

10th ANNIVERSARY EDITION

Pharmacy Connection

Official Publication of the Ontario College of Pharmacists

May/June 2004



10 YEARS OF PHARMACY IN ONTARIO

Council Members

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

- 1 Marie Ogilvie
- 2 Elaine Akers
- 3 Remi Ojo
- 4 Reza Farmand
- 5 Larry Hallok
- 6 Philip Emberley
- 7 Leslie Braden
- 8 Iris Krawchenko, *President*
- 9 Larry Boggio, *Vice-President*
- 10 Gerry Cook
- 11 David Malian
- 12 Peter Gdyczynski
- 13 Donald Stringer
- 14 Stephen Clement
- 15 Gurjit Husson
- 16 Albert Chaiet
- 17 Shelley McKinney
- PM Thomas Baulke
- PM Morley Bercovitch
- PM Garry Dent
- PM Bob Drummond
- PM Dean French
- PM Tina Gabriel
- PM Katherine Hollinsworth
- PM Mel Jones
- PM Stephen Mangos
- PM Linda Robbins
- PM Michael Schoales
- PM Christina Weylie
- 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 Optimizing the Pharmacist's Role
- Working Group on Certification Examination for Pharmacy Technicians
- Working Group on Pharmacy Technicians



ONTARIO COLLEGE OF PHARMACISTS

MISSION STATEMENT

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

NEW JOURNAL SIZE



You may notice that *Pharmacy Connection* has changed slightly in size.

We have moved to a standard magazine press size and have changed printer vendors to realize over 25% savings in printing costs.



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Pharmacy Connection

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

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

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



ARE YOU INTERESTED IN REPRESENTING YOUR DISTRICT ON COLLEGE COUNCIL?

Elections will be held this year in:

District 2 District 5 District 8
District 11 District 14 District 17

Nomination forms will be sent on June 1st to all eligible voters in these districts. To be nominated as a candidate, three members in your district must sign your nomination form. The nomination form requires your signature acknowledging your commitment to the College's bylaws, Code of Ethics and Conflict of Interest Guidelines. The forms must be received by the College no later than June 16th.

Elections will be held August 4, 2004 and all newly elected and acclaimed members will begin their three-year terms at the start of the September 2004 Council Meeting.

For more information, contact Ushma Rajdev, Council & Executive Liaison, (416) 962-4861 x 243.



This year's meetings focus on the College's **Complaints and Discipline processes**.

We will also discuss initiatives around **optimizing the role of the pharmacist**. We want to know your views, so please come out to join our discussions.

You do not need to register in advance, and you are welcome to attend the district meeting that is most convenient to you. As with our previous meetings, feel free to invite your pharmacy technicians, pharmacy students and interns to attend.

All meetings will begin at 7:00 p.m. and end before 10:00 p.m.

Following are the remaining meeting dates:

Tuesday, June 1 - Toronto - District 5

Ramada Plaza Toronto Airport East (Trafalgar Room)
1677 Wilson Avenue, Toronto
Council Member: Larry Hallok

Thursday, June 3 - Timmins - District 14

Days Inn (Ballroom B)
14 Mountjoy Street South, Timmins
Council Member: Stephen Clement

Tuesday, June 8 - Thunder Bay - District 15

Valhalla Inn (Viking Room)
1 Valhalla Inn Road, Thunder Bay
Council Member: Gurjit Husson

Wednesday, June 9 - Dryden - District 15

Best Western Motor Inn (Patricia White Otter Room)
349 Government Road, Dryden
Council Member: Gurjit Husson

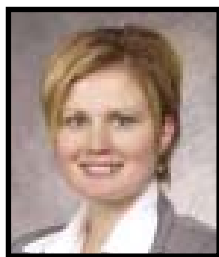
Tuesday, June 15 - Walkerton - District 13

Walkerton Golf & Country Club
RR#4, Walkerton
Council Member: Donald Stringer

Wednesday, June 16 - Toronto - District 16

Stokes Auditorium, Room G58, Clarke Institute
250 College Street, Toronto
Council Member: Albert Chaiet
Council Member-Hospital Pharmacists: Shelley McKinney

P R E S I D E N T ' S M E S S A G E



Iris Krawchenko, R.Ph., B.Sc.Phm.
President

Under the *Pharmacy Act*, the practice of pharmacy is defined as “the custody, compounding and dispensing of drugs, the provision of non-prescription drugs, health care aids and devices, and the provision of information related to drug use.” As pharmacists, we are authorized to dispense, sell, or compound a drug or supervise the part of a pharmacy where drugs are kept. In addition to prescription drugs, our profession also controls public access to Schedule I and II medications; as the public is prohibited from self-selecting these medications.

Pharmacists must also complete at least four years of university education from an accredited faculty of pharmacy, pass the national Pharmacy Examining Board of Canada (PEBC) exam and successfully demonstrate their attainment of competence in a structured practical training program before they can be licensed.

Indeed, all of these legislative parameters and educational requirements exist to ensure that the Ontario public receives the highest level of care and that public safety remains paramount.

MEDICATIONS ARE CRITICAL HEALTH ENTITIES

All medications are critical health entities with the potential of having positive and/or negative multi-systemic effects on the human body. Pharmacists are educated about the pharmacology of each drug, its clinical applications and the complex reality of drug interactions. Documentation of patient dialogue on all new prescriptions is mandated by this College and is strongly encouraged for OTC medications. Again, these actions are intended to improve patient outcomes and prevent harm.

College Council believes that prescription medications, under the care and control of our unique profession, should not be viewed in the same way as other retail commodities that are sold in pharmacies.

LOYALTY PROGRAMS COMMERCIALIZE PHARMACY SERVICES

Council believes that including prescription purchases in marketing or loyalty programs likens prescriptions to front-shop items such as cosmetics, and relays a confusing message to our clients and the public at large. Rewarding the public for having a prescription dispensed trivializes the dispensing process. It also commercializes pharmacists’ professional duties, responsibilities and ethics that are mandated by laws governing our profession and the College.

As pharmacists, we must reflect on the purpose of our profession. Are we

merely retailers selling commodities, or are we, first and foremost, health care providers striving to enhance the sacred relationship between pharmacist and patient through principles of quality care, compassion and exemplary professional service?

In May I attended the 2004 National Primary Health Care Conference in Winnipeg. In his keynote address, Roy Romanow, chair of the Romanow Commission, stated that “health care services are not economic commodities.” Council’s position mirrors this philosophy.

July 1, 2004 marks the implementation of the College policy that prohibits awarding loyalty points for prescriptions and prescription services. The College is also concurrently engaged in actively changing parts of the advertising regulations. This is being done in the interest of public safety to help prevent the trivialization of prescription medications and services.

In our over-burdened health care system pharmacists can be instrumental in improving gaps in the care and the health of the Ontario public. As professionals whose primary mandate is to act at all times in the best interest of our patients’ health, let us continue to uphold this philosophy in the relationships we build with our patients. ■

A handwritten signature in blue ink that reads "Iris Krawchenko". The signature is written in a cursive style and is followed by a horizontal line.



COUNCIL APPROVES AUDITED STATEMENTS FOR COLLEGE OPERATIONS IN 2003

Statement of Operations – Year Ending December 31, 2003

	Budget <i>Un-audited</i>	Actual
Revenue		
Pharmacist fees	4,643,192	4,783,443
Pharmacy fees	2,080,500	2,154,853
Registration fees and income	353,260	475,706
Investment	60,000	81,306
Sundry	216,433	214,582
	7,353,385	7,709,890
Expenses		
Council and committees	1,791,100	1,700,626
Administration	5,046,938	4,679,160
Property	77,600	57,674
Niagara Apothecary	27,400	22,497
	6,943,038	6,459,957
Excess (deficiency) of revenues over expenses from operations for year, before depreciation	410,347	1,249,933
Depreciation	-	531,511
Excess (deficiency) of revenues over expenses for year	410,347	718,422

MARCH 2004

The Statement of Operations for the period ending December 31, 2003, as prepared by Hillborn Ellis Grant Chartered Accountants, reflects a revenue surplus of \$350,000 over budget, partly resulting from continued high levels of new registrants and an increase in pharmacy sales and relocations. Also of note were variances on the expense side which occurred as a result of initiatives either being deferred or cancelled. This includes a savings of approximately \$130,000 relating to the investigation and prosecution of The Canadian Drugstore Ltd. as the case was settled before the scheduled court date.

Of note in the audited statements was a change in reporting of accrued liabilities to provide for the cost of bringing to conclusion all complaint, discipline and incapacity matters in the year in which they were initiated. Membership fees will continue to be recognized as revenue in the period to which the membership relates and the membership year will coincide with that of the fiscal year of the College – January 1 to December 31.

It was also noted that the College is in a very solid financial position with a \$1,200,000 on deposit at year end, substantially rebuilding the reserves to target.

AMENDMENTS TO THE DRUG AND PHARMACIES REGULATION ACT AND THE PHARMACY ACT APPROVED

Further to the formation of the Advertising Regulation Review Working Group, which was established to review the current advertising regulation[s] and related issues respecting the advertising of prescription services including inducements, soliciting and waiving of co-payments, a report from the Group was considered by the Executive Committee.

The Working Group undertook this task with the goal of identifying gaps or areas of “disconnect” that exist within the regulation and between the various Acts governing the profession and making recom-

mendations where appropriate. One section of the current advertising regulation, which permits an owner of a pharmacy to “advertise” information solely related to the ODB co-payment, was considered by the Working Group to conflict with current rules that do not permit the advertising of a pharmacy’s usual and customary fee. The Working Group further agreed that advertising information relating to co-payments constitutes an inducement, and that this section also conflicts with paragraph 1 (s) 29 of the professional misconduct regulation.

The Working Group’s report gave rise to the following three recommendations that were approved by Council:

RECOMMENDATION 1

See below.

RECOMMENDATION 2

That the matter of the posting of the usual and customary fee and all related issues, including services offered by a pharmacy and the requirement for receipts be referred to the Accreditation Committee for review and recommendation.

