

# Pharmacy Connection



Official Publication of the Ontario College of Pharmacists

*Annual  
Pharmacist Fees  
Due May 10, 2002*

## New International Pharmacy Graduate Program

March/April 2002

Farmaceutická Farmácia Farmasya Farmasi Фармацевт Farmaci صيدله Farmaceuticko 藥 Pharmacy Farmacie בית מרקחת Аптека Farmaceutická 藥 약방 Аптека Farmaceuticko 藥 Pharmacy Farmacie Farmazie Eczacılık Farmaceuticko 藥 Pharmacy Farmacie בית מרקחת Аптека Farmaceutická Farmácia Farmasya Farmasi Фармацевт Farmaci Farmacio 약방 Apotheke Pharmazie Eczacılık Farmaceuticko 藥 Pharmacy Farmaceutická Farmácia Farmasya Farmasi Фармацевт Farmaci صيدله Farmácia G



### 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.

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

### Statutory Committees

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

### Standing Committees

- Finance
- Professional Practice

### Special Committees

- Communications
- Standards of Practice Working Group
- Structured Practical Training

- Task Force on Primary Health Care Reform
- Working Group on Certification Examination for Pharmacy Technicians
- Working Group on Pharmacy Technicians

# 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.ocpinfo.com

Leslie Braden, 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*

Wendy Gray  
*Graphic Designer*

Alice Wlosek  
*Distribution*

ISSN 1198-354X  
© 2002 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



IPG



Coroner's  
Report



Pharmacies  
Displaying  
Point of Care

Editor's Message – Della Croteau	2
President's Message – Leslie Braden	3
In Memoriam – F. Norman Hughes	4
District Meeting Schedule	5
International Pharmacy Graduate Program	6
Q&A Practice	14
Q&A Technicians	15
Focus on Error Prevention	16
Pharmacy Fee Renewal	17
Faculty Facts	18
Letters	19
Employment Ad	21
Coroner's Report	22
Initiating Dialogue	26
Deciding on Discipline	28
Bulletin Board	33
Pharmacies Displaying Point of Care	34
Point of Care Kit – Order Form	35
Notice: Prescribing by Nurse Practitioners	36
Notice: Ephedra	38
CE Listings	39
Calendar	40

## Pharmacy Connection

### The objectives of Pharmacy Connection are to:

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

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



*Della Croteau  
Deputy Registrar/  
Director of Programs*

# Editor's Message

I have just come from the University of Toronto after having presented to the first Canadian Pharmacy Skills II class. The class is comprised of internationally trained pharmacists preparing for licensure in Ontario along with a few Ontario pharmacists who are enhancing their knowledge and skills to return to active practice. Nearing the completion of the second academic portion of their training, the students will soon go out to pharmacies to complete their structured training as interns.

In presenting to this class, I was asked to discuss current issues in Ontario pharmacy and so I presented the material from our current 2002 District Meetings. The students were very keen in discussing the proposed regulation of technicians and standards for designated managers. They also asked important questions about the implications of these new directions for the profession.

I then presented slides about the International Pharmacy Graduate Program and asked what they would like me to tell practicing pharmacists about the program and its students. They replied: "Tell them we will teach them about pharmaceutical care!" "Tell them how much they will learn if they take us as interns!" "Make sure you tell them how hard we study and that we have many of the same professors as the University of Toronto pharmacy students." "People are surprised when I tell them that we are assessed regularly and


## ***We have entered a new era in educating and training pharmacists in Ontario***

must pass several tests." and "I was able to get a preceptor because he was so impressed when I explained about the courses I am taking."

I am proud of the work the Faculty has done to build this program and with the calibre of internationally trained pharmacists who are enrolled and working diligently towards registration in Ontario. The IPG Program is truly a best practices

model. It has been long in coming, but we finally have the beginnings of a program which will allow internationally trained pharmacists to meet the Canadian practice standards, and for pharmacists already in Ontario to upgrade their knowledge and skills to return to practice.

The College licensed 457 new pharmacists in 2001 and just over 200 were trained outside Canada and the U.S. I encourage pharmacists to get involved in teaching and precepting our colleagues from other countries. They bring unique experiences from their individual countries and they have shown the courage to emigrate here as mature adults and return to the classroom to learn about patient-focused care. The 2002 cohort of pharmacists trained in the new IPG program have had an opportunity to be trained in pharmaceutical care with the most current educational methods.

We have clearly entered a new era in the education and training of pharmacists in Ontario. 

# President's Message



Leslie Braden  
President

By now, I hope most of you have read and shared the *Proposed Pharmacy Technician Competency Profile* (Nov/Dec 2001) with your pharmacy technicians. Optimizing the pharmacy technician's role will be a vital contribution to expanding the pharmacist's capacity to do more for his/her patients and we are continuing to work to redefine the pharmacy technician's role with extensive input from stakeholders.

## Come Out to the District Meetings

I will be attending many of the 2002 District Meetings and encourage you to come with your technicians and participate in the discussions. We need your input!

In tandem with the proposed changes to the pharmacy technician's role, the Scope of Practice Working Group is exploring enhanced roles for pharmacists. The College's long-term goal is to give registered technicians increased responsibility and accountability for more technical duties which will free the pharmacist's time for more direct patient care activities.

## Building the Point of Care

The *Point of Care* program and symbol is now displayed in many practice locations. We have made a great start in establishing a universal identification for pharmacists and pharmacies.

Displaying the *Point of Care* symbol in all pharmacies will ensure that every Ontario resident will synonymously associate this symbol with excellence in pharmacy care. The educational program is heightening awareness of the role of both community and hospital pharmacists in providing quality care to Ontario patients, as well as reinforcing that confidentiality is safeguarded to strengthen patient-pharmacist relationships. Our members are "worth knowing" so embrace this program and the opportunities it offers you to reach and educate your patients.



**You are  
"Worth Knowing",  
so embrace this  
program**

## OCP on the Web

Many of you have visited the College's new website that has been tailored to members' needs. The site has a robust search feature that quickly enables you to find hundreds of documents including, the entire OCP Manual, Policy Handbook, past Council Reports, Q&As and CE listings. The site's services will grow with pharmacist usage, so please visit [www.ocpinfo.com](http://www.ocpinfo.com). The new public education website [www.worthknowing.ca](http://www.worthknowing.ca) is also increasing the accessibility and visibility of the College. This supports our goal of communicating the value and range of pharmacist services to the public.

## International Pharmacy Graduate Program

The College, with the Faculty of Pharmacy and the Ministry of Training, Colleges and Universities has also begun the International Pharmacy Graduate Program to assist international pharmacy graduates in meeting Ontario's licensure requirements. This new program was given a three-year grant to further develop the earlier bridging program that the College and Faculty had created jointly. It facilitates the international pharmacy graduate's practice-readiness and employment after the program.

Indeed, the College is involved in many diverse programs and I have learned that these are recognized and respected by many pharmacists in other provinces.

The College continues to anticipate and plan for the future – while balancing the protection of the public interest with support for pharmacists – to develop pharmacy practice to its fullest potential. Be a part of this future and come out to the District Meetings and give us your feedback. I look forward to meeting with you and your technicians in the months ahead.

# A Great Contributor to Ontario Pharmacy



*F. Norman Hughes*

F. Norman Hughes passed away peacefully February 4th, 2002 in his 95th year.

Born in Dresden, Ontario, Norman Hughes earned a two-year Bachelor of Pharmacy degree from the University of Toronto in 1929. Having served as an examiner for the Ontario College of Pharmacy (OCP) following his graduation, he joined the teaching faculty of OCP in 1938. (The OCP had been affiliated with the U of T since 1892.) After serving as Assistant Dean (1948-1950), Norman Hughes became dean of the OCP School in 1952 – in time to present the first graduates of the new four-year baccalaureate program to the U of T convocation that year. Under his guidance, the Faculty also graduated its first Master's and Ph.D. candidates. Norman "retired" in 1973 as Dean Emeritus and Professor Emeritus.

Somehow during this period of great activity, he also found the time to earn a Bachelor of Science in Pharmacy at Purdue University (1940) and a Master's in physiology from the U of T (1944).


In 1975, in recognition of his contributions, the U of T named the Faculty's home the "F. Norman Hughes Pharmacy Building". On the same day, the Ontario College of Pharmacists inaugurated the "F. Norman Hughes Distinguished Lecture" series in his honor. As well, the Faculty created the F. Norman Hughes Chair in Pharmacoeconomics in his honour in 2001.

Norman Hughes' leadership and contributions brought him numerous national and international recognitions including the U of T Sesquicentennial Long-Service Honor Award and its Arbor Award.

Honorary Doctorate degrees were bestowed upon him by the U of T, Purdue, Dalhousie and Memorial Universities and he held honorary life memberships in many Canadian pharmaceutical organizations.

One of his greatest and lasting contributions to Canadian pharmacy was his role in shaping the *Compendium of Pharmaceuticals and Specialties* (CPS) which he began as a series in the *Canadian Pharmaceutical Journal* in 1945. It ultimately evolved into the *Compendium*, on which he served as editor, consulting editor, and chairman of its editorial advisory board until 1975.

Norman Hughes participated in the founding of the Pharmacy Examining Board of Canada (PEBC) and served as its first president, then served as Registrar-Treasurer following his retirement. He also served as the president of the Canadian Foundation for Pharmacy, and president of the Canadian Association of Deans of Pharmacy. From 1954 to 1973, in his capacity as Dean of the Faculty of Pharmacy, he was a member of OCP Council and served as chair or member of many of its standing or special committees. It was to the OCP Council in 1967 that he delivered his famous "Eleventh Hour" address wherein he issued a "wake-up call" to the profession that did not go unheeded.

His portrait hangs in the Council Chambers of the Ontario College of Pharmacists – a constant reminder that one of our country's greatest pioneers watches over our deliberations. Many of us will remember him as a mentor and friend who profoundly impacted our careers. We mourn the passing of this great man. 

# DISTRICT MEETINGS 2002

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

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

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

APRIL			
DATE	DISTRICT	LOCATION	COUNCILLOR
Thursday, April 11	12	Holiday Inn, Michigan Room 30 Fairway Road KITCHENER	Sherry Peister
Wednesday, April 17	1 17	Chimo Hotel, MacKenzie Room 1199 Joseph Cyr Street GLOUCESTER	Marie Ogilvie Shelley McKinney
Thursday, April 18	3	Ramada Plaza Hotel, Renaissance Room 185 Yorkland Blvd TORONTO	Martin Belitz
Tuesday, April 23	16	Clarke Institute, Stokes Auditorium, Room G58 250 College Street TORONTO	Albert Chalet
Thursday, April 25	13	Walkerton Golf & Country Club RR#4 WALKERTON	Bill Mann
MAY			
Wednesday, May 1	10 17	Best Western Lamplighter Inn 591 Wellington Road LONDON	Steve Balestrini Shelley McKinney
Tuesday, May 7	14	Pinewood Park Inn, Founders A Room 201 Pinewood Park Drive NORTH BAY	Tracy Wiersema
Thursday, May 9	2 17	Holiday Inn Oshawa, Guild East Room 1011 Bloor Street East OSHAWA	Barbara Minshall Shelley McKinney
Thursday, May 16	9	Sheraton Fallsview, Oakes Northwest Room 6755 Fallsview Boulevard NIAGARA FALLS	Larry Boggio
Tuesday, May 21	15	Valhalla Inn, Viking Room 1 Valhalla Inn Road THUNDER BAY	Gurjit Husson
Wednesday, May 22	15	Best Western Motor Inn, Sunset Room 349 Government Road DRYDEN	Gurjit Husson
Wednesday, May 29	6	Canadian Coptic Centre, Trinity Hall C 1245 Eglinton Avenue West MISSISSAUGA	Alex Wong
Thursday, May 30	7	Holiday Inn, Churchill North 20 Fairview Road, Highway 400 and Essa Road BARRIE	Leslie Braden
JUNE			
Tuesday, June 4	14	Howard Johnsons, Georgian B 1696 Regent Street South SUDBURY	Tracy Wiersema
Thursday, June 6	2	Holiday Inn Trenton, Harvest East Room 99 Glen Miller Road, RR #5 TRENTON	Barbara Minshall
Tuesday, June 11	15	Holiday Inn Waterfront, Thompson Suite A 208 St. Mary's River Drive SAULT STE. MARIE	Gurjit Husson
Thursday, June 13	1	McIntosh Country Inn, McIntosh Room 12495 Hwy #2 East MORRISBURG	Marie Ogilvie

# New International Pharmacy Graduate Program

The Ontario College of Pharmacists and the Faculty of Pharmacy, University of Toronto are pleased to announce the launch of the International Pharmacy Graduate (IPG) Program.

Designed to provide pharmacists educated outside North America with a structured, academic orientation to Canadian standards of pharmacy practice, the program will provide all qualified applicants with opportunities to gain the critical language, workplace, and practice skills necessary for licensure.

This program is unique in providing professional immigrants with an opportunity to access a university-based curricula in a structured, individualized manner based on their unique needs. It is also recognized as a best-practices model for professional and adult education.

