

Pharmacy Connection



Official Publication of the Ontario College of Pharmacists

November/December 2003

2003-2004



Council 2003-2004



Council Members

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

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- 2 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
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- PM Mel Jones
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- PM Stephen Mangos
- PM Linda Robbins
- PM Michael Schoales
- PM Christina Weylie
- DFP Wayne Hindmarsh

Statutory Committees

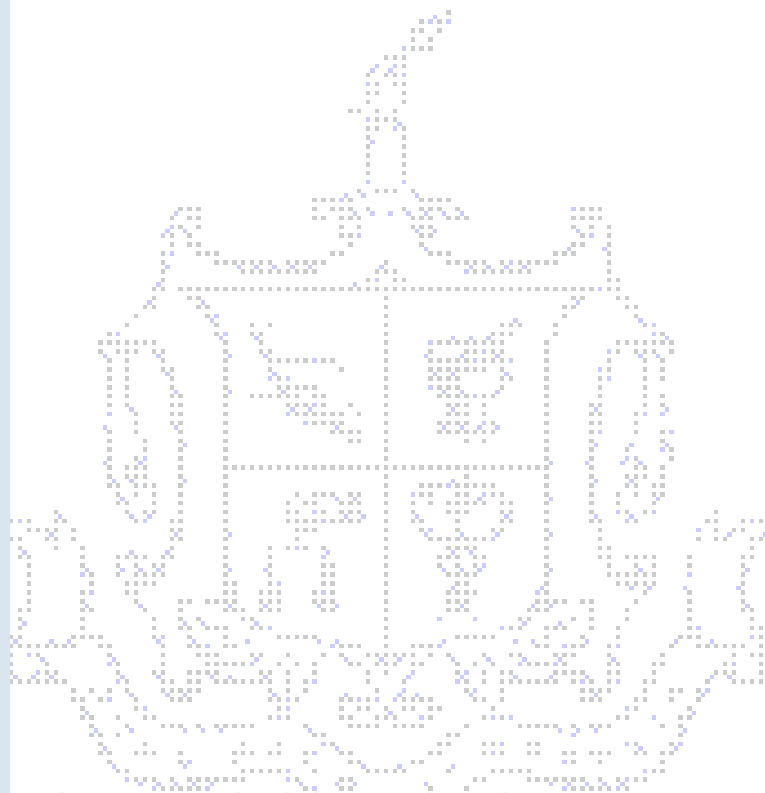
- Executive
- Accreditation
- Complaints
- Discipline
- Fitness to Practice
- Patient Relations
- Quality Assurance
- Registration

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.

**Become a
CE Coordinator or Associate
in your region!**

See page 30 for details!



Ontario College of Pharmacists
 483 Huron Street
 Toronto, ON Canada M5R 2R4
 Telephone (416) 962-4861
 Facsimile (416) 847-8200
 www.ocpinfo.com

Iris Krawchenko, B.Sc.Pharm.
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Registrar

Della Croteau, B.S.P., M.C.Ed.
*Editor and
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Layne Verbeek, B.A.
Associate Editor

Agostino Porcellini
Graphic Designer

Suzanne McLoughlin, B.A.
Copy Editor

Alice Wlosek
Distribution

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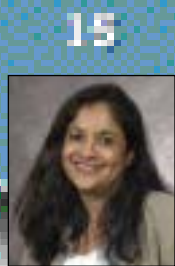
Pharmacy Connection

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.

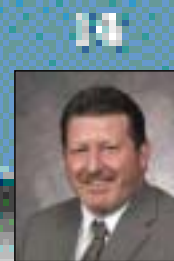
We publish six times a year, in January, March, May, July, September and November. We welcome original manuscripts (that promote the objectives of the journal) for consideration. The Ontario College of Pharmacists reserves the right to modify contributions as appropriate. Please contact the Associate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

Electoral Districts and Members of Council



District 15, Gurjit Husson
Thunder Bay



District 14, Stephen Clement
Powassan

Hospital Members



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Toronto



District 17, Shelley McKinney
Pickering

Dean, Faculty of Pharmacy



Wayne Hindmarsh, Ph.D., FCSFS
Dean, Leslie Dan Faculty of Pharmacy
University of Toronto



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Collingwood



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Russell Carrington
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Garry Dent
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Public Member,
Bob Drummond
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Public Member,
Dean French
Toronto



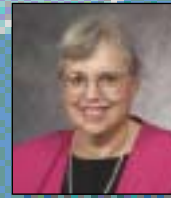
Public Member,
Tina Gabriel
Toronto

PICTURE N/A

Elected Members



District 7, Leslie Braden Barrie



District 1, Marie Ogilvie
Kemptville



District 2, Elaine Akers
Peterborough



District 13, Donald (Dan) Stringer
Goderich



District 3, Remi Ojo
Scarborough



District 4, Reza Farmand
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President
Hamilton



District 12, Peter Gdyczynski
Brantford



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Please contact the Ontario College of Pharmacists if you would like to communicate with a Member of Council.