RECOMMENDATION 3

That the Accreditation Committee be further asked to review the DPRA prior to submission to the Government to ensure that wherever the words “owner/operator” of a pharmacy exists that, where

NOTICE OF PROPOSED REGULATORY CHANGES TO THE DRUG AND PHARMACIES REGULATION ACT AND THE PHARMACY ACT

The following regulatory changes have been approved by Council and are being circulated here for your comments:

RECOMMENDATION 1

That the College seek, as soon as possible, a revocation of the following section of the current advertising regulation, as it exists, under both the Pharmacy Act and The Drug and Pharmacies Regulation Act on the basis that advertising information relating to the co-payment constitutes an inducement and is further in conflict with section 29, paragraph 1 of the College’s current professional misconduct regulation and s.(h) of our proposed proprietary misconduct regulation:

“Nothing in this part prohibits the owner of a pharmacy from publishing, displaying, distributing or using, or permitting, directly or indirectly, the publication, display, distribution or use of, an advertisement that relates solely to the co-payment or dispensing fee charged by the pharmacy for supplying a drug that is a listed drug product under the Ontario Drug Benefit Act to an eligible person under that Act O. Reg 119/97, s1.”

Member comments respecting these regulatory changes should be made, in writing, to Della Croteau, Deputy Registrar/Director of Programs by July 15, 2004.

appropriate, the word “designated manager” be included and to further ensure that the definition of “prescription services” includes all pharmacy services such as provision of information, advice, professional and cognitive services respecting both prescription and non-prescription drugs so that our policies and rules will be inclusive of pharmacy practice in the years to come.

The above recommendations do not affect the position previously approved by Council with respect to *Bonus Points and Loyalty Programs Relating to Prescription Services*. This policy will come into effect July 1, 2004.

BY-LAW AMENDMENTS APPROVED

To better reflect their role and contribution, the Senior Salaries Committee was renamed the Compensation Committee. The amendment to the by-law will not require changes to the terms of reference for the Committee.

CONFERENCE OF THE ONTARIO PHARMACISTS’ ASSOCIATION SPONSORSHIP

Council has agreed to provide financial support for an education session at the annual *Conference of the Ontario Pharmacists’ Association* that was held May 6-8, 2004. Traditionally the College has sponsored an

educational session at the conference and agreed that it would provide a \$3,000 grant to sponsor the session entitled “*New Regulations in Alternative Medicine*” by Heather Boon, B.Sc.Pharm., Ph.D.

GRANT FOR ONTARIO BRANCH OF THE CANADIAN SOCIETY OF HOSPITAL PHARMACISTS’ ANNUAL GENERAL MEETING

Council approved a College grant of \$2,000 to support educational sessions at the OB-CSHP’s 56th Annual General Meeting scheduled for October 2004 in Toronto.


INTERNATIONAL PHARMACY GRADUATE PROGRAM

This program continues to be widely recognized in the province for its leadership in developing bridging programs for internationally trained professionals. Council extended its congratulations to College staff and the University of Toronto for their dedication and support in developing this program and in facilitating solutions to the issues that have arisen in implementing this new and innovative program. The Ministry of Training, Colleges and Universities has granted an additional \$645,000 to this program. A meeting with Minister Mary Anne Chambers was held to discuss initiatives currently in progress with respect to the integration of internationally trained graduates into Ontario’s labour market.

PHARMACY EXAMINING BOARD OF CANADA

Vice President Larry Boggio continues to represent the College and Council at the PEBC table. Discussions have begun between the two organizations regarding the Board offering a pharmacy technician examination.

STRATEGIC PLAN UPDATE

Council also reviewed a progress report on the Strategic Plan which is monitored at every Executive Committee meeting to ensure College resources and energies are focused on the objectives noted in the plan originally developed in the spring of 2003. The progress report noted the activities in support of each strategic direction and objectives. Of particular note was the recent selection of a government relations firm to assist the College in developing strategies on how its various initiatives can be most effectively moved through government processes. 

Position Available:



Professional Development Advisor (Pharmacist)

3 days per week

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

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

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

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

If you are interested in joining the College staff in this position, please forward your resume by August 13, 2004 in confidence stating salary expectations to:

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

Only those chosen for interviews will be contacted.

10 Years of Change in Pharmacy

Marking the 10 years of *Pharmacy Connection* has led us to reminisce about the many changes that have occurred over the past decade, both at the College and throughout the profession.

Across Canada, we have seen the creation of drug scheduling harmonization, a national set of competencies for pharmacists, a national model for standards of practice, and a mutual recognition agreement for pharmacist mobility.

Pharmacists' daily practices have also been greatly transformed. Increased computerization, advancement of Internet services, changes in national and provincial privacy laws and an ever-increasing range and sophistication of available drug products have challenged the pharmacist's constant need to remain current. Public interest in self-medicating, including significant interest in using natural health products, and greater expectations of the pharmacist's counselling services have all made your practice in 2004 fundamentally different than what it was in 1994.

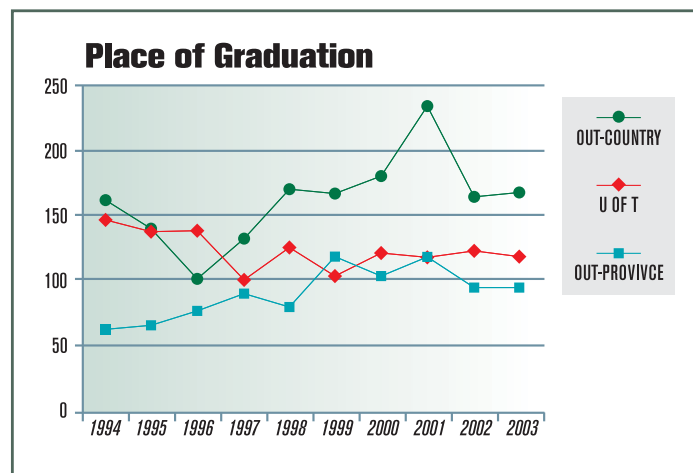
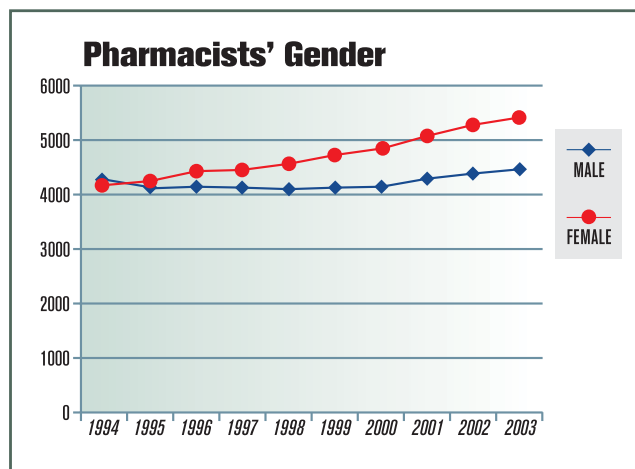
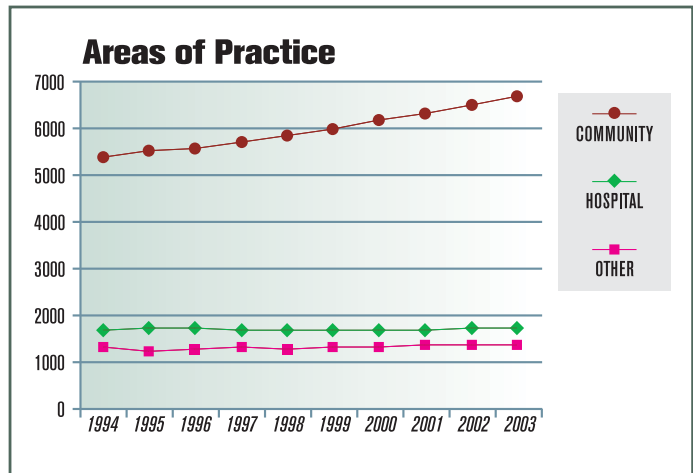
The last decade has also seen major shifts in the profile of new and practising pharmacists. 1994 was the last year that Ontario had more male than female pharmacists. Now, 54 per cent of Ontario's pharmacists are women. Interestingly, while the number of community pharmacists has increased 24% in the last ten years, the number of hospital pharmacists has only increased by 4%. The number of pharmacists working in industry, academia, and government — while only 10% of all pharmacists in Ontario— has increased by 38%.

Just under a third of our new pharmacists received their degree from the University of Toronto, 25% graduated from other Canadian universities and, most significantly, 45% of all new registrants received their degree outside Canada.

The number of accredited Ontario pharmacies increased by 17% or 421 over the last decade.

We have also seen major changes in College policies and regulations. Evolution of the standards of practice, new standards for designated managers, documentation guidelines, and more structured studentship/internship have all ensured continual advancements of our profession's core. Furthermore, the quality assurance, pharmacy technician certification and public education programs, non-existent in 1994, are all now permanent additions to the College's priorities.

Our profession is very dynamic and faces continual change. Indeed, the following summary of College initiatives for the last ten years represents just a small slice of the constant change adjustments and continual learning that is required of a modern practising pharmacist.



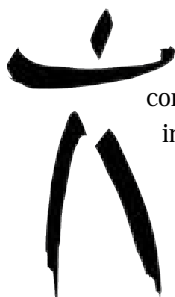
A Decade of College Activities

1994 – NEW COLLEGE MISSION STATEMENT

The current Mission Statement, revised in 1994, explicitly expresses the regulatory responsibilities of the College while reflecting the required public participation in OCP activities.

1994 – FIRST MEETING OF EXPANDED COUNCIL

With the creation of the *Regulated Health Professions Act* in 1993, the College's Council was reconfigured to include 15 elected community pharmacists, two elected hospital pharmacists, the Dean of the Faculty of Pharmacy, University of Toronto, and up to 16 public members appointed by the Lieutenant-Governor-in-Council. This new Council composition has contributed positively to how our profession is governed to serve the public of Ontario.



1995 - STANDARDS OF PRACTICE

From its early beginnings in the mid 1990's when it focused on prescription drugs and community pharmacies, the *Standards* have been expanded and modified. Initially launched in 1995 as standards for community pharmacists, the *Standards of Practice* now encompass both hospital and community practice. The *Standards of Practice* is a living document and will continue to reflect current practice.

1995 – VERBAL AUTHORIZATIONS

Council approved the policy allowing prescribers to record new verbal authorizations for certain prescriptions on telephone answering and voicemail systems.

