The issue of compliance demonstrates a good example of where the pharmaceutical care model can be used to provide optimal care to such a patient. The pharmacist must establish a professional working relationship with the patient and his family to be able to discuss the information about the drug (including side effects and the risks and benefits of taking this drug), its expected outcomes, along with the possible consequences of not taking the drug as prescribed.

A close liaison with other health professionals or using a multi-disciplinary approach to care for the patient would also contribute to establishing necessary the monitoring and follow-up. Pharmacists have the knowledge and expertise to assist patients at high risk for side effects and compliance problems, and can work with other members of the health care team and the patient's family to ensure monitoring parameters are put in place to identify and solve any potential issues before a health situation escalates.

The coroner's jury also made some recommendations regarding mental health services and hospital care for mentally ill patients. As a member of the health care team, community pharmacists often have the most regular contact with mentally ill patients in the community. There are many opportunities for us to advocate for these patients and assist other health professionals in ongoing treatment and follow-up. [P](#)



Letters

CORRECTION TO CPS TRAINING REQUIREMENTS

Dear Editor,

I would like to correct a statement that has appeared several times in both *Pharmacy Connection* and in the new OCP website www.newontariopharmacists.com.

In both the print and web versions, it states that the Canadian Pharmacy Skills Part 1 and 2 are mandatory for all pharmacists trained outside Canada or the United States. This statement is misleading. If a foreign-trained pharmacist passes both Part 1 and Part 2 of the Pharmacy Examining Board of Canada (PEBC) examinations, it is unnecessary for that pharmacist to complete the Canadian Pharmacy Skills training.

Several pharmacists from foreign countries have successfully passed both Part 1 and Part 2 of the PEBC's and have shown a level of competency comparable to Canadian graduates without having taken the Canadian Pharmacy Skills training. It would be unfair to demand that foreign-trained pharmacists take the 16-week Canadian Pharmacy Skills training if it is not necessary. In light of the pharmacist shortage in Ontario and Canada, this extra time for training only delays the licensure of competent pharmacists that are desperately needed throughout the province.

— Paul Agro, B.Sc.Pharm
Flamborough

EDITOR'S RESPONSE

This policy on in-service training does need clarifying. If I can refer you to "Pathway to Licensure for International Pharmacy Graduates" that was printed in the Nov/Dec 2000 *Pharmacy Connection*, it outlines both options.

One of the requirements for licensure is 48 weeks of in-service training. For foreign graduates, this now consists of CPS I, 16 weeks of SPT at the student level, and CPS II before entering the final 16 weeks of SPT at the internship level. Since both SPT and the new PEBC Qualifying Exam (including the OSCE) are based on the national competencies, it was necessary to provide an educational format in which foreign-trained pharmacists could gain the knowledge and skills necessary to meet these competencies. It was acknowledged that simply working in a pharmacy for 48 weeks would no longer give them these skills.

It is correct that, if a pharmacist can pass the new Qualifying Exam including the OSCE, that they are given an exemption from the first 32 weeks of training and can proceed directly to the 16 weeks of SPT internship.

In our traditional training system, candidates previously licensed in Britain, Ireland, Australia and South Africa were given an exemption on some of their training in


recognition that pharmacy practice in those countries is close to that of Canadian practice. We did not want to force any candidates who already had these skills to start at the beginning with CPS I; so candidates who feel that they have the necessary skills and knowledge (and have not already obtained a PEBC Certificate of Qualification) have the option of taking the new Qualifying Exam. If they pass, they are exempted from some of the training. You mentioned that several foreign candidates did pass both portions of the PEBC. However, many more did not pass or do not want to attempt the exam until they have availed themselves of the CPS program.

The College does not want to hold back any candidates who have the necessary competencies, but we also acknowledge that most international candidates come from practices very different than those in Canada and therefore require some assistance in reaching these competencies. It would be a shame if they paid the money and sat the exams without prior knowledge of Canadian practice.

The International Pharmacy Graduate Program at the Faculty is attempting to provide the education and mentoring necessary to assist foreign candidates in their efforts to achieve licensure in Ontario. One portion of the program involves the development of a prior learning

assessment to give candidates an idea of their readiness for Canadian practice. The plan also allows a more individualized program to be tailored for each candidate. As this program develops, candidates with more of the necessary knowledge

and skills will move on to the types of training that they require. You can also expect to see the program change and grow as we become more familiar with the learning needs of international pharmacy graduates.

