

# PHARMACY CONNECTION

THE ONTARIO COLLEGE OF PHARMACISTS  
VOL.8 NO.5

SEPTEMBER/OCTOBER 2001



## New *e-factsheet*

### for International Pharmacy Graduates

---

Included in this issue...

- New Pharmacy Practice Advisory Breakfast Series
- Details on the *Worth Knowing Materials*
- Close Up on Complaints: Methadone



**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.

<b>1</b> Marie Ogilvie	<b>11</b> David Malian	<b>PM</b> Garry Dent
<b>2</b> Barbara Minshall	<b>12</b> Sherry Peister	<b>PM</b> Bob Drummond
<b>3</b> Martin Belitz	<b>13</b> Bill Mann	<b>PM</b> Pasquale Fiorino
<b>4</b> Sam Hirsch, <i>President</i>	<b>14</b> Vacant	<b>PM</b> Dean French
<b>5</b> Larry Hallok	<b>15</b> Gurjit Husson	<b>PM</b> Steve Gupta
<b>6</b> Alexander Wong	<b>16</b> Albert Chaiet	<b>PM</b> Marlene Hogarth
<b>7</b> Leslie Braden, <i>Vice-President</i>	<b>17</b> Malcolm Ng	<b>PM</b> Stephen Mangos
<b>8</b> Iris Krawchenko	<b>PM</b> Joan Boyer	<b>PM</b> Malcolm Mansfield
<b>9</b> Larry Boggio	<b>PM</b> Russell Carrington	<b>PM</b> Barry Solway
<b>10</b> Steve Balestrini	<b>PM</b> Vladimir Demine	<b>DFP</b> Wayne Hindmarsh

**Statutory Committees**

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

**Standing Committees**

- Finance
- Professional Practice

**Special Committees**

- Structured Practical Training
- Task Force on Primary Health Care Reform

- Working Group on Certification Examination for Pharmacy Technicians
- Standards of Practice Working Group
- Working Group on Pharmacy Technicians
- Communications

**What was the most important thing you learned from *your* Preceptor?**

**Students and Interns need you.**

Call Barb Church at the College to enroll as a preceptor.  
(416) 962-4861 x 297





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

**Sam Hirsch, B.Sc.Phm.**  
*President*

**Deanna Laws, B.Sc.Phm.**  
*Registrar*

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

**Layne Verbeek, B.A.**  
*Associate Editor*

**Alice Wlosek**  
*Distribution*

ISSN 1198-354X

© 2001 Ontario College of Pharmacists

Canada Post Agreement #40069798  
 Undelivered copies should be returned  
 to the Ontario College of Pharmacists.

Not to be reproduced in whole or in part  
 without the permission of the Editor.

**Subscription Rates**

In Canada, \$48 + GST for six issues/year.  
 For international addresses, \$60.  
 Subscription rates do not apply to  
 pharmacists, students, interns and  
 certified pharmacy technicians registered  
 with the Ontario College of Pharmacists.

# Contents



**NEW**  
**e-factsheet FOR**  
**INTERNATIONAL**  
**PHARMACY**  
**GRADUATES**



**PHARMACY**  
**PRACTICE**  
**ADVISORY**  
**BREAKFAST**  
**SERIES**



**WORTH**  
**KNOWING**  
**IS HERE**

Editor's Message – Della Croteau	2
Registrar's Message – Deanna Laws	3
Letters	4
<a href="#">Election 2001 Results</a>	5
Notice to Pharmacists	5,22,23
<a href="#">New e-factsheet for International Pharmacy Graduates</a>	6
<a href="#">Marijuana Medical Access Regulations</a>	8
<a href="#">Q &amp; A Pharmacy Practice</a>	9
PEBC: Qualifying Examination Part II	10
Education Modules	12
<a href="#">Q &amp; A Pharmacy Technicians</a>	14
Focus on Error Prevention	15
Have Your Say	16
Erratum	18
New Drugs/Drug News	I-IV
A Symbol is Worth a Thousand Words	19
Initiating Dialogue	20
Deciding on Discipline	24
Close Up on Complaints	26
CE Events	29
Bulletin Board	30
<a href="#">Pharmacy Practice Advisory Breakfast Series</a>	31
<a href="#">Worth Knowing Is Here</a>	34
OCP Manual Inserts	37

## 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.



# Editor's Message

Della Croteau  
Deputy Registrar/  
Director of Programs

**F**all is upon us! Though for most of us it's been a while since fall meant back to school, it's still the time of year when we gear up for a new cycle of events. As you scan the pages of Pharmacy Connection, you will see that we are preparing for both a new Council year and a new communications program. And, though summer is traditionally a time for a break and vacations, many of us have been very busy.

College staff have been meeting with various stakeholders to introduce the communications program as well as working on launching the newontariopharmacists.com website. College committees worked through the summer on issues including scope of practice, standards for hospital pharmacists, proposed standards for designated managers and work towards certification for pharmacy technicians. The Faculty has been busy with the first offering of Canadian Pharmacy Skills I and further development of the International Pharmacy Graduate Program. As well, many practitioners have been devoting a lot of their time to preceptoring students and interns in various hospital and community pharmacies across the province. Indeed, all of these contributions are vital to the ongoing development of our profession and service to the Ontario public.


You will see this issue of *Pharmacy Connection* has a number of articles discussing different aspects of

errors that can occur in pharmacy practice. I know that the College is sometimes criticized for appearing overly punitive and we often receive comments about discipline cases that we publish. Our intent, however, is to provide opportunities for education and reflection. We hope that you will read the accompanying articles in that spirit — as education tools aimed at helping to prevent others from making similar errors in the future.

At OCP, most reported errors are resolved through an educational and remediation approach, much like the case presented in *Close Up on Complaints* (page 26). Previously, practitioners were afraid to report errors for fear of possible retribution, but there is a growing belief that medication errors or “near misses” (caught just in time), should be fully evaluated, lead to system changes, and result in information

*Let's help each other prevent errors and improve patient care.*

being shared with colleagues to prevent similar errors being made in the future. A number of health professional groups are taking a similar philosophical approach in how they handle errors. So, let's help each other prevent errors and improve patient care.

Finally, as our new Point of Care communications program rolls out this fall, we will be looking forward to working with you to promote information about pharmacy services to all Ontarians. Your participation is vital to the program, and we welcome your feedback on how the program can be improved in future years. 

# Registrar's Message




Deanna Laws  
Registrar

I'm a golfer now — okay, those who have golfed with me would say that “golfer” is more appropriate! I took my first golf lesson a year ago, and was hooked right from the start. But last summer I found it difficult to find the time to practice what I had learned. Although my golf instructor saw “potential” in me from the beginning, he advised that my game would only improve if I committed the necessary time and energy. In my case, this meant trying to get to the driving range at least once a week and finding the time to play at least nine holes several times a week. That's tough to do. But the instructor was right, as I discovered when I stepped up to the tee the first time this year. One would have thought that I had never held a golf club in my hands before — I was truly “back to square one”. I was determined this year to commit as much personal time as possible to improving my game for more lessons, and for more regular play — and I have. I am pleased with my progress, but am even more pleased that my golfing partners have noticed how my swing and overall game have improved.

I learned two important things from my golf pro that I believe translate easily into our professional lives as pharmacists. The first is that practice makes perfect. This is confirmed consistently in our *Practice Review* results — pharmacists who do not practice regularly simply do not perform as well as those who do. The second thing is that old habits, especially bad habits, are hard to break. I recall one golf instructor saying that I was his dream pupil because I had not yet really picked up *any* habits, and teaching me was like starting with a blank page. He said that we could write on that page everything and anything we wanted. And he was right.

Pharmacy practice is like that too. I settled into a pattern over my twenty years of practice that was both satisfying and comfortable. I like to think that

with practice I became a better pharmacist and I know that in some ways this is true. But I also know how easy it is to slip into a way of doing things that evolved for me, and often evolves for each of us, into comfortable practice patterns. And I know too just how hard it is to change the way we do things. When I think back, we have been asked to change one aspect or another in our pharmacy practice almost continually in the 25 years since I graduated. But that's as hard to do as it is to change a golf grip or swing. Some changes, like the total integration of computer technology into pharmacies, have occurred so gradually that we hardly noticed it. Other changes were less subtle, such as mandatory dialogue on all initial prescriptions. But we found that for every pharmacist who proclaimed these new standards of practice onerous, many more reported they were already exceeding these standards day-to-day.

I chose pharmacy knowing that it would be a profession under constant change and that through change, it would provide me with constant opportunities for personal and professional growth. Isn't that what living is all about? Change in our profession is here to stay — embrace it! No matter how well we think we are doing things, there is always a better way. I have always found this to be true in my personal life, in my professional life, and now, in my golf life! I challenge all of you to do the same. 

*Pharmacy is  
like golf —  
you can  
always  
improve  
your game!*

*Deanna Laws*



# Letters

## “THE BEST PHARMACIST WE HAVE EVER HAD...”

Dear Editor,

I have to write this letter because to me, it's very important. It refers to my pharmacist Wayne Miyazaki. I'd bet that this is the type of letter you'd never or rarely get.

First, my wife and I are both disabled, me with a giant carotid sinus aneurysm (17 years) and my wife has Crohn's Disease (29 years). We've had to have a lot of medications over these

years and have had many different pharmacists. There has never been a pharmacist over all these years that we feel really cares about us, until Wayne started at the pharmacy, at Zeller's, at the Oshawa Shopping Centre.

The worst experience we've been having, is that because we are both chronically ill people, we are stupid people and because we have very little choices, we are treated like all they care about is money, because our scripts do cost a lot.

Wayne is the extreme of the best pharmacist we've ever had. We have

told him what we think of him but it just isn't enough. I'd bet if Wayne retires we would never find another pharmacist that cares as much as he does. To us, he's unreplaceable.

Thank you for your time.

— Roger Bourgeois  
Oshawa, Ontario

*Editor's Note: A copy of this letter has been forwarded to Mr. Miyazaki.*

---

## PRACTICE SETTINGS AND PHARMACIST-PATIENT RELATIONSHIPS

Dear Editor:

After reading “Communications Road Trip, Part II”, in your May/June issue, I have to ask, has any pharmacist stood back and contemplated that the problem facing good pharmacist-public relations could be the milieu within which community pharmacy is practised? Within that drugstore ambience, wherever it is practised or by whom, the inevitable public perception is of

profit from product retailing; be it prescription, OTC, or candy. Or, as the Kingston interviewee noted, “the perception you generate will become reality”.

Without wishing to condemn drugstore ambience in its entirety — after all it is an integral part of our North American culture — as a consumer of pharmacists' services for some 34 years, I would like to suggest it is unfair of them to expect us to mentally screen out the retailing that dominates. We just can't. A recent case in point occurred as I waited for a prescription to be filled. The pharmacist, after delivering a

short but prudent counselling, was handed six greeting cards to be checked out with the prescription. Unabashed it seemed, the pharmacist complied.

Surely it is obvious that — after decades of similar reports on poor pharmacist-consumer communications — if pharmacists continue to insist that their practice in the communities must stay as product dominated, it can never be seen as the healthcare provider it aspires to be, irregardless of promotions.

— John Hill, FRPharmS  
Brantford, Ontario

# OCP Council Election 2001 Results

The results of the 2001 Election are as follows:

<b>District 2</b>	Barbara Minshall - acclaimed
<b>District 5</b>	Larry Hallok - acclaimed
<b>District 8</b>	Iris Krawchenko
<b>District 11</b>	David Malian - acclaimed
<b>District 14</b>	Tracey Wiersema
<b>District 17</b>	Shelley McKinney

*Newly elected members will join the OCP Council on September 10, 2001. The College would like to congratulate all new and returning Council members and to thank those who let their names stand for Council positions.*

*A complete list of the 2001 Council along with 2001 committee appointments will appear in the November/December issue.*

## NOTICE TO PHARMACISTS

### Position Statement on “Refusal to Fill for Moral or Religious Reasons”

Following is the position statement approved at the March 2001 Council meeting:

*Pharmacists shall hold the health and safety of the public to be their first consideration in the practice of their profession. Pharmacists who object, as a matter of conscience, to providing a particular pharmacy product or service must be prepared to explain the basis of their objections.*

*Objecting pharmacists have a responsibility to participate in a system designed to respect a patient's right to receive pharmacy products and services.*

*The following clauses, reflect the need to meet a patient's requirements for pharmacy products and services while respecting a pharmacist's right of conscience:*

- 1. A pharmacist is permitted to decline providing certain pharmacy products or services if it appears to conflict with the pharmacist's view of morality or religious beliefs and if the pharmacist believes that his or her conscience will be harmed by providing the product or service. Objections should be conveyed to the pharmacy manager not the patient.**
- 2. The individual pharmacist must insure an alternate source, to enable the patient to obtain the service or product that they need. Any alternate means must minimize inconvenience or suffering to the patient or patient's agent.**



e-  
[www.newontario](http://www.newontario.com)



The College is pleased to announce the launch of the *e-factsheet*, an interactive web-based tool for international pharmacy graduates seeking information about licensure in Ontario. This tool provides international pharmacy graduates with a unique, user-directed information resource on how to become a pharmacist in Ontario.