1995 – SEXUAL ABUSE PREVENTION PLAN

The Regulated Health Professions Code requires health colleges to establish a Patient Relations Committee to develop and monitor its Sexual Abuse Prevention Plan and Victim Compensation Fund. The Plan's statement of philosophy affirms the College's position that any act of abuse or harassment of a patient, customer, staff member or colleague is unacceptable; and to ignore abuse or harassment condones the acts of the abuser and further penalizes the victim. Dating guidelines were also established to assist members in recognizing the influence of their professional status and the importance of not abusing that influence in their personal relationships. The Victim's Compensation Fund is in place. To date, there have been no applications to the Fund.

1995 – INFORMAL RESOLUTION OF COMPLAINTS

Council adopted the concept of informal resolution — a procedure aimed at resolving those disputes between the public and pharmacists that do not require referral to the Complaints Committee. This has proven very effective as the majority of public calls to the College are resolved without referral.

1996 – COLLEGE CELEBRATES 125TH ANNIVERSARY

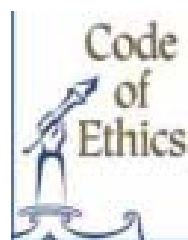
The College was established under *The Pharmacy Act, 1871*, to:

“Maintain a register of persons entitled to be registered as pharmaceutical chemists; conduct examinations for registration; and to hold real estate and to erect buildings for the purpose of accommodating Lecturers on Chemistry and Pharmacy or for a Library, Pharmaceutical Museum or specimen room.”

The College was also responsible for the education and training of pharmacists (initially a six-month course with three years apprenticeship) until the creation of the Faculty of Pharmacy in 1953.

1996 - CODE OF ETHICS

The profession's code of ethics were expanded to ten principles. These are based on the best interests of the patient, observing the law, upholding the dignity and honour of the profession, and practising in accordance with ethical principles.



1996 – STRUCTURED PRACTICAL TRAINING

Structured Practical Training represents a radical departure from the traditional training system. It is based on the student/intern's demonstration of the NAPRA competencies rather than on time served. Structured practical training also places considerable onus on the preceptor to assess the student/intern's entry-to-practice competence on behalf of the College.

The College's SPT Program was piloted in 1996 for University of Toronto undergraduates, in 1997 for other Canadian and U.S. undergraduates and in 1998 for international graduates. In 2000, the required 48 weeks of in-service training for international pharmacy graduates was reconfigured. It now comprises 16 weeks of academic modules (IPG Program) and 16 weeks SPT at the student level, followed by a minimum of 16 weeks of SPT at the internship level.

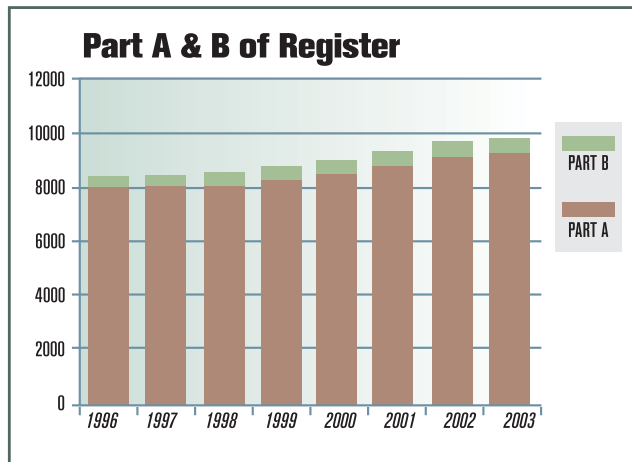
In 2003, the four-week studentship requirement was discontinued for Canadian/US undergraduates due to the significant amount of experiential training now included in the curricula of their schools. Canadian/U.S. graduates must still complete 12 weeks of internship.

1996 - CERTIFICATION OF PHARMACY TECHNICIANS

Formal training programs for pharmacy technicians in Ontario date back to the early 1970s. While these programs proliferated in the 1980s with the development of private career colleges, most technicians were still trained on-the-job. To address the technician and his/her prospective employers' need for documenting achievement of basic skills, the College created its voluntary certification examination, first offered in 1996. To date, about 2000 technicians have been certified.

1997 - QUALITY ASSURANCE

Council approved the *Quality Assurance Program* in 1997. Under the RHPA, the College was required to have a *Quality Assurance Program* in place by January 1997. Today, we are completing our seventh year. All pharmacists in Part A have now completed Phase I — the Self-Assessment Survey — at least once and almost 1,500 pharmacists have successfully completed Phase II – the Practice Review.



1997 - TWO-PART REGISTER

The College adopted the two-part register upon creation of its *Quality Assurance Program*. After much debate over the designation of these two parts, Council determined that pharmacists involved in direct patient care activities would elect to Part A of the Register while those not involved in direct patient care would elect to Part B. Today there are over 9,000 pharmacists in Part A and about 700 pharmacists in Part B.

1997 – SELF-ASSESSMENT SURVEY

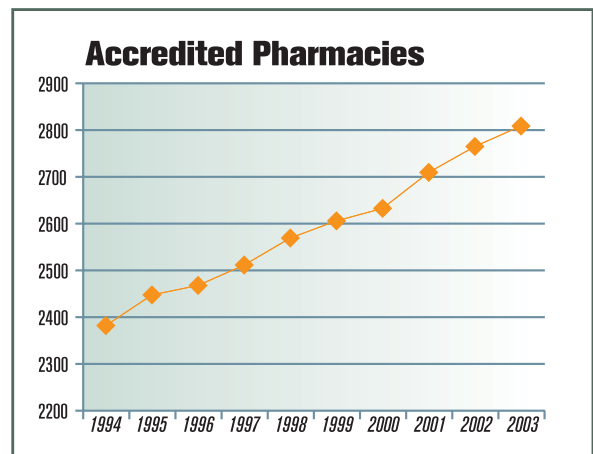
The Survey was first distributed to randomly selected pharmacists in Part A of the Register as part of the Quality Assurance Program. It was later modified to gather information on educational activities from members' learning portfolios. Data gleaned is published annually and distributed to key stakeholder groups for developing of educational resources.

1997 - LEARNING PORTFOLIO

As part of the College's commitment to life-long learning, the *Professional Profile and Learning Portfolio* was created as part of the Quality Assurance Program to assist members in planning and addressing their learning needs. An electronic version of the portfolio was developed in 1998 to assist pharmacists in maintaining their records and plans are underway to expand its utility.

1998 – CREATING A CLASS OF REGULATED PHARMACY TECHNICIANS

Council set the College on the long-term course of developing a separate class of registration for pharmacy technicians. It envisions regulated pharmacy technicians who will be able to perform in an expanded role to support pharmacists in busy practice settings. The District Meetings in 2002 involved an extensive consultation with members on proposed pharmacy technician competencies. The competencies were later finalized by Council in 2003.

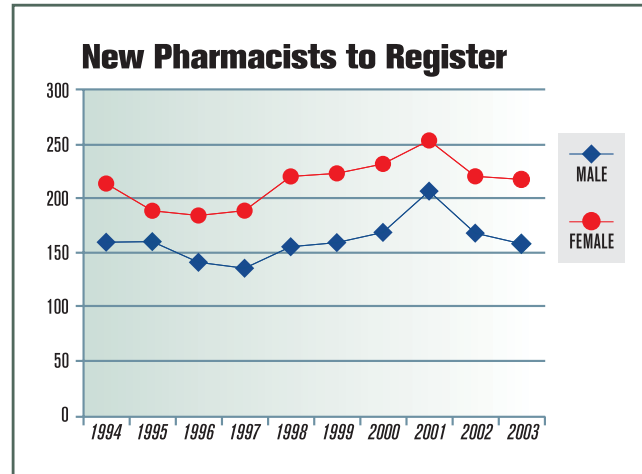


1998 – BRIDGING PILOT PROGRAM

In 1998 the College provided a three-year grant to the Faculty of Pharmacy, University of Toronto to develop educational modules for international candidates seeking licensure and pharmacists requiring remediation or continuing education. The College then reviewed feedback from focus groups to determine next steps. It was determined that international candidates needed more skill development prior to undertaking the new structured practical training requirement.

1999 - STANDARDS OF PRACTICE FOR HOSPITAL PHARMACISTS

Standards for hospital pharmacists and their managers were published in 1999. Although hospital practice has been, for many years, considered different from community practice, the accountability of *all* pharmacists to the *Standards of Practice* remains the same. This was recognized by the College when the *Standards of Practice, 2003* were released as one set of practice standards for both community and hospital pharmacists.



1999 – FAX POLICY ON FAXED PRESCRIPTIONS

Council approved the new fax policy for prescriptions to allow the faxing of narcotic and controlled drug orders. This reflected Health Canada's shift on faxed prescriptions. The new fax policy also replaces the original fax guidelines (1990) that allowed the faxing of Schedule F drugs and other prescriptions.

2000 – MUTUAL RECOGNITION AGREEMENT

In April 2000, the Mutual Recognition Agreement was signed by all Canadian provinces, except Quebec and the territories, to facilitate the mobility of pharmacists. Each province agreed to recognize the qualifications of pharmacists licensed in a signatory jurisdiction on or before July 1, 2001 and to register such a pharmacist in a comparable part of the province's register. Those pharmacists licensed after July 1, 2001, must meet the entry-to-practice requirements of the province in which they would seek to practice.

The signatories met in 2003 and agreed that while the original agreement is working, further work is required to ensure uniformity in training and fluency requirements.

2000 – INTERNATIONAL PHARMACY GRADUATE PROGRAM

As a result of the success of the 1998 bridging pilot program, the Access to Professions and Trades Unit of the Ministry of Training, Colleges and Universities awarded a \$1.9 million grant to the College and the Faculty of Pharmacy to develop a more extensive bridging education program.



The resulting *International Pharmacy Graduate Program* is comprised of two eight-week academic modules (adapted from the Faculty's undergraduate curriculum), a prior-learning assessment and a recently created mentorship network. As of the fall of 2004, about 300 candidates will have accessed the program.

This summer, the University of Toronto will also partner in a pilot project with the University of British Columbia to offer bridging education in the Vancouver area.

2001 - POLICY FOR OPERATING INTERNET SITES

Reflecting changes in how pharmacy services can be provided, this policy is based on the overriding assumption that any place offering Schedule I, II or III drugs for sale in Ontario — whether through an Internet site or a retail location — must be part of an Ontario-accredited pharmacy.

2001 – POINT OF CARE PUBLIC EDUCATION PROGRAM

After an initial public education effort in 1996, the College launched the multi-year Point of Care Program to target public education and stakeholder awareness. Represented by the Point of Care symbol that serves as a universal identifier of Ontario pharmacy, the program aims to increase public and health professional appreciation of the broad range of expertise and services that pharmacists provide.