We will also try to make this information more clear on our websites, so that candidates who have the necessary knowledge and skills understand that they can sit the PEBC Qualifying Examination with OSCE earlier in their path to licensure. 



Dear Editor,

I am *delighted* that we are finally getting the green cross symbol, which has been in Europe for years! We're just back from a month of car-travel on our own, visiting friends, and favourite new places; and I took the enclosed photo to send you. Frankly, I prefer the simple straight "+" ... but we have the stylized version, it seems.

We were especially pleased the day we were looking for a pharmacy in Anney, France — driving down the busy main street, we immediately spotted 3 green crosses, lit, (so we knew they were green), and were left only to find parking.

Some stores, in our travels, had flashing green lights (in the crosses), when they were open — a good idea, I thought.

I hope we too will have access to a uniform, lit green cross sign for store fronts.

— *Leona Moore, B.Sc., Phm*
Peterborough

BULLETIN BOARD



CELEBRATING 35 YEARS

A friend and mentor to many, Bernie DesRoches celebrated his 35th anniversary at the College in December. Bernie has touched many lives, both professionally and personally. He is well respected by the profession, other members of the health care profession and College Council and staff. Congratulations to Bernie on this great milestone — one that will be difficult to match.

New F. Norman Hughes Chair in Pharmacoeconomics

More than 300 donors have raised \$1.5 million to fund a chair honouring the Faculty's first Dean of Pharmacy. The new chair will enable U of T to hire a senior researcher to study the economics of pharmacy with a focus on evaluating alternative reimbursement methods for pharmacy services and cost-effective uses of medications in the treatment of disease.

19th Annual Ottawa Valley Regional Drug Information Service Conference

The conference will be held on March 2, 2002. Call (613) 737-8347 to receive a program brochure.

2002 Golden T Dinner

Honouring alumni who graduated in 1942 and 1952, the dinner will be held on Saturday, June 8, 2002 at the Downtown Toronto Chelsea Hotel. Contact Marina Nawrocki at (416) 978-6749, marina.nawrocki@utoronto.ca for details.

Class of 9T2 10-Year Anniversary

Graduates of 9T2 interested in celebrating this

milestone should contact Mike Humphreys to show their interest in attending or to help plan for a celebration to be held later this year. Contact: (613) 226-8707 (home), (613)744-8323 (work), mikehumphrey@rogers.com.

NEWCOMERS

Jim Gehl joined us in September as Database Administrator in the Information Technology department. Jim will take a leadership role in the design and development of new database systems, as well as assuming responsibility for the maintenance and support of our current database. Jim graduated in 1987 from the Computer Science Technology program at Sheridan College and continued to expand his technical expertise through employment with Sheridan College and the Law Society of Upper Canada.

Jovenice Santiago joined the Information Processing department in October to fill in during Veronica Duczek's maternity leave. Jovenice came to us from a doctor's office and previously worked for an agency doing various administrative and clerical duties. Jovenice's position now falls under Registration Programs.

Brian Brophay joined us in October as Discipline Case Coordinator, a newly created position in Patient Relations Programs. Brian was called to the Bar in 1999 and has worked in the areas of insurance law and civil litigation. Prior to his legal career, Brian worked for the Ontario Human Rights Commission for 11 years. Brian will be preparing cases that have been referred to the Discipline Committee for prosecution as well as developing suitable models for alternative dispute resolution.

Eva Markowski joined us in November as our Complaints Officer in Patient Relations Programs to fill in during Carmina Vieira-Conti's maternity leave. Eva is a highly experienced law clerk who most recently worked for eight years for Cavaluzzo Hayes Shilton McIntyre & Cornish, a primarily labour law firm focusing on administrative law and civil litigation.

Marisa Jocson joined us in November as Reprographics Clerk in our Office Services department. Marisa has a Bachelor of Fine Arts degree and has worked as a digital painter for animation companies in addition to her years of administrative experience.

Elaine Maloney joined us in November in the newly created position of Practice Advisory Officer in Pharmacy Practice Programs. Elaine is a pharmacy technician who worked most recently with the Hospital for Sick Children. Elaine previously worked in the Drug Information Centre originally at OCP and then with DIRC. She has been deeply involved in the Pharmacy Technician Program at Centennial College, first as an instructor and later as an educator/professor. Elaine will be handling a large volume of the calls that come through Pharmacy Practice in addition to supporting the program area's ongoing projects.