# factsheet

## pharmacists.com

Written by: Suzanne McPhee, B.A.  
Program Manager: Chris Schillemore, B.Sc. Phm.

The *e-factsheet* is a collaborative effort of the Ontario College of Pharmacists and the Ministry of Training, Colleges and Universities' Access to Professions and Trades Unit. It represents our joint commitment to enhancing international pharmacy graduates' access to pharmacy in Ontario by providing the most up-to-date information on Ontario's licensing process in a convenient, interactive, web-based format.


We are pleased that the Ministry chose pharmacy (through OCP) as the first Ontario regulated profession to develop and pilot an interactive website for professionals considering moving to Canada. We see web-based technologies as being the future for accessing information and learning from any point in the world, and believe the *e-factsheet* represents a real evolution from traditional, one-size-fits-all, paper-based resources.

The *e-factsheet* can be accessed at [www.newontariopharmacists.com](http://www.newontariopharmacists.com). As the licensing requirements for graduates from Canadian and American pharmacy schools are different from those for graduates from other countries, this website provides two links – one to the new *e-factsheet* and the other to the general licensing requirements section of the College's main website.

Designed by staff from both the Ministry and the College, the key component of the *e-factsheet* involves a decision tree that directs each user to a specific path depending on the choices they select.

Online instructions provide help to get started and depending on the series of questions that the candidate answers, the user will be directed to information applicable to the path they need to take for licensure. All steps are included, from the initial steps of PEBC document evaluation process and meeting fluency, through to studentship, internship and final registration as a pharmacist. The *e-factsheet* also provides detailed resources and links to language testing organizations, examinations, contact information, and the labour market.

The Ministry also intends to use this *e-factsheet* as a model for future web-based fact sheets for other regulated professions in Ontario, as the lack of easily accessible information is a continual barrier for internationally trained professionals seeking to live and work in Ontario.

We invite you to explore this innovative resource at [www.newontariopharmacists.com](http://www.newontariopharmacists.com) and we welcome your comments for future enhancements to this tool. 

# MARIJUANA MEDICAL ACCESS REGULATIONS

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

The *Marijuana Medical Access Regulations (Regulations)* came into effect on July 30, 2001 as an amendment to the *Narcotic Control Regulations*. The *Regulations* provide seriously ill Canadian patients access to marijuana (at the same time that it is being researched as a possible medicine) by defining the circumstances and the manner in which access for medical purposes will be permitted.

The *Regulations* contain two main components: "authorization to possess" and "licences to produce". The authorization to possess, and licence to produce marijuana for medical purposes will be granted under the following three categories:

## CATEGORY 1:

Patients who have terminal illnesses with a prognosis of death in 12 months or less.

## CATEGORY 2:

Patients who suffer from specific symptoms associated with some serious medical conditions. Symptoms are part of a schedule to the *Regulations*. See table:

Medical Condition	Symptom(s)
Cancer, AIDS, HIV infection	Severe nausea
Cancer, AIDS, HIV infection	Cachexia, anorexia, weight loss
Multiple Sclerosis, spinal cord injury or disease	Persistent muscle spasms
Epilepsy	Seizures
Cancer, AIDS, HIV infection, Multiple Sclerosis, spinal cord injury or disease, severe forms of arthritis	Severe pain

## CATEGORY 3:

Symptoms associated with medical conditions other than those in categories 1 and 2. Specific statements from two medical specialists are required to support an application in this category.

## AUTHORIZATION TO POSSESS

Authorization to possess marijuana for medical purposes will be issued by Health Canada. The requirements for

the authorization will be dependent on the category for use.

All applications will have to be submitted by a medical practitioner on behalf of the patient. Depending on the category, supporting documentation from other medical specialists may be required. A list of therapies tried or considered will have to be submitted with the reasons why they were found to be medically inappropriate.

An authorization to possess marijuana for medical purposes will specify a maximum quantity of marijuana equivalent to a 30-day treatment supply. Additional requirements will be imposed when proposed dosage exceeds a quantity of 5 gm/day.

## LICENCE TO PRODUCE

Licences to produce will be issued by Health Canada to either the patient or a representative designated by the patient. A patient may also be permitted to produce for his or her own personal use. The licence also allows for storage and transportation of marijuana to the patient. A criminal record check is required for anyone designated by the licence to produce marijuana.

A representative cannot be designated by more than one patient, however a site can be used for the production of marijuana under a maximum of three separate licences.

A licence also authorizes the maximum number of plants that can be produced and this is dependent upon the patient's daily dosage as defined by the physician. The protection from loss or theft of the plants or dried marijuana will be the responsibility of the holder of the licence.

## IMPACT ON PHARMACY

Community and hospital pharmacists are not directly affected as the regulations currently address personal possession and production of marijuana only. Medical practitioners are most affected due to the requirement that their authorization must be obtained on applications.

*Continued on page 30*

# Q&A Pharmacy Practice



Greg Ujiye, B.Sc.Pharm.

Manager, Pharmacy  
Practice Programs

## Q Is dried marijuana for medical purposes available through pharmacies?

No. The *Marijuana Medical Access Regulations* came into effect July 30, 2001 as an amendment to the *Narcotic Control Regulations*. Pharmacists are currently not directly affected as the regulations deal with aspects of personal possession and licences to produce only. Please see a detailed article about the marijuana regulations on page 8.

### TWO OF MOST COMMONLY ASKED QUESTIONS THAT WE RECEIVE ARE:

## Q Can refills of benzodiazepines be transferred more than once?

No. Benzodiazepines can only be transferred once, i.e. pharmacy A to pharmacy B. Once transferred from pharmacy A to pharmacy B, the prescription cannot be transferred on by pharmacy B. Benzodiazepines fall under the *Benzodiazepines and Other Targeted Substances Regulations* and as a result of the confusion over this issue, we verified this opinion with the Drug Control Unit.

## Q When a pharmacy closes or is sold, and the files are transferred to another pharmacy, is this considered a prescription transfer with respect to controlled drugs or narcotic part-fills?

When a pharmacy either closes or is sold, the narcotic or controlled drug prescriptions are not considered to be transferred (with respect to transfers of prescriptions according to the DPRA). Therefore, any remaining refills on controlled drugs, benzodiazepines, or part-fills on narcotics are still valid.

## Q Is it necessary to specify intervals on a narcotic or controlled drug prescription part-fill?

Intervals do not have to be specified, but rather are recommended for part-fill prescriptions.


“Part-fills” are most commonly used with narcotic or controlled drug prescriptions, but this term is often a source of confusion for both pharmacists and physicians. Legal for both narcotic and controlled drugs, part-fills are the dispensing of a quantity of medication that is less than the total quantity authorized. The following is an example of a part-fill prescription:

- Tylenol® #3
- Mitte: 500
- Dispense 100 at a time every 30 days  
(intervals recommended but not a requirement)
- Sig: 1 q4h

A part-fill should not to be confused with a “repeat” where a specified quantity is ordered and an authority to refill this quantity, for a specified number of times, is given. For example:

- Phenobarbital 100 mg
- Mitte: 30
- Sig: 1 hs
- Repeat 3 times every 30 days  
(intervals are a requirement)

The difference with these two prescriptions is that in the part fill example, the authorization for Tylenol® #3 was given to dispense 500 tablets (with specific instructions as to how it is to be dispensed). In the second case, authorization was only given to dispense 30 tablets of Phenobarbital with the authority to refill only if the patient requests it. And, in the case of the Tylenol® #3 prescription, if no intervals were specified, 100 tablets could be dispensed at any time until the total quantity has been dispensed.

Pharmacists are reminded that with legally prescribed part-fills, each record of dispensing must also include documentation as to where the original authority for the part-fills exists. 

# PEBC: Qualifying Examination Part II (OSCE)

## Report of the Chief Administrator, Toronto Site

Zubin Austin, B.Sc.Pharm., M.B.A., M.I.S., M.Ed.

The *Qualifying Examination* of PEBC is a requirement for licensure as a pharmacist in Ontario. Traditionally, this examination has been a three-day, multiple-choice test of clinical knowledge. In recognition of the importance of clinical and communication skills and the six broad competencies defined for contemporary pharmacy practice by NAPRA, the *Qualifying Examination* now consists of two parts: Part I is a two-day multiple-choice test of clinical knowledge that includes case-based questions; and Part II is an *objective structured clinical examination* (OSCE) — a performance-based test of candidates' readiness to enter professional practice.

This new two-part *Qualifying Examination* was introduced across Canada in May 2001. All candidates for licensure in all provinces (except Québec) must now pass both parts of this examination (and meet other requirements such as internship) in order to register as pharmacists. One major benefit of this new examination will be the mutual recognition of qualifications across Canada. Under the *Agreement on Internal Trade*, provincial regulatory authorities across Canada (with the exception of Québec) will now recognize the registration of a pharmacist from another province without the need for further competency testing for entry-to-practice.

While OSCE is relatively new to pharmacy licensure, it has been used by the College of Pharmacists of British Columbia (CPBC) and other health professions for several years. It was first widely used by the Medical Council of Canada in the early 1990s in the Licentiate of the Medical Council of Canada (LMCC) examination that is required for licensure as a physician. More recently, OSCEs have been used in the Quality Assurance and Peer Review Programs at the Ontario College of Pharmacists. OSCEs are used widely in health professional education, and are now part of the licensure process for physiotherapists, chiropractors and optometrists.

The PEBC OSCE consists of fifteen stations, each lasting seven minutes. At each station, the candidate is

required to complete a specific clinical task, such as interviewing a patient, taking a history, counselling on a medication, or identifying drug-related problems. These tasks are based on specific competencies identified by NAPRA as expectations for entry-level practitioners. Teams of practicing pharmacists translate these tasks into clinically relevant scenarios complete with answers and scoring guides. These scenarios are thoroughly tested to ensure they are reasonable, relevant and reproducible under exam conditions. A bank of test items has been created so new test items are included in each exam. (For further information on these competencies, I encourage you to visit the PEBC website at [www.pebc.ca](http://www.pebc.ca)).

Combinations of interactive and non-interactive stations are used to test candidates' abilities to meet entry-to-practice requirements. Interactive stations use simulated patients — actors specifically trained to portray certain disease states or conditions. In some cases, simulated physicians are also used — pharmacists specially trained for these roles. Non-interactive or quiet stations are used to test candidates' abilities to solve clinical problems (such as drug information requests), check technical work and provide written responses. Frequent rest stations are provided to ensure candidates, examiners, and the simulated patients are not overly fatigued.

The OSCE component of the *Qualifying Examination* was offered across the country on May 27, 2001. Approximately 700 candidates took the examination. The Toronto site (located at Princess Margaret Hospital in downtown Toronto) hosted 200 candidates. Hospital clinics that are closed on the weekends provided the space for this examination. In order to mount an examination of this scope and complexity, substantial support from the pharmacy community (as examiners) was required.

Over 160 pharmacists responded to an initial request for examiners. For this exam, 84 were invited to participate and attended a comprehensive orientation

session and training workshop. Five pharmacy technicians were also involved. About 100 standardized patients were recruited and involved in all aspects of this examination.

For confidentiality and security reasons, results of this examination cannot be made public. All candidates were directly informed of their results by letter and could also access them through the PEBC website. Failing candidates may request a feedback report on their performance. The provincial licensing bodies are also provided with the names of all newly certified candidates.

Anecdotal feedback from pharmacists involved in this spring's examination was positive. Many pharmacists serving as examiners saw the value of this form of testing in ensuring that all candidates have the requisite knowledge, skills and abilities to provide patient care. The OSCE is unique in its ability to test the integration of knowledge and skills, therapeutics, communications and ethical/professional judgement. Though examiners all worked a twelve-hour day, most of them found the experience fascinating, rewarding, as well as an excellent way to contribute to their own professional development and the development of the profession as a whole.


The OSCE would not be possible without the dedication of many professionals involved. Dr. John Pugsley (Registrar-Treasurer of the Pharmacy Examining Board of Canada), Carol O'Byrne (OSCE Manager) and Yuen Chu (Administrative Assistant) provided leadership for this exam across the country. As can be imagined, the logistics of co-coordinating an exam across five time zones and in eight separate cities was monumental. Jane Cassidy (Chief Examiner) and Roxanne Hook (Deputy Chief Examiner) provided support for pharmacists involved as examiners and training for standardized patients at the Toronto site.

The OSCE was administered through the Standardized Patient Program at the Faculty of Medicine, University of Toronto. Associate Directors

Diana Tabak and Nancy McNaughton, and site coordinators Kerri Knickle and Donna Hardaker have worked extensively with both OCP and the Faculty and are very familiar with the unique requirements of pharmacy education and testing. Cam MacLennan supervised set-up and operation of the exam. Together, the Standardized Patient Program provided the infrastructure necessary to ensure the exam was fair, efficient and effective. As one examiner stated, "pharmacists all over Ontario should thank them for their work in ensuring our profession remains strong".