2002 - STANDARDS FOR DMS

The *Standards for Designated Managers* were created to clarify the designated manager's responsibilities. These *Standards* reinforce the *Standards of Practice* and reflect the College's higher expectations for designated managers. These *Standards* have also provided DMs with higher levels of authority and accountability in pharmacies, and this continues to grow.



2002 - PRACTICE ADVISORY BREAKFASTS

One of the most fully attended but least known College initiatives is the *Practice Advisory Breakfast Series*. Hosted by a College inspector, meetings consist of breakfast followed by a one-hour meeting for 20-25 pharmacists to discuss various practice issues, College policies, legislation and inspections in an informal setting. These meetings are targeted for the rural areas of the province.



2002 - INTERNET PHARMACY

Cross-border shopping via the Internet has emerged as a major practice issue in the last few years. The Internet, like many other advances in technology, is changing the way we practice. Although several initiatives to ensure the protection of the public are underway both federally and in other provinces, the College has firmly established its position that the pharmacist-patient relationship and physician-patient relationship are key elements of proper patient care.

2003 - ONTARIO-QUEBEC MEMORANDUM OF UNDERSTANDING

This agreement allows recent pharmacy graduates in Ontario or Quebec to move more easily between the two jurisdictions. While its primary intent is to create mutual recognition by regulators of each other's structured practical training, there remain a number of qualifiers and exceptions due to certain provincial legislative restrictions. Details of the agreement can be found on our website.



2003 - POLICY ON DISPENSING METHADONE FOR METHADONE MAINTENANCE TREATMENT (MMT)

The Methadone Maintenance Program continues to be a very successful program to assist heroin addicts; however it has not been without its difficulties. With supporting guidelines, first published in 1996 by the Addiction Research Foundation, many pharmacists have become involved with dispensing methadone but continue to face challenges in administering and meeting the necessary guidelines. In 2003, the Professional Practice Committee introduced a policy for dispensing methadone for MMT to reinforce the existing guidelines and raise pharmacists' awareness. The College continues to work with the College of Physicians and Surgeons of Ontario to assist physicians and pharmacists in better understanding and managing this drug and its accompanying treatment.

2004 - DOCUMENTATION GUIDELINES

The College and members have long recognized the need for documentation in pharmacy practice. One of the first references to note the importance of documentation was made in an article dealing with liability in the September/October 1994 issue of *Pharmacy Connection*. Documentation has always been the essential component of professional judgement. Extensive documentation has been traditionally used by hospital pharmacists and is cited several times in the *Standards of Practice*. The goal of these recently published guidelines is to assist all pharmacists in documenting and meeting practice standards. Our intent is that these guidelines will eventually become a standard of practice.

2004 - LOYALTY POINTS

In June 2003, Council approved a new policy on loyalty programs that will take effect on July 1, 2004. This new policy will prohibit the awarding of loyalty/bonus points, or air miles on any prescription, prescription services or professional services related to pharmacy practice in Ontario.



COUNCIL

Just 10 short years ago, our Council was administered quite differently than today. With the proclamation of the RHPA, the regulations surrounding elections and appointments were just being implemented. Contrary to the previous system, when half of the electoral districts came up for election each year, the 1994 elections were held in all 17 (15 community and two new hospital) electoral districts. New rules respecting term of office (now three years) and a maximum number of terms (three) were introduced. Many long serving members of Council moved on and many new faces appeared. Now with one third of the districts facing election each year, we are assured a good mix of experience and fresh talent at all times.


The number of public members appointed by the government increased to 16 — all part of the RHPA's objective to increase public accountability.

COLLEGE

Back in the spring of 1994, College staff numbered somewhere around 35, today we have 48. It may not look like much has changed at the College, but much in fact has.

The College's drug information centre, along with nine talented staff, was taken over by the Ontario Pharmacists Association in 1997. Ten years ago we had three field representatives (inspectors) where we now have five. Since 1994 we gained a staff member devoted to answering practice questions from members. The Investigations and Resolutions department, formerly known as Patient Relations, has grown from three to six people. The Registration department has increased to five from two as we strove to increase the value of student and intern training.

Our Quality Assurance and Communications departments didn't exist 10 years ago, our IT department was a solo show and our administrative support services were without dedicated human resources or facilities expertise. The College's office space also expanded in 2002 to include a satellite building on St. George Street.

And finally, our reference to our Registrar as "Sir" has been replaced with a more feminine address. Indeed, the College will continue to grow and change to reflect changes in the profession, our membership and our regulatory requirements. 



Announcing the First OCP Professor in Pharmacy Practice



From left: Deanna Williams, Registrar, OCP; Zubin Austin, OCP Professor in Pharmacy Practice; Iris Krawchenko, President, OCP; and Wayne Hindmarsh, Dean, Leslie Dan Faculty of Pharmacy

Congratulations to Zubin Austin, the first *Ontario College of Pharmacists Professor in Pharmacy Practice*, at the Leslie Dan Faculty of Pharmacy, University of Toronto.


“We are thrilled with Zubin’s appointment,” said Deanna Williams, Registrar, “This professorship helps the College join the profession in supporting the expansion and growth of the Faculty while providing valuable benefits to the College and its members through advancements in areas of pharmacy practice study.”

Austin is currently a professor at the Faculty, and is cross-appointed to the Department of Theory and Policy Studies at the Ontario Institute for Studies in Education. Austin is also a valuable contributor to many College activities as he is a member of the Discipline Committee, the Standards of Practice Working Group, and supports the Quality Assurance Practice Reviews.

Wayne Hindmarsh, Dean, Leslie Dan Faculty of Pharmacy, adds “Advances in pharmacy practice are

key to the present and future development of the profession. We are delighted that the College saw the critical need for research in pharmacy practice and that Dr. Austin accepted the inaugural appointment. His background and training will be instrumental in our future as practitioners and in assisting the College in evaluating pharmacy practice initiatives. I am so pleased the College funded the professorship and that we are able to work together for the success of our profession.”

Austin will explore such issues as the maintenance of competency, standards of practice, the expanding scope of practice, and continuing professional development needs. He will undertake innovative, interdisciplinary research into professional practice and, through the education of graduate students, will encourage further research and high standards of practice.

The professorship is funded by proceeds from an OCP endowment of \$500,000. 

REGISTRATION

Q & A



*Chris Schillemeore, R.Ph., B.Sc.Pharm. M.Ed.
Manager, Registration Programs*

Q I have hired an internationally educated pharmacist as a student. A College inspector recently visited my pharmacy and informed me that this person was not a registered pharmacy student with the College. Can you explain why there would be some confusion about this issue?

International candidates can open a file with the College and are assigned a number (as a reference to their file) *before* they are eligible to register as students. This is to aid in the collection of the necessary documentation required for licensure. Sometimes candidates have mistaken this process to be “registering as a student”.

As an employer, it is ultimately your responsibility to verify that an international candidate is a *registered student* with the College. Registered students should be able to produce a wallet card to verify their status. If a candidate is not registered as a student it is illegal for him/her to perform the controlled acts (ie. patient counselling under direct supervision) although he/she may work as a pharmacy technician.

Following are the entry to practice requirements for registration as a pharmacist:

- Proof of identity/status in Canada
- Degree/credentials evaluated by PEBC
- Fluency
- PEBC Evaluating Exam
- Successful completion of a minimum of 48 weeks of in-service training comprised of 32 weeks as a student (16 weeks IPG program and 16 weeks structured practical training) followed by 16 weeks structured internship
- PEBC Qualifying Exam Parts I and II
- Jurisprudence Exam


Candidates may register as students with the College if they have completed the PEBC Evaluating Exam, the

fluency requirement, and are enrolled in the International Pharmacy Graduate Program at the University of Toronto.

Candidates have also made requests to the Registration Committee to be exempted from a portion, or all, of the studentship requirements by providing evidence of their knowledge and skills (such as successful completion of the PEBC Qualifying Exam Parts I and II). While panels have been granting partial exemptions in some cases, the Committee has been receiving feedback from College staff and preceptors regarding the challenges being faced by students who have not completed the IPG program. As a result, decisions made by Committee panels may change in the future. As always, the decisions rest with the individual panels based on information the panels have available to them at the time of the review.

Q I have an internationally trained pharmacist on a work permit working as an intern at one of my pharmacy sites and I would like to move her to a site in another city. Since she has a work permit for my organization, is there any problem with simply transferring her to the new site?

The onus is on you as the employer to ensure that an international candidate working for you has the necessary permit and that the company, location and time limits described on his/her work permit are correct. It would be a violation of his/her work permit to have the student/intern relocated to a store in another city without getting a new permit.

Requests for an extension of a work permit should be made at least two months prior to the expiry date. For more information, you can go to the Human Resources and Skills Development Canada website at www.sdc.gc.ca/en/home.shtml 

Q&A



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

Q What is the difference between generic substitution and interchangeability in Ontario?

It is important to remember that there is a major difference between interchangeability and generic substitution in Ontario. **Interchangeability** is regulated by the provincial government through legislation (*Drug Interchangeability and Dispensing Fee Act*), whereas **generic substitution** occurs outside the legislation.

Interchangeability allows the pharmacist some autonomy in choosing which brand of an interchangeable product they may dispense. Under the provisions of the legislation, a pharmacist may product-select without contacting the prescriber. Appropriate application of the legislation can be ensured by referring to the ODB Formulary/CDI which identifies which products are interchangeable. In addition, pharmacists who select interchangeable products and adhere to the legislation are protected from liability if an adverse event occurs with the interchangeable drugs.

Not all products, however, are listed as interchangeable. In some situations automatically selecting a generic version of a drug in place of the brand prescribed without first receiving the approval of the prescriber would be illegal. For example, Minocin® and Apo-minocycline® are not listed in the formulary and therefore are not interchangeable. In order for a pharmacist to dispense the generic version (i.e. if Minocin® was prescribed) he/she must first contact the

prescriber to request a change. This would be considered *generic substitution*. Alternatively, if the prescriber wrote the prescription generically, the pharmacist/patient would have the choice as to which product(s) to use.

Q How do I handle a situation where only one product is listed in the Formulary, and a new generic becomes available but is not listed in the Formulary?

There are different scenarios that may arise in this situation, depending on how the prescription was written.