**Kris Wichman, B.Sc.Pharm.**  
Director, International Pharmacy Graduate Program

Farmaceutická Farmácia Parmasya **Farmas**  
药房 Pharm

Eczacilik Farmaceutsko 药房 **Pharmacy** Farmacie מרקחת

약방 **Apotheke** Pharmazie Eczacılik Farmac

## PROGRAM STRUCTURE

The IPG program is built on four distinct pillars:

### 1 Prior Learning Assessment

The prior learning assessment (PLA) will thoroughly evaluate each individual's unique and specific learning needs, and their level of practice-readiness – all based on Canadian standards of practice. The PLA assesses the following four “tiers”

- i) pre-requisites for access to the program
- ii) language of practice
- iii) technical skills
- iv) patient care skills and knowledge

### 2 Customized Learning Plans

Plans will be developed for each student based on the results of their prior learning assessment. Each person is provided with access to a broad menu of supports (ranging from *English for Specific Purposes*, professional communication courses, through to pharmacotherapeutics and pharmacy administration courses).

The educational program is packaged as two modules: *Canadian Pharmacy Skills I and II* (CPS I and II). Drawn from the undergraduate pharmacy curriculum, the modules are designed to help each student achieve the competencies required to meet OCP's *Standards of Practice* and the NAPRA document.

### 3 Mentorship Network

As a way of facilitating professional enculturation and post-program employment, the program seeks to link students with practicing pharmacists and the pharmacy community. Practicing pharmacists from across Ontario will be sought to provide mentorship.

### 4 Distance Technologies

Various technologies will be employed to reduce access barriers by linking international pharmacy graduates with one another and to provide potential immigrants to Canada with a central information resource on pharmacy practice and licensure in Ontario. A couple of Internet-based educational modules have already been developed to enhance learning during SPT studentship.

## ADVISORY COUNCIL

An advisory council has also been formed to provide links to the profession and create a forum for stakeholder feedback and promotional support for the IPG Program staff.

## HISTORY

Recognizing in 1999 that there was no formal Ontario program to assist in providing international pharmacy graduates with the necessary skills and knowledge to meet Canadian practice standards, the College sought to address this need by funding the development of a bridging program at the Faculty of Pharmacy.

The experience with the Bridging Program led to a joint Faculty and OCP proposal to government. In 2001, the Ontario government (Access to Trades and Professions, Ministry of Training, Colleges, and Universities) provided a \$1.9 million grant in response to the proposal for continued development of this program.

Since that time, staff have been working to further develop the necessary components for the IPG program based on the education foundations built initially through the *Bridging Program*.

Фармацевт Farmaci صيد له Farmácia  
Pharmacy Farmacie בית מרקחת Аптека Farmaceutică Фармацевт

Фармацевт Аптека Farmácia Parmasya Farmasi Фармацевт Farmaci

Фармацевт Аптека Farmaceutsko 药房 Pharmacy Farmacie

# Working to Promote Labour Market Access for Qualified Immigrants

## ONTARIO MINISTRY OF TRAINING, COLLEGES AND UNIVERSITIES

In recent years, the pharmacy profession and the Ministry of Training, Colleges and Universities have collaborated on several groundbreaking projects aimed at helping pharmacists, educated outside Canada and the U.S., reach Ontario's licensing requirements. A joint venture of the Ministry, the Ontario College of Pharmacists and the Faculty of Pharmacy at the University of Toronto, the new International Pharmacy Graduate Program is the latest of these exciting ventures.

Each year Ontario welcomes more than half of all immigrants coming to Canada; many of whom – like pharmacists – are highly educated and trained. Yet frequently newcomers encounter difficulties getting licensed to practise their occupations, either because their qualifications and skills are not fully recognized, or perhaps they lack the necessary occupational language proficiency or exposure to the Canadian workplace.

Through the Access to Professions and Trades Unit, the Ministry works with partners on a range of initiatives to promote labour market access for qualified immigrants, and at the same time, works to meet critical skills shortages in the province. Partners include occupational regulatory bodies, educational institutions and community agencies serving immigrants, employers, and governments.

Bridge training programs are proving to be a valuable way to assist participants along the path to licensure, certification or accreditation for employment, without

duplicating their existing learning. Building on the skills that immigrants bring with them, the International Pharmacy Graduate Program again puts the pharmacy profession at the forefront. The IPG program is expected not only to provide the skills and experience needed by internationally trained pharmacists but also to establish sustainable processes that can serve as a model for different sectors, professions and regulated occupations throughout the province. The Ministry is excited about the results of Canadian Pharmacy Skills (CPS) I and looks forward to continuing successes from CPS II.

The *Occupational Fact Sheet for Pharmacists* is another joint venture between the Ministry, the College and the Faculty. It is one of a series of fact sheets that provide new and prospective immigrants with comprehensive information on entry-to-practice requirements and labour market conditions for specific professions and trades in Ontario. The web-based *e-factsheet* at [www.newontariopharmacists.com](http://www.newontariopharmacists.com) is an

online version of the Occupational Fact Sheet created to allow users from anywhere in the world to quickly access the specific information they need.

Information on other access to professions and trades initiatives is available on the Ontario government's *Gateway to Diversity* web site at [http://www.equalopportunity.on.ca/english\\_g/apt/](http://www.equalopportunity.on.ca/english_g/apt/)

“The CPS program made the foreign pharmacists speak one language. This language is called pharmaceutical care.”

*IPG Student*

# Needs Assessment: Highlights Report from the IPG Program

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

Immigrants with professional qualifications have long contributed to the economy of Canada and the need for trained immigrants will only increase. Human Resources Development Canada estimates that by the year 2010, 100% of the Canadian economy's growth will be fueled by immigration.

Domestic production of professionals and skilled trades people is expected to only manage to keep pace with expected demographic shifts (such as retirement) rather than actually contribute meaningfully to economic expansion. Recognizing the importance of immigrants to the overall Canadian economy, and to the contributions that they make to Canadian quality of life, new research is being done to increase our understanding of the particular needs of this group to establish and thrive in Canada.

Needs assessment research has been undertaken to provide a clear understanding of the full range of needs that international pharmacy graduates have in navigating the complex and sometimes frustrating world of pharmacy practice and licensure. Though preliminary, this research will also help highlight the challenges faced by immigrants with professional qualifications in other disciplines. These results are also being used by provincial and national policy makers addressing workforce and immigration issues.

“All new immigrant pharmacists get lost when they land on this wonderful land of opportunities. But, by this program we had got our recognition and it opened so many wonderful opportunities for us.” *IPG Student*

## IMMIGRATION IN CANADA

While there have been substantial fluctuations in the number of immigrants and refugees entering Canada over the last five years, it is estimated that 200,000-225,000 immigrants entered in 2001.

In 2000, the top seven source countries for immigrants to Canada were: China, India, Pakistan, the Philippines, South Korea, Sri Lanka and the United States. Seventy per cent of these immigrants settled in our three largest cities: Toronto, Vancouver and Montreal.

International pharmacy graduates account for 20 per cent of the Ontario pharmacist workforce — and this is expected to increase. Given projected pharmacy demographic changes, it is difficult to imagine how our profession would be able to manage its workforce without the significant contributions made by international pharmacy graduates. It is also important to recognize that no other North American jurisdiction (and likely anywhere else in the world) relies on international pharmacy graduates to the extent that Ontario does.

## SURVEY RESULTS<sup>1</sup>

Using the benchmarks set by the College's *Standards of Practice and Statement of Competencies* for entry-level practitioners and a range of data sources and interviews with both students and preceptors, a picture of the international pharmacy graduates' needs emerges.

<sup>1</sup>**Note:** This is not a comprehensive report of the needs assessment; rather, key elements have been abstracted for pharmacist and preceptor use.

### Profile

- Mode year of graduation with a pharmacy degree: 1987
- Mean years working as a pharmacist prior to immigration to Canada: 9.8 ( $\pm$  2.1)
- Percentage of respondents who had worked as a pharmacist prior to immigration in two or more countries: 43%
- Region in which pharmacy education was received:
  - Middle East (Egypt, Syria, Jordan, Iran, Iraq): 52%
  - Southeast Asia (India, Pakistan, Bangladesh): 31%
  - Africa: 4%
  - Eastern Asia (Korea, Japan, Vietnam): 4%
  - Eastern Europe (Poland, Ukraine, Hungary): 4%
- Percentage who either worked or spent part of their in-service training period in hospital, community or industrial pharmacy settings: 80%
- Percentage citing community pharmacy as main place of employment prior to emigration: 82%

### Expectations

Interestingly, many international pharmacy graduates commented that their expectations for the licensure process before immigration were different than their actual experiences once in Canada:

- 66% stated they thought licensure in Ontario would be “easier” than licensure in the U.S. or the U.K.
- 95% knew there would be requirements to complete written examinations
- 52% knew there would be an in-service training requirement (e.g. internship period)
- 75% did not expect to have as much difficulty with the process as they were currently experiencing
- Most projected the completion of their licensure requirements to take over two years (mean response 29 months ( $\pm$  3.8 ))

“We look forward to the changes sweeping the profession, in particular, the increasing value of the pharmacist. We feel that we can now contribute to this new way of practice.”

*IPG Student*

Most expected their post-licensure employment prospects to be excellent; 90 per cent expected to work in community practice, six per cent expected to work in hospital pharmacy; the remaining expected to find their first employment in another setting (usually the pharmaceutical industry).

As part of the survey, a modified version of the Behavioural Pharmaceutical Care Scale (BPCS) was used to measure pharmaceutical care behaviours in practice and provides a useful measurement of what specific activities IPGs actually perform while working as pharmacists.

Based on this scale, areas that may be of particular importance in training international pharmacy graduates include:

- Asking the patient what he/she wants to achieve from drug therapy
- Documenting the desired therapeutic objectives for the patient
- Asking the patient questions to find out if he/she is experiencing drug-related problems
- Consulting with other pharmacists about difficult or unusual patient problems
- Communicating patients’ progress to their physicians
- Providing written summary of patients’ medical history and any related problems when referring a patient
- Referring patients with social problems to appropriate community support agencies
- Inquiring of patients as to their satisfaction with pharmacy services

### **Barriers and Abandonment of the Profession**

One significant finding is that many international pharmacy graduates experience isolation and loneliness as they attempt to navigate the licensing process. While it is apparent that many have significant cultural and linguistic barriers; less apparent are their perceptions

of the professional barriers that lead to many of them

feeling less than welcome in their profession.

Some report feeling guilty that they are a “burden” to the profession and should feel

grateful for whatever

resources can be spared to them; others express frustration over the seemingly ever-changing landscape of regulatory and educational requirements for licensure. For some, these frustrations, coupled with a lack of financial resources and other pressing commitments, lead them to abandon the licensing process mid-stream and seek employment in another field.

While this survey was not able to identify the actual number of such individuals, the experience of other professions suggests that the numbers may be quite high, and that many potential pharmacists are “lost” due to the lack of community support.

### **International Pharmacy Graduate vs. “Foreign-Trained”**

For a generation, the term “foreign-trained pharmacist” has been used to describe pharmacists who were trained outside North America. This is echoed in many other professional fields, where non-North American-trained candidates for licensure are frequently referred to as “foreign-trained”.

In recent focus groups and interviews, many international pharmacy graduates indicated discomfort with the term “foreign-trained”, perceiving it as somewhat dismissive and potentially damaging. Therefore, early in this research and in the development of the IPG

program, a conscious decision was made to replace the term “foreign-trained pharmacist” with “international pharmacy graduate” to reflect the importance of this group to Ontario’s professional pharmacy practice.

### **An Integral Part of Our Profession**

International pharmacy graduates are a significant and integral part of the pharmacy workforce in Ontario and represent a greater proportion of active members than any other regulated health profession in Ontario. And, given anticipated growth trends in the professional workforce, pharmacy appears to be leading most other professions and trades in developing systems to integrate international graduates into the workforce. As such, pharmacy is also being seen as a leader and best-practice model for other professions to emulate.

International pharmacy graduates come to Canada with a broad and diverse set of skills, experiences and expectations. The need to balance regulatory requirements with individual’s learning needs is essential. Many report significant challenges in navigating the complex system for licensure in Ontario, but also recognize its importance in maintaining trust and accountability to the public.

While this Needs Assessment has provided valuable information to guide curriculum planners and regulators in developing programs, ongoing research will continue to help us assist international pharmacy graduates meet the necessary requirements and thrive as licensed and practicing Ontario pharmacists.

“Patient-focused care is an exciting new concept for us. The CPS program gave us confidence in our skills and we hope to be more involved in practice.”

*IPG Student*

“No doubt, this was a difficult program, rigorous in the material but it gave me the strength to deliver patient-focused care and I believe that it was rightly insisted upon.” *IPG Student*

# Preceptors - Sharing the Past, Shaping the Future

*Chris Schillemore, B.Sc.Pharm.,  
Manager, Registration Programs  
Stephanie Edwards, B.Sc.Pharm.*

## **“You change me every day”**

*Comment from preceptor to intern shared during an OCP focus group meeting, 2001*

## **“I love teaching. Being a preceptor brought me closer to my profession and I understand more of where I am in my profession and where I can go.”**

*Written feedback from a preceptor, 2002*

The in-service training placement has always been an important tradition in pharmacy and the key influence in this experience is the preceptor. Many of us remember our preceptors as coaches, mentors or teachers; they were our first contact with the real world of pharmacy practice and had a profound effect on our work ethic and values.

Preceptor experience is highly valued and one of the best resources for interns and students making the transition into the profession, and when preceptors share their experiences (hence, the past), they in turn help students and interns become future colleagues in the pharmacy community.

The rich mix of the preceptor's experience with the student's educational preparation can help shape the future of our practice. While students bring the most current knowledge and education to in-service training, preceptors bring vast professional experience and judgement. The outcome of this collaboration can result in the advancement of pharmacy practice – a shaping of the future together.

Potential preceptors sometimes express concern about their ability to take on a student because they don't see themselves as teachers. However, the College offers a number of resources and supports for both new preceptors and students to maximize the benefits of their training period together.