The OSCE will be administered twice annually in conjunction with Part I of the exam. Each May, both *Parts I and II of the Qualifying Examination* will be offered in the following cities: Vancouver, Edmonton, Saskatoon, Winnipeg, Toronto, Montreal, Halifax and St. John's. Each November, the exam will also be available in Vancouver, Toronto and Montreal. The next OSCE will be held on November 10, 2001.

Thanks to the publicity provided by OCP and the great response to our initial recruitment for examiners, we do not need to recruit any additional pharmacists at this time. We will undoubtedly be inviting new examiners to become involved in the future.

Pharmacists are a key resource for the administration of the OSCE. Such an exam would not be possible without the assistance and involvement of dedicated practitioners. The dedication shown by pharmacists and technicians who have served the profession of pharmacy through their participation as assessors in the May 2001 OSCE is greatly appreciated by the Pharmacy Examining Board of Canada. 

Zubin Austin B.Sc.Pharm., M.B.A., M.I.S., M.Ed.  
Faculty of Pharmacy, University of Toronto  
Chief Administrator (Toronto Site) – Pharmacy Examining Board of Canada

# Education Modules:

## *Canadian Pharmacy Skills I, Spring 2001*

Historically summer has been a relatively quiet time of year at the Faculty. Scientific research is ongoing but a respite from teaching occurs as undergraduate students undergo training or employment opportunities. This year however, the Faculty classrooms and labs were very busy with 55 foreign-trained pharmacists participating in the first session of the *Canadian Pharmacy Skills I* (CPS I).

You will recall that, effective January 1, all foreign-trained pharmacists are now required to attend academic modules at the Faculty with alternating sessions of *Structured Practical Training* through the College. The entire process, a combination of experiential and classroom-based learning, is meant to provide the foundation required for entry-to-practice in Ontario's pharmacy environment. An additional goal of the CPS program is to prepare participants for the OSCE — the *Objective Structured Clinical Examination* portion of the *PEBC Qualifying Exam*. As a result, there is a significant emphasis on oral communication skills in the CPS Program.

The curriculum was ambitious and intense. Taking place over eight weeks, participants attended classes, labs, workshops, seminars and tutorials for five days a week. The program was rigorous, conforming to university standards, and the workload was challenging. Nevertheless, the feedback from participants was overwhelmingly positive. Many individuals commented that the courses provided them with a valuable framework for pharmacy practice (i.e. patient focused care) that they may not have been familiar with in their own countries and/or previous practices.

One student wrote, "When I started CPS I, I thought that this program would be useless for me. I had already passed my [PEBC] *Qualifying Exam*. But when we started, I completely changed my misperception. For the first time in my life I got constructive and real feedback. I thought about my professional practice, my limitations and where I need improvement. I will try to implement all the legal, ethical and professional concepts that I learned. Thank you to all of the team".

Course topics included jurisprudence (taught by College staff); drug information (Faculty in collaboration

with OPA DIRC staff); pharmaceutical care; therapeutics (prescription and non-prescription); communication skills; and health care systems (Faculty and guest lecturers). Off-site computer training for Nexsys and Kroll (the two pharmacy software systems at the Faculty) and an online course

rounded out the curriculum. Professional practice labs and *English for specific purposes* seminars (twice weekly) allowed participants to practice and enhance their newly acquired patient-focused care skills.



Marie Rocchi Dean, B.Sc.Pharm.

Education Coordinator  
Faculty of Pharmacy, UofT

### INNOVATION IN TEACHING

In a previous column, English proficiency, and its importance, was emphasized. The Faculty, in collaboration with two ESL consultants (Christina Yurchuk and Mike Galli), developed an *English for specific purposes* (ESP) course to enhance the pharmacy content.

Essentially, the "patient counselling interview" model was deconstructed into its elements (introduction, information gathering, information providing, clarification and closure) and was then further broken down into exercises and tasks. For instance, in the information gathering classes, question formation was addressed, including vocal intonation and grammatical structure. As the interview "rebuilt" itself week by week, participants were able to assimilate previous material and provide a cohesive, well constructed and articulated patient interview by Week 6.

The success of the ESP course can be attributed to several factors including the "co-teaching" of small groups of 14 students by *both* a pharmacist TA and an ESL instructor. The English instructor led the class and the pharmacist TA attended to provide professional perspective and practical insight into role-playing issues as they occurred in the classroom.



(A “teaching moment”, we like to say.) The partnership between pharmacist and ESL instructors resulted in very dynamic sessions that fostered a positive learning environment for the students. Similarly, in the Professional Practice labs, ESL instructors listened to the participants apply their patient counselling skills, and then provided constructive feedback in an authentic situation.

### PROGRAM ONGOING

Successful candidates from CPS I are now participating in the College’s *Structured Practical Training Program* (Studentship). One student recently wrote: “My preceptor keeps telling me that she is going to learn a lot from me. The staff are amazed at the amount and quality of knowledge and skills that we have”. During studentship, participants will stay in touch with the Faculty through an online course (Pharmacotherapeutic Distance Learning) and by submitting specific questions and activities from their training (to be marked by Faculty and ESL tutors).


CPS II (the second eight-week module) will begin in January 2002. Building on CPS I and SPT Studentship, topics will include critical appraisal, advanced interviewing techniques, therapeutics and interaction with standardized patients. Participants will enter SPT Internship following completion of the CPS II.

There will be two classes of CPS I annually and the second intake is scheduled to begin in mid-October. Modifications and improvements to CPS I will be made based on valuable feedback from the first class

(including a longer orientation period and more time to study).

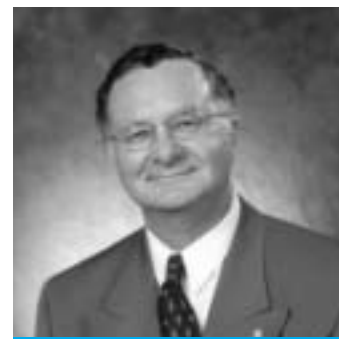
### INTERNATIONAL PHARMACY GRADUATE (IPG) PROGRAM

In the May/June issue of *Pharmacy Connection*, the IPG program funding was announced. A direct benefit to participants in CPS II will be a complete subsidy of course registration fees (\$3500) during the piloting of this program. Other aspects of the IPG program include *Prior Learning Assessment* (which is recognition for previous learning) and incoming students for the Fall 2001 CPS I session will participate in a linguistic and professional practice prior learning assessment pilot. Students will then receive an individualized learning plan based on their *prior learning assessment* results.

On behalf of the program staff, I would like to extend my best wishes to the first class of CPS I. The rewards of teaching were very apparent to us all as we shared the privilege of working and learning alongside these vibrant, committed professionals. We encourage their preceptors to continue this learning curve by providing constructive, honest feedback and by allowing the students with the opportunity to dialogue with patients whenever possible. 

*For further information about the program please contact:  
Marie Rocchi Dean, Education Coordinator, Faculty of  
Pharmacy, University of Toronto, 19 Russell Street, Toronto,  
Ontario M5S 2S2, ph: 416-946-5586,  
e-mail: marie.dean@utoronto.ca*

# Q&A Pharmacy Technicians



Bernie Des Roches, Ph.D.

Manager, Pharmacy  
Technician Programs

## I WOULD LIKE TO SEE SOME INFORMATION ABOUT THE ROLE OF THE TECHNICIAN, AS WELL AS WHERE THE ROLE OF THE TECHNICIAN WILL GO IN THE FUTURE.

The role of the pharmacy technician has remained virtually unchanged since the document *Guidelines for the Pharmacist on the Role of the Pharmacy Technician* which was revised by the College in February 1994.

However, as we reported in the July/August 2000 issue of *Pharmacy Connection* (p. 26) the College's Pharmacy Technician Working Group has been working to develop an expanded role for pharmacy technicians. This group has developed a proposal for an expanded role which would permit a properly trained pharmacy technician (by using protocols in certain cases) to perform all tasks currently performed by pharmacy technicians, along with other tasks that have not been traditionally part of their role — particularly in the community pharmacy setting. This document was presented to Council and served as the starting point for the next phase of the initiative.

The Competency Working Group, comprised of 14 pharmacy technicians and six pharmacists, held a series of meetings to expand on the original document to identify the competencies that would be required of a pharmacy technician to perform these tasks. Their document has been reviewed by small groups of pharmacists and pharmacy technicians in four cities — Ottawa, Toronto, Windsor and North Bay.

Following this, their input was considered by the working groups and committees, and ultimately will be presented to Council for review at its September 2001 meeting. We will keep you updated on progress with this significant and unique initiative in upcoming issues.


Stay tuned for further developments/reactions in the November/December 2001 issue of *Pharmacy Connection*.

## CAN A CPHT CALL THE COLLEGE FOR INFORMATION?

Calls from pharmacy technicians may be directed to the OCP as follows:

- i) Information on *individual status* (at the document evaluation stage; change of employment and/or residence information; or any matter dealing with the fees) to Information Processing, Pharmacy Technicians (416) 962-4861 x 231;
- ii) Information dealing with *continuing education events and/or resources*, to the Continuing Education/Pharmacy Technicians Programs (x 251).

In both cases, extensive information is also posted on the OCP website at [www.ocpharma.com](http://www.ocpharma.com). By clicking on "Pharmacy Technician" one will find the *Pharmacy Technician Skill Set; Role of the Pharmacy Technician; Pharmacy Technician Registration Application Information*; and *Pharmacy Technician Q & As* as published in past issues of *Pharmacy Connection*. By clicking on "Continuing Education" one can also find pharmacy technician CE resources.

The *OCP Index, Policy Handbook & Reference Guide*, found in the front of the *OCP Manual*, has many of the most commonly asked questions. It also has reprints from the previous Pharmacy Practice Q&As and is a useful resource for day-to-day practice. The *Handbook* and *Manual* are also available on our website or may be purchased from the College (x 226). 



# Focus on Error Prevention



Ian Stewart, B.Sc.Pharm.

**W**hen receiving a prescription from a new patient, basic information such as name, address and telephone number is gathered and entered into the computer. However, to provide optimal patient care, other key clinical information must also be gathered and these include medical conditions or disease states and drug allergies. Failure to gather information on drug allergies is a major omission with potentially serious consequences. Similarly, failure to appropriately use the information gathered from the patient may also result in patient harm and pharmacist liability.

## CASE 1:

An asthmatic patient took a prescription for ketorolac to a pharmacy that had dispensed prescriptions for her on six previous occasions (type of prescription(s) unknown to author). On each of these occasions, the patient told the pharmacy staff that she was allergic to aspirin, acetaminophen and ibuprofen. Two pharmacists testified in court that the allergy information had been entered into the pharmacy computer at some time prior to dispensing the ketorolac prescription. In addition, the prescription kept on file at the pharmacy also had a hand-written notation indicating these allergies. Nevertheless, the ketorolac prescription was dispensed to the patient.


The patient began to feel an onset of respiratory distress after taking the first dose of ketorolac. She called the pharmacy to determine whether there was any reason why she would be having a reaction to ketorolac, but was informed that she need not worry.

The patient then called her previous pharmacist who was aware of her drug allergies, and he advised her to begin nebulizer treatment and to go to the hospital emergency. There, the patient was found to be experiencing an acute hypersensitivity reaction. She later testified that as a result of taking ketorolac, she now experiences more frequent and intense asthma episodes.

## POSSIBLE CONTRIBUTING FACTORS:

- The dispensing pharmacist was likely unaware of the potential for cross-hypersensitivity between different NSAIDs
- The pharmacist testified that when dispensing a ketorolac prescription for a person allergic to aspirin and NSAIDs, an alert would flash across the computer screen and halt the processing of the prescription. The alert was therefore overridden

## RECOMMENDATIONS:

- When entering prescriptions into the computer, always ensure that either the patient's allergies or "no known allergies" has been entered
- Ensure that the information is accurately coded to allow computer screening
- When taking verbal prescriptions, ask the prescriber about the patient's drug allergies
- Take all allergy computer prompts seriously. Never assume that an allergy prompt is insignificant
- Train pharmacy technicians to request a pharmacist intervention before any allergy prompt is overridden
- Screen all allergy prompts by asking the patient the nature of their allergy and then document this information
- If a patient is known to be allergic to a specific drug, consider the potential for cross-reactivity to similar drugs
- Always take seriously any telephone call indicating that a patient is having problems with a drug you dispensed
- Document any discussion you have with the patient and/or prescriber 

*Please continue to send reports of medication errors in confidence to: Ian Stewart, P.O. Box 40620, 5230 Dundas St. W., Etobicoke, Ontario M9B 6K8*

## Reference:

1. *Pharmacy Today*, December 2000, pg. 18

# Have your say

*Pharmacy Connection* often receives stories and personal accounts of how pharmacy was in Ontario decades ago. In an effort to meet the spirit of these requests, and to help us reflect from where our profession has come, one such story is presented as follows.

Indeed, one of the most dramatic changes our profession has experienced over the decades is the transition from “chemist” to provider of drug information and patient counselling. You will see that this current issue discusses our new province-wide public communication plan to educate the public about the value of the pharmacist/patient relationship. Yet as Eleanor Even writes, patients in 1942 were not able to browse the aisles to choose their medications, nor were they able to have contact with the druggist (pharmacist) whenever they came to collect their prescriptions.