Using Paxil® as an example: it is currently the only brand of paroxetine listed in the ODB Formulary/CDI. If a generic became available (e.g. "Acme" brand) but was not listed in the Formulary (therefore, not interchangeable), and a prescription was written generically i.e. paroxetine, only the Paxil® brand could be used being the only brand listed in the Formulary.

However, if a new generic, such as "Acme-paroxetine", became available and was prescribed, the Acme brand could be dispensed or, if the requirements of s. 4(5) of DIDFA were met, Paxil® could alternatively be dispensed as it is interchangeable (i.e. substitution into the Formulary, DIDFA 4(5)). This would likely happen if the prescription was for an ODB-eligible patient as Paxil® is the only such product eligible for reimbursement under ODB.

Accordingly, a prescription for "Paxil®" could only be



dispensed as Paxil®. It could only be changed to the Acme brand (likely only for the cash paying customer) if the prescriber's authorization to use the new generic had been obtained.

Q I thought the legislation stated that I must inform a patient when a generic product is available. Is this correct?


No. The legislation does not deal with generic products per se, but rather specifically refers to *interchangeable products*. DIDFA s 4(3) states:

“If a prescription directs the dispensing of a specific interchangeable product, the dispenser shall not supply that product without informing the person for whom the product was prescribed or the person presenting the prescription, in the manner prescribed by the regulations, of the right to request an interchangeable product.”

According to the legislation, you are required to inform a patient when there is an interchangeable product available.

Q Given the number of interchangeable products, must I inform every patient that there are interchangeable products according to DIDFA s 4(3) (noted above). This seems impractical.

DIDFA allows for exceptions to the above section provided that the amount charged for a product specified in the prescription is not more than the *least amount* that would have been charged for supplying an interchangeable product.

Please also note that the above-noted section does not apply to refills. You are not required to inform the patient that you are dispensing an interchangeable product, *provided* the requirements of this section are met .

Letter to Editor

Dear Editor,

I am writing to express my views on Zahir Visram, a member of your association [sic]. My wife and I have used his professional services for a number of years and want you to know how much we value him. Here are some of the qualities he exhibits that have gained our respect and confidence:

Always impeccable white coat;

Always prompt and polite;

Always accurate in dispensing product;

Always willing to take the time to elaborate on the usage of dispensed drugs and to allay customer concerns;

Despite operating a very busy practice, he exhibits a keen interest in the welfare of his customers.

Our hope is that the association has some means of recognizing outstanding members.

Mr. Visram truly deserves such recognition.

CM

Toronto



HEALTH CANADA

Advisories & Notices

DATE	TYPE
March 18, 2004	Updated Safety Information for ZYPREXA (olanzapine) in Elderly Dementia Patients, Announced in Canada - Eli Lilly Canada Inc. - Public Advisory
March 17, 2004	Important Drug Safety Information: ZYPREXA (olanzapine) and Cerebrovascular Adverse Events in Placebo-Controlled Elderly Dementia Trials - Eli Lilly Canada Inc. - Health Professional Communication
March 12, 2004	Important New Safety Information Clarifying Risk Factors for Severe, Life-threatening and Fatal Hepatotoxicity with VIRAMUNE® (nevirapine) - Boehringer Ingelheim (Canada) Ltd. - Health Professional Communication
March 12, 2004	Health Canada Endorsed Important Safety Information on the Bio-Rad Aspergillus Assay and TAZOCIN® (piperacillin/tazobactam) Re: false positive results of the Bio-Rad Aspergillus Assay - Wyeth Pharmaceuticals Canada - Health Professional Communication
March 5, 2004	Canadian Adverse Drug Reaction Information System (CADRIS) is the name of the computerized database that houses Canadian suspected adverse reactions (AR) on Canadian marketed health products which have been reported to Health Canada's Canadian Adverse Drug Reaction Monitoring Program (CADRMP)
March 3, 2004	Health Canada is concerned that the Canadian public may misinterpret the adverse reaction information posted on the CBC website.
February 17, 2004	Important Safety Information Regarding the Antiparkinson Drug PERMAX® (pergolide mesylate): Sudden Onset of Sleep - Shire BioChem Inc. - Health Professional Communication
February 9, 2004	Important Safety Information Regarding TAMIFLU® (oseltamivir phosphate) and prescription in children less than 1 year of age - Hoffmann-La Roche Limited - Health Professional Communication
February 3, 2004	Health Canada advises Canadians under the age of 18 to consult physicians if they are being treated with newer anti-depressants
February 3, 2004	PUBLIC ADVISORY Information for patients regarding a drug interaction between RITONAVIR (Norvir/Kaletra) and FLUTICASONE propionate (Flonase, Flovent, Advair) - GlaxoSmithKline Inc.

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

TECHNICIAN

Q & A



Bernie Des Roches, Ph.D.
Manager, Pharmacy Technician Programs

Q I have heard that, within the next few years, all personnel working in the dispensary will have to be registered with the College. Is this true?

No. While this question has been previously addressed, I want to draw attention to it again because some private career colleges, through advertising and direct interaction with potential students, are leading students to believe that the College has a new policy requiring all pharmacy technicians to register with the College.

I would like to emphasize that it is, and has always been, a College position that certification is entirely voluntary. Furthermore, the initiative to create a separate class of registration for pharmacy technicians, while still in its early stages, will also be voluntary.

I ask that you advise anyone you know who is considering enrolling in a technician training program that certification/registration with the College is not mandatory. I want to make sure that anyone deciding to enroll in a formal training program should not make their decision based on inaccurate information from non-College sources.

The College has reminded private career colleges that our technician certification and future registration programs are both voluntary.

Please feel free to contact me, in confidence, about any organization that provides incorrect information about the College's technician program.

Q Do all pharmacy technician/assistant training programs meet the College's requirements to sit the voluntary certification exam?

I advise you to clearly understand the offerings and accreditation-status of a program prior to investing significant time and money.

The College accepts programs accredited by the Ontario Ministry of Training, Colleges and Universities as one route for technicians to become *eligible* to sit our certification exam.

Not all programs, however, fall into this category. The College does not recognize correspondence courses as they lack significant components available only through community or private career college programs.

We maintain a list of approved Ontario pharmacy technician programs on our website. If the program you are considering is not listed, please contact us to check the program/school's status with the Ministry.

Please also note that graduation from a Ministry-approved program does not allow you to automatically sit the certification exam. You must also submit a completed *Application to Evaluate Pharmacy Technician Credentials* with the appropriate documentation and fee.

To receive the application and instructions, contact:

Surnames beginning with A-L: Jovenice Santiago, 416-962-4861 x 228, fax: 416-847-8254 or
jsantiago@ocpinfo.com

Surnames beginning with M-Z: Jackie McKee, x 232;
fax: (416) 847-8267 or jmckee@ocpinfo.com

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

The Practice Review

The following questions came from members who participated in an evaluation of the impact of the Practice Review. On behalf of the College, I thank the members for their candid input.

Q I am not aware of any other health profession that requires its members to undergo a Practice Review. Why do we have to continuously prove our competence?

To ensure that all health practitioners serve Ontarians with high quality care, all 23 Ontario health professions have a quality assurance program in place. (All health Colleges have created quality assurance programs to meet the legislated requirements of the Regulated Health Professions Act, 1993.) However, quality assurance is not limited to health professions as public accountability for competency is becoming the norm for many other professionals including pilots, teachers, professors and engineers.

Q I thought everyone would eventually be included in the Practice Review. For some this has not happened. Is everyone going to be being reviewed?

To date, all pharmacists in Part A have completed the Phase I Self-Assessment Survey. Additionally, about 240 pharmacists are selected each year to participate in Phase II — the Peer Review Weekend.

Now that the Practice Review is completing its seventh year, nearly 1500 pharmacists have been assessed through the Peer Review Weekend. With over 8000 pharmacists in

Part A of the Register, it will be some time before all pharmacists participate in Phase II. Note: Pharmacists who passed the PEBC Qualifying Exam with the OSCE component will not be selected for the Practice Review Weekend for the first five years from the date of their success on the Qualifying Exam.

Q I am a clinical pharmacist working in a teaching hospital. I think, to be relevant, the Practice Review needs to take into account whether one works in a community or hospital setting.

The majority of pharmacists who have participated in the Practice Review Weekend state that the content is relevant and reflective of pharmacy practice in both community and hospital practice. Most also add that they find the process unfamiliar (as the review is held at College offices) - regardless of their primary place of practice.


These comments are related to the standardized patient interviews which take place in a setting similar to a private consulting room. During each interview a patient presents a prescription or problem to be addressed by the pharmacist. While this format may be most familiar to pharmacists who practice in the community, it is important to keep in mind that the skills being assessed (ability to gather information, manage an interview and provide education and demonstrate effective communication skills) are critical to pharmacists in all settings and all interactions — whether it be with patients, physicians or other allied health providers.

continued on page 26

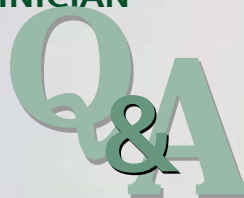
Q I prefer to gain education credits each year to maintain a learning portfolio. When are we going to return to the credit system?

Ontario has never had an education credit system. Although there used to be an optional program that awarded pharmacists (who submitted evidence of 20 continuing education hours each year) with a certificate, this program was ended in 1997 upon the introduction of the Quality Assurance Program and new requirements for pharmacists to maintain a record of learning for College submission.

While it takes effort to set up, a record of your personal learning activities is a more accurate reflection of the various ways you gain professional development. As practising pharmacists we receive both formal, structured learning as well as informal independent learning (such as when a patient or allied practitioner asks questions that require referencing). The College's expectations are broad and flexible and we encourage you to find the most effective and efficient way to document your learning activities. The electronic Learning Portfolio (on our website) is one tool you may use.

Keep in mind that an essential aspect of professional learning is the way in which you implement changes in your practice as you learn. While it may take considerable reflection to determine how to best accomplish this, learning portfolios are designed to help you accomplish this goal. 

TECHNICIAN



Alternatively, you can download the application from our website: www.ocpinfo.com. Look under "Technicians" and follow the link to "Pharmacy Technician Registration Package" where you will find several pertinent documents including a list of approved colleges. (The application form and information on writing the examination will be sent to you once you are deemed eligible by the College to sit the exam.)