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Carp



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Elliott Lake



Public Member,
William (Bill) Maguire
Cobourg



Public Member,
Stephen Mangos
Toronto



Public Member,
Linda Robbins
Toronto



Public Member,
Michael Schoales
Toronto



Public Member,
Christina Weylie
Kitchener



SEPTEMBER 2003

COUNCIL APPROVES 2004 CAPITAL AND OPERATING BUDGET

Council approved capital and operating budgets for 2004 which call for no fee increases for pharmacists, pharmacies, students/interns or certified pharmacy technicians.

Council revisited the strategy adopted one year ago that resulted in fees being adjusted substantially to address several extraordinary expenditures in 2003. They noted that the adjustments made in 2003 would cover only the operating and capital expenses for that year, leaving the reserves, fully depleted, to be rebuilt in future years. With two thirds of the year behind us, projections for the full year 2003 indicate that a small surplus may be realized after capital expenditures. This surplus, when added to the carry forward reserves, will form a solid position for the College to gradually rebuild to its target reserve.

The capital and operating budgets were determined after careful review and analysis of the recently approved *Strategic Plan, 2003*. The timing and approach for accomplishing many of the plan's objectives were reviewed by staff and committee chairs to determine the best course of action. Wherever possible, flexible, focused

short term strategies were chosen over long-term institutional or structural changes.

Increases to expenses for 2004 are distributed evenly across all expense categories and amount to only 2.6 per cent above current year budget, and 6 per cent above the current year projections. The funding of the OCP Professorship in Pharmacy Practice accounts for a significant portion of the new spending. As the large capital outlay made for technology has been completed and the issue of owned office space for expansion purposes is now securely in place, no significant spending is required for capital assets in the foreseeable future.

With the approval of capital and operating expenditures necessary to achieve the strategic objections, Council turned its attention to how and when the reserves should be rebuilt. Although fee increases equal to the Consumer Price Index were discussed (which would have resulted in a larger surplus and accelerated the rebuilding of the reserves), Council determined that a more favorable approach at this time would be to hold fees at their current levels. In reaching this decision, Council considered that sufficient risk management strategies are in place at the College to address unforeseen expenditures while maintaining the organization's financial health.

The current fees noted below will continue to be in force for 2004. (GST in addition)

Pharmacists:

- Annual Fees remain at \$487.92

Pharmacies:

- Annual Renewals Fees remain at \$700
- Sales, Relocations, Re-inspections Fees remain at \$500
- New Opening Fees remain at \$750

Registration:

- Initial filing fee remains at \$112
- Application Fees remain at \$150
- Training Fees remain at \$300
- Jurisprudence Examination Fee remains at \$145/\$290

Other:

- Late Payment Fees and Fees for the Voluntary Certification of Pharmacy Technicians Examination remain unchanged.

APPOINTMENT OF AUDITORS FOR 2003

Council approved the Finance Committee's recommendation that the firm Hillborn, Ellis, Grant LLP Chartered Accountants be appointed auditors for 2003. Council noted that proposals for financial and audit services were solicited throughout the summer and that Hillborn, Ellis, Grant was selected based on experience, cultural fit and price.

LOYALTY PROGRAMS

Council has, in response to stakeholder feedback, agreed to extend the implementation date (previously January 1, 2004) for the College's new loyalty programs policy that was approved June 2003. **The new policy will now become effective July 1, 2004.**

APPROVED 2004 BUDGET – SUMMARY

Revenue:

Pharmacist Fees	\$4,691,493
Pharmacy Fees	2,120,000
Registration Fees	391,463
Sundry and Investment	287,990
Total Revenue	\$7,490,946

Expenses:

Council & Committee	\$1,927,000
College Administration	5,098,978
Property	77,050
Niagara Apothecary	24,000
Total Expenses	\$7,127,028

Excess of Revenue over Expenses	\$363,918
Capital Expenditures	150,000
Surplus (Deficit) after Capital	\$213,918

Council's decision is in response to a report from Past-President David Malian on feedback that was received from stakeholders during information sessions that were held this past July. A number of participants indicated that an extended timeline would ensure that appropriate marketing and customer awareness programs would be in place by the implementation date. While the decision to extend the implementation date was based on stakeholder feedback, Council's intent to implement the policy as approved in June 2003 remains unchanged.