We can only imagine what our profession will be like in 2042, when new graduates of today reflect back, years from now, on how our profession was at the turn of this century!

— Editor

## THE DRUG STORE OF 1942

*Eleanor (Bemister) Even, Phm.B., 4T7*

When I began my apprenticeship with Mr. L. J. Hooper in Port Credit in the summer of 1942, pharmacies were usually called “drug stores” and their proprietors were termed “druggists”. Everything about those early days was so different from today: the appearance of the front store, the dispensary, the merchandise, but most of all the public perception of the pharmacist.

At that time, you sent an application to the College of Pharmacy (as it was known then) at 44 Gerrard Street East in Toronto, along with your Fifth Form (Grade 13) marks, and if they accepted you, you were registered as an apprentice. You worked in a drug store under the tutelage of your preceptor for three years and you had a textbook to study, *Pharmacy Apprenticeship Studies* by R. O. Hurst, Dean of O.C.P. at that time.

Several times during that period you wrote small interim tests and the College’s inspector dropped in occasionally to check on your progress. At the end of the three years you wrote an examination, and if successful, you were admitted to the College of Pharmacy

as a student for two more years. You then had to pass exams set by the College (with some participation from University of Toronto). Pharmacy was an affiliated college then, not a faculty.

Far more than half of our prescriptions were compounded. Your preceptor taught you the correct



*Former Ontario College of Pharmacy offices at 44 Gerrard Street East, Toronto*

techniques. We weighed, measured, triturated, and we slabbed ointments. Many ointments contained crude coal tar or Ichthammol, which were not the easiest ingredients to deal with. Apprentices soon learned about eutectics from mixing menthol and camphor for ointments. We made suppositories by hand and mixed headache or pain powders in a mortar, weighing each component beforehand. We learned to be efficient and neat, but above all, accurate.

I include a copy of an actual Rx from 1942. We did not dispense nearly as many ready-made medications then. We did not have antibiotics, antidepressants, antihistamines, diuretics, steroids, NSAIDs, ACE inhibitors, beta blockers, anti-coagulants, nor many other formulated medications. Heart patients were usually treated with Tincture of Digitalis; arthritics rubbed on Sloan's® or Minard's® Liniment. If you had bronchitis, you probably got Scilexol with Codeine or even Heroin! High blood pressure patients were told to eliminate table salt; if you had pneumonia you probably got a mustard plaster; and the list goes on.

The front store at Hooper's was elegant. There was no fluorescent lighting, but large stately glass globes were suspended from the high ceiling. The walls were paneled, and along the sides were large cabinets with sliding, plate-glass doors. Everything was behind glass. There wasn't anything like the variety of front store products presented today, but what we had was adequate. Across the back wall, in front of the dispensary (which was not open) were rows of patent medicines. We had something for everyone. Headache? Bayer's Aspirin. Upset stomach? Bromo-Seltzer®, Alka-Seltzer® or Eno's.® Cough? Creo Terpin® Syrup of White Pine and Tar.® Furthermore, quite a few OTC products (Wampole's Phospho-Lecithin® and ABS & C's® contained sub-therapeutic doses of strychnine).

I think I understand why patent medicines sold so well. In the days before OHIP, people had to pay to see a doctor and also pay for their prescription. People didn't see doctors for minor ailments, and considering the limited choices physicians had to choose from, you stood as good a chance of recovery with something from off the



*Class 4T7 students working at OCP labs:  
Jeannette Carpeneto, Elizabeth Bradshaw*

shelf, which was usually less than a dollar. A big bottle of Phillips Milk of Magnesia® was 39 cents for years.

Customers did not serve themselves and there was no checkout by the front door. Instead, customers went to a counter at the back or side to make their requests. A clerk then ran about the store to fetch the items. Customers often paid monthly, and if they paid cash, you first added the total and then rang it into a cash register that operated by turning a large handle on its side. The apprentice or clerk then wrapped all items in a paper package with string.

A noticeable change from the 1940's is the significant increase in women entering our profession. Women first came to our profession during WWII due to manpower shortages and the numbers have gradually grown since then. I think the increase in women pharmacists

is a good thing. Many of our customers have said they are more comfortable discussing their personal problems with a woman than a man.

I think back on how pharmacists were regarded. Mr. Hooper was highly regarded in the community, but nevertheless he was seen as a storekeeper, a merchant and not a professional. Like the butcher with his store, and the grocer with his grocery, the druggist had a drug store. The professionals were physicians, dentists, clergymen, and lawyers. They had offices; the druggist had a store.

Slowly, due to a number of differences, the public has come to accept the pharmacist as a highly trained, specialized professional. The old College of Pharmacy became the Faculty of Pharmacy that now requires four years of study. The Phm.B. became the B.Sc. Phm. Instruction had to keep pace with the many new and powerful drugs available today. The College of Pharmacists has raised the standards of excellence through programs such as Continuing Education and Quality Assurance.

Many people that I talk to today are anxious to obtain as much information as possible about their medication, and they can get it from today's well trained, safety-conscious pharmacists. Counselling, unheard of sixty years ago, is standard practice today and, hopefully, the public as a whole will benefit. ☞

# Erratum

Due to a printing error in the July/August (Vol. 19, #4) issue of the Drug Information and Research Centre's *New Drugs/Drug News* insert, the second and third paragraphs of page I featuring Tacrolimus Ointment were misprinted. We apologize for the error and this page is reprinted as follows:




**DRUG  
INFORMATION  
AND RESEARCH  
CENTRE**

## Drug Information Newsletter

Kris Wichman, Editor  
Karen Cameron  
Jackie Campbell  
Nicky Corkum  
Joanne Deshpande  
Ellen Fan  
Susan Halasi  
Judy Hall  
Sherrie Hertz  
Jean Kwon  
Carol Lee  
Lily Lum  
Karina Malak  
Pravin Patel  
Brent Ruddock  
Dorothy Tscheng  
Sandra Winkelbauer  
Delia Worthing,  
Graphic Designer

### FEATURED TOPICS

- Tacrolimus Ointment (Protopic®)
- Frequently Asked Questions
- New Product Listing

**DIRC** 

Toll Free Number  
**1-800-268-8058**

Local Calls  
**416-385-DIRC (3472)**

Fax  
**416-385-2442**

[dirc@ontpharmacists.on.ca](mailto:dirc@ontpharmacists.on.ca)

# NEW DRUGS/ DRUG NEWS

VOLUME 19 Number 4

July/August 2001

## TACROLIMUS OINTMENT (Protopic®)

Tacrolimus ointment (Protopic®) is a topical immunomodulator available from Fujisawa Canada Inc. It is indicated for the treatment of atopic dermatitis in children and adults.<sup>1</sup> Although the exact mechanism of action is unknown, tacrolimus has been shown to inhibit T-cell activation and inflammatory cytokine release, which are important in the pathogenesis of atopic dermatitis.<sup>2</sup> Protopic® is currently not marketed in Canada, but is expected to be marketed at the end of 2001 or the beginning of 2002.<sup>3</sup> At the present time, this drug can be obtained through the Special Access Program (Health Canada).

### Pharmacokinetics

Topical tacrolimus is absorbed systemically, with the extent of absorption dependent upon the integrity of the epidermis and size of the affected area. After one week of treatment, it was noted that blood concentrations of tacrolimus decreased as clinical improvement occurred, suggesting a reduction in drug absorption as the disease condition improves.<sup>4</sup> Blood concentrations are variable after application of tacrolimus ointment<sup>4-7</sup>, with peak levels achieved between three and six hours after administration.<sup>4</sup> Therapeutic drug level monitoring is not necessary with this product.

### Dosage and Administration

Tacrolimus 0.03% ointment can be used in both children and adults, whereas the 0.1% strength is limited to adult use. A thin layer of ointment should be applied to the affected areas and rubbed in gently twice daily, until one week after the resolution of the atopic dermatitis symptoms.<sup>1</sup>

### Adverse Effects

The side effects related to the use of tacrolimus ointment can be divided into two categories: application site and nonapplication site adverse reactions.

The most common application site reactions include a sensation of skin burning (26 to 58%), pruritis (23 to 46%), erythema (28%), and skin infection (five to 12.5%).<sup>5-7</sup> For the most part, the "skin burning" episodes last less than ten minutes, and the duration of pruritis is usually less than one hour. Most of these episodes occur during the first few days of treatment and then diminish.<sup>6</sup>

The most common nonapplication site side effects are flu-like symptoms (23 to 35%) and headache (18 to 20%).<sup>5-7</sup> In general, these effects tend to be of mild to moderate severity.



## OCP COAT OF ARMS

The current design of the OCP crest<sup>1</sup> was developed around 1873 after the original 1871 seal was created featuring an upraised arm with a torch over a mortar and pestle with the words “Ontario College of Pharmacy, incorporated 1871”. The OCP crest is comprised of a beaver to represent Canada; scales or balances and a mortar and pestle as the tools of the pharmacist; a Caduceus representing medicine or medical arts and science; and a hand and torch that has no significant reference beyond shedding light to patients or the world.

The motto “Cura Atque Industria” is Latin for “Care (or Cure) and Diligence” and the crest’s original colours are red, black & gold based on the original *Ontario College of Pharmacy* colours. The Faculty of Pharmacy later adopted these colours to recognize that the College also served as a teaching college from 1882-1953.

# A Symbol is Worth a Thousand Words

## BOWL OF HYGEIA

Both the mortar and pestle and the bowl of Hygeia are ancient symbols for pharmacy. The classical Greek goddess Hygeia’s attributes are the snake, usually shown twined around her wrist, and the medicine bowl. The same snake, as a symbol of wisdom, winds around Asclepius’ staff (a symbol of skill) to form the Caduceus. (Asclepius was also father of Hygeia and Panacea.) When shown with the medicine bowl, however, the snake is seen as a source of venom, which, through the intermediary of Hygeia, is transformed into powerful medicine.


This symbol is used as part of pharmacy or pharmacy organization logos in Europe, the Middle East and North America. The bowl of Hygeia has been most accepted in Europe and is seen in North America in logos for the Canadian and American pharmacists’ associations, CPhA and APhA. Mexico also uses the Hygeia snake with a mortar and pestle (all in green) to identify its pharmacies. The bowl of Hygeia also appears with the cross in many countries and with the letter “A” for “apotheker” in Germany.

## RED CROSS

Currently used with the bowl of Hygeia in Arabic countries, and previously in Italy, the use of the red cross with other pharmacy symbols has dropped dramatically since World War II and the increased profile of Red Cross International. The red cross was initially derived from the concept of white bandages crossed on a field of blood.

## GREEN CROSS

Green crosses of various shapes either alone, with the bowl of Hygeia, or with a superimposed Rx symbol have become very common in continental Europe — again from their association with hospitals and as a symbol of health care in general.

Québec first adopted the green cross with the bowl of Hygeia in 1972, undoubtedly influenced by France, where it has been in use since 1942. Britain and Italy also recently adopted versions of the green cross as the symbol for their pharmacies — likely as a bow to European trends. 

1. Ernst Stieb, Niagara Apothecary

# Initiating *Dialogue*

## to Identify Drug-Related Problems...

### DEALING WITH OVERDOSE

*Midge Monaghan, B.Sc.Pharm.*

There are many opportunities to identify and resolve drug-related issues when clients come in for refills on their regular medications. We make a concerted effort to dialogue with patients when they are getting a prescription for the first time, but often issues develop later and become more evident to us only when we strike up a conversation regarding a refill on a prescription. Computer systems enable us to quickly scan a profile and audit trail previous repeats on specific prescriptions.

A typical situation that occurs too often in our practice relates to a patient with asthma who uses too much of the short-acting beta blocker (eg. salbutamol, Ventolin®) because he/she is not using enough of his/her steroid inhaler (eg. fluticasone, Flovent®).

#### CASE

Mr. Al Keller arrives at the dispensary counter 30 minutes after calling in a request for a refill on 2 Ventolin® inhalers which he had last filled only 2 weeks earlier. The pharmacist, Paul Marchand, has not had a chance to contact Dr. Sarah Miceli to get an authorization. Al is very angry that his prescription is not ready. The conversation starts like this:

**Mr. Keller:** Why isn't my prescription ready? I called it in ahead of time and my doctor told me that I always had to have one of these with me at all times. You don't need to call her every time I ask for them. She told me that I don't need to see her until December.

**Pharmacist:** I understand that you need more Ventolin® right away. The weather has been extremely

hot and it probably has been very difficult for you to breathe easily in these conditions. Do you have anything left in your containers?

**Mr. Keller:** Yes. I've got some here, but it won't last me long. I don't think that you've been giving me full containers lately. They don't last as long as they used to.

**Pharmacist:** I'm really glad that you have some for now. I will have to check with your doctor before I give you anymore. Dr. Miceli wants us to fax in our requests for refills now and that will take some time. I notice that you had 2 inhalers less than 2 weeks ago. Dr. Miceli will want to know how many puffs you're using on a typical day. Can you tell me how many times you used this blue one yesterday, for example?

**Mr. Keller:** I probably used it a lot yesterday, because it was so hot and muggy outside. We had a barbecue in our backyard and there was so much to do before and after.