Please forward you questions/comments to:

Dr. Bernie DesRoches, x 249; fax: (416) 847-8281; e-mail: bdesroches@ocpinfo.com

Q When can I sit the Pharmacy Technician Certification Examination?

The voluntary certification examination will be held:

- Saturday, October 2, 2004
- Saturday, April 16, 2005
- Saturday, October 15, 2005

To be eligible to sit this exam, you must first submit an *Application to Evaluate Pharmacy Technician Credentials* with the necessary documentation. You are urged to start this process as soon as possible as applications are due at the College 12 weeks prior to the examination date. 

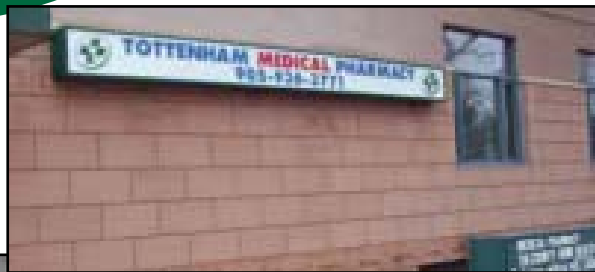
Have you Recently Moved or Changed Workplaces?

Please ensure that you notify the College
of your new home or business address.
Call Client Services at 416-962-4861.

POINTS OF CARE IN ONTARIO



Please contact the Communications Department for information on how to permanently place the Point of Care Symbol in your pharmacy signage. You may also review the Point of Care Graphic Standards 3.0 at www.ocpinfo.com.



Tottenham Medical Pharmacy
TOTTENHAM



Kassel's Pharmacy
TORONTO



York Super Pharmacy
COBOURG



Shoppers Drug Mart
COBOURG

Faculty

FACTS

*Lesley Lavack, Assistant Dean – Undergraduate Affairs
Leslie Dan Faculty of Pharmacy*

LESLIE L. DAN PHARMACY BUILDING

It's difficult to contain our excitement as our building site at the corner of Queen's Park Circle and College Street buzzes with activity. The excavation is complete, the foundations are poured, and the crane is in place; overlooking what is to be our new home. Our dream is at last becoming a reality.

SuperBuild funding of \$28.8 million and University funding of \$7.2 million jump-started the fundraising. Generous donations have been added by Leslie Dan and family, Apotex Inc, Shoppers Drug Mart, GreenShield Insurance and Jack Kay. Although we're getting closer to our target for project costs of \$75 million; we are still hard at work to connect interested supporters with naming opportunities. Need more information? Please contact Marina Nawrocki, Assistant Dean – Alumni and Development at 416-978-6749.

ONTARIO PHARMACISTS' ASSOCIATION LECTURE HALL CAMPAIGN

One fund-raising project underway is the Ontario Pharmacists' Association Lecture Hall Campaign. The goal is to raise \$2 million to fund one of the two large, state-of-the-art lecture halls. Desks in the lecture hall can be named for a total pledge of \$7500, payable over five years. A plaque with your name will be placed on the desk as a permanent acknowledgement of your support for pharmacy education.



Faculty Facts

Sixty-one desks have already been named, with prime locations in the front and back rows filling up fast. Alumni from 7T0, 8T0 and 8T9 are currently running class campaigns and challenging other classes to match them. The Ottawa-Carleton Pharmacists' Association has challenged other local associations to name a desk. Donations of any amount are welcome and all donors contributing \$100 or more will be recognized on a plaque inside the OPA Lecture Hall. For more information or to take the challenge, please contact Marina at 416-978-6749.

BACHELOR OF SCIENCE IN PHARMACY – ADMISSIONS

Applications for admission to our B.Sc.Pharm. program continue to increase, having reached a record number this cycle of 1200 applications for 180 spaces. While it is gratifying to see this level of interest in our program, we nonetheless want to improve our recruitment efforts to ensure that we make the best, brightest and most suitable "future pharmacists" aware of the opportunities afforded by an education in Pharmacy at U of T.

Would you like to get the word out about our B.Sc.Pharm. program? We'd be pleased to send you a supply of brochures. Please contact Angela Sidoriak at a.sidoriak@utoronto.ca with subject line 'Request for Pharmacy Brochures'.

STRUCTURED PRACTICAL EXPERIENCE PROGRAM (SPEP) – PHARMACISTS NEEDED

Our 2004-2005 Year 4 class will be the first group of 180 students, up from 140, to complete the curriculum. (The Faculty has made several incremental increases in enrolment as we move toward admitting 240 students in September 2005.)

This increase of 40 students means that **80 more SPEP rotations will be needed** – 40 community and 40 institutional. Pharmacists who are already involved in the SPEP program and supervise the eight-week rotations have been overwhelmingly positive about their experiences. Students bring enthusiasm and energy to their practices, and participating in pharmacy education has been a source of great professional satisfaction to our pharmacist teaching associates.

We need more pharmacists to join our team. Applications can be completed online at <http://spep.phm.utoronto.ca>. To learn more about SPEP please contact Annie Lee at 416-946-3258 or Andrea Cameron at 416-946-3623.

PHARMACY SCHOOL AT UNIVERSITY OF WATERLOO

The Leslie Dan Faculty of Pharmacy has signed a Memorandum of Understanding with the University of Waterloo to *explore the possibility* of establishing a Satellite School of Pharmacy in Waterloo. If this were to happen, the Leslie Dan Faculty of Pharmacy curriculum would be offered on the University of Waterloo campus through a cross-appointed faculty, on-line instruction or video-conferencing. There would be one application process with students opting to complete their degree requirements at either campus. It is anticipated there would be full integration of faculty on both campuses to ensure the content and quality of the undergraduate program. While the Memorandum is not binding it indicates out commitment to these discussions. The government must approve the extra spaces for students and Waterloo has indicated that it would like to admit as many as 120 pharmacy undergraduates.

PART TIME, DISTANCE PHARM.D. PROGRAM LAUNCHED

The Doctor of Pharmacy Program is now offering a new, part-time, distance program. Scheduled to start in August 2004, this new format is designed to give professionals the flexibility to pursue an advanced degree while continuing to work.

The part-time degree will be equivalent to our traditional two-year post-baccalaureate degree and will consist of two phases. The first phase (two years) comprises online courses. This format will eliminate the inconvenience of set times and locations and will enable participants to work when and where they choose. The anticipated time commitment will be about 25 hours per week. The second phase will consist of 11 one-month rotations that must also be completed within two years.

For more information contact us at 416-978-0603 or visit www.phm.utoronto.ca/pharmd/phmd-idx.html

CASE 1

Unauthorized Dispensing**Member:** Murray Dale, Oakville**Hearing Date:** January 29, 2004

Mr. Dale was found to have:

- Failed to maintain a standard of practice of the profession by dispensing Paxil® without valid prescriptive authority
- Contravened the *Pharmacy Act*, the *Drug and Pharmacies Regulation Act*, the *Regulated Health Professions Act*, 1991 or the regulations under those Acts

Mr. Dale entered a plea of guilty to the allegations of professional misconduct based on the following *Agreed Statement of Facts*.

Facts

The College received a complaint related to the unauthorized dispensing of three Paxil® prescriptions from ESI Canada ("ESI"), a pharmacy benefit management company that adjudicates drug claims and conducts pharmacy audits on behalf of third party payers.

According to ESI, further to an audit of the pharmacy in which Mr. Dale practices, they contacted the patient and the patient's physician (who was identified as the prescribing physician on computer-generated hard copies). The physician indicated that she had neither prescribed nor authorized dispensing Paxil® to the patient. The patient confirmed that she had used Paxil® for a short time a few years earlier.

Upon being advised of the complaint, Mr. Dale admitted responsibility for the unauthorized dispensing and explained that he dispensed the medication over a brief period motivated by extreme care and concern for the patient whose husband was dying. Mr. Dale said he had been a friend of the patient's husband for many years. He knew that the patient was familiar with Paxil® and was confident that she could tolerate the drug because it had been prescribed to her a year or two previously. Mr. Dale dispensed Paxil® after the patient had expressed reluctance to see a doctor.

Mr. Dale, as the dispensing pharmacist, acknowledges that he exercised poor judgment in dispensing Paxil® without authorization and expressed remorse to the College.

Reasons for Accepting the Joint Submission on Penalty

The parties agreed to the penalty which was presented to the panel by way of a Joint Submission on Penalty. In accepting the joint submission the panel considered that:

- This was Mr. Dale's second appearance before a panel of the Discipline Committee. Mr. Dale was previously found guilty of professional misconduct for dispensing Percodan®, a narcotic, to two people without verifying the prescriber's signature and of doing so when he knew, or ought to have known, that having regard to the quantities being dispensed, the prescriptions should have been verified
- This case of misconduct involves the unauthorized dispensing of Paxil® on three different occasions. Mr.

Dale was fully aware that he did not have the authority to dispense, but did so nevertheless

- Regardless of altruistic motives, a pharmacist should never dispense without proper authority
- Mr. Dale pleaded guilty to professional misconduct saving the College the time and expense of a hearing
- Mr. Dale acknowledged that he exercised poor judgment and expressed remorse to the College

Order

- A reprimand
- A suspension of Mr. Dale's Certificate of Registration for a period of one month
- Costs to the College in the amount of \$2,000

C A S E 2

Failure to Perform Visual Checks and to Counsel Resulting in a Dispensing Error Involving a Narcotic

Member: So-Yung Tang, Scarborough

Hearing Date: January 29, 2004

Ms. Tang was found to have:

- Failed to maintain a standard of practice of the profession
- Contravened the *Pharmacy Act*, the *Drug and Pharmacies Regulation Act*, the *Regulated Health Professions Act, 1991* or the regulations under those Acts
- Contravened, while engaged in the practice of pharmacy, federal or provincial law or municipal by-law with respect to the distribution, sale or dispensing of any drug or mixture of drugs

Ms. Tang entered a plea of professional misconduct based on the following *Agreed Statement of Facts*.

Facts

The complainant attended the pharmacy with a prescription for PMS-Baclofen® and OxyContin®. Ms. Tang dispensed Baclofen as prescribed, but dispensed MS-Contin® instead of the authorized OxyContin®.

The complainant was unaware that he had been given the wrong medication and took the MS-Contin® that evening. The complainant described feeling "drugged out" and continued to feel the effects the following morning. In accordance with the original instructions from his doctor, the complainant took another pill the next morning with the same effect. He then telephoned the pharmacy and was advised that a dispensing error had occurred.