## **TRAINING FOR NEW AND EXPERIENCED PRECEPTORS**

The College offers both *orientation* and *advanced level* workshops for preceptors.

**Orientation workshops** review the College's expectations for preceptors and students/interns. Preceptors have the opportunity to learn and are given a chance to practice some of the skills that they will require during the training placement, such as providing feedback and assessing the student's performance.

**Advanced workshops** are intended to further develop the preceptor's knowledge and skills as well as providing an opportunity for them to meet and share their experiences with other preceptors. Topics have included “Further Feedback and Assessment”, “Pharmaceutical Care” and “Learning Styles Inventory”.

The College also provides SPT manuals to assist preceptors during the placement. The manuals contain questions and activities that the student must

**“As new immigrants,  
we didn't know where to start or  
where to go. The CPS program  
gave us a direction.”**

*IPG Student*

“The program taught us that the bottom line is the patient.”  
IPG Student

complete in an answer key for the preceptor’s reference, assessment forms to assist the preceptor in providing feedback to the student, and a rotation checklist to ensure that all program requirements have been completed.

Finally, OCP staff are available by phone to coach and assist both students/interns and preceptors whenever issues concerning assessment or feedback arise.

### OTHER DETERMINING FACTORS TO SUCCESS

During focus group meetings in early 2001, former interns from the Faculty of Pharmacy identified a number of workplace factors (external to the relationship between the preceptor and intern) that contributed significantly to the success of their learning experience.

#### ***Support for Preceptor from Employer and Pharmacy Staff***

First and foremost was the need for the preceptor’s employer to recognize that support and resources were required to assist the preceptor in his or her role. This includes orienting *all* pharmacy staff (other pharmacists and pharmacy technicians) to the role of the intern so that everyone understands that the intern (or student) is engaged in professional training. And, because preceptors are not always directly working with their students, other pharmacists involved in supervising students need to understand the goals and activities of the program and *their* role in providing feedback and assessment.


#### ***Preceptor Commitment***

Another theme that emerged from the focus groups was the wide variation in preceptors’ commitment to their role. While many appeared well prepared and organized for the task, others were uncertain and frequently relied on the student for direction. Such situations can have an adverse effect on the learning experience and its outcomes.

### IPG PROGRAM STUDENTS/INTERNS ARE MUCH BETTER PREPARED FOR IN-SERVICE TRAINING

The IPG Program, described in detail in this edition, has evolved greatly from the needs of international candidates identified during the initial bridging program and focus group consultations.

Previously, in the traditional training program, some preceptors said they were unwilling to take on international pharmacy graduates due to the additional time and resources required to prepare these candidates for practice. However, during the CPS Modules I & II, international pharmacy graduates receive intensive training and education in professional practice labs; communications for pharmacy practice; patient counselling; and therapeutics using the pharmaceutical care model. Since much of the curriculum was adapted from the Faculty’s undergraduate program, CPS module candidates going into student and intern placements are much better prepared than before.

We heartily encourage preceptors to consider these very bright, committed and motivated candidates for training placements. 

“I would like to quote from Aristotle who said: “We are what we repeatedly do. Excellence, then, is not an act, but a habit” to describe benefits of the CPS program. The CPS program has helped us to change our habit of pharmacy practice toward reaching excellency of our profession.”  
IPG Student



Greg Ujiye, B.Sc.Pharm.

Manager, Pharmacy  
Practice Programs

# Q&A Pharmacy Practice

## Q How long can repeats on a prescription be honoured? I've heard they are good only for one year.

Under federal regulations, a prescription for a benzodiazepine (or other targeted substances) expires after one year from the date the prescription was written.

Under provincial regulations, there are no restrictions on the length of time a repeat can be honoured on a prescription. This is left to a pharmacist's professional judgement. A pharmacist must first ascertain whether any harm may come to the patient's well-being after a length of time has elapsed between repeats or whether it is reasonable and safe to refill the prescription.

## Q I received a photocopy of an original prescription containing two medications from another pharmacy in which one of the medications was marked "filled" and the other had not been filled. Is this a legal prescription?

A photocopy of a prescription is a *copy* and not a legal authorization to fill. The originating pharmacy cannot transfer the prescription unless the pharmacy has recorded that prescription as "unfilled" on the patient history maintained at their location. Otherwise the transferring pharmacy would not meet the legal requirements of Section 62 of Regulation 551 of the DPRA for the transferring of a prescription. Furthermore, neither is it legal to simply transcribe and return the original prescription to the patient. Again, in this situation, you are only making a *copy* of the original and the authority to fill resides on the original until it has been legally transferred.

## Q Has there been a change in the procedure for the destruction of unusable narcotics and controlled drugs. What procedure should I follow?


Yes. The only change to the procedure is that requests for destruction of narcotics and controlled drugs should now be sent to the Office of Controlled Substances in Ottawa, rather than the regional office. Your list of unusable narcotic and/or controlled drugs should now be mailed or faxed to the **Drug Control Unit** at:

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

You will then receive a letter acknowledging receipt of your request from the Office of Controlled Substances. You may destroy the products once this confirmation has been received. The destruction must be witnessed by another health professional such as a pharmacist, pharmacy intern or a Field Representative from the Ontario College of Pharmacists. (The College recommends that drugs be treated similar to hazardous materials and be destroyed through a waste disposal service.)

The inventory of destroyed material is to be signed and dated by both parties. It should then be placed in the narcotic prescription file on the "date destroyed" and/or stapled to the Pharmacy Narcotic and Controlled Drug Register for Receipts (green pages).

This procedure is outlined in the letter of acknowledgment that is sent to the pharmacy by the Head of the Drug Control Unit.

Please note that a request to destroy unusable benzodiazepines and other targeted substances, as listed in the Benzodiazepines and Other Targeted Substances Regulation, is not required but the quantities must be recorded and the destruction witnessed as done with narcotics and controlled drugs. 

# Q&A Pharmacy Technician



**Bernie Des Roches, Ph.D.**

*Manager, Pharmacy  
Technician Programs*

## **Q** Where can I get information about the role of the technician, as well as where the role of the technician will go in the future?

Please see the recently published *Proposed Pharmacy Technician Competency Profile* from the November/December 2001 *Pharmacy Connection*. This is a critical document for all pharmacy technicians to read. This document is also a major focus of our District Meetings that are currently being held across Ontario. We invite all technicians and pharmacists to attend a local district meeting so that we may hear your perspectives and receive your input. A list of the upcoming meetings can be found on page 5. Be sure to bring a copy of the *Competency Profile* with you to the meeting.


## **Q** When is the next Voluntary Pharmacy Technician Certification Exam?

The next sitting of the OCP Certification Examination for Pharmacy Technicians will be on **Saturday, October 5, 2002**. All candidates for the October exam must first complete and submit the *Application to Evaluate Pharmacy Technician Credentials* with all required documentation. This must be received at the College by **July 12, 2002**. You can download the information package and application from [ocpinfo.com](http://ocpinfo.com) under "Pharmacy Technicians" or by directly contacting Vienna Reyes (416) 962-4861 x 231, [vreyes@ocpharma.com](mailto:vreyes@ocpharma.com) at the College.

## **Pharmacy Technician Annual Fees**

Notices will be sent in mid-April and fees are due no later than **June 1, 2002**. Payment ensures that CPhTs continue to receive *Pharmacy Connection*, a new copy of their Learning Portfolio if needed (if so, please contact the College to request one), ongoing access to information on reading and continuing education resources, and exclusive right to use the designation "CPhT" in Canada. Most importantly, it reaffirms your commitment to the development of the pharmacy technician's role. The \$53.50 fee (\$50.00 + GST) applies to all CPhTs currently certified and those who receive their CPhT designation through successful completion of the upcoming April 2002 certification examination.

## **Pharmacy Technician Information on OCPinfo.com**

The College has created a new member-focused website which includes an improved pharmacy technician section. This section now also contains a technician-specific list of CE resources and other documents. Please take the time to check out [www.ocpinfo.com](http://www.ocpinfo.com) and e-mail your suggestions or comments to [cpowell@ocpharma.com](mailto:cpowell@ocpharma.com) or simply use the site's new online e-mail form. 



# Focus on Error Prevention



Ian Stewart, B.Sc.Pharm.

Health Canada's *Therapeutic Products Directorate* issues Drug Identification Numbers (DINs) to all drugs approved for sale in Canada. The DIN is used as a tool to help in the follow-up of products out on the market, recall of products, inspections and quality monitoring.<sup>1</sup>

Pharmacists use the DIN as a key check in ensuring that the correct drug is being dispensed. However different dosages of a particular drug often receive near identical DINs. This has been a contributing factor in previously reported medication errors. (See *Pharmacy Connection*, Mar/April 2000, page 8.)

The following list highlights some examples:

Amerge® 1mg 02237820	Avpro® 75mg 02237923
Amerge® 25mg 02237821	Avpro® 150mg 02237924
Actos® 15mg 02242572	Maxalt® 5mg 02240520
Actos® 30mg 02242573	Maxalt® 10mg 02240521
Aricept® 5mg 02232043	Nexium® 20mg 02244521
Aricept® 10mg 02232044	Nexium® 40mg 02244522
Avandia® 2mg 02241112	Seroquel® 25mg 02236951
Avandia® 4mg 02241113	Seroquel® 100mg 02236952
Avandia® 8mg 02241114	Seroquel® 200mg 02236953

The Drugs Directorate will assign a single DIN for products of varying sizes provided that all other product characteristics including product name, manufacturer's name, dosage form, route of administration, medicinal ingredient(s) and corresponding strength(s) are identical. This system has also been a factor in the occurrence of medication errors as the following case illustrates.

## CASE:

The agent of an 85-year-old patient presented a prescription for Atrovent® nebulas 250µg/ml at the local community pharmacy. The physician directed that 250µg be inhaled via a nebulizer every four hours. The pharmacist filled the prescription with the 1ml nebulas of Alti-Ipratropium UDV® 250µg/ml, with the label instructions to use 1ml every four hours via nebulizer. The patient therefore used one nebulas every four hours. The patient later requested a refill of the prescription. On this occasion, the technician inadvertently selected the 2ml nebulas of Alti-Ipratropium UDV® 250µg/ml.

The pharmacist checked the strength, the DIN and quantity being dispensed — all were correct. The patient therefore received the 2ml nebulas instead of the 1ml nebulas. Since the nebulas are identical in size, the patient continued to use one nebulas (2ml) every four hours, resulting in a doubling of the intended dosage. A few days later, a caregiver identified the error and contacted the pharmacy. Fortunately, the patient suffered no ill effects.

## POSSIBLE CONTRIBUTING FACTORS:

- Both products are identical in package size, print, appearance and strength
- The DINs are identical
- Each nebulas is identical in size with one containing twice as much dosage
- Each box contains 20mls of solution (20 x 1ml vs. 10 x 2ml) therefore, the number of boxes dispensed were the same as previous
- Ventolin® and Pulmicort® maintain standard unit dose vials (2.5ml and 2ml respectively) while Alti-Ipratropium UDV® is available in both a 1ml and 2ml unit dose vial

*continued on next page*

# Pharmacy Annual Fees Due May 10, 2002

Pharmacy fees of \$573.09 (\$535.60 + \$37.49 GST) are due by May 10, 2002. Renewal forms will be mailed to each pharmacy head office address (as recorded with the College) by mid-March; please contact the College if you have not received your form by March 31, 2002.

Once processed, the certificate of accreditation and income tax receipt are also mailed to the head office.

## Fee Payments

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

**May 10th Deadline:** All completed forms and fees must be received and/or postmarked no later than May 10, 2002. The sooner your form and payment are received, the sooner it will be processed and the sooner you will receive your receipt and certificate of accreditation. (We will try to notify you prior to May 10th if there is a problem with either the form or the payment.)

Late Payments are subject to a fee of \$80.25. This includes cheques received early but postdated after May 10, 2002. Furthermore, late payments are not processed until the penalty has been received (fee + late penalty fee = \$653.34).

NSF cheques are treated as late and incur both a late penalty fee and a \$5 NSF charge.

## Records Update

Please complete the records update section of the form which covers:

- which pharmacist (with and without signing authority) and technicians are practising at the pharmacy
- designated managers
- lock and leave practices
- methadone dispensing
- participation in the *Point of Care* public education program
- pharmacy website information

**Make sure your cheque is signed** and made payable to the Ontario College of Pharmacists or OCP for the correct amount of \$573.09.

### **For further information contact:**

Member Services

Roland Starr (416) 962-4861 x 237,

rstarr@ocpharma.com

Heather Harris x 233, hharris@ocpharma.com

Ifrah Osman, x 230, iosman@ocpharma.com

## Focus on Error Prevention

*continued from page 16*

- The pharmacist was unaware of the availability of both a 1ml and 2ml unit dose vial of Alti-Ipratropium UDV® 250µg/ml
- The patient likely did not identify the change in volume in each nebulizer

### RECOMMENDATIONS:

- Be aware of other products whereby the dispensing of the incorrect size can be problematic. These include Atrovent® 250µg/ml unit dose vials, Humalog® insulin cartridges, etc.
- When dispensing these products, doublecheck the unit dose being dispensed

- Place shelf talkers in front of these products as reminders
- Health Canada should consider assigning unique DINs for each problematic unit dose size\*

### \*Author's Note:

After contacting Health Canada about the above issues, I received a positive response with the assurance that the system of assigning DINs will be reviewed in order to enhance patient safety.