**Pharmacist:** I notice that you haven't been ordering the orange inhaler, the Flovent®. Are you using it twice every day?

**Mr. Keller:** Oh no. That one doesn't work at all. I tried it before and it doesn't help me. The only one I need is the blue one.

**Pharmacist:** It's very important to use the Flovent® regularly to control asthma. If you use it twice a day, you should be able to cut down on the number of doses

of Ventolin® you need. I'm concerned that you are using too much Ventolin® these days. It's an indication to me that your asthma is not under control. The Flovent® actually controls asthma by reducing inflammation in your lungs, but does not give you quick relief of your symptoms. The Ventolin® gives you a quick fix, but does not help you in the long run.

**Mr. Keller:** The label says that I can use 2 puffs 4 times a day whenever I need it. I really need it these days!

**Pharmacist:** Even though you've used it for a long time, it would be helpful to see exactly how you use your inhalers. Can you set aside a few minutes when you come back to pick up your inhalers?

**Mr. Keller:** I can come back tomorrow after 3pm. Make sure my inhalers are ready.

The pharmacist prepares a note for Dr. Miceli explaining the fact that Mr. Keller had 2 Ventolin® inhalers 2 weeks earlier and has not been using his Flovent® for the last 3 months. Dr. Miceli faxed back an authorization for only 1 Ventolin® as well as 1 Flovent®. She also added a note to tell Mr. Keller to make an appointment to see her in the next few weeks.

When Mr. Keller returns the next day, the pharmacist takes him into the counselling room to discuss a variety of issues. The pharmacist explains that Dr. Miceli only authorized 1 Ventolin® and wants to see him in the next few weeks. The pharmacist reinforces the importance of using the Flovent® regularly and asks the patient to keep track of the number of times he uses Flovent® and Ventolin® each day during the next week. The pharmacist encourages Mr. Keller to record the dosages taken on the treatment plan (see figure #1) that

he has prepared for him. He tells Mr. Keller that his goal should be to use the Ventolin® as little as possible, no more than three times a week.

The pharmacist shows Mr. Keller the placebo aerosol device and asks him to demonstrate how he uses the inhaler. The pharmacist notices how quickly he inhales each

Figure 1

**ASTHMA TREATMENT PLAN**

PATIENT'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

PHARMACIST'S NAME: \_\_\_\_\_

Your asthma may be difficult to control because of something that is causing your asthma to get worse. (e.g. pets, dust mites, tobacco smoke, exercise, molds, stress, high pollen count, ASA, sulfites, gastric reflux, respiratory infections)

Your personal triggers are: \_\_\_\_\_

Suggested actions to eliminate triggers:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Self-monitoring is an effective way to better manage asthma conditions. Document your symptoms daily (e.g. coughing, wheezing, shortness of breath and chest tightness). Your asthma may be difficult to control because you are not taking enough of your control medicine and too much of your temporary relief medicine. Record the number of doses for each drug used every day during the next week.

Bring this form back to the pharmacy on your next visit or discuss the details on our follow-up phone call on: \_\_\_\_\_

DATE:	SYMPTOMS:	CONTROL MED:	TEMPORARY RELIEF MED:
MON:	_____	(_____)	(_____)
TUES:	_____	_____	_____
WED:	_____	_____	_____
THUR:	_____	_____	_____
FRI:	_____	_____	_____
SAT:	_____	_____	_____
SUN:	_____	_____	_____

\*If at any time you notice your lips or fingernails turning blue, or you have difficulty walking or talking, contact your doctor immediately.

dose and explains the importance of doing it much slower, so that the powdered drug can be delivered to the lungs and not deposited at the back of the throat. He also recommends the use of an aerochamber and Mr. Keller decides to think about the possibility of buying one at a later time. The pharmacist discusses the asthma triggers which may aggravate the disease (e.g.: pets, dust mites, tobacco smoke, molds, stress, respiratory infection, gastric reflux, high pollen count). The pharmacist also suggests that Mr. Keller avoid foods containing sulfites (eg. shrimp) as well as Aspirin® and other NSAIDs.


**Pharmacist:** I have given you a lot of information today and I would like to follow-up with you in a week or so. I have created a treatment plan that will help you identify your personal triggers and monitor your symptoms daily. Could you keep this type of diary for the next week?

**Mr. Keller:** I can try. Do I have to come back here again next week?

**Pharmacist:** I could call you if you like. We can discuss the plan on the telephone next Thursday evening if that's a good time for you.

**Mr. Keller:** That sounds great. You can catch me anytime after 7.

**Pharmacist:** You can show the treatment plan to your doctor or I would be happy to send her a note to explain your progress. I believe that you can control asthma better by taking your medications at the right times and avoiding the triggers. The next time you are in the pharmacy, I can show you how to use a peak flow meter that could help you predict asthma attacks and control them more effectively. Let me know when you've got some time and I will try to set some time aside, probably during a quiet weekday evening.

**Mr. Keller:** I've heard about those meters but didn't know where to get them. I really would like to prevent attacks; they keep me from work and enjoying the sports I like. Thanks for your time. I'll talk to you next week. 

*Prepared by Midge Monaghan, B.Sc. Phm., Pharmacist Manager, Dell Medical Pharmacy, Hamilton*

## NOTICE TO PHARMACISTS

### Pharmacy Update from Bayer Inc.

As you are aware, Bayer discontinued the marketing and distribution of Baycol® in Canada effective 8 August 2001. As of this date, we commenced a pharmacy withdrawal of Baycol®, which has been communicated as follows:

- Patients who are taking Baycol® should consult with their physicians about switching to alternative medications to control their cholesterol levels.
- Patients who are taking Baycol® who are experiencing muscle pain, or who are taking gemfibrozil should discontinue Baycol® immediately, and consult their physician.
- For pharmacists and wholesalers, Bayer has faxed a product return policy outlining details on how to return stock for reimbursement. For further information on returns, please contact Judy Danis at USF Processors Canada at 416-298-1234 or at 1-888-784-2323.

Bayer Inc. will ensure that all parties receive proper credit for the returned product and will reimburse pharmacies and wholesalers for any shipping charges that are incurred. If a pharmacy has purchased product through a wholesaler, they must return it to that wholesaler. Bayer will not reimburse the cost of pharmaceutical dispensing fees, co-pays or deductibles.

As patients were our first priority, Bayer has been communicating this important information to doctors, pharmacists and patients throughout the week.

Sincerely,  
Manoj Saxena, Ph.D.  
A/Director  
Quality Assurance  
Bayer Inc.

# Practice Advisory Assistant



Due to an increase in the number and complexity of pharmacy practice inquiries, the **Ontario College of Pharmacists** is expanding its Pharmacy Practice area by adding an individual to fulfill the role of **Practice Advisory Assistant**.

The individual will be responsible for responding to a large volume of phone inquiries from members and related pharmacy organizations to clarify routine issues relating to compliance of professional *Standards of Practice*, as well as to the operational standards for pharmacies. The successful candidate will possess strong communication skills to assist callers in understanding the legislative requirements and College policies by providing interpretation of the RHPA and DPRA and associated regulations.

A solid understanding of the issues and changes facing pharmacists and pharmacy practice is required. The candidate must have a proven ability to interact effectively in a professional manner. This is a great opportunity for an experienced Pharmacy Technician or Pharmacy Assistant.

If you are interested in joining the College staff in this position, please forward your resume by October 1, 2001 in confidence stating salary expectations to: Lisa Baker, HR Administrator, Ontario College of Pharmacists, 483 Huron Street, Toronto, ON M5R 2R4, fax: (416) 703-3114; email: lbaker@ocpharma.com.

## NOTICE TO PHARMACISTS

### Hospital for Sick Children's Suspensions

The Hospital for Sick Children has changed the standard formulations of dipyridamole, ketoconazole, dantrolene and chloroquine phosphate which have been used for many years. They are also implementing a flecainide suspension.

The Oraplus®/Orasweet® is the vehicle now being used except for dantrolene suspension made in simple syrup.

Update copies of these formulations are available on the Hospital for Sick Children's website, [www.sickkids.on.ca/pharmacy/manu.asp](http://www.sickkids.on.ca/pharmacy/manu.asp) or from the Ontario Pharmacists Association – Drug Information Centre and Research Centre at (416-385-3472 or 1-800-268-8085).

# Discipline

### CASE 1

**Member:** Wagdy Wadie Messeha Nagiub  
Toronto ON

**Hearing Date:** February 8, 2001

The Discipline Committee found Mr. Nagiub guilty of professional misconduct in that, as dispensing pharmacist at Eldin IDA Pharmacy at 2376 Eglinton Avenue East, Scarborough, Ontario, on or about September 29, 1996, he dispensed prescription medication without proper authority.

It was noted in an Agreed Statement of Facts that the College had received a complaint against several pharmacists, including Mr. Nagiub, concerning activities at Eldin IDA Pharmacy from a third party payor. The resulting investigation included reviewing an investigative brief of the third party payor and interviews with pharmacy staff and prescribing physicians.

**Penalty:**

The matter involved a pharmacist who dispensed medication to an individual two times on the same day without proper authorization from the prescriber.

Having considered the nature of the misconduct in this case, the Committee determined the appropriate penalty to be as follows:

1. A reprimand to be recorded on the Register
2. A fine of \$1,500.00 to be paid within 90 days of the hearing date

### CASE 2

**Member:** Shroki Monir Aziz  
Scarborough ON

**Hearing Date:** April 5, 2001

The Discipline Committee found Mr. Aziz guilty of professional misconduct in that:

1. Between on or about June 8, 1994 and October 27, 1996, while engaged in the practice of pharmacy at Eldin IDA Pharmacy, Mr. Aziz dispensed or permitted to be dispensed, prescription medications, without proper authority
2. It was noted in an Agreed Statement of Facts that in April 1997, the College received a formal complaint against Mr. Aziz concerning his activities at Eldin IDA Pharmacy from a third party payor. The resulting investigation included reviewing an investigative brief of the third party payor and interviews with pharmacy staff, including Mr. Aziz

**Penalty:**

In considering penalty, the Committee pointed out that this case involved unauthorized dispensing of prescriptions including narcotics over an extended period of time. All of the prescriptions were dispensed to various members of one family. It was the Committee's view that this significant aggravating behaviour justified the penalty that follows:

1. A reprimand to be recorded on the Register
2. A fine of \$5,000.00 to be paid by October 5, 2001
3. A six-month suspension of Mr. Aziz's certificate of registration, two months of which will be remitted upon the successful completion, at Mr. Aziz's own expense, of a practice review of the Quality Assurance Program of the College; such practice review to be completed within one year. Mr. Aziz may serve the remaining four months as follows: he will serve two months, then

return to work for a period of two months and then serve the remaining two months, the entire four months to be served no later than December 31, 2001

### CASE 3

**Member:** Farid Loutfi Wassef  
Stouffville ON  
**Hearing Date:** April 5, 2001

The Discipline Committee found Mr. F. Wassef guilty of professional misconduct in that:

1. Between on or about August 23, 1994 and February 28, 1995 inclusive and between on or about September 26, 1993 and October 22, 1995, while engaged in the practice of pharmacy at Eldin IDA Pharmacy located at 2376 Eglinton Avenue East, Scarborough, Mr. F. Wassef dispensed or permitted the dispensing of prescriptions without proper authority

It was noted in an Agreed Statement of Facts that the above noted matter stemmed from two complaints: the first was received by the College in April 1995 from a physician; the other, which was received in April 1997 came from a third party payor.

#### **Penalty:**

The Committee considered submissions on penalty and determined the appropriate penalty as follows:

1. A three-month suspension of Mr. F. Wassef's certificate of registration that he shall serve consecutively and must be completed no later than December 31, 2001
2. A \$2,000.00 fine to be paid by October 5, 2001
3. A reprimand to be recorded on the Register
4. An inspection of Houstons Pharmacy, or at whatever location Mr. F. Wassef is practising, at a time to be determined by the College. The cost of this inspection will be paid by Mr. F. Wassef, and is fixed at \$300.00
5. Mr. F. Wassef will provide a written undertaking that the records of Houstons Pharmacy and Eldin IDA Pharmacy be kept in accordance with College regulations

### CASE 4

**Member:** Loutfi Farid Wassef  
Scarborough ON  
**Hearing Date:** April 5, 2001

The Discipline Committee found Mr. L. Wassef guilty of professional misconduct in that:

1. Between on or about August 23, 1994 and February 28, 1995 inclusive Mr. L. Wassef dispensed or permitted the dispensing of prescriptions without proper authority
2. Between on or about September 7, 1995 and January 28, 1997, while engaged in the practice of pharmacy, Mr. L. Wassef dispensed prescription medication without proper authority
3. On or before August 27, 1997 Mr. L. Wassef removed prescription files from Eldin IDA Pharmacy without the approval of the College

It was noted in an Agreed Statement of Facts that the above noted matter stemmed from two complaints: the first was received by the College in April 1995 from a physician; the other, which was received in April 1997 came from a third party payor.