The patient history reflects that the complainant had not previously received OxyContin® from this pharmacy. According to the complainant, he received neither counselling, precautions nor side effect information from Ms. Tang although an "insert" was provided to him. Ms. Tang reports that she has no clear recollection of having counselled the patient, although it is her usual practice to do so for new prescriptions.

Upon learning of the dispensing error Ms. Tang immediately acknowledged that she:

- Dispensed MS-Contin® to a patient when OxyContin® was prescribed and she expressed remorse to the College. Since the error occurred Ms. Tang and her manager have implemented a new procedure at the pharmacy to prevent the recurrence of this type of error
- Failed to perform all the usual checks on the prescription.

In filling the prescription for OxyContin®, a narcotic, she did not adequately perform a visual check to ensure that the medication being dispensed was the medication actually prescribed. She acknowledges the importance of performing a visual check, particularly when dispensing narcotics, to ensure that the proper medication is dispensed to the patient

- Cannot refute the complainant's statement that he did not receive counselling upon receipt of the medication

Reasons for Accepting the Joint Submission on Penalty

In accepting the Joint Submission on Penalty, the panel considered the following:

- The dispensing error involved a narcotic drug. Ms. Tang dispensed MS-Contin® when 15 mg OxyContin® was prescribed. OxyContin® does not exist as a 15mg tablet. This should have been a warning sign to Ms. Tang that the prescription was unclear and the physician should have been contacted for verification before dispensing
- Ms. Tang did not counsel the patient
- This was Ms. Tang's first appearance before the discipline panel
- Ms. Tang pleaded guilty to professional misconduct, saving the college the time and expense of a hearing
- Ms. Tang immediately acknowledged her mistake upon recognizing the error and expressed remorse to the College
- Ms. Tang and her manager have implemented new procedures at the pharmacy to prevent the recurrence of this type of error

Order

- A reprimand
- Specified terms, conditions and limitations on Ms. Tang's Certificate of Registration and, in particular, that she complete successfully, at her own expense, within 12 months of the date of this order, the education program "Confronting Medication Errors", offered by the Ontario Pharmacists' Association, including Workshop #1, "Under-

standing the Issues and Dealing with Incidents", and Workshop #2, "Taking Action to Improve Patient Safety"

- A suspension of Ms. Tang's Certificate of Registration for a period of one month, the suspension to be remitted on condition that she complete the remedial training exercises specified in paragraph 2 above

CASE 3

Poor Practice Management Resulting in Dispensing Without Authority (Including A Narcotic), Offering Expired Drugs For Sale, Failure to Document Dialogue and Dispensing Unlabelled Drugs

Member: Jamaldin Nurdin Ravji, London, ON

Hearing Date: February 10, 2004

Mr. Ravji was found to have:

- Failed to maintain a standard of practice of the profession
- Contravened the *Pharmacy Act*, the *Drug and Pharmacies Regulation Act*, the *Regulated Health Professions Act*, 1991 or the regulations under those Acts

Mr. Ravji entered a plea guilty to the allegations of professional misconduct based on the following *Agreed Statement of Facts*.

The Facts

The College had a longstanding concern with respect to the maintenance and operation of Mr. Ravji's pharmacy following a routine inspection in January 1998. As a result of various re-inspections and unsatisfactory action plans the Executive Committee authorized the appointment of an investigator.

Mr. Ravji cooperated fully with the investigation and readily admitted his errors to the investigator, specifically, that between January and December 2000, he:

- Dispensed or allowed the dispensing, on 35 separate occasions, without authorization

- Dispensed MS-Contin® SR 15mg, a narcotic, without proper authority and/or contrary to section 31 of the Narcotic Control Regulations made under the *Controlled Drug and Substance Act*
- Failed to implement a system for detecting and removing expired drugs from inventory and having expired drugs in inventory available for sale
- Failed to document dialogue on 12 separate initial prescriptions
- Dispensed drugs on 56 prescriptions without signing the prescriptions
- Dispensed 24 unlabelled drugs


Reasons for Accepting the Joint Submission on Penalty

In accepting the Joint Submission on Penalty, the panel considered that the College has had long-standing concerns regarding the maintenance and operation of Mr. Ravji's pharmacy following a routine inspection. As a result of various re-inspections and unsatisfactory action plans, the College officially investigated these areas in his practice, the results of which form the basis of this case.

Order

- A reprimand
- A condition on Mr. Ravji's Certificate of Registration that within one year from the date of this Order he shall, at his own expense, take and successfully complete the appropriate examinations for the following courses: "Basic Professional Practice Labs" and "Law Lessons 2, 4 and 7", both offered by the Canadian Pharmacy Skills program of the International Pharmacy Graduate Program at the Faculty of Pharmacy at the University of Toronto.

In the event the member does not successfully complete the above two courses within one year, his Certificate of Registration will be suspended until such time as he demonstrates to the College that he has successfully completed the above referenced courses.

- Four unannounced inspections of Mr. Ravji's pharmacy within 24 months of the date of this Order, at his expense
- Costs to the College in the amount of \$2,500 

NEW

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to Treatment reflects current thinking on methadone maintenance treatment and an understanding of the essential front-line role that busy pharmacists play in patient-focused care.

For more information about *Methadone Maintenance: A Pharmacist's Guide to Treatment, Second Edition* and/or to order, please contact a CAMH marketing representative. In Toronto, please call 416 595-6059. Across Ontario, call toll-free at 1 800 661-1111. You can also e-mail us at marketing@camh.net.



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Non-Supervision of a Pharmacy

Responsibilities of a Designated Manager

Ellen Helleur, Complaints Officer

FACTS

A patient complained that on two occasions, weeks apart, when she attended a pharmacy, that no pharmacist was in attendance. The patient said she was instead attended by a non-pharmacist representing himself as a pharmacist, who offered to fill her prescription.

The designated manager of the pharmacy confirmed that she is the only full-time pharmacist on staff. She added that she employs a full-time pharmacy assistant/shop manager, a part-time pharmacist and a pharmacy student.

The DM explained that on the date that the complainant first attended the pharmacy, both she and her part-time pharmacist were on duty the entire day. However, in the ensuing weeks her part-time pharmacist took a leave of absence. During this time the DM also became ill. The DM acknowledged that it was her sole responsibility to arrange for relief pharmacists but said that she could not fulfil this responsibility. Accordingly, she asked her

pharmacy assistant to arrange for relief pharmacists. The DM noted that the assistant was able to find pharmacists to cover most days and that the assistant “was well aware that an inability to find a pharmacist meant that the pharmacy would remain closed.”

On the date of the second occurrence, arrangements were made for the

returning part-time pharmacist to be on duty until 4:00 p.m. and for a relief pharmacist to be on duty at 6:00 p.m. which would leave the pharmacy without a pharmacist for only two hours. The DM explained that the patient had entered the pharmacy at 4:00 p.m., “just as the on-duty pharmacist was leaving for the day” and that

PROFESSIONAL SUPERVISION OF A PHARMACY:

“The Designated Manager shall ensure the following:

- a) Only licensed pharmacists, registered students or interns under the supervision of a pharmacist, practice pharmacy. No person except a pharmacist is permitted to direct, influence, control or participate in any action defined under the Standards of Practice; and
- b) A licensed pharmacist is on duty during all hours of operation.”

Standards for Designated Managers, July 1, 2002

“No person shall operate a pharmacy unless it is under the supervision of a pharmacist who is physically present.”

146 (1) (a) DPRA

“...no person other than a pharmacist or an intern or registered pharmacy student acting under the supervision of a pharmacist who is physically present shall compound, dispense or sell any drug in a pharmacy.”

149 (1) DPRA

“the door was locked after the patient left the pharmacy.” The DM argued that the pharmacy had only been without a pharmacist during business hours in “extreme situations”, and that staff had been instructed to lock the doors and cease operations when no pharmacist was present. An investigation in the matter, however, revealed that at least one transaction had been processed with a third-party insurer during the two hour period no pharmacist was present.

DECISION AND REASONS

The Complaints Committee determined that a patient was able to attend the pharmacy at a time when no pharmacist was present and that a transaction with a third-party insurer had occurred without a pharmacist present. Moreover, the DM admitted that she delegated her responsibility for locating and scheduling licensed pharmacists to her assistant which the Committee viewed as an abandonment of her responsibility as designated manager.

Accordingly, the Committee determined that the member had contravened sections 146(1) and 149(1) of the *Drug and Pharmacies Regulation Act*, and breached the *Standards for Designated Managers*. Specifically, pharmacy activities may not be carried out unless supervised by a pharmacist on site — even when the pharmacy is closed to the public. Such activities include, but are not limited to:

- Accepting telephone calls for prescription authorizations and/or refills
- Compounding, or preparation of prescriptions orders
- Submitting bills for third party adjudication

The Committee clarified that it is the responsibility of the designated manager to ensure that only “licensed pharmacists, registered students and interns under the supervision of a pharmacist, practice pharmacy” and that a licensed pharmacist must remain on duty during all hours of operation.

The DM’s lack of supervision of the pharmacy was a serious concern to the Committee. The Committee concluded that protection of the public’s interest would be appropriately served by requiring the DM to appear before the Complaints Committee to receive an Oral Caution.

As the Committee also had concerns about the pharmacy site, it directed that the pharmacy be referred to the Accreditation Committee for review. [C](#)

ACCREDITATION COMMITTEE

“Where the Accreditation Committee has reason to believe that a pharmacy or its operation fails to conform to the requirements of this Part and the regulations or to any term, condition or limitation to which its certificate of accreditation is subject, the Committee may refer the matter to the Discipline Committee for a hearing and determination.”

140(1) *Drug and Pharmacies Regulation Act* (DPRA)

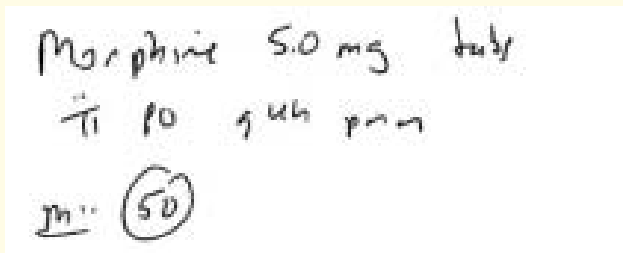
FOCUS ON Error Prevention



Ian Stewart, B.Sc.Pharm.