### Reference:

<sup>1</sup>. Health Canada website: [www.hc-sc.gc.ca](http://www.hc-sc.gc.ca)



## Faculty Facts

### FRIENDS, FAMILY, COLLEAGUES, FACULTY AND STAFF MOURN THE DEATH AND CELEBRATE THE LIFE OF F. NORMAN HUGHES

F. Norman Hughes, Dean of the Faculty of Pharmacy, University of Toronto 1953-1973, passed away peacefully February 4th, 2002, having celebrated his 94th birthday just a few days earlier, January 23rd. He leaves his wife, Lorna Felice Roberts, 7 children, 14 grandchildren, and 7 great-grandchildren, all of whom are justifiably proud of his many achievements over his lifetime – or will be when they are old enough to realize the significance of them.

The University of Toronto publicly acknowledged Norman Hughes' great achievements and contributions during the week of the passing of Dean and Professor Emeritus Hughes by flying the flag above its central administrative building at half-mast in recognition of the death of someone of importance and closeness to the University.

Memorial donations may be made to the Dean Hughes Memorial Fund, Faculty of Pharmacy, University of Toronto, 19 Russell Street, Toronto, ON M5S 2S2; or to Trinity Anglican Church, 79 Victoria Street, Aurora, ON L4G 1R5.

"Some Highlights of a Remarkable Man's Career and Life", written by Dr. Ernst Stieb chronicles some of Norman Hughes' achievements. To read this account, please visit our website at [www.utoronto.ca/pharmacy](http://www.utoronto.ca/pharmacy).

### B.Sc.PHM. – GOLDEN ANNIVERSARY

2002 marks the 50th anniversary of the first B.Sc.Phm. graduating class of 1952. Graham Nairn, Dave Kennedy and Ernst Stieb, who were members of that class, went on to become professors at their alma mater and are remembered by the alumni of subsequent graduating classes. 2002 also marks the 175th anniversary of the University of Toronto. We will keep you posted on plans to celebrate these significant events.

### STRUCTURED PRACTICAL EXPERIENCE PROGRAM (SPEP)

Pharmacists are encouraged to consider joining

the SPEP team of practitioners. Expanding enrolment means that more pharmacist teaching associates and practice sites are needed. Please visit the SPEP website (through our site) for information and application forms. If you would like to speak directly with one of the SPEP faculty or staff please call Lesley Lavack, Assistant Dean, at 416-978-5466. We would be delighted to hear from you.

### NEW WEBSITE

A 'new look' Faculty website, [www.utoronto.ca/pharmacy](http://www.utoronto.ca/pharmacy), was launched in January 2002. Based on the U of T website format, its technical architecture was developed with the objective of having visitors find the information they are seeking in only three or fewer clicks of a mouse! A larger scale renovation of the site is planned for an October 2002 launch.

### NEW NAME FOR THE FACULTY OF PHARMACY

The University of Toronto recently announced that the *Faculty of Pharmacy* would be re-named as the *Leslie L. Dan Faculty of Pharmacy*. This honour was bestowed on Leslie Dan in recognition of his many successes and his numerous contributions to the Faculty, the profession, and a broad array of organizations. Leslie L. Dan and the company he founded, Novopharm, have given close to \$15 million to the University of Toronto – the majority going to the Faculty of Pharmacy. More information is available on the Faculty's website at [www.utoronto.ca/pharmacy](http://www.utoronto.ca/pharmacy).

### NEW BUILDING AND SPACE – ARCHITECT SELECTION

Seven firms were selected and have been invited for interviews from among numerous 'Expressions of Interest' received. The architect selection committee will then select two firms to proceed to the next stage that includes the creation of models and more detailed plans. Final architect selection, notwithstanding any unforeseen issues, will occur by the end of February. 📄

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



# Letters

**Dear Editor,**

Re: Let's help each other prevent errors and improve patient care.  
*Pharmacy Connection*, Sept/Oct 2001

Your above-mentioned article has caused me to write to you today. Many articles are being written about dispensing errors, i.e. (Ian Stewart p15), (Complaints p.26) which occur for a variety of reasons and possibly styles. However, my contention is that the root cause of many errors is due to over-work, long hours, lack of dispensary staff and possibly the influence of employers to achieve certain productivity goals.

OCP has set and is responsible for pharmacy standards and the protection of the public is paramount in these standards. To this end, it would seem to me that certain criteria should be established that at least acts as a guideline under working safety conditions (to the public) whereupon pharmacists are dispensing rational levels of prescriptions in a certain time frame.

I would be interested to know whether such calculations have been entertained regardless of any set of parameters. But let's look at parameters for a moment. Naturally, more prescriptions could be dispensed appropriately, if for example...

1. More than one pharmacist was on duty
2. More than one tech. was on duty (or none)
3. A cashier was also present
4. The ratio of new to renewal Rx's was low for new Rx's
5. Size of the OTC business

6. Amount of the pharmacist telephone call requirements

7. I'm sure that there are others

Today, too many operators do not try to replace employees on vacation or sick leave letting everyone work a little harder. If you plan for a deficit budget, you'll probably get it!

In our dispensary scenario, described above, if you plan for an accident, you'll probably get it.

In summation, how many Rx/hr should a pharmacist be responsible for regardless of the number of team mates at max? How many Rx/hr should a pharmacist be responsible for with limited staff?

I could go on with other minutiae, but if I haven't made my point by now, further discussion would be pointless. *Pharmacy Connection* indicates that it wants material from the field; this is my contribution today. I sincerely hope that it is appreciated that all the checks and balances are meaningless, if you don't have time to do them.

– Bruce E. Faulkner B.Sc.Pharm.

Lindsay

## Editor's Response

Your letter is a reflection of the struggle that most pharmacists have in balancing workload and professional duties. You mention several factors that should be considered if parameters were put in place for staffing – and that is the crux of the problem.

Staffing adequately for one workplace maybe inadequate for the next. Therefore, the College has suggested that the designated manager ensure that staffing is adequate

to meet the *Standards of Practice*. Another initiative that is being taken by OCP is the proposed regulation of pharmacy technicians and their accountability for more of the technical pharmacy services. These proposals are being made to free the pharmacist so that he/she can concentrate on the cognitive aspects of their practice – to improve patient care along with the possible benefit of preventing medication errors.

**Dear Editor,**

Re: "Coroner's Reports"

I read with interest the article concerning the inquest into the death of a psychiatric patient who had been shot by police after discontinuing his medication.

In the wrap-up of the article, there is a reminder to enter into a dialogue with patients and caregivers. This is of course, at the heart of what pharmacists do and is where we can often make the most impact on patient care.

In the same issue are several references to confidentiality. This is where a patient like this can get left behind. I'm lucky enough to work in an area where I know my patients well and can engage them in dialogue easily.

My colleagues in urban areas are not so lucky. Unless this patient had a defined "caregiver" that was privy to his medical information, even an alert and well-meaning pharmacist could be stymied.

When a patient is non-compliant, who do you address the issue with? The patient firstly, but if the patient

is psychotic and not rational, who then?

The physician? In this case the physician was AWARE of the failure to comply since the drug was being administered in the office, no use there.

Family members? If the person HAS supportive family (not always with mental illness) they are not entitled to know about the patient's use or non-use of medication. Even if they are aware of the patient's treatment, they are not allowed to interact with the physician that treats the patient unless the patient gives consent.

There is a certain "Catch-22" element at work when dealing with patients who have mental illnesses and the compartmentalization of the treatment into discrete disciplines is a real hazard.

Having run into this kind of problem when trying to get help for a patient myself, it occurs to me that the College has a role to play here in approaching the other disciplines involved and creating protocols to anticipate the lack of communication between the interested parties during a patient's acute illness.

I am curious to know if OCP has had any discussions with physician-groups, the Ministries of Health and Attorney-General and patient advocacy organizations in an attempt to break down the barriers that leave patients without care when they cannot request it for themselves?

Thanks and good job on the new look of *Pharmacy Connection*.

*Mike Marini, B.Sc.Pharm.  
Port Dover*

### Editor's Response:

This patient did "fall between the cracks" and that is why we published this case. The College also regularly meets with the College of Physicians and Surgeons of Ontario, the College of Nurses of Ontario,

the Ministry of Health and Long-Term Care and other stakeholders to consider collaborative approaches that will improve patient care.

It is imperative that we all strive to work collaboratively to assist patients with complex needs and in such circumstances.

### Dear Editor:

Re: We Have What it Takes (excerpts)

I am frustrated. As pharmacists we have so much going for us, but instead of acting with deeds, we settle for words.

We shouldn't have to tell people: "your wellness is our concern", nor should we have to scatter messages telling that we are "worth knowing." From how we present ourselves, both should be obvious, as they are with physicians and nurses.

The twist here is that no one is available with the necessary expertise in medicating but pharmacists! No one knows better than pharmacists about what to use, when, in what order, and in what dose; to wit, nothing less than the best use of medicines. Yet, in the communities, we pharmacists regularly present ourselves to our clients (physicians and consumers) as retailers – Rx and OTC. Whereas we pharmacists should be pounding Health Care's door, demanding admittance based on our unique expertise, we settle for dated thinking by older officials. It's 40 years since pharmacist hierarchy first claimed that everything would turn out all right in the end. Yet still do we plod on. Thus the frustration of those who feel "underutilized" and who are "anxious to see the role of pharmacists within health care evolve," people whom, I am sure, would much prefer being seen as the drug-expert of choice.

Who wins in this present scenario? No one wins as far as I can

see. Notwithstanding the work towards pharmaceutical care and the introduction of technicians, there are only losers. Saddled with the present weight of medicine-induced morbidity and mortality they are consumers, government budgets, physicians, insurers, the profession of pharmacy, health care, even drug manufacturers.

The solution for all of this waste lies in our pharmacists' hands. We have what it takes. Our problem lies in a medicine-distribution system that hasn't enough pharmacist input, nor enough consumer input. The present system allows for no recognition of a body's ability to heal itself, nor full advantage to be taken of pharmacist's expertise. Fix that system we must.

For a picture of an ideal, we need only turn to our peers in hospitals. There, pharmacists are found at two distinct and separate levels of service. Some work in a product supply and use component, others in an information supply and use component. The difference – and it is a major one that must be allowed for – between hospital and community disciplines is that in hospitals intimidating "top down" strategies are fundamental, while primary care is largely free form with the patient playing a crucial part as in compliance and a taking advantage of the client's body to cope with life threatening situations on its own and without interference. Necessary as this split is in hospitals, it is even more necessary in primary care.

Let's be bold. Let's cut the timidity. Let's advance drugstore pharmacists' influence through reflective vigour of drug-specific pharmacists in the field, assured that, come what may, pharmacists will always be part of medication distribution.

*John Hill, F.R.Pharm.S.  
Brantford*

# Manager, Continuing Competence Programs

Growth in scope and complexity have prompted the Ontario College of Pharmacists to create the position Manager, Continuing Competence Programs. The College is the licensing and regulatory body for pharmacy in the province and has, as one of its mandates, the responsibility to deliver programs that assess and promote the continuing competence of pharmacists.

## The Person

You have a pharmacy degree complemented with formal training or experience in assessments and adult education. You are a “people person”, and able to motivate teams of volunteers and staff to achieve organizational goals. You are discreet and compassionate, sensitive to the periodic stresses assessment places on practitioners. You are enthusiastic and have new ideas about how processes can be improved. You are able to keep many balls in the air at one time to maintain programs while at the same time looking into the future and planning ahead. You have a proven ability to network with providers of continuing education to help ensure that required resources are in place for continuous learning and remediation.

## The Position

Reporting to the Deputy Registrar/Director of Programs, the Manager, Continuing Competence will assume responsibility for all elements of the College's Quality Assurance Program including member self-assessment; QA Practice Reviews comprised of learning portfolio review, clinical knowledge assessment and standardized patient scenarios, and eventually, continuing and remedial education. The position serves as a resource to the College's statutory Quality Assurance Committee.

**If you are interested in joining the College's dynamic team of professionals in this challenging role, please forward your résumé, in confidence to:**

Selection Committee  
c/o Connie Campbell, Director, Finance and Administration  
Ontario College of Pharmacists  
483 Huron Street  
Toronto, Ontario M5R 2R4  
telephone 416-962-4861  
fax 416-703-3126 or [ccampbell@ocpharma.com](mailto:ccampbell@ocpharma.com)

# Coroner's Reports

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

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

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

## INQUEST INTO THE DEATH OF JOSHUA JOHN FLEUELLING

**Deceased January 16, 2000, Inquest September-November 2000**

The tragic and highly publicized death of Joshua Fleuelling raises questions respecting the asthma treatment and monitoring that this young man received. Although the coroner's jury made several recommendations regarding emergency services and response, as well as emergency room overcrowding and the health system; we must question how, as pharmacists, we could have helped to prevent Joshua's condition from escalating to an emergency situation.

The coroner's jury specifically directed *Recommendations #7 and #9* to the Ontario College of Pharmacists for implementation and response. However, we have also re-printed the entire set of recommendations under "Asthma Treatment and Management" below, because we believe that all pharmacists have an important role to play in several of these recommendations.

We recognize that a number of pharmacists have already made changes to their practices to provide specific services to asthma patients and to assist them in long-term management of their disease – consistent with the pharmaceutical care model. Recommendations made to physicians, hospitals, the ministry and public health nurses could also be implemented by pharmacists and be stressed as part of the education you do for your patients.

*The specific jury recommendations are presented in bold. Each item is followed by OCP suggestions for pharmacist involvement in asthma control.*

# Asthma Treatment and Management

HIGHLIGHTED RECOMMENDATIONS  
(REPRINTED FROM CORONER REPORT)

**1** “Physicians should advise all asthma patients that untreated, or improperly managed asthma can be life threatening.”