#### **Penalty:**

The Committee considered submissions on penalty and determined the appropriate penalty as follows:

1. A three-month suspension of Mr. Wassef's certificate of registration that he shall serve consecutively and must be completed no later than December 31, 2001
2. A \$2,000.00 fine to be paid by October 5, 2001
3. A reprimand to be recorded on the Register
4. An inspection of Eldin IDA Pharmacy, or at whatever location Mr. L. Wassef is practising, at a time to be determined by the College. The cost of this inspection will be paid by Mr. L. Wassef, and is fixed at \$300.00
5. Mr. L. Wassef will provide a written undertaking that the records of Houstons Pharmacy and Eldin IDA Pharmacy be kept in accordance with College regulations

# Close up on Complaints

## Case Summary

Carmina Viera-Conti  
Complaints Officer  
Patient Relations Programs

**Editor's Note:** *The following complaint is presented for two reasons; first, to show the type of education process that the College conducts in an attempt to assist pharmacists in correcting their practices; and secondly because there is an increase in the number of complaints arising from methadone prescriptions.*

*With the recent introduction of harm reduction policies for methadone use, more and more pharmacies are dispensing methadone prescriptions. Pharmacists must be aware of the complexities of this practice area and educate themselves and all staff so that methadone patients receive optimal care. Available resources are mentioned in this article, and the Bulletin Board on page 30 lists an announcement for a discussion group on methadone maintenance treatment.*

*It should be noted that complaints are not on the public record, and the goal here is to have these pharmacists be educated and correct their practices so that patients are cared for properly. However, should either of these pharmacists have a similar complaint made against them in the future, this previous opportunity for education would be considered in the Complaints Committee's deliberations on how to resolve the issue.*

### COMPLAINANT'S INFORMATION

Dr. X works in the field of addiction medicine and is a methadone prescriber. Her patient received methadone from the pharmacy in question on June 13th. The patient was issued a new prescription for methadone 85mg to start on June 17 and end June 27 (the patient's prior methadone prescription was to end June 16). Dr. X said that her receptionist received a phone call on June 13th from Pharmacist #1 who was questioning the start date of the new prescription. The receptionist confirmed that the prescription's start date was June 17th and not June 13th, as the prescription read. The pharmacist informed the receptionist that the prescription had been altered. The patient was then informed by the pharmacist that his prescription could not be honoured.

On June 15th, Dr. X spoke with Pharmacist #1 who faxed the prescription to her. Dr. X confirmed that the prescription had in fact been altered (that is, June 17 had been changed to June 13). Dr. X and Pharmacist #1 discussed the protocol for dealing with altered prescriptions. Pharmacist #1 was instructed to invalidate the prescription and advise the patient to follow up with Dr. X's office on June 17th. The issue of notifying the police, which Dr. X felt was appropriate, was also discussed. As Pharmacist #1 seemed to be unclear about the standard procedure to follow in such circumstances, Dr. X suggested that pharmacist #1 contact the OCP.

Dr. X called the pharmacy on June 17th and learned that Pharmacist #1 had not contacted the police. Dr. X also learned that her patient had received his methadone that day contrary to her specific instructions. No communication regarding the altered prescription, or Dr. X's instruction to invalidate the prescription, had been brought to the dispensing pharmacist's attention. Once again, Dr. X instructed the pharmacist to invalidate the prescription and to have the patient follow up at her office the following day. She also suggested that the police should be notified of this incident. Dr. X said that this was not an isolated incident. She said that this pharmacy had previously been instructed to cancel a prescription in May for the same patient. However, that prescription had also been filled despite her instructions. When she contacted the pharmacist to express her concerns, Dr. X was told that the pharmacist used his discretion and dispensed the methadone although he was aware of the doctor's wishes.

In August, Dr. X stated that she was again contacted by Pharmacist #1 who informed her that the same patient, who had been prescribed 90mg of methadone, had received a 95mg dose of the medication two days prior. She learned that Pharmacist #2 dispensed the prescription in question and returned the original prescription to the patient to have Dr. X "change the written amount to reflect 95mg". Dr. X said that the patient continued to receive his methadone

for the next two days without the original prescription being on file at the pharmacy. Dr. X instructed Pharmacist #1 to cease dispensing methadone to the patient until the original prescription was received at the pharmacy. She also asked that the patient be referred back to her office.

When Dr. X saw the patient the next day, the patient told her that he had “lost” the original prescription in question and required a new one. Dr. X instructed the pharmacy to notify the police of the lost methadone prescription. Not only was the patient dispensed the incorrect amount of medication, an original prescription (which Dr. X believes was refilled at another unsuspecting pharmacy) was returned to the patient, and the patient continued to receive methadone for two more days.

## THE PHARMACISTS’ INFORMATION

### Pharmacist #1

Pharmacist #1 said that this patient had been attending his pharmacy for more than two years, has never posed a problem, and was compliant with the pharmacy’s policies and procedures for methadone dispensing. Pharmacist #1 also stated that the patient would sometimes receive “carries” which indicated to him that the patient was providing his doctor with clean urine samples, attending his doctor’s appointments, and had developed a trusting relationship with the doctor.

Pharmacist #1 received a call from Dr. X on May 8th. He said that Dr. X instructed him to cancel the May 11 methadone prescription, as she wanted the patient to attend her office for reassessment. Pharmacist #1 made a note in the methadone binder reflecting this cancellation. On May 9th, the patient called the pharmacy and spoke with a pharmacy intern. The patient asked whether there was an authorized dosage waiting for him. The intern spoke with Pharmacist #1 regarding the binder note on the cancelled dosage for May 11. Pharmacist #1 explained to the intern that while the patient did not have an authorized dose for May 11, he did have a prescription for May 10th; the patient attended the pharmacy at approximately 11:00 p.m. on May 9th. Pharmacist #1 advised the patient that he was not authorized to receive his dosage until after midnight, so the patient waited for the hour to pass. Once midnight arrived, Pharmacist #1 began to prepare the prescription and noted for the first time that it had been deactivated as Dr. X had cancelled the doses for both May 10 and May 11.

Pharmacist #1 explained this to the patient. The patient said that he had just returned from overseas and had no idea that his prescription had been cancelled. He informed the pharmacist that he needed his medication.

Pharmacist #1 said that he had witnessed the patient experience withdrawal symptoms in the past. He also recalled preparing the methadone carries for this patient for his four-week trip overseas. Pharmacist #1 believes that Dr. X must have trusted this patient a great deal to allow this many carries. With this in mind, and as the patient’s explanations seemed reasonable, Pharmacist #1 said that he acted in what he felt was in the best interest of the patient, and filled the prescription. He informed the patient that no more prescriptions would be filled until a new prescription was obtained from Dr. X. Pharmacist #1 said that pharmacists make decisions that involve advancing medications to patients prior to receiving a doctor’s approval. He said that such decisions involve discretion and the professional judgement of the pharmacist and added that in methadone maintenance, going without medication could have serious effects on a patient.

The following day, Dr. X called the pharmacist and asked why the patient had received his methadone despite her instructions to cancel the prescription. Pharmacist #1 tried to explain the above information to Dr. X, but was told that unless Dr. X specifically sanctioned doses, neither the pharmacist nor his staff, were to dispense any methadone to her patients.

About a month later, the pharmacy technician was presented with a prescription dated June 13 from the patient. The technician questioned the date as it appeared to have been altered, she discussed the issue with Pharmacist #1 and then called Dr. X’s office to confirm the prescription. The technician was informed by Dr. X’s receptionist that the prescription should not be filled until June 17th. This was communicated to the patient who accepted that the prescription could not be filled. Pharmacist #1 spoke with Dr. X on June 16th and faxed a copy of the “altered” prescription to her. Dr. X confirmed that the prescription had been altered and instructed the pharmacist not to honour the prescription. Pharmacist #1 and Dr. X then discussed the policy/protocol on how to deal with such issues, including notifying the police. Pharmacist #1 informed the evening pharmacist of the decision not to honour the June 17 prescription and he also attempted, unsuccessfully, to reach the patient at his home to advise him of this decision. Unfortunately, no documentation was made on the prescription record to reflect that it should not be filled. As a result, the overnight pharmacist filled the prescription when the patient attended the pharmacy in the early hours of June 17th. Pharmacist #1 was not aware that the prescription had been dispensed until Dr. X later contacted the pharmacy to follow up on this matter. At that time, the prescription was deactivated

and notes were made on the computer file to reflect what had transpired. Pharmacist #1 stated that the police were also notified at that time; however, as the prescription had been in the pharmacy's possession for several days, the police could not do anything about the alteration.

As a result of these incidents, Pharmacist #1 stated that he has re-examined his pharmacy's role in the *Methadone Maintenance Program* and has set up security measures to ensure that the pharmacy does not fall victim to other such episodes.

## **Pharmacist #2**

Pharmacist #2 stated that the patient brought in a written prescription for methadone 90mg in August. Upon presenting the prescription, the patient claimed it should be for 95mg and that Dr. X was supposed to change the dosage. Pharmacist #2 reviewed the patient's profile and noted that he had been taking 90mg for a while and thought it would be likely for the doctor to change the prescription's dosage. Pharmacist #2 stated that he would never have imagined that a patient would abuse a 5mg dose of methadone and, therefore, dispensed the 95mg. He returned the prescription to the patient and asked him to have his doctor correct the prescription and then return it to the pharmacy. Pharmacist #2 said that he had made a copy of the prescription and had also made a note on the prescription to reflect what had occurred. The pharmacist also made a note to later verify the prescription with Dr. X on the next business day.

Pharmacist #2 realizes that he erred in returning the prescription to the patient. However, he thought that the prescription would not have been corrected if he had not returned it. Pharmacist #2 said that the prescription was subsequently filled again two days later — before the pharmacy manager was able to verify the prescription with Dr. X. Pharmacist #2 also stated that he did not intend to adjust the dosage by his own opinion, but was told by the patient that Dr. X was supposed to increase the dosage by 5mg.

## **INTERVIEW WITH THE COMMITTEE**

In addition to providing their written responses to this complaint, both pharmacists were asked to appear before the Committee for an interview at which time they answered questions and provided further information.

During his appearance before the Committee, Pharmacist #2 was asked why he returned the original

prescription for 90 mg of methadone to the patient. He responded that he wanted to give the doctor a chance to change the prescription. Pharmacist #2 said that he realizes that he exercised poor judgement in doing this. When asked if he would do so again, he responded “no” and said he would dispense the prescription as written. The Committee learned that this pharmacist had had very little training in methadone dispensing and knew little about the drug. Pharmacist #2 informed the Committee that he felt that communication could be improved in the pharmacy. For example, he said he was unaware of the problems that occurred when this patient presented an altered prescription in June. When Pharmacist #2 was asked how communication was maintained between shifts, i.e., from one pharmacist to another, he said that a “problem basket” was kept in the dispensary. He described this as a bin where “problematic” prescriptions are kept and that the pharmacist going off shift reviews the information with the pharmacist starting a new shift.

Pharmacist #1 was asked similar questions by the Committee. (NOTE: each pharmacist was interviewed separately.) While this pharmacist appeared to know more about methadone, his training in this area of practice, like Pharmacist #2, was minimal. He also informed the Committee that his pharmacy would soon be in receipt of a new methadone information package from the Centre for Addiction and Mental Health.

Pharmacist #1 informed the Committee that his staff had been instructed to contact the physician if they suspect an altered prescription. He also said that his staff had been advised to dispense prescriptions only as written.

*NOTE: Pharmacist #1 told the Committee that Pharmacist #2 was spoken to about the prescription he dispensed as 95mg when the prescription called for 90mg of methadone. He also spoke to the Committee about the “problem basket” that had been instituted in the pharmacy since these incidents occurred. Pharmacist #1 stated that there is now a 20-minute overlap in pharmacist shifts. During this overlap, prescriptions in the “problem basket” are discussed. Also, notes on what are pending, and what to “watch out for”, are also kept in this basket.*

## **THE COMMITTEE'S DECISION**


A written caution was issued to Pharmacist #2 regarding his actions with respect to the August

prescription that had been changed (dose) and returned to the patient. The caution was as follows:

### Caution

“As a pharmacist, you are responsible for dispensing the correct medication, in the correct dosage form, as per the prescriber’s instructions. You do not have authority to change a prescription. Only a prescriber can do so. You must not take direction from a patient when presented with a questionable dosage. When in doubt, you must contact the prescribing physician for verification on any ambiguous prescription. Assumption and guessing is not acceptable in the practice of pharmacy and will not be tolerated by the Committee. By changing the dose without authorization and returning the prescription to the patient, you contravened legislation that governs your profession. Also, you must never return an original prescription to a patient once it has been filled. Section 156(2) of the *Drug and Pharmacies Regulation Act* requires you to retain prescription records for a period of no less than two years.”

The Committee directed Pharmacist #1 to provide an acceptable action plan that outlines the changes he has made to his methadone dispensing procedures to avoid recurrences of such incidents. The action plan was to also highlight what measures have been taken to improve the communication between pharmacists to ensure information from physicians is properly conveyed to all professionals working in the pharmacy. Also, as the documentation practices in this dispensary seem to be inadequate, an explanation of how Pharmacist #1 and his staff will improve in this regard must also be included in the action plan.