FAREWELLS

In October, we said farewell to **Cremilde Mathews**, our Information Processing Coordinator. After 26 years with the College, Cremilde decided to move on to new challenges. Cremilde first joined the

College in 1975 as Secretary to the Director of Registration and then became the Executive Assistant to the Director of Education in 1979. In 1992 the College undertook an organizational restructuring and the Information Processing department was created. Cremilde was then given the IP Coordinator position due to her broad experience in many areas of College operations. Cremilde also raised three beautiful children during her tenure at the College. The staff would like to express its sincere best wishes to Cremilde in her future endeavours.

We also said farewell to **Paula Mitchell**. Paula started as our receptionist and then moved into the Information Processing department as the clerk responsible for pharmacy technicians. We wish Paula well as she pursues new career challenges.

INTERNAL MOVES

Vienna Reyes, who started with us to fill in during Veronica's maternity leave, has been hired full time as a clerk in Continuing Education/Technician Programs. Congratulations Vienna!

With Marisa's arrival as Reprographics Clerk, **Esther Mendoza** has now assumed the responsibilities of Office Services/Accounting Clerk. Esther will assist Helen in our accounting area as well provide clerical support throughout the organization. Congratulations Esther!

ALUMNI DEATHS

Dr. Joyce Ann Ferguson, 6T5, Council member from 1973-1981, passed away in 2001. Dr. Ferguson began her practice as staff pharmacist at various Ontario hospitals and went on to hold a variety of appointments at the University of Toronto from 1968-1989.


Arthur Joseph Coté, licensed in 1940, passed away in 2001. Arthur was a long-time resident of Sudbury and worked at the Pharmacie Michaud for most of his career. In 2000, he celebrated the 60th year of his graduation from University of Toronto and was one of only six members licensed at the College for 60 years.

Call for SPT Preceptors 2002

By now all pharmacists will have received a letter from the College about structured practical training programs and workshops for preceptors in 2002.

The **Orientation Workshops** offer preceptors instruction (and/or reinforcement) on feedback and assessment skills as well as provide a forum for preceptors to meet and exchange ideas. The preceptor **Advanced Workshops** are to provide preceptors (who have previously attended an orientation workshop) with assistance in refining their feedback and assessment skills and an opportunity to share their preceptoring experiences.

Following is the list of workshop dates for 2002. Preceptors who take SPT students/interns each year must attend a workshop at least once every two years.

Please refer to our web site (www.ocpinfo.com/licensing/preceptor) for the preceptor criteria. 

Workshop Date	Location*	Type
<i>Please note: If less than 15 people enrol for any of the workshop dates/locations, alternative arrangements will be made for attendees of that particular workshop date.</i>		
January 16 (Wednesday)	OCP	Orientation
February 7 (Thursday)	OCP	Orientation
February 21 (Thursday)	OCP	Advanced (Pharmaceutical Care)
March 6 (Wednesday)	Toronto East	Orientation
March 8 (Friday)	Toronto West	Orientation
March 13 (Wednesday)	Hamilton	Orientation
March 14 (Thursday)	Hamilton	Advanced (PC)
March 21 (Thursday)	Windsor	Orientation
March 22 (Friday)	Windsor	Advanced (PC)
April 3 (Wednesday)	Toronto East	Advanced (PC)
April 8 (Monday)	Ottawa	Orientation
April 9 (Tuesday)	Ottawa	Advanced (PC)
April 17 (Wednesday)	London	Orientation
April 18 (Thursday)	London	Advanced (PC)
April 21 (Sunday)	Thunder Bay	Orientation
April 22 (Monday)	Thunder Bay	Advanced (PC)
April 25 (Thursday)	Toronto West	Advanced (PC)
April 30 (Tuesday)	OCP	Orientation
May 8 (Wednesday)	Sudbury	Orientation
May 22 (Wednesday)	OCP	Orientation
June 6 (Thursday)	OCP	Orientation

*Workshop location will be provided to you in a confirmation letter prior to the workshop event.