Pharmacists and other health care professionals can also play a role in emphasizing the importance of asthma control in preventing life-threatening situations. Pharmacists have an opportunity to dialogue with patients at regular intervals when they renew their prescriptions and this is an ideal time to monitor their progress and stress the importance of ongoing treatment.

**2** “Physicians should be trained to recognize the increased risk of death in asthma patients who have presented to hospital emergency departments for breathing problems, or have been hospitalized due to a poorly controlled disease. Long-term asthma management requires patient education, knowledge of environmental control and irritants, and the proper usage of medications.”

Pharmacists should also be aware of situations that place those with asthma at increased risk of an attack, such as poorly controlled asthma, an increase in symptoms, or exposure to triggers in the environment that can worsen their condition.

**3** “Physicians should prepare in consultation with their patients a ‘self-management action plan’ in writing which details the appropriate use of medicine, a list of potential environmental irritants, and steps to be taken by the patients in the event breathing problems arise.”

Pharmacists can help patients implement their self-management action plan through appropriate use of medications, environmental control and reinforcement of the steps to be taken in the event that breathing problems arise. Some pharmacists working in asthma management teams are responsible for negotiating these plans with patients and help them make decisions when breathing problems occur.

**4** “A generic ‘self-management action plan’ form should be developed by the College of Family Physicians to assist physicians and patients in the preparation of the action plan.”

Action plans, published in the literature, or available from pharmaceutical manufacturers, can be used as a guide. Examples of action plans are listed in the resource section at the end of this article.

Asthma control is a concept that not all patients are familiar with. Patients who do not understand the importance of asthma control experience ongoing symptoms and activity limitation, and are at risk for severe attacks. Pharmacists can help patients achieve optimal control by assisting them with setting goals for their therapy, monitoring their response to therapy and adjusting their medications according to the action plan that has been established with their physician.

**5** “Hospitals should have asthma management educational materials readily available for any patient who presents to an emergency department with breathing difficulties due to asthma, in order that it may be brought to the attention of the patient prior to discharge that his/her illness is potentially life threatening if improperly controlled.”

Pharmacists can also have education materials available for patients to emphasize the importance of asthma control. Hopefully, this education can take place before an emergency visit becomes necessary.

**6** “Hospitals should develop a protocol requiring notification to physicians that an asthma patient in their care has presented to an emergency department and has received treatment, as well as a prescription of medication, but who was not admitted for hospitalization, where a consent for notification has been obtained from the patient.”

Acute asthma symptoms requiring emergency department treatment may indicate poorly controlled asthma. Patients who receive a prescription for an emergency situation should see their physician for an assessment into their ongoing asthma management and asthma control.

**7** “The College of Pharmacists should require pharmacists to report to prescribing physicians any apparent over-usage or over-reliance by asthma patients of quick reliever medications relative to preventer or anti-inflammatory medications, as revealed by prescription patterns.”

According to the *Standards of Practice*, the OCP would expect a pharmacist to review the patient’s profile each time a prescription was dispensed (new or repeat), to monitor any changes in therapy or compliance. It is also expected that pharmacists will educate their patients about the use and differences between the *as needed* (prn) symptom relief medication and the routine anti-inflammatory medications used to prevent asthma flare-ups. The pharmacist should also inform his/her patient of the seriousness of over reliance on a reliever medication relative to preventer or anti-inflammatory medications. Patients should be referred to a physician if they experience poor asthma control, increased symptoms, or an increased need for reliever medications.

**8** “The Ministry of Health and Long-Term Care (MOHLTC) should develop and encourage public education programs directed to children, youth and their parents to underscore the seriousness of asthma as a potentially life threatening illness, and the need for them and their parents to participate in the appropriate management of the disease under a physician’s direction.”

The College recognizes that a number of pharmacists are involved in asthma education in their communities and we encourage their continued involvement in the appropriate management of this disease with other members of the health care team. Pharmacists are able to provide relevant literature to patients and families and should direct patients to appropriate asthma resources such as: asthma clinics or the Ontario Lung Association’s *Asthma Action Helpline*.

**9** “The Ministry of Health and Long-Term Care should, in partnership with health providers and experts, continue to develop programs and services to prevent, treat and manage asthma effectively.”

There may be also an opportunity for pharmacists to work with the Ministry to develop programs and services to prevent, treat and manage asthma effectively. Pharmacists should regularly review patient techniques with respect to inhaler use as part of ongoing monitoring and education. We would encourage any pharmacist with expertise in this area to offer their services to the Ministry for further development of asthma programs.

**10** “It is recommended that the Ministry of Health and Long-Term Care develop a program to educate children in school regarding asthma, management and its treatment.”


The Ontario Lung Association has an asthma action program, including the Air Force Program.

**11** “It is recommended that public health nurses play a role as resource persons in the schools and assist in the delivery of the asthma management program and other health-related matters.”

We are aware that some Ontario pharmacists have received their asthma educator certification. Pharmacists with expertise in asthma management could be a valuable resource for any programs developed by the Ministry for children in schools and some may already have experience in this area. Pharmacists can also serve as a resource for public health nurses or partner with the local health unit to provide asthma education in schools.

**12** “Any medical campaign on the cessation of smoking should also be targeted to asthma sufferers.”

As many pharmacists are already involved in smoking cessation programs with their patients, perhaps particular attention could be paid to including asthma patients in these programs as part of their overall asthma management plan.

**Editor’s Note:** We would like to thank Larry Jackson from Sunnybrook and Women’s College Health Science Centre for reviewing the asthma information and for suggesting asthma resources. 

## ASTHMA RESOURCES

**RECOGNIZING THE VITAL ROLE THAT PHARMACISTS PLAY IN ASTHMA MANAGEMENT, YOU WILL FIND THE FOLLOWING RESOURCES HELPFUL FOR EDUCATION REGARDING ASTHMA MANAGEMENT:**

### Pharmacist Information

- Altimed – includes Action Plan: [www.altimed.com](http://www.altimed.com)
- Asthma Trec: [www.lung.ca/asthmatrec/](http://www.lung.ca/asthmatrec/)
- Michener Institute – Asthma Educator Program: [www.michener.ca/academic/programs/cadasthm.php](http://www.michener.ca/academic/programs/cadasthm.php)
- University of Iowa’s Virtual Hospital: [www.vh.org/Patients/IHB/Peds/Allergy/Asthma/12Overview.html](http://www.vh.org/Patients/IHB/Peds/Allergy/Asthma/12Overview.html)
- Canadian Asthma Consensus Guidelines: [www.asthmaguidelines.com/](http://www.asthmaguidelines.com/)
- Koda-Kimble: Chapter on Asthma

### Patient Information

- Ontario Lung Association: [www.on.lung.ca/asthmaaction/asthmaaction.html](http://www.on.lung.ca/asthmaaction/asthmaaction.html) or 1-800-972-2636
- Asthma Action Program: 1-800-668-7682
- Asthma Society of Canada: [www.asthma.ca](http://www.asthma.ca)
- GlaxoSmithKline Asthma Pamphlets

# Initiating *Dialogue* on Adverse Drug Reactions

Tom Smiley, B.Sc.Pharm., Pharm.D.

Staying on top of the latest clinical practice guidelines is not easy in a world where pharmacies are busier than ever. Maintaining efficiency, while trying to provide better patient care, seems to be the order of the day.

Monthly professional journals and Internet-based sites (e.g., ACP Journal Club [www.acpjc.org](http://www.acpjc.org), Medscape [www.medscape.com](http://www.medscape.com), the Rx Files [www.sdh.sk.ca/RxFiles](http://www.sdh.sk.ca/RxFiles), and Doctor's Guide [www.docguide.com](http://www.docguide.com)) can help us with current medical and pharmacological information. The Canadian Medical Association web site features accessible Canadian treatment guidelines at [www.cma.ca/cmaj/guidelines.htm](http://www.cma.ca/cmaj/guidelines.htm).

The *Ontario Program for Optimal Therapeutics Guidelines* (OPOT) are very user-friendly and provide clear direction. Its proposed recommendations are graded according to the level of evidence from which they are taken. Copies of the seven available OPOT guidelines have been distributed to each pharmacy and doctor's office in Ontario. For extra copies, the guidelines are downloadable at [www.opot.org/guidelines.htm](http://www.opot.org/guidelines.htm). Available guidelines include:

- Ontario Drug Therapy Guidelines for Chronic Heart Failure in Primary Care
- Ontario Drug Therapy Guidelines for Stable Ischemic Heart Disease in Primary Care
- Ontario Guidelines for the Prevention and Treatment of Osteoporosis
- Ontario Treatment Guidelines for Osteoarthritis, Rheumatoid Arthritis and Acute Musculoskeletal Injury
- Ontario Guidelines for Peptic Ulcer Disease and Gastroesophageal Reflux
- Ontario Guidelines for the Pharmacotherapeutic Management of Diabetes Mellitus
- Ontario Guidelines for the Management of Anxiety Disorders in Primary Care

These guidelines were developed by a multidisciplinary panel of family physicians, pharmacists, relevant specialists, clinical pharmacologists, and other health professionals. The OPOT guidelines are excellent quick-referral clinical references for pharmacists consulting with their patients and physicians.

## CASE

Carol, a pharmacist at a local community pharmacy, is working the Sunday shift. After a busy morning with everything caught up, Carol takes the opportunity to sit down and review some literature.

Carol opened “Ontario Guidelines for Drug Therapy (OPOT)” and began to read the booklet entitled “Ontario Drug Therapy Guidelines for Stable Ischemic Heart Disease in Primary Care”. Carol looks at the treatment algorithm and notices that one of the primary recommendations reads “ACE I’s are recommended for patients  $\geq$  55 years old”. Carol reads that ACE inhibitor therapy has been shown to reduce the incidence of all ‘vascular events’ in a large randomized controlled trial. She remembers the HOPE Study (Heart Outcomes Prevention Evaluation)<sup>1</sup> that is referred to in the article. Carol recalls that the study had to be stopped early because patients in the study that were at high risk or had a previous history for vascular disease (9297 patients), did much better on ramipril (22% reduction in; incidence of death, myocardial infarction, stroke, and death from cardiovascular causes) than the control group (statistically significant).

Just then a patient walks up to the counter and plunks down a big bag of medications. It’s Mr. Jones, here on behalf of his 72 year-old-mother.

**Mr. Jones:** “Isn’t there something we can do about all of these medications? My mother want to know if there’s anything you can do. She also needs a refill on her coated ASA. Can you send that over to her tomorrow?”

**Carol:** “Certainly Mr. Jones. I will have a look at her medications this afternoon to see if there is anything I can help with.”

**Mr. Jones:** “Thanks, I worry about all of those pills hanging around!”

In looking at the medications, Carol noticed that some had expired. Carol also finds a note that reads, “Please get rid of what I am not using anymore”. Carol then reviews Mrs. Jones’s profile and finds that she is using six medications:

atenolol 50mg	1 tablet each morning
atorvastatin 20mg	1 tablet daily at suppertime
isosorbide dinitrate	1 tablet three times daily (8am, 2pm, 8pm)

furosemide 20mg	1 tablet each morning
nitroglycerin 0.4mg aerosol	1 spray when required as directed
ASA 81mg	1 tablet daily

The nitrates on Mrs. Jones’ profile indicate she has stable ischemic heart disease. Carol again reviews the OPOT guidelines and sees that its recommendation of an ACE inhibitor for a patient with stable ischemic heart disease is “Grade A” (highest level). Carol does not find any indication that Mrs. Jones (a long-time patient) was ever given an ACE inhibitor.

Carol calls Mrs. Jones and tells her she will gladly dispose of the medications that she no longer needs:

**Carol:** “Mrs. Jones, I have reviewed your medications, and think that you may benefit from a new medication. A new study has shown that this drug can keep many people with an angina condition like yours, healthier for a longer period of time.”

**Mrs. Jones:** “I’m all for that! Will you check with Dr. Chandra about that?”

**Carol:** “Certainly, if that is what you would like me to do. I want you to understand that not everyone can take the medication I am referring to. There may be a circumstance that I am not aware of that would prevent your doctor from prescribing this medication to you.”

**Mrs. Jones:** “Great. It doesn’t hurt to ask!”

Carol drafts a letter to Dr. Chandra explaining her recommendation and offers to talk at greater length if she wishes. Carol suggests ramipril at an initial dosage of 2.5mg daily for two weeks, increasing to 5mg for two weeks and then to 10mg once daily if the medication is tolerated (since ramipril 10mg daily was the target dose in the HOPE trial). Upon receiving the letter, Dr. Chandra phones to thank Carol. Dr. Chandra said she was just getting around to prescribing ACE inhibitors for her stable ischemic heart disease patients, and she appreciates the referral to the guidelines. “I’ll have to read the rest of those guidelines.”<sup>1</sup>

1. The Heart Outcomes Prevention Evaluation Study Investigators. Effects of an angiotensin-converting-enzyme inhibitor, ramipril, on cardiovascular events in high-risk patients. *New England Journal of Medicine* 2000;342:145-453

# Deciding on Discipline

## CASE 1

**Member:** Tom Chi-Tse Wan, Toronto ON

**Hearing Date:** August 24, 2001

The Discipline Committee found that Mr. Wan had committed an act of professional misconduct in that:

1. On or about November 17, 1999, he failed to meet a standard of practice of the profession at Pharma Plus Drugmart, 63 Wellesley Street East, Toronto, Ontario by dispensing a prescription for a patient with Invirase® (saquinavir) 200mg when the prescription called for Crixivan® (indinavir) 400mg.
2. The act or conduct set out in paragraph 1 hereof constitutes professional misconduct and would be considered disgraceful, dishonourable or unprofessional.