In addition to the above, the Committee directed that both pharmacists attend the *Methadone Maintenance Seminar*, at their own expense, offered by the Centre for Addiction and Mental Health, within the next year. The Committee felt that both pharmacists need to educate themselves in this area of pharmaceutical care in order to provide optimum care and treatment to their patients. The Committee also suggested that all pharmacists working in this dispensary attend the seminar. The Committee also requested that Pharmacist #1 provide proof (signatures) that his staff pharmacists have read the *Provincial and Federal Methadone Guidelines* as well as the “information package” on methadone maintenance that is kept in his dispensary. 

# CE EVENTS

*To have a program published in either Pharmacy Connection or on the College’s website, please contact Celia Powell at (416) 962-4861 x 251; fax (416) 703-3112; or e-mail cpowell@ocpharma.com.*

*As information for many of the CE events for pharmacists and pharmacy technicians do not reach us in time for publication, we invite you to visit [www.ocpharma.com](http://www.ocpharma.com) for an up-to-date list of events. Many of the listed items are also suitable for pharmacy technician participation.*

### Oct. 3: Barrie

#### Many Professions – One Common Goal: Respiratory Update 2001

Ontario Respiratory Care Society and the Lung Association,  
Georgian Bay Area, Holiday Inn

*For information:*

tel (416) 864-9911, fax (416) 864-9916

e-mail orcs@on.lung.ca

### Oct. 3: London

#### Therapeutics in Action 2001

London Health Sciences Centre, Best Western Lamplighter Inn

*For information:* Bonnie Heffernan

tel (519) 685-8500 x 74755, fax (519) 667-6621

e-mail bonnie.heffernan@lhsc.on.ca

### Oct. 3: Toronto

#### Life After Birth Conference

*For information:* Judy Cardwell

tel (416) 351-3781

e-mail miru@swschsc.on.ca

### Oct. 10: Sudbury; Oct. 16: Windsor; Oct. 24: London

#### Guide Your Patients to a Smoke Free Future

Ontario Pharmacists’ Association, Ontario Dental Association and Ontario Medical Association, Idylwylde Golf & Country Club; Caboto Club; Best Western Lamplighter Inn (suitable for Pharmacy Technicians)

*For information:* Nancy LaPlante

tel (416) 355-2268 or 1-800-387-1393 x 2268

fax (416) 922-9005

e-mail nlaplante@oda.on.ca

or Sherrie Hertz

tel (416) 385-2440 x 2205, fax (416) 385-2442

*Continued on page 32*

# BULLETIN BOARD

## **Methadone Talk**

The Centre for Addiction and Mental Health, and Breakaway, have created a discussion list for professionals and consumers interested in discussing topics related to methadone maintenance treatment. The discussion group is a forum to learn and share information about methadone as a substance abuse treatment option. Information on joining the discussion group can be found at <http://sano.camh.net/methadone/talk/>. If you have any questions, please contact Mark Erdelyan, Centre for Addiction and Mental Health, 3200 Deziel Drive, Suite 118, Windsor, N8W 5K8, tel: (519)-251-0500 or at [merdelya@mnsi.net](mailto:merdelya@mnsi.net).

## **Call for Pharmacist to Participate on a Cancer Care Committee for Southwestern Ontario**

The London Regional Cancer Care Centre (LRCC) is looking for a pharmacist to join the *Supportive Care Network Steering Committee*. The committee meets five times a year to plan and improve supportive cancer care services in Southwestern Ontario. Supportive care services include a wide-range of pre-diagnostic, diagnostic, treatment and follow-up phases for cancer patients and their families. A community or hospital pharmacist with particular interest in cancer care would be ideal. Please call Susan Wolnik, Manager, Clinic Services and Supportive Care Programs, LRCC at (519) 685-8600 x 54003 for details.

## **Newcomers**

Angela Ferrara joined us in July as the Pharmacy Practice Program Secretary. Angela has held positions with the Pay Equity Commission for six years starting as a case

management assistant, then an information counsellor, working her way up to junior policy analyst. She has a B.A. in political science from Brock University.

## **Farewell**

On July 25th we bid a fond farewell to **Linda Seneviratne** as she and her family moved to Nanaimo, BC. Linda started at the College in June 1989. During her tenure with OCP she proved to be an invaluable member of our team. Since 1996 she assisted both Deanna and Della, as Administrative Assistant to the Deputy Registrar/Director of Programs. Her many contributions and hard work, in particular with the QA program, will long be remembered. We will miss her. We wish her and her family all the best as they embark on this new adventure.

## **Internal Moves**

**Louise Todd** has been promoted from the Pharmacy Practice area (Program Secretary) to Administrative Assistant to the Deputy Registrar/Director of Programs. Louise has been with the College since January 2000. Congratulations and good luck, Louise!

## **Revised Listings for Two Regional CE Coordinators**

### **Janet Jennings, Coordinator, CE Region 25**

Address: 44 Great Northern Road, Sault Ste Marie P6B 4Y5 tel: (705) 949-2143, fax: (705) 949-8874

### **Debbie Moffat, Coordinator, CE Region 7**

Address: 90 Dundas Street West, Trenton K8V 3P3, tel: (613) 392-1212, fax: (613) 392-0057

## **MARIJUANA MEDICAL ACCESS REGULATIONS**


*continued from page 8*

Pharmacists should be aware however, of patients using marijuana for medical purposes in the event of drug interactions or adverse events. Therefore pharmacists should make themselves aware of the various medical conditions where marijuana may be required, as many of these conditions involve complex medication therapies.

Understanding the safety and effects will be important when discussing the use of marijuana for medical purposes with either the physician or patient. There is a possibility that marijuana may eventually

be distributed through pharmacies much like other controlled drugs and narcotics.

Hospital pharmacists may also encounter situations where a patient having an authorization to possess marijuana is admitted to hospital. This situation should be discussed with medical staff and administration. Along with the steps needed to be taken for patients using medication that is not distributed through the hospital system, particular storage and security issues may arise with these patients.

More detailed information and a copy of the regulations can be accessed under "Marijuana" on the Health Canada website at [www.hc-sc.gc.ca](http://www.hc-sc.gc.ca) 

Would you like an informal way to discuss College policies, pharmacy practice or general issues affecting our profession?

.....

Would you like to talk to a College inspector or representative outside your pharmacy?

.....



## The Pharmacy Practice Program of the Ontario College of Pharmacists announces...

### *The Pharmacy Practice Advisory Breakfast Series*


#### **PILOTING IN 3 COMMUNITIES**

A pilot project will begin in three small communities this fall. The feedback and success of this project will determine the feasibility of expanding the series as an ongoing feature of the Pharmacy Practice Department. If approved by Council, the series will be expanded.

#### **INVITATIONS WILL BE SENT TO AREA PHARMACISTS**

A community will be selected by an inspector to coincide with inspections in the area. All pharmacists in the selected area will be mailed an invitation 30-45 days prior to the meeting. We will also ask one pharmacist in the area to act as a liaison for the attending field inspector. Meetings will be held at a local hotel or restaurant and there will be no cost to participants, and as each breakfast session will be limited to about 20, we ask for firm commitments only. Acceptance will be on a first come first served basis.

#### **PARTICIPANTS CHOOSE THE TOPICS OF DISCUSSION**

The meeting will be structured to allow participants to select preferred topics in advance, such as, the inspection process, *Standards of Practice*, professional judgement, *Proposed Standards for Designated Managers*, etc. We will also allow sufficient time for questions. The meeting will run from 7:00 to 8:30 a.m. Breakfast will be served at 7:00 a.m. 

*Watch for your invitation and join us for breakfast!*

## CE EVENTS

*continued from page 29*

**Oct. 12-13: Toronto**  
**Current Issues in Child  
Maltreatment 2001**

Continuing Education, Faculty of  
Medicine, University of Toronto

*For information:*

tel (416) 978-2719, fax (416) 971-2200

e-mail p.thawe@utoronto.ca

www.cme.utoronto.ca

**Oct. 15: Toronto; Oct. 22: Ottawa;**

**Nov. 2: London**

**Impact of New Legislation on Your  
Practice/Strategies for Achieving Your  
Professional Goals and Obligations**

Federation of Health Regulatory Colleges  
of Ontario, Mount Sinai Hospital; Ottawa  
Hospital, Civic Campus; London Health  
Sciences Centre, Westminster Campus

*For information:* Elizabeth Ackney

tel (416) 599-2200 x 281

fax (416) 593-7867

e-mail steinmar@interlog.com

**Oct. 20-23: Toronto**

**Annual Executive Exchange  
Conference**

Canadian Association of  
Chain Drug Stores

*For information:* Allison Ho

tel (416) 226-9110

**Oct. 21-23: Toronto**

**Telehealth 2001**

Canadian Healthcare Technology  
and the Canadian Society of Telehealth

Westin Harbour Castle

*For information:*

tel (416) 504-4500

fax (416) 504-4505

e-mail telehealth@congresscan.com

www.ucalgary.ca/md/CST

**Oct. 24: Toronto**

**Therapeutic Products Program (TPP)  
Re-Alignment: Understanding the  
Fundamental Changes to the TPP**

Contact Canada Media Partner, Metro

Toronto Convention Centre, North Building

*For information:* Fred Karam

tel (416) 944-9200 x 282 or

(416) 944-8833, fax (416) 944-0403

**Oct. 26: Stoney Creek**

**Harvest of Current  
Respiratory Issues**

Ontario Respiratory Care Society  
and the Lung Association,  
Hamilton-Wentworth, Chandelier Place  
conference Centre

*For information:*

tel (416) 864-9911

fax (416) 864-9916

e-mail orcs@on.lung.ca

**Oct. 27: Listowel**

**4th Annual Educational  
Conference for Technicians:  
Current Topics for Pharmacy  
Technicians 2001**

Listowel Memorial Hospital,  
Bethel Christian Reform Church

*For information:* Christine Vanderspiegel

tel (519) 291-3120 x 231

e-mail pharmacy@lmh.on.ca

**Oct. 29: Toronto**

**Fall Semester**

Canadian Foundation for Pharmacy

*For information:* Murray Brown

tel (905) 201-9559

**Oct. 29-31: Toronto**

**Partnering for Success:  
Creating Strategic Partnerships  
to Bring Your New Technologies  
and Products to Market**

Institute for International Research

*For information:*

tel (416) 928-1078 or 1-800-941-9403

fax (416) 928-9613 or 1-800-284-4305

www.iir-canada.com

**Nov. 4-6: Toronto**

**2001: A TB Odyssey**

Lung Association, TB Committee,  
Delta Chelsea Inn

*For information:* Janet Victor

tel (416) 488-0176

**Nov. 9: Toronto**

**Addressing Respiratory Signs and  
Symptoms: Using Best Practices**

Ontario Respiratory Care Society,  
Ramada Plaza Hotel

*For information:*

tel (416) 864-9911, fax (416) 864-9916

e-mail orcs@on.lung.ca

**Nov. 14-16: Toronto**

**The Odyssey: IV Therapy in the  
New Millennium**

Canadian Intravenous Nurses Association  
(CINA), International Plaza Hotel &  
Conference Centre

*For information:* Pam Smith

tel (416) 445-4516, fax (416) 445-4513

e-mail cinacsot@idirect.com

www.csotcina.com

**Nov. 14-16: Toronto**

**Canada's Pharmaceutical Industry  
Congress – CPIC 2001**

Institute for International Research

*For information:*

tel (416) 928-1078 or 1-800-941-9403

fax (416) 928-9613 or 1-800-284-4305

www.iir-canada.com

**Nov. 15: Guelph**

**The Use of Nutraceuticals  
and Herbal Products in  
Human Sexuality**

University of Guelph,  
Guelph Turf Grass Institute  
(suitable for Pharmacy Technicians)

*For information:* Dr. Julie Conquer

tel (519) 824-4120 x 3749

fax (519) 821-4007

e-mail jconquer@uoguelph.ca

**Nov. 29-Dec. 1: Toronto**

**5th National Conference  
on Asthma and Education**

Canadian Network for Asthma Care,  
Sheraton Centre

*For information:*

tel (416) 224-9221

fax (416) 224-9220

e-mail ased@cnac.net

www.cnac.net

## CANADA

### **Oct. 12: Montreal, QC** **26th Annual Pediatric** **Ophthalmology Day**

*For information:* Dr. Jean Milot  
tel (514) 345-4715  
fax (514) 345-4880

### **Oct. 12-14: Quebec City, QC** **Dermatology Update 2001**

*For information:* Bernice Chu  
tel (604) 738-8600  
fax (604) 738-8697  
e-mail simply104@aol.com

### **Oct. 21-24: Halifax, NS** **Canadian Cardiovascular** **Congress 2001**

*For information:* Stephanie Mutschler  
tel (613) 569-3407 x 401  
fax (613) 569-6574  
e-mail mutschler@ccs.ca

### **Oct. 22-14: Kelowna, BC** **British Columbia Pharmacy** **Conference**

*For information:*  
Mary McClelland  
tel (604) 279-2053

### **Oct. 28-31: Halifax, NS** **Recognizing Learning: Building** **Canada's Future Prosperity: A Joint** **National Conference for Prior** **Learning Assessment and** **Qualification Recognition**