Pharmacy Practice Breakfast Series

Pharmacy Practice Breakfast Series pilots were held this past Fall in **Pembroke, Bracebridge, and Orillia.**



Rose Fitzgerald, B.Sc.Pharm.

The breakfast meetings were meant to give pharmacists in outlying areas an opportunity to meet with their College inspector in an informal setting to discuss issues of concern to them, their practice, and their community. The meetings focussed on practice issues and were meant to supplement, rather than replace, district meetings.

Participation was limited to the first 15-25 members who responded to invitations that were sent in advance to area pharmacies within a half hour drive from the breakfast location. This allowed pharmacists ample time to return to either open their pharmacy or start their shift. The breakfasts started at 7:00 am and the meetings ran from 7:30-8:30 am. The field inspector remained after each meeting to continue discussions with any remaining attendees.

Along with an invitation to the breakfast, members attending were asked to submit a list of topics they wanted to discuss. The meetings focused on two or three of the most requested topics. As there was no cost to the member, we asked for confirmed RSVP's only.

The breakfast pilot participants have given the College an overwhelming "thumbs-up" to continue the program. On a scale of 1-10, members rated the program as an 8. Members were pleased with the size and format of the meetings, and the opportunity to informally discuss issues with their peers and a College inspector.

Future meetings are now a go! We have budgeted for several more meetings to begin in 2002 after the completion of the District Meetings. Each of the College's four inspectors will be asked to facilitate four breakfast meetings in each of their respective areas.

So, watch for an invitation later this year. For more information, please contact your College inspector or call Angela Ferrara at the College at (416) 962-4861 ext 236. [☎](#)

Upcoming Events

CALENDAR

FEBRUARY

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
					1	2
3	4	5	6	7 Preceptor Orientation @ OCP District Meeting Newmarket	8	9
10	11	12	13	14	15	16
17	18	19 District Meeting Burlington	20 District Meeting Toronto	21 Advanced Preceptor @ OCP	22	23
24	25	26 District Meeting Toronto	27	28 District Meeting Windsor		

MARCH

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
					1	2 QA Practice Review @ OCP
3 QA Practice Review @ OCP	4 QA Practice Review @ OCP	5	6 Preceptor Orientation Toronto East District Meeting Cambridge	7 District Meeting Hamilton	8 Preceptor Orientation Toronto West	9
10 2002 Pharmacist Fees Due	11	12	13 Preceptor Orientation Hamilton	14 Advanced Preceptor Hamilton	15	16
17	18	19	20	21 Preceptor Orientation Windsor	22 Advanced Preceptor Windsor	23
24 31	25 Council Meeting @ OCP	26 Council Meeting @ OCP	27	28	29	30

OCP MANUAL CONTENTS

No changes as of December 31, 2001

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

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

ONTARIO LEGISLATION

Available from OCP or Publications Ontario

Drugs and Pharmacies Regulation Act (DPRA) & Regulations

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

Regulated Health Professions Act (RHPA)

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

Pharmacy Act (PA) & Regulations

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

Drug Interchangeability and Dispensing Fee Act (DIDFA) & Regulations

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

Ontario Drug Benefit Act (ODBA) & Regulations

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

Publications Ontario

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

FEDERAL LEGISLATION

Available from OCP or Publishers Group of Federal Publications

Drug Schedules

- Canada's National Drug Scheduling System – Apr 3, 2001 NAPRA

Food and Drug Act (FDA) & Regulations

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

Controlled Drugs and Substances Act (CDSA)

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

Narcotic Control Regulations

- Updated NAPRA Version as of Dec 1, 1999

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Toronto: Tel (416) 860-1611

Fax (416) 860-1608

e-mail: fedpubs@fedpubs.com

OCP DOCUMENTS

Available from OCP or www.ocpinfo.com

Drug Schedules

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

Standards of Practice

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

OCP By-Laws

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

Reference

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

COLLEGE STAFF

Frequently Accessed Extensions

Registrar's Office x 243
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Deputy Registrar/Director of Programs' Office x 241
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Director of Finance and Administration's Office x 263
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Registration Programs x 250
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Registration Information Surnames A-L: x 228
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Registration Information Surnames M-Z: x 232
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Structured Practical Training Programs x 297
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Pharmacy Practice Programs x 236
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Continuing Education/Pharmacy Technicians Programs x 251
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Pharmacy Technician Information x 229
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Membership x 237
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