### Reasons:

The Discipline Committee considered the following:

1. An Agreed Statement of Facts that included:
  - a) On November 17, 1999, a patient of Mr. Wan's pharmacy presented a prescription for Crixivan®, also known as indinavir sulfate, to Mr. Wan
  - b) Mr. Wan, however, instead of filling the prescription with Crixivan® capsules, mistakenly dispensed Invirase®, also known as saquinavir. The vial was labelled Crixivan®, which was also recorded in the dispensing records
  - c) The patient consumed the Invirase® as directed for a period of 13 days until, through a conversation with a friend, it became apparent to the patient that he may have been given the wrong drug

d) Although Crixivan® and Invirase® are both protease inhibitors used in the treatment of HIV, they are not interchangeable drugs. There is a phenomenon known as cross-resistance to these drugs. This means that if one fails on Invirase®, Crixivan® can be taken. However, if a patient fails to respond to Crixivan®, Invirase® cannot be taken because Crixivan® causes cross-resistance to Invirase®

e) As a result of the dispensing error, the patient did not take his prescribed medication for a period of two weeks

2. At the hearing, the counsel for Mr. Wan submitted into evidence a copy of the member's response to the Complaints Committee, that had referred the member to the Discipline Committee. In his letter, the member suggests that there is a big difference in the physical appearance of the two medications. The member further stated that this difference would be detectable by anyone who had been taking this medication for two years and added that the "public shall let us know if an error is made as soon as possible so that it can be corrected." In so doing, the member seemed to place the onus for medication error detection on the patient, rather than on the pharmacist
3. At the hearing the member extended a written and verbal apology to the patient, the Discipline Committee, and the College, and acknowledged that his conduct constituted professional misconduct

### Penalty:

1. A reprimand to be recorded on the register
2. A 30-day suspension of his Certificate of Registration, to be remitted in full upon the successful completion, at his own expense, of a Practice Review of the Quality Assurance Program of the College, to be completed within 12 months of the hearing date
3. A fine of \$2,000.00

## CASE 2

**Member: John Ross Beach, Ridgeway ON**

**Hearing Date: December 12, 2001**

The Discipline Committee found Mr. Beach to have committed professional misconduct, the details of which were noted in an Agreed Statement of Facts as follows:

1. On October 2, 2000 John Ross Beach plead guilty and was convicted of trafficking in controlled substances between August 10, 1997 and September 25, 1998, to wit: morphine, Dilaudid®, Percodan®, methadone, Demerol® contrary to s. 5 (1) of the *Controlled Drugs and Substances Act*.
2. Mr. Beach was sentenced to 18 months incarceration at the Burtch Correctional Centre
3. Mr. Beach agrees that the conduct referred to in the paragraphs above constitutes professional misconduct and would be regarded by members of the profession as dishonourable, disgraceful or unprofessional

### Considerations on Penalty:

In considering an appropriate penalty in this matter the Committee made the following observations:

“While Mr. Beach’s conduct, on its face, might lead to the consideration of revocation of the member’s Certificate of Registration, the evidence does not support revocation. Revocation is to be used sparingly for the worst offences and offenders.

“In determining the appropriate penalty in this particular case, we remind ourselves that the primary purpose of these proceedings is protection of the public however, in addition to the public interest we must address our consideration to both the interests of the profession as a whole as well as to the particular

circumstances of the individual member before us here today.

“Mr. Beach plead guilty and was convicted in the criminal courts of trafficking in narcotics contrary to section 5 (1) of the *Controlled Drugs and Substances Act*. He was sentenced to 18 months incarceration and served a period of six months in jail. The criminal conduct occurred between August 10, 1997 and September 25, 1998.

“The evidence demonstrated that Mr. Beach on several occasions gave drugs to Mr. X, an individual with a longstanding criminal record. Mr. X has approximately 64 criminal convictions, a large number of which were for violent crimes. Mr. Beach agreed to provide the drugs to Mr. X who was threatening Mr. Beach and his family. At one point Mr. X threatened to kill Mr. Beach. Mr. Beach was traumatized by these personal threats and did not know where to turn. He felt that he could take care of the situation and hoped that Mr. X would go away if he simply gave him some drugs. Often, Mr. X attended at the pharmacy where Mr. Beach was employed accompanied by a large gentleman who appeared to be a member of a biker gang. Mr. X told Mr. Beach that if he didn’t go along with the request for drugs that the biker gang would take care of him. Mr. Beach testified that he was terrorized. It was later determined that the “biker gang” individual was an undercover police officer.

“Mr. Beach now realizes that his decision not to call the police when confronted by Mr. X was a fatal and terrible lapse in judgement, and that knowing what he does today he would definitely call police in a similar situation.”

Counsel for the College and Counsel for Mr. Beach made a joint submission on penalty. In determining the appropriateness of this joint submission, the Discipline Committee examined both aggravating and mitigating factors:

**Aggravating Factors**

Trafficking in narcotics is the greatest breach of trust that can be committed by a pharmacist. Furthermore, in this case there were repeated instances of trafficking. In total a large number of drugs were involved which could have had serious repercussions if they had been sold illegally to members of the public. The Committee noted that it is fortunate that in this case, the drugs were confiscated by undercover police officers.

**Mitigating Factors:**

1. Mr. Beach has entered a plea of guilty saving the College the time and expense of a lengthy hearing
2. Mr. Beach has no prior disciplinary history with this College
3. Mr. Beach has expressed true remorse before the Discipline Committee
4. Mr. Beach has already paid a significant price for his conduct. He has served six months in jail and was unable to work in a pharmacy for two years while he was out on bail and the criminal charges were pending.
5. Mr. Beach is unlikely to re-offend. The Discipline Committee was provided with reports from a psychiatrist who has assessed Mr. Beach and a clinical psychologist, confirming this point
6. The evidence shows that the drugs did not reach the public, so fortunately there was no public harm
7. There is no evidence that Mr. Beach benefited financially by providing the drugs to Mr. X
8. The Committee was provided with numerous references from members of the Port Colborne community including patients and professionals, expressing their support for Mr. Beach. In particular, his current employer supports him and will continue to employ him after the suspension period
9. Based on the evidence, the Discipline Committee considers Mr. Beach to be an individual who will be successful in his rehabilitation

**Penalty:**

In conclusion, having considered the nature of the misconduct in this case and having taken into account all

of the particular circumstances of this member, the Discipline Committee determined the appropriate penalty to be as follows:

1. A reprimand to be recorded on the register
2. A six-month suspension of Mr. Beach's Certificate of Registration, to run consecutively with a start date of no later than March 1, 2002
3. Terms, limitations and restrictions on Mr. Beach's Certificate of Registration, not to be varied for a minimum period of three years, as follows:
  - a) Mr. Beach shall be prohibited from having any proprietary interest in a pharmacy, either as a sole proprietor, partner, director, or shareholder in a corporation that owns a pharmacy
  - b) Mr. Beach is prohibited from being a designated manager or holding narcotic signing authority in any pharmacy in which he is employed
  - c) Mr. Beach is to notify the College in writing (within seven days) of the commencement of his employment and the name and address of any pharmacy where he is employed or becomes employed from time to time
  - d) Mr. Beach is to provide any and all employers and direct supervisors of pharmacies in which he is employed with a copy of his Certificate of Conviction as well as a copy of this Decision and Order of the Discipline Committee, including the terms, limitations and restrictions contained herein, and use his best efforts to ensure that the employer writes to the Manager, Investigations and Resolutions, confirming that he or she has received the prescribed documentation from the member
  - e) Mr. Beach is to ensure that the owner of each and every pharmacy in which he is, or becomes employed, conducts a narcotic audit on a monthly basis, of all current, expired and returned narcotics, using a method and format that has been approved by the Manager, Investigations and Resolutions, and provides the same with a report of the monthly reconciliation therein

f) In the event that Mr. Beach is in breach of any of the terms, limitations and restrictions contained herein, the details of the breach shall constitute professional misconduct and shall be brought back to the Discipline Committee for further consideration.

At the end of the three-year period Mr. Beach may apply to the Discipline Committee to have the terms lifted or varied. If no application is made, this order continues.

## CASE 3

**Member: Jagdish Maganbhai Patel and  
Rowanwood Pharmacy, Toronto ON**

**Hearing Date: November 21, 2001**

The Discipline Committee found Mr. Patel to have committed professional misconduct as provided in section 51 (1) (c) of the *Health Professions Procedural Code*. As well, Rowanwood Pharmacy was found to have contravened various provisions of the *Drug and Pharmacies Regulation Act*.

### Reasons:

At the hearing, the Discipline Committee considered the following information:

1. Mr. Jagdish Maganbhai Patel is a member of the Ontario College of Pharmacists (the "College") and at all material times was the owner, dispensing pharmacist and the designated manager of Rowanwood Pharmacy, located at 1120 Yonge Street, Toronto
2. In September 1997 a site visit at Rowanwood Pharmacy identified numerous deficiencies. A re-inspection occurred on December 23, 1997 and there was little, if any, improvement. In February 1998, Mr. Patel submitted an action plan to deal with some of the deficiencies to be completed by June 15,

1998. However, on September 11, 2000, a routine site visit confirmed that many of the deficiencies continued to exist. Eventually, in February 2001, Mr. Patel submitted a further action plan. This was followed by a further re-inspection on February 27, 2001 and still many of the same deficiencies existed

3. In an Agreed Statement of Facts, Mr. Patel admitted that the conduct listed below, constitutes professional misconduct as demonstrated over the course of the aforementioned College inspections at Rowanwood Pharmacy:

- a) On or about September 11, 2000, as well as on February 27, 2001, expired products were found in the pharmacy and Mr. Patel failed to have a system in place to remove expired products from inventory which is a breach of the standards of practice of the profession
- b) On or about September 11, 2000, as well as on February 27, 2001, Mr. Patel failed to have all of the up-to-date required texts and materials in the pharmacy library in contravention of section 73 of Ontario Regulation 551, made under the *Drug and Pharmacies Regulation Act*
- c) On or about September 11, 2000, as well as on February 27, 2001, the condition of the dispensary area was cluttered and disorganized and there was not a full 12 square feet of free working space available, in contravention of sections 72 and 73 of Ontario Regulation 551, made under the *Drug and Pharmacies Regulation Act*.
- d) Between at least September 11, 2000 and February 27, 2001 Mr. Patel failed to meet the standards of practice of the profession in that, he failed to maintain proper prescription records, specifically Mr. Patel failed to generate a narcotic and controlled drugs report every two weeks or twice monthly; Mr. Patel failed to maintain narcotic and controlled drugs invoices in a proper manner, in contravention of sections 38 and 40 of the Narcotic Control Regulations; Mr. Patel failed to properly document dialogue with patients regarding non-prescription medication

which constitutes professional misconduct pursuant to clauses 2 and 13 of section 1 of Ontario Regulation 681/93

- e) Mr. Patel breached the standards of practice of the profession in that he dispensed medication that was labelled contrary to the prescriber's instructions or mislabelled
4. In an Agreed Statement of Fact, Mr. Patel, as the holder of the Certificate of Accreditation for Rowanwood Pharmacy admitted that the conduct set out in the paragraphs below constitutes contraventions of the *Drug and Pharmacies Regulation Act*:
  - a) On or about September 11, 2000, as well as on February 27, 2001, expired products were found in the pharmacy, and Rowanwood Pharmacy failed to have a system in place to remove expired products from inventory
  - b) On or about September 11, 2000, as well as on February 27, 2001, the pharmacy failed to have all of the up-to-date required texts and materials in the pharmacy library, in contravention of section 73 of Ontario Regulation 551, made under the *Drug and Pharmacies Regulation Act*
  - c) On or about September 11, 2000, as well as on February 27, 2001, the condition of the dispensary area was cluttered and disorganized, and there was not a full 12 square feet of free working space available in contravention of sections 72 and 73 of Ontario Regulation 551, made under the *Drug and Pharmacies Regulation Act*
5. Since February 2001, Mr. Patel has taken steps to bring his pharmacy into compliance with the requirements of all relevant legislation and regulations. He retained a pharmacist with extensive experience in pharmacy management to review the operation of the pharmacy and assist in the development and implementation of an action plan to address deficiencies. The Committee had an opportunity to review this action plan and a subsequent inspection report confirming how Mr. Patel has addressed the deficiencies

#### **Penalty:**

The Discipline Committee was presented with a joint submission on penalty; it was accepted with great reluctance because, despite the pharmacy's eventual compliance with the requirements of the DPRA, the Discipline Committee was concerned about the length of time that Mr. Patel had taken to address and correct the deficiencies noted. It also was noted that the member had a prior discipline history with the College in that in 1991 he was found guilty of professional misconduct as a result of having expired drugs available for sale. In August 1996, he was found guilty of professional misconduct for submitting accounts and charging fees that were excessive and unreasonable.