Human Resources Development Canada,  
Westin Nova Scotian  
*For information:*  
tel (902) 422-1886 or 1-877-731-1333  
fax (902) 422-2535  
e-mail amcgill.agenda@ns.sympatico.ca  
www.placentre.ns.ca

### **Nov. 16-17: Montreal, QC** **2nd Annual Forum on Continuing** **Pharmacy Education: Theory to** **Practice**

Forum on Continuing Pharmacy  
Education, Hotel Inter-Continental

*For information:* Nancy McBean  
tel/fax (306) 584-5703  
e-mail nmcbean@accesscomm.ca

### **Nov. 16-17: Vancouver, BC** **Annual General Meeting**

Canadian Society of Hospital Pharmacists  
(CSHP) BC Branch  
*For information:* Peter Zed  
tel (604) 875-4077  
fax (604) 875-5267  
e-mail zed@interchange.ubc.ca  
www.csHP-bc.com

## INTERNATIONAL

### **Oct. 3-7: Hot Springs, VA** **2001 Annual Conference**

American College of Apothecaries  
tel (901) 383-8119  
fax (901) 383-8882

### **Oct. 21-24 : Tampa, FL** **2001 Annual Meeting**

American College of Clinical Pharmacy,  
Tampa Convention Center Marriott  
Waterside Hotel  
*For information:*  
tel (816) 531-2177  
fax (816) 561-0058  
e-mail accp@accp.com  
www.accp.com

### **Oct. 26: Buffalo, NY** **Pharmacy Oncology** **Symposium 2001**

Roswell Park Cancer Institute,  
Hyatt Regency  
*For Information:*  
tel (716) 845-3040  
fax (716) 845-8726  
e-mail brian.cotter@roswellpark.org

### **Oct. 27-28: Atlanta, GA** **Certificate Program for Pharmacists:** **Pharmaceutical Care for Patients** **with Diabetes**

American Pharmaceutical Association  
*For information:*  
tel 1-800-237-2742 x 4867

fax (202) 783-2351  
e-mail education@mail.aphanet.org

### **Nov. 1-4: Phoenix, AZ** **Working Together to Create** **the Future**

American Council on Pharmaceutical  
Education, Hyatt Regency Phoenix at  
Civic Plaza  
*For information:*  
tel (312) 664-3575  
fax (312) 664-4652  
e-mail pvlases@acpe-accredit.org  
www.acpe-accredit.org

### **Nov. 7-10: Chicago, IL** **ASCP 32nd Annual Meeting and** **Exhibition: Senior Care Pharmacy '01**

American Society of Consultant  
Pharmacists  
*For information:*  
tel (703) 739-1316 x 113  
fax (703) 739-1500  
www.ascp.com

### **Nov. 15-16: Bartlett, TN** **Certificate Program in Women's Health** **503, American College of Apothecaries**

ACA Research & Education  
Resource Center  
*For information:*  
tel (901) 383-8816 or 1-800-828-5933  
fax (901) 383-8882

### **Nov. 28-Dec. 1: New Orleans, LA** **Composing Instruments for Success**

National Organization for Competency  
Assurance, Hotel Inter-Continental  
*For information:*  
tel (202) 367-1165  
fax (202) 367-2165  
www.noca.org/annconf.htm

### **Dec. 2-6: New Orleans, LA** **36th Annual Midyear Clinical** **Meeting**

American Society of Health-System  
Pharmacists  
*For information:*  
tel (301) 657-3000 x 1388 or 1281  
e-mail shouston@ashp.org

# Worth. Knowing.

## *Is Here*

Council recently approved a Communications Committee recommendation that steps be taken to require all accredited pharmacies to prominently display the *Point of Care* symbol in the front window or entrance to their store and to participate in any OCP-created, in-pharmacy public education program.

Your pharmacy will soon be receiving the new Worth Knowing public education materials (see next page), and these should be displayed in the pharmacy by the end of September. Hospital pharmacy departments will also be receiving materials with instructions specific to the hospital setting.

The materials designed for this program incorporate the perspectives and suggestions of the 95 pharmacists I interviewed last fall. Pharmacists insisted that in-pharmacy materials be few in number, “clean and professional”, durable, easy-to-install and maintain.

During the summer, we distributed draft copies of the materials to 17 pharmacy chain and banner head offices as well as the OPA and CSHP (Ontario Branch) for feedback. Council members and College staff also met with a number of these organizations in one-on-one and group meetings to discuss the program messages, materials and rollout. These meetings proved very valuable and resulted in modifications being made to some of the materials and messages.

We are about to launch the first year of this program and know that we have much to accomplish in public education. We need your perspectives on how well the program is working. Feedback and ideas that you provide over the next year to both myself and OCP inspectors will be critical to assisting the Communications Committee in identifying approaches for next year’s education efforts.

Québec has used a similar logo for 30 years, and based on what has happened there, we feel the *Point of Care* logo has the potential to become a highly influential and recognizable symbol and message for Ontario pharmacy. We are confident that all pharmacists and pharmacies will support this symbol and its aim to increase the level of public recognition to that which pharmacy deserves.

## *OCP’s New Education Program Launches*

*Layne Verbeek, B.A.  
Communications Manager*

***As with all of OCP’s initiatives, we rely on member feedback to help develop and improve the Worth Knowing program.***



## PHARMACY

**18" x 18" Acrylic Point of Care Sign:** A sign must be prominently displayed at the main pharmacy street and/or mall entrance. Pharmacies choosing to display the symbol at additional public entrances can contact the College to purchase additional signs and hardware for \$12 plus GST.

Although the *Point of Care* logo will be permanently displayed in all pharmacies, the acrylic sign provided by the College does not have to be used. The acrylic sign can be replaced with one integrated into the permanent exterior building or mall signage (i.e. backlit signs) so long as the artwork and graphic standards for the logo meet the required specifications. These can be obtained from the College's Communications Department. *(Please Note: Because hospital pharmacy departments are not accredited by the College and are exempt from the DPRA, participation in this program and prominent display of this sign is not required. However, we encourage hospital pharmacy departments to display these materials where possible – excepting situations where security may be an issue.)*

**Counter Sticker:** This sticker should be mounted on the counter that is most frequently used for patients who submit or pick-up their prescriptions.

**Patient Cards:** Designed to stand out from traditional education materials (such as patient brochures), these durable cards should be kept in either the patient waiting area or other visible locations.

**Community Pharmacist Poster:** This poster should be mounted in a prominent location near the dispensary or patient waiting areas.

**Hospital Pharmacist Poster:** Designed to highlight the importance of establishing and maintaining continuity of patient care between hospital and community pharmacists, this poster is also being distributed to all Ontario hospital pharmacy departments and community pharmacies.

**OTC & Herbal Shelf Talkers:** We hope that shelf talkers will become an ongoing element of the Worth Knowing program. The first set of messages target OTC and herbal product usage.

As a result of discussions with pharmacy chains and banners, we will be distributing temporary talkers that should be displayed for three months. During this pilot testing, the College will also work with pharmacy chains, banners and independents to design a more permanent shelf presence for promoting important messages to the public.

**Tent Cards:** Two tent cards will also be included for use in the patient waiting areas. *Note: With the exception of the permanent acrylic sign and temporary shelf talkers, all items should be maintained and remain on prominent display in pharmacies until August 2002, by which time new program materials will be distributed.*

## PHARMACIST IDENTIFICATION

As the *Point of Care* symbol has been created to identify both accredited pharmacies and licensed pharmacists, we encourage you to wear some form of this symbol when practising (either on your lab coat, badge, nametag or lapel). Each pharmacist will soon be receiving an enamel lapel pin and a set of small vinyl stickers of the *Point of Care* symbol for this use. In the future, the College will also consider other ways (such as an embroidered patch or embroidered golf shirts) for those wanting additional ways to wear this symbol when practising.

# WORTH KNOWING

## *Frequently Asked Questions*

### **1. DO ALL OF THE MATERIALS HAVE TO BE DISPLAYED IN THE PHARMACY?**

In order for this education program to be successful, all materials and messages should be given maximum visibility. Furthermore, consistency is key in building public awareness and appreciation of the fact that all Ontario pharmacists have the same professional standards. The public needs to see the materials consistently displayed in all pharmacy settings.

### **2. WHAT IF THERE IS NOT ENOUGH SPACE TO DISPLAY ONE OF THESE ITEMS?**

Recognizing that most pharmacies have many marketing displays and materials throughout their pharmacy areas, these program materials are few in number, easy-to-install, durable and designed with a unique “look”. We hope you will find your patients and customers appreciating these materials and that space will become available for all items to be displayed.

### **3. CAN I INSTALL A LARGER OR BACKLIGHT SIGN OF THE *POINT OF CARE* SYMBOL ON MY PHARMACY BUILDING EXTERIOR?**

Yes. We encourage pharmacies to install a more permanent sign of the *Point of Care* symbol on the outside of their store or mall entrance — either flat or at right angles to the building — for easy public viewing from various street angles. Please call the College’s Communications Department for the specifications and artwork.


### **4. IS THE *POINT OF CARE* SYMBOL TRADEMARKED?**

Yes. The symbol is currently being registered as an official mark of the Ontario College of Pharmacists and as the key identifier of the College’s public education program. The College’s trademark rights prohibit the creation of facsimiles of any logo intended to mimic this symbol.

### **5. CAN THE *POINT OF CARE* SYMBOL BE INCORPORATED INTO OTHER PHARMACY MATERIALS?**

No. Because it is an official College symbol designed to only identify accredited pharmacies and licensed pharmacists, it can only be used in exterior pharmacy signage or be worn by licensed pharmacists.

### **6. CAN ADDITIONAL MATERIALS BE PURCHASED?**

Yes. While we have printed quantities to initially distribute one set of materials free to each pharmacy, additional items can be purchased at cost (\$1-12 plus GST). 



Please contact the College’s Communications Department with your questions or requests at:  
tel (416) 962-4861  
fax (416) 703-3131  
e-mail [lverbeek@ocpharma.com](mailto:lverbeek@ocpharma.com)

# OCP MANUAL CONTENTS

No changes as of August 31, 2001

## Drugs and Pharmacies Regulation Act (DPRA) & Regulations

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

## Drug Schedules

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

## Regulated Health Professions Act (RHPA)

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

## Pharmacy Act (PA) & Regulations

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

## Standards of Practice

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

## Drug Interchangeability and Dispensing Fee Act (DIDFA) & Regulations

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

## Ontario Drug Benefit Act (ODBA) & Regulations

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

## Food and Drug Act (FDA) & Regulations

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

## Controlled Drugs and Substances Act (CDSA)

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

## Narcotic Control Regulations

- Updated NAPRA Version as of December 1, 1999

## OCP By-Laws

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

## Reference

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

## Publications Ontario

tel (416) 326-5300  
1-800-668-9938

## Publishers Group of Federal Publications

Ottawa: 1-888-4FEDPUB (1-888-433-3782)  
Toronto: tel (416) 860-1611  
fax (416) 860-1608  
e-mail: fedpubs@fedpubs.com

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.ocpharma.com](http://www.ocpharma.com); purchased directly from *Publications Ontario* or the *Publishers Group of Federal Publications* (see phone numbers below).

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).

## COLLEGE STAFF

### Frequently Accessed Extensions

Registrar's Office x 243  
[urajdev@ocpharma.com](mailto:urajdev@ocpharma.com)

Deputy Registrar/Director of Programs' Office x 241  
[ltodd@ocpharma.com](mailto:ltodd@ocpharma.com)

Director of Finance and Administration's Office x 263  
[lbaker@ocpharma.com](mailto:lbaker@ocpharma.com)

Registration Programs x 250  
[jdsouza@ocpharma.com](mailto:jdsouza@ocpharma.com)

Structured Practical Training Programs x 297  
[bchurch@ocpharma.com](mailto:bchurch@ocpharma.com)

Pharmacy Practice Programs x 236

Patient Relations Programs/  
Legal Services x 272  
[ehelleur@ocpharma.com](mailto:ehelleur@ocpharma.com)

Continuing Education/Pharmacy Technicians Programs x 251  
[cpowell@ocpharma.com](mailto:cpowell@ocpharma.com)

Communications x 294  
[lverbeek@ocpharma.com](mailto:lverbeek@ocpharma.com)

### Information Processing

Registration Information  
Surnames A-L: x 228  
[vreyes@ocpharma.com](mailto:vreyes@ocpharma.com)  
Surnames M-Z: x 232  
[jmckee@ocpharma.com](mailto:jmckee@ocpharma.com)

Pharmacy Technician Information x 229  
[pmitchell@ocpharma.com](mailto:pmitchell@ocpharma.com)

Pharmacy Openings/Closings x 227  
[jsandhu@ocpharma.com](mailto:jsandhu@ocpharma.com)

Pharmacy Sales/Relocation x 227  
[jsandhu@ocpharma.com](mailto:jsandhu@ocpharma.com)

Membership x 237  
[rstarr@ocpharma.com](mailto:rstarr@ocpharma.com)



*Details on page 34*