The misinterpretation of decimal points is a contributing factor in a number of dispensing errors. In addition, dosages involving decimal points may be incorrectly written by the prescriber. For example, pharmacists have reported receiving written prescriptions for levothyroxine 0.25mg instead of the intended 0.025mg. These types of errors can result in a ten-fold overdose with potentially disastrous consequences.

CASE 1



The above prescription was presented to a pharmacy technician for filling. On processing the prescription the technician failed to see the decimal point and entered the prescription into the computer as "morphine 50mg tablets". Fortunately the pharmacist detected the error upon checking the prescription, and dispensed morphine 5mg tablets as the prescriber had intended.

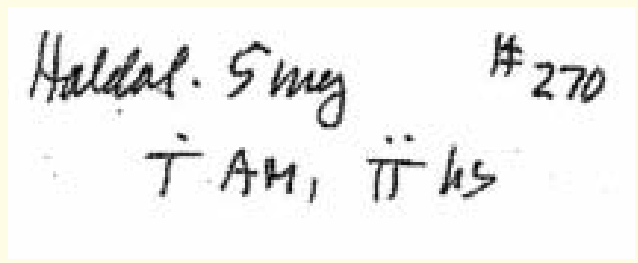
Possible Contributing Factors:

- The prescriber added an unnecessary decimal point and zero following the number five
- The decimal point is barely visible and therefore easily missed in a busy environment

Recommendation:

- A terminal zero should never be added to dosages expressed in whole numbers, i.e. 5mg should not be written as 5.0mg

CASE 2



The above prescription was misinterpreted and dispensed as Haldol® 5mg instead of 0.5mg as the prescriber had intended.

Possible Contributing Factor:

- The decimal point was missed, possibly due to the lack of a preceding zero

Recommendations:

- A leading zero should always precede decimal expressions of less than one to enhance the visibility of the decimal. For example, .5mg should be written as 0.5mg
- Use caution when dispensing drugs with ten-fold differences in dosage strength. Examples are Coumadin® 1mg/10mg, Haloperidol 0.5mg/5mg, Morphine 5mg/50mg and Vitamin A Acid Cream® 0.01%/0.1%
- Affix cautionary labels onto these products to alert pharmacy staff of the potential for error
- Decimals should be avoided when an alternative exists. For example, 0.025mg should be written as 25mcg

Reference:

1. ISMP Medication Safety Alert, Community/Ambulatory Care Edition, Vol 3, February 2004.

CE EVENTS

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

ONTARIO

June 4-6: Toronto

CAPT Professional Development Conference 2004, Canadian Association of Pharmacy Technicians
voicemail: (416) 410-1142
contact@capt.ca
www.capt.ca

June 10-11: Toronto

Controversies in Etiology Detection and Treatment of Breast Cancer, CME
University of Toronto
tel (416) 978-2719
or 1-888-512-8173
ce.med@utoronto.ca
www.cme.utoronto.ca

June 14-16: Guelph

Guelph Sexuality Conference
Office of Open Learning
University of Guelph
tel (519) 767-5000
info@open.uoguelph.ca
www.open.uoguelph.ca/sexconf

June 15: Toronto

Paediatrics for Pharmacists 2004, Hospital for Sick Children
Sara McDermott
tel (416) 813-6703
fax (416) 813-5880
sara.mcdermott@sickkids.ca

June 17-18: Ottawa

The Many Faces of Trauma
Ottawa Anxiety & Trauma Clinic
tel (613) 228-0718
www.anxietyandtraumaclinic.com

June 18-20, Niagara-on-the-Lake Single Topic Conference on Hepatotoxicity

Canadian Association for the Study of the Liver
Reanne Belisle
tel (416) 847-0053
or 1-800-563-5483, x 4919
fax (416) 847-0054
rbelisle@liver.ca
www.hepatology.ca

OPA WORKSHOPS

The following workshops, sponsored by the Ontario Pharmacists' Association, are scheduled:

June 2: Hamilton

Emergency Contraception

Antonietta Forrester
antonietta@marchesepharmacy.com

June 17: Kitchener

Internet Drug Information Tutorials

Sherry Peister
sherrypeister@sympatico.ca

Sep. 10-12: Ottawa

Diabetes Patient Care - Level 1 Certificate Program

Sandra Winkelbauer
tel (416) 441-0788, x 4235
swinkelbauer@opatoday.com
www.opatoday.com

Sept. 14: Hamilton & Owen Sound

Confronting Medication Errors -

Part II: Taking Action to Improve Patient Safety

Antonietta Forrester (Hamilton)
antonietta@marchesepharmacy.com
Adele Kaminski (Owen Sound)
adele.kaminski@utoronto.ca

Sept. 28: Pembroke

Emergency Contraception

Kelly Ouimet
lkouimet@nrtco.net

Oct. 1-3 & 22-24

Certified Geriatric Pharmacist Preparation Course

Sandra Winkelbauer
tel (416) 441-0788, x 4235
swinkelbauer@opatoday.com
www.opatoday.com

For information on hosting these in your area, contact OPA:
Sandra Winkelbauer
tel (416) 441-0788, x 4235
swinkelbauer@opatoday.com
www.opatoday.com

CANADA

June 3-5: Winnipeg MB CCCCP Symposium

Canadian College of Clinical Pharmacy
www.cccp.ca

Aug. 14-17: Edmonton AB

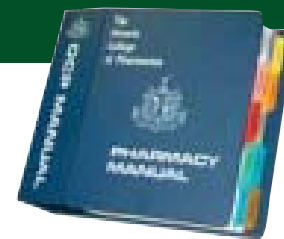
CSHP Annual General Meeting

Canadian Society of Hospital Pharmacists
Desarae Davidson
tel (613) 736-9733, x 229
fax (613) 736-5660
ddavidson@cshp.ca

INTERNATIONAL

Aug. 2-4: Boston MA Disease Management Conference

Strategy Research Institute
tel 1-888-666-8514
info@srinstitute.com
www.srinstitute.com/dmc



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

<p>Drug and Pharmacies Regulation Act (DPRA) * Amended 2000 Regulations to the DPRA: DPRA R.R.O. 1990, Regulation 545 – Child Resistant Packages DPRA R.R.O. 1990, Regulation 547 Amended to O.Reg. 548/93 – Dentistry DPRA Ontario Regulation 297/96 Amended to O.Reg. 180/99 – General DPRA R.R.O. 1990, Regulation 551 Amended to O.Reg. 179/99 – General DPRA R.R.O. 1990, Regulation 548 Amended to O.Reg. 705/93 – Medicine DPRA R.R.O. 1990, Regulation 550 Amended to O.Reg. 550/93 – Optometry</p>	<p>Ontario Drug Benefit Act (ODBA) & Regulations * Amended 2002 Regulations to the ODBA: Ontario Regulation 201/96 Amended to O.Reg. 395/02 – General</p>
<p>Drug Schedules ** Summary of Laws Governing Prescription Drug Ordering, Records, Prescription Requirements and Refills - January 2001 OCP Canada's National Drug Scheduling System – February 2, 2004 NAPRA (or later)</p>	<p>Food and Drugs Act (FDA) & Regulations ☺ Updated Health Canada Version as of Dec. 31, 2003</p>
<p>Regulated Health Professions Act (RHPA) * Amended 2002 Regulations to the RHPA: Ontario Regulation 39/02 - Certificates of Authorization Ontario Regulation 107/96 – Controlled Acts Ontario Regulation 59/94 – Funding for Therapy or Counseling for Patients Sexually Abused by Members</p>	<p>Controlled Drugs and Substances Act (CDSA) ☼ Updated NAPRA Version as of October 25, 2000 Benzodiazepines & Other Targeted Substances Regulations - Can. Gazette June 21/00 Precursor Control Regulations – Can. Gazette October 9/02</p>
<p>Pharmacy Act (PA) & Regulations * Amended 1998 Regulations to the PA: Ontario Regulation 202/94 Amended to O.Reg. 548/99 – General Ontario Regulation 681/93 Amended to O.Reg. 122/97 – Professional Misconduct</p>	<p>Narcotic Control Regulations ** Updated NAPRA Version as of October 25, 2000</p>
<p>Standards of Practice ▲ New Standards of Practice, January 1, 2003 OCP</p>	<p>OCP By-Laws By-Law No. 1 – June 2003 ▲ Schedule A - Code of Ethics, May 1996 Schedule B - Conflict of Interest Guidelines for Members of Council and Committees - Oct 1994 Schedule C - Member Fees - Jan 1, 2003 Schedule D - Pharmacy Fees - Jan. 1, 2003 Schedule E – Certificate of Authorization – Jan. 2003</p>
<p>Drug Interchangeability and Dispensing Fee Act (DIDFA) & Regulations * Amended 1996 Ontario Regulation Reg. 935 - General Ontario Regulation Reg. 936 – Notice to Patients Regulations to the DIDFA: Regulation 935 Amended to O.Reg. 394/02 – General Regulation 936 Amended to O.Reg. 205/96 – Notice to Patients</p>	<p>Reference ▲ Handling Dispensing Errors, Pharmacy Connection Mar/Apr 1995 Revenue Canada Customs and Excise Circular ED 207.1 Revenue Canada Customs and Excise Circular ED 207.2 District Excise Duty Offices - Oct. 10/96 Guidelines for the Pharmacists on "The Role of the Pharmacy Technician" OCP Required Reference Guide for Pharmacies in Ontario, Mar. 2004</p>

* Information available at **Publications Ontario** (416) 326-5300 or 1-800-668-9938
 ** Information available at **www.napra.org**
 ☺ Information available at **Federal Publications Inc.** Ottawa: 1-888-4FEDPUB (1-888-433-3782)
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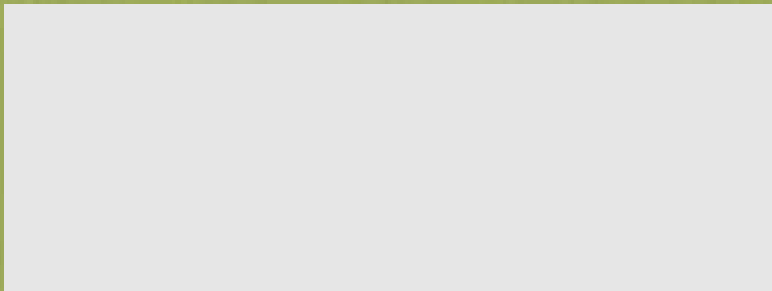
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