The Penalty for Mr. Patel is as follows:

1. A reprimand to be recorded on the Register
2. A two-month suspension of Mr. Patel's Certificate of Registration with one month remitted upon successful completion of the jurisprudence course. This must be done within one year of the hearing date. The first month of the suspension period must be served by no later than January 31, 2002. In the event that the second month must be served, Mr. Patel will be given a period of three months in which to serve his suspension
3. Payment of Costs in the amount of \$3,000.00 to be paid to the Ontario College of Pharmacists

The penalty for Rowanwood Pharmacy is as follows:

1. A fine of \$3,000.00
2. Two inspections per year of the Rowanwood Pharmacy over the next two years. The cost of each inspection is fixed at \$400.00 to be paid by Rowanwood Pharmacy for a total of \$1,600.00

The total amount of monies to be paid for these penalties is \$7,600.00 to be paid in quarterly instalments of \$1,900.00 each. [P](#)

# BULLETIN BOARD

## NEW MONTHLY POSTINGS OF PHYSICIAN REGISTRATION STATUS ON ODB HEALTH NETWORK:

With information provided by the College of Physicians and Surgeons, the Ministry of Health and Long-Term Care will now post monthly updates and information about physicians whose certificates of registration have been revoked, suspended or restricted. The information will include the physician's name, address and a description of the restriction.

## 2001 COMMITMENT TO CARE HONOUR ROLL:

The following Ontario pharmacists and technicians were recently awarded with Commitment to Care Awards (Sponsored by *Pharmacy Practice* magazine):

**Best Pharmacist/Technician Team:** Pam Millar-Brown, Patricia Leeder and Michele Solkhon of Trenton; *Honourable Mention:* Shafina Charania and Michelle Burton of Peterborough. **Charitable Work,** *Honourable Mention:* Ulana Kopystansky of Toronto. **Health Promotion:** Alan Gervais of Stittsville. **Hospital Pharmacy,** *Honourable Mention:* Régis Vaillancourt, Maria Gutsch of Ottawa. **Patient-Centred Pharmacy Design,** *Honourable Mention:* Jeff Yurek, Peter Yurek of St. Thomas. **Service to the Profession,** *Honourable Mention:* Ian Stewart of Toronto. **Technological Innovation,** *Honourable Mention:* Dipen Kalaria of Toronto. Congratulations to all!

## FIRST ANNUAL ONTARIO BRANCH-CSHP AGM/EDUCATIONAL WEEKEND

The Ontario Branch of the Canadian Society of Hospital Pharmacists is holding its second annual AGM on Friday, September 20th to Sunday, September 22nd, 2002 at the Nottawasaga Inn in Alliston.

All pharmacists are cordially invited to attend this weekend, which includes a combination of professional development, pharmacy education programs, and social interaction. Education topics will range from a variety of therapeutic, clinical, and practice issues. Both hospital and community pharmacists will benefit from these educational programs coupled with a pleasant social atmosphere and events. The conference will provide an opportunity for networking between the hospital and community sectors.

Contact: Henry Halapy, (416) 864-6060 x2120 or emailhalapyh@smh.toronto.on.ca.

## NEWCOMER

Alla Miroshnichenko has joined the College on a contract basis as an Oracle developer. Alla is concentrating her efforts on the maintenance and stabilization of the College's database. She came to us from The Law Society of Upper Canada where she did extensive work as an Oracle application developer.

## FAREWELL

In February we said farewell to Larry Magloire, our Graphic Designer/Production Coordinator. Larry did a tremendous amount of work on the look and feel of *Pharmacy Connection* and assisted Layne Verbeek in our Communications Department in the roll out of the *Point of Care* education program. We wish Larry well in his future endeavours.

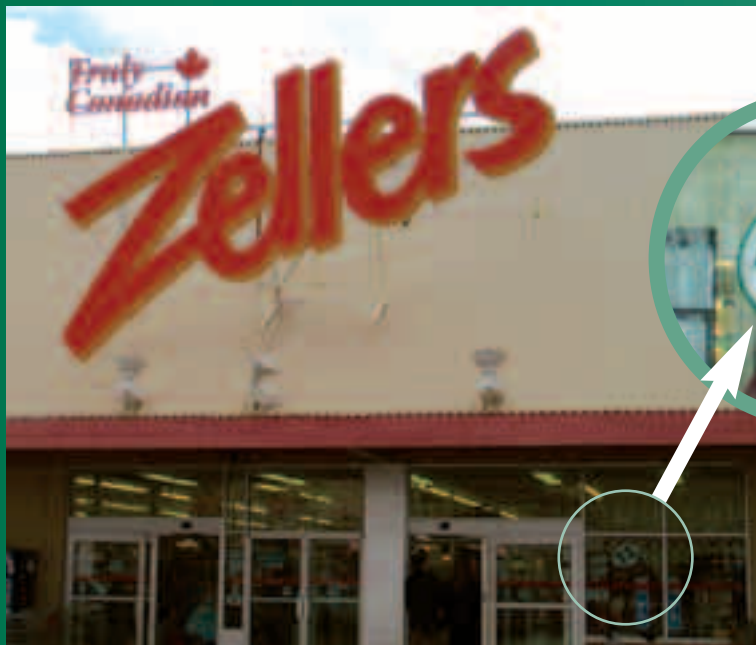
## ALUMNI DEATH

**Valerie Carman** of Nepean recently died at age 74. Ms. Carman was a pharmacist emeritus and practiced for over 50 years in Toronto, Chatham and Ottawa.

# Points of Care in Ontario

*If you are interested in including the Point of Care symbol into your permanent pharmacy signage, please contact the Communications Department for an electronic copy of the artwork. You may also go online to [ocpinfo.com](http://ocpinfo.com) and select "Point of Care" to view the graphic usage standards.*

*For more information contact: Layne Verbeek, Communications Manager at 416-962-4861 x 294 or [lverbeek@ocpharma.com](mailto:lverbeek@ocpharma.com)*



Zellers Pharmacy  
OSHAWA



PharmaPlus Drugmart  
TORONTO

IDA Pharmacy  
PICKERING





Victor Pharmacy  
TORONTO

Let the public know you are

# Worth Knowing!

Are you displaying the  
*Point of Care* Symbol?



All pharmacies are required to participate in the *Point of Care* public education program by displaying the *Point of Care* symbol in their pharmacy window/main entrance and by displaying the Worth Knowing education materials.

- Please send me a complete kit: \$80.25 (\$75 plus \$5.25 GST)
- Please send me a plexi-sign and chains only: \$48.15 (\$45 plus \$6.15 GST)

Name: \_\_\_\_\_  
(Mr., Mrs., Ms) (First Name) (Surname)

Address: \_\_\_\_\_  
(Pharmacy Name)

\_\_\_\_\_  
(#) (Street)

\_\_\_\_\_  
(City) (Province) (Postal Code)

Telephone Number: ( ) - \_\_\_\_\_

To order, please complete the form above and send along with a cheque payable to:



Ontario College of Pharmacists  
Office Services  
483 Huron Street  
Toronto, ON M5R 2R4



## **NOTICE: CHANGES TO SCHEDULE OF DRUGS THAT MAY BE PRESCRIBED BY PRIMARY HEALTH CARE NURSE PRACTITIONERS [RN(EC)]**

The proposed changes to the schedules of drugs that may be prescribed by registered nurses in the extended class [RN(EC)] received final government approval on December 14, 2001. The changes to schedules 2 and 3 of the list of drugs for nurse practitioners will update the pharmaceutical options available ensuring their clients receive appropriate and timely care without unnecessary referral or duplication of services.

The attached schedules 2 and 3 are now in effect and RN(EC)s will begin to prescribe from this list. There are a number of changes from the previous list and these are identified in bold. Please note, some of the drugs have route, purpose and/or prescribing circumstances identified. Although these drugs may have additional routes or uses, the authority of RN(EC)s to prescribe extends only the routes or purposes identified. These limitations reflect the scope of primary health care nurse practitioner practice. The RN(EC) is accountable for knowing and prescribing within the limitations included in the schedules of drugs.

*Please note that Part XI of the Ontario Drug Benefit (ODB) Formulary lists the products that are eligible for reimbursement under the ODB program when prescribed by a RN(EC). Part XI is not a complete list of products that a RN(EC) may prescribe as it is for claims adjudication purposes only. Revisions to Part XI may be included in subsequent updates to the Formulary. Additional drugs to be prescribed will be reviewed for this purpose. Temporarily, an RN(EC) should have a physician co-sign, write or fax a prescription or limited used prescription form (where required) for patients eligible for coverage under the ODB program.*

### **Prescribing by Nurse Practitioners**

**\*\*Revised additions as of December 2001**

#### **SCHEDULE 2**

Diphtheria and tetanus toxoids (DT)  
Diphtheria and tetanus toxoids and pertussis vaccine (DPT)

Diphtheria and tetanus toxoids and polio vaccine (DT – polio)  
Diphtheria and tetanus toxoids and pertussis and polio vaccines (DPT – polio)  
Diphtheria and tetanus toxoids (DT) and pertussis and haemophilus b vaccines (DPT – Hib)  
Diphtheria and tetanus toxoids and pertussis, polio and haemophilus B vaccines (DPT – polio + Hib)  
Haemophilus B vaccine (Hib)

#### **Hepatitis A vaccine (inactivated)\*\***

Hepatitis B immune globulin  
Hepatitis B vaccine  
Inactivated polio vaccine  
Influenza vaccine  
Measles, mumps and rubella vaccine (MMR)  
Measles vaccine  
Meningococcal vaccine  
Mumps vaccine  
Pertussis vaccine  
Pneumococcal vaccine  
Rh (D) immune globulin  
Rubella vaccine  
Tetanus toxoid

#### **Tetanus Immune Globulin\*\***

Tetanus and diphtheria toxoids (Td)  
Tetanus and diphtheria toxoids and polio vaccine (Td – polio)

#### **Varicella virus vaccine\*\***

#### **SCHEDULE 3**

Acetic acid/benzethonium chloride/hydro-cortisone compound  
Acyclovir (topical preparation)  
**Acyclovir (oral)\*\***  
Amoxicillin  
**Amoxicillin and clavulanate\*\***  
Aqueous procaine penicillin G – for the purpose of treating sexually transmitted diseases  
**Azithromycin\*\***  
Benzathine penicillin G – for the purpose of treating sexually transmitted diseases  
Benzoyl peroxide  
Betamethasone sodium phosphate and gentamicin sulphate otic solution

Betamethasone valerate  
 Cefixime – for the purpose of treating sexually transmitted diseases  
 Ceftriaxone sodium – for the purpose of treating sexually transmitted diseases  
 Cephalixin  
**Ciprofloxacin HCl\*\***  
**Clarithromycin (oral)\*\***  
**Clindamycin (oral)\*\***  
 Clindamycin (topical preparations)  
**Clindamycin phosphate (vaginal cream)\*\***  
 Cloxacillin (oral preparation)  
**Condylline\*\***  
 Desogestrel  
 Dextrose 50% (injectable preparation) – in an emergency  
 Diazepam (injectable preparation) – in an emergency  
**Diclofenac sodium and misoprostol\*\***  
 Dienestrol  
 Diphenhydramine hydrochloride (injectable preparation) – in an emergency  
**Doxycycline hyclate\*\***  
 Doxylamine succinate and pyridoxine hydrochloride  
 Econazole  
**Epinephrine\*\***  
 Epinephrine hydrochloride (injectable preparation) – in an emergency  
**Erythromycin and benzoyl peroxide\*\***  
**Erythromycin and tretinoin\*\***  
 Erythromycin base  
 Erythromycin estolate  
 Erythromycin ethylsuccinate  
 Erythromycin stearate  
 Erythromycin with ethyl alcohol lotion  
**Ethinyl estradiol and cyproterone acetate\*\***  
 Ethinyl estradiol  
 Ethinyl estradiol and ethynodiol diacetate  
 Ethinyl estradiol and levonorgestrel  
 Ethinyl estradiol and norethindrone  
 Ethinyl estradiol and norethindrone acetate  
 Ethinyl estradiol and norgestimate  
 Ethinyl estradiol and norgestrel  
**Famciclovir\*\***  
 Flunisolide  
 Fluocinolone acetone  
 Flumethaside pivalate/clioquinol compound  
 Folic acid  
 Framycetin sulphate  
 Framycetin sulphate/gramicidin/dexamethasone compound otic solution  
 Fusidic acid (topical)  
 Hydrocortisone (topical preparation)  
 Hydroxyzine hydrochloride (oral preparation)  
 Ibuprofen  
 Ipratropium bromide (inhaler or nebulizer solution) – in an emergency  
 Ketoprofen  
 Lidocaine hydrochloride 1% and 2%, with or without epinephrine (local anaesthetic)  
**Levonorgestrel\*\***  
 Levocabastine HCl  
 Lorazepam (injectable preparation) – in an emergency  
**Mebendazole\*\***  
 Medroxyprogesterone acetate (injectable preparation)  
 Mefenamic acid  
 Mestranol and norethindrone  
 Metronidazole (oral and topical preparations)  
**Mupirocin\*\***  
 Naproxen  
 Nicotine patch  
 Nitrofurantoin  
**Nitroglycerin SL or spray – in an emergency\*\***  
 Norethindrone  
 Nystatin (oral)  
 Penicillin V  
 Phenazopyridine HCl  
**Pivampicillin\*\***  
**Podophyllum resin\*\***  
 PPD-B (Mantoux)  
 Salbutamol (inhaler or nebulizer solution) – in an emergency  
 Silver sulfadiazine  
 Sodium cromoglycate (ophthalmic and nasal preparations)  
 Sulfacetamide sodium  
 Terconazole  
 Terbinafine (topical preparation)  
 Tetracycline hydrochloride (oral preparation)  
 Trimethoprim  
 Trimethoprim and sulfamethoxazole (oral preparation)  
**Valacyclovir hydrochloride\*\***

*This complete list can also be found on [www.ocpinfo.com](http://www.ocpinfo.com)*

# HEALTH CANADA NOTICE RE: EPHEDRA/EPHEDRINE

## To Associations:

Health Canada has received many inquiries regarding its recent actions regarding products containing Ephedra/ephedrine. This letter will clarify the more complex issues surrounding this recall.

In its last letter to you, Health Canada requested:

- A) **that manufacturers, distributors and importers immediately stop the distribution, sale and/or importation of the following products:**
- Ephedra/ephedrine products having a single dose of more than 8mg ephedrine or with a label recommending more than 8mg/dose or 32mg/day; and/or labelled or implied for use exceeding seven days;
  - Combination products containing Ephedra/ephedrine together with stimulants (e.g. caffeine, yohimbine);
  - Ephedra/ephedrine products with labelled or implied claims for appetite suppression, weight loss promotion, metabolic enhancement, increased exercise tolerance, body-building effects, euphoria, increased energy or wakefulness, or other stimulant effects;
- b) **that the products be recalled to the retail level; and**
- c) **that retailers remove the products from store shelves and return them to their suppliers.**

## A EPHEDRA/EPHEDRINE PRODUCTS SUBJECT TO SECTION C.01.013 OF THE FOOD AND DRUGS ACT AND REGULATIONS

1. Products **WITH Drug Identification Numbers (DIN)** DIN owners of Ephedra /ephedrine products will or have received a letter pursuant to section C.01.013 of the Food and Drugs Act and Regulations, which requested them to provide, by a specific date, additional data regarding the safety of their product(s). No further action will be considered by Health Canada until such time as the response deadline has been reached.

## B) EPHEDRA/EPHEDRINE PRODUCTS SUBJECT TO IMMEDIATE RECALL

1. Products **WITH DINs** marketed for unapproved indications (appetite suppression, weight loss, metabolic enhancement, increased exercise tolerance, body-building, euphoria, increased energy, wakefulness or other stimulant effects), and/or containing stimulants (declared or undeclared in the DIN application) and/or where the single or daily doses are not indicated.
2. All products **WITHOUT DINs**, over the recommended 8mg of ephedrine – 400mg of Ephedra/single dose or 32mg of ephedrine – 1600mg of Ephedra/daily dose.

3. Products Subject to Special Measures (PSSM) **without DINs** where the single and/or daily doses are not indicated.
4. PSSMs **without DINs equal to or under** the recommended 8mg of ephedrine – 400mg of Ephedra/single dose or 32mg of ephedrine – 1600mg of Ephedra/daily dose where either
- the product is recommended for non-traditional uses such as appetite suppression, weight loss, metabolic enhancement, increased exercise tolerance, body-building, euphoria, increased energy, wakefulness or other stimulant effects (Traditional uses including nasal decongestion, cough suppression and expectoration will continue to be considered PSSM); or
  - they are in combination with a stimulant such as caffeine.

If you are uncertain whether the label carries traditional use indications, please verify with the Health Products and Food Branch Inspectorate Operational Centre closest to you (a list of these centres is attached for your convenience).

Products not recalled as requested will be subject to further compliance actions based on the risk identified in the *Health Hazard Evaluation*.

Health Canada also takes this opportunity to remind manufacturers, importers and retailers that, in accordance with section C.01.051 of the Food and Drugs Regulations, they are to inform the Operational Centre closest to them within five days of commencing a recall.

Thank you for your cooperation and attention to this important health matter.

*Diane Gorman*  
Assistant Deputy Minister

## DEFINITION

Products Subject to Special Measures: traditional medicines (i.e. traditional herbal medicines as well as traditional medicines such as Chinese, ayurvedic (East Indian) and aboriginal (North American) medicines), homeopathic preparations and vitamin and mineral supplements for human use, when in dosage form and for which prescriptions are not required.

Health Products and Food Branch Inspectorate  
Operational Centre for Ontario  
Jean-Marc Charron  
2301 Midland Avenue  
Scarborough, Ontario  
M1P 4R7  
Tel: (416) 973-1466  
Fax: (416) 973-1954

# CE EVENTS

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

## GTA

### April 6: Toronto Current Topics in Pharmacy Practice – XXVI

Contact: Pat Sauve  
tel: (416) 480-4494  
or Bill Bartle  
e-mail: [bill.bartle@swschsc.on.ca](mailto:bill.bartle@swschsc.on.ca)

### April 6: Toronto Cardiology for the Practitioner: Critical Pathways for the New Millennium

Contact: Linda Gray  
tel: (416) 864-5719  
fax: (416) 864-5914  
e-mail: [gray@smh.toronto.on.ca](mailto:gray@smh.toronto.on.ca)

### April 8-9: Toronto 10th National Update on Regulatory, Policy and Industry Developments in Canadian Pharmacy

The Canadian Institute  
tel: (416) 927-7936 or 1-877-927-7936  
web: [www.canadianinstitute.com](http://www.canadianinstitute.com)

### April 10-13: Toronto Children's Prosthetic Orthotic Clinics

Association of Children's Prosthetic  
Orthotic Clinics  
tel: (847) 698-1637  
e-mail: [raymond@aaos.org](mailto:raymond@aaos.org)  
web: [www.acpoc.org](http://www.acpoc.org)

### April 19: Toronto Upper Extremity Update

Continuing Education, Faculty of  
Medicine, University of Toronto  
tel: (416) 978-2719  
fax: (416) 971-2200  
e-mail: [ce.med@utoronto.ca](mailto:ce.med@utoronto.ca)  
web: [www.cme.utoronto.ca](http://www.cme.utoronto.ca)

### April 20: Toronto Allergy Update 2002

tel: (416) 633-2215  
fax: (416) 633-3108

### April 20-21: Toronto 5th Biennial Foot and Ankle Symposium

Continuing Education, Faculty of  
Medicine, University of Toronto  
tel: (416) 978-2719  
fax: (416) 971-2200  
e-mail: [ce.med@utoronto.ca](mailto:ce.med@utoronto.ca)  
web: [www.utoronto.ca](http://www.utoronto.ca)

### May 5-7: Toronto 12th Annual Palliative Care Conference – 'End of Life Care: Are we Making a Difference?'

Humber College  
Contact: Neala Puran  
tel: (416) 675-6622, ext. 4020  
fax: (416) 675-0135  
e-mail: [puran@admin.humberc.on.ca](mailto:puran@admin.humberc.on.ca)  
web: [www.palliativecare.humberc.on.ca](http://www.palliativecare.humberc.on.ca)

### May 24: Toronto Medication Use in the Geriatric Population

Baycrest Centre for Geriatric Care and  
the Ontario Pharmacists Association.  
Contact: Lenora Winer  
tel: (416) 785-2500, x 2365  
fax: (416) 785-4215  
e-mail: [lwiner@baycrest.org](mailto:lwiner@baycrest.org)

### June 17: Toronto Paediatrics for Pharmacists Conference

The Hospital for Sick Children Drug  
Information, Department of Pharmacy  
tel: (416) 813-6703  
e-mail: [druginfo@sickkids.ca](mailto:druginfo@sickkids.ca)

### September: Toronto Psychiatric Patient Care – Certificate Program in Psychiatry – Level 1, Ontario Pharmacists Association

Contact: Sandra Winkelbauer  
tel: (416) 441-0788, x 4235  
fax: (416) 441-0790  
e-mail: [swinkelbauer@opatoday.com](mailto:swinkelbauer@opatoday.com)

## ONTARIO

### April 12-13: Kingston 3rd Annual Options for Diabetes Conference. All healthcare profes- sionals dealing with diabetes in their practice are welcome. Topics include: Comprehensive Review of Diabetes and the Older Adult, Periodontal Care, Practical foot care, Gestational Diabetes, New Pediatric Guidelines

Contact: Margaret Little  
tel: (613) 547-3438

### May 3-5: Niagara Falls OPA Conference – 2002, Ontario Pharmacists Association

A Specialty Workshop, the Cardiovascular  
Wellness Program, will be presented as  
part of the 2002 Conference  
Contact: Sandra Winkelbauer  
tel: (416) 441-0788, ext. 4235  
fax: (416) 441-0790  
e-mail: [swinkelbauer@opatoday.com](mailto:swinkelbauer@opatoday.com)

## CANADA

### April 4-6, 2002, Whistler BC Advances in Respiratory and Critical Care Medicine

tel: (604) 822-2626  
fax: (604) 822-1727  
e-mail: [cristina@cehs.ubc.ca](mailto:cristina@cehs.ubc.ca)

### April 18-21, 2002 in Vancouver BC Comprehensive Review of Sexual Medicine

tel: (604) 681-2503  
e-mail: [congress@venuewest.com](mailto:congress@venuewest.com)  
web: [www.venuewest.com/crsm2002](http://www.venuewest.com/crsm2002)

### May 12-14: Winnipeg MB 90th Annual Conference & Exhibit Program, Canadian Pharmacists Association

The theme for this year's conference is  
"Rising Above the Plains: Pharmacists  
Practicing Excellence"  
Contact: Nancy Coll  
tel: 1-800-917-9489  
e-mail: [meetings@cdnpharm.ca](mailto:meetings@cdnpharm.ca)

### May 31-June 2: St. John NB Pharmacy Conference, the New Brunswick Pharmacists' Association

tel: (506) 459-6008  
e-mail: [nbpa@nbnet.nb.ca](mailto:nbpa@nbnet.nb.ca)

### June 1-2, 2002 in Calgary AB Annual Conference and General Meeting, Alberta College of Pharmacy

This year's conference will be "Changing  
Faces of Pharmacy Practice"  
Contact: Eileen Strand  
tel: (780) 990-0321

### June 13-15: Banff AB 5th Annual Symposium, Canadian Society for Pharmaceutical

Sciences. This year's symposium fea-  
tures the theme "New Technologies in  
Drug Discovery and Drug Development"  
Contact: Sandra Hutt  
tel: (780) 492-0950  
e-mail: [sandra.hutt@ualberta.ca](mailto:sandra.hutt@ualberta.ca)  
web: [www.ualberta.ca/~cpsp](http://www.ualberta.ca/~cpsp)

### August 10-13: Vancouver BC Annual General Meeting – CSHP

tel: (613) 736-9733

# Upcoming Events

## CALENDAR

### APRIL

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	1	2	3 Jurisprudence Seminar Preceptor Advanced Toronto East	4	5	6
7	8 Preceptor Orientation Ottawa	9 Preceptor Advanced Ottawa	10	11 District Meeting Kitchener	12	13
14	15	16	17 District Meeting Gloucester Jurisprudence Exam Preceptor Orientation - London	18 Preceptor Advanced London District Meeting Toronto	19	20
21 Preceptor Orientation Thunder Bay	22 Preceptor Advanced Thunder Bay	23 District Meeting Toronto	24	25 Advanced Preceptor Toronto West District Meeting Walkerton	26	27
28	29	30 Preceptor Orientation @ OCP				

### MAY

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
			1 District Meeting London	2	3	4 QA Practice Review @ OCP
5 QA Practice Review @ OCP	6 QA Practice Review @ OCP	7 District Meeting North Bay	8 Preceptor Orientation Sudbury	9 District Meeting Oshawa	10 2002 Pharmacy Fees Due	11
12	13	14	15	16 District Meeting Niagara Falls	17	18
19	20	21 District Meeting Thunder Bay	22 Preceptor Orientation @ OCP District Meeting Dryden	23	24	25
26	27	28	29 District Meeting Mississauga	30 District Meeting Barrie	31	

# OCP MANUAL CONTENTS

*No changes as of March 15, 2002*

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

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

## ONTARIO LEGISLATION

*Available from OCP or Publications Ontario*

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

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

### Regulated Health Professions Act (RHPA)

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

### Pharmacy Act (PA) & Regulations

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

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

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

### Ontario Drug Benefit Act (ODBA) & Regulations

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

#### Publications Ontario

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

## FEDERAL LEGISLATION

*Available from OCP or Publishers Group of Federal Publications*

### Drug Schedules

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

### Food and Drug Act (FDA) & Regulations

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

### Controlled Drugs and Substances Act (CDSA)

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

### Narcotic Control Regulations

- Updated NAPRA Version as of Dec 1, 1999

#### 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](mailto:fedpubs@fedpubs.com)

## OCP DOCUMENTS

*Available from OCP or www.ocpinfo.com*

### Drug Schedules

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

### Standards of Practice

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

### OCP By-Laws

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

### Reference

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

## COLLEGE STAFF

*Frequently Accessed Extensions*

Registrar's Office x 243  
[urajdev@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)

Registration Information Surnames A-L: x 228  
[jsantiago@ocpharma.com](mailto:jsantiago@ocpharma.com)

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

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

Pharmacy Practice Programs x 236  
[emaloney@ocpharma.com](mailto:emaloney@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)

Investigations and Resolutions x 272  
[ehelleur@ocpharma.com](mailto:ehelleur@ocpharma.com)

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

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

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

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



[www.ocpinfo.com](http://www.ocpinfo.com)



[www.worthknowing.ca](http://www.worthknowing.ca)

ká Farmácia Pharmasya Farmasi Фармацевт Farmaci صيدله Farmácia Апте  
o 藥 Pharmacy Farmacio בית מרחק Аптека Farmaceutická Фармацевт  
Аптека Farmaceutsko 藥 Pharmacy Farmacie בית מרחק Аптека  
藥 Apotheke Farmaceutsko 藥 Pharmacy Farmacie בית מרחק Аптека  
armaceutická Farmácia Pharmasya Farmasi Фармацевт Farmaci صيدله Farm  
aceutsko 藥 Pharmacy Farmacie  
a Farm mácia Gyógysertár Farmacio Farm