CHANGES TO QUALITY ASSURANCE PROGRAM SELECTION PROCESS

Council has approved changes to the policy on the random selection of members for the Practice Review (Phase II). All members are now subject to random selection every

year — not just following completion of a self-assessment survey (Phase I).

All College members have now completed a self-assessment survey. Council considered that the previous selection process could give rise to inequity, given that a member randomly selected for Phase I in year 1 of the five-year cycle would remain in the selection pool for Phase II for five years, whereas a pharmacist selected for Phase I in year four of the five-year cycle would only be in the larger selection pool for two years. The Quality Assurance Committee is satisfied that this change will result in a more equitable selection process that is better aligned with the original intent of the program. This change is effective April 1, 2004.

NEW DOCUMENTATION GUIDELINES APPROVED


New documentation guidelines to support the *Standards of Practice* were approved. The Standards of

Practice Committee, in response to member feedback, has developed these guidelines to provide pharmacists with direction on how documentation skills can improve their practice. These guidelines are intended to assist pharmacists in improving their documentation skills while supporting the *Standards of Practice*. The new guidelines will be printed in the upcoming January/February issue of *Pharmacy Connection*.

PRIVACY LEGISLATION

College staff continue to participate in discussions with other Ontario health regulatory colleges respecting the Personal Information *Protection and Electronic Documents Act (PIPEDA)* and how it may impact the College's regulatory function.

The Act applies to any "commercial activities" of an organization that involve "personal information" and Council noted that further clarification on this matter will be forthcoming. The *Federation of Health Regulatory Colleges of Ontario* has made a formal request to the federal government asking that regulatory colleges be designated as "investigative bodies" for the purposes of the Act.

However the provisions of the Act *will have* implications for pharmacists and pharmacies involved in "commercial activities". As a result, the College is reviewing toolkits and guidelines developed by various organizations for pharmacists, and will make these tools available through links on our website. 

2003-2004

COMMITTEE APPOINTMENTS

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VICE PRESIDENT – LARRY BOGGIO
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NCCM

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Faris Al-Masri

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Susanna Downey
Angela Grimminck
Julie Koehne
Ming Lee
Esther Marshall
Anne Resnick
Christine Vanderspiegel

*NCCM: Non-Council Committee Member

REGISTRATION

Q&A



Chris Schillemore, B.Sc.Pharm.
Manager, Registration Programs

Q I am an internationally trained pharmacist who went to the registration panel to get an exemption from studentship. It seems unfair that University of Toronto students are allowed to start internship before knowing the results of the PEBC Qualifying Exam while I must first pass the Qualifying Exam. Could you comment?

Both University of Toronto students and international pharmacy graduates enrolled in the International Pharmacy Graduate (IPG) Program at the University of Toronto, who have successfully completed all requirements of their programs and are eligible to graduate, are eligible to start internship. *All* candidates must complete the Qualifying Exam before licensure.

The key issue here is that, in applying to the registration panel, you are *requesting an exemption* from part of a requirement, namely to be exempted from 32 weeks of studentship (comprised of 16 weeks of the IPG Program and the 16 weeks of structured studentship training). You must therefore provide evidence to the panel to support your request. Your success in the Qualifying Exam is only one piece of evidence that a Registration panel would consider. In addition, the panel would consider other evidence to demonstrate that you have the knowledge and skills to be granted an exemption from some or all of studentship.

Q The College is constantly changing the rules for international candidates. My friend who went to panel in February only had to do 16 weeks of internship. Why did the Registration panel in July make me do 8 weeks of studentship training in addition to the 16 weeks of internship?

The requirements for licensure **have not changed**. The entry-to-practice requirements for international graduates are:

- Degree/Credentials evaluated by PEBC
- Reasonable Fluency
- PEBC Evaluating Exam
- Proof of identity, status, etc.
- 48 Weeks In-Service Training- comprising:
 - 32 weeks studentship (16 weeks IPG Program + 16 weeks Structured Practical Training)
 - 16 weeks Structured Practical Training internship
- PEBC Qualifying Exam
- Jurisprudence Exam

In the past, candidates had only offered registration panels evidence of their successful completion of both parts of the PEBC Qualifying Exam when requesting exemption from the 32 weeks of studentship. Since that time, both candidates and preceptors have reported that some candidates have had difficulty meeting the internship

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Getting Ready for Privacy Legislation

Connie Campbell, C.A.M., C.A.E.
Director of Finance and Administration

Over the last several years, College staff and executive members have been closely monitoring the increased focus and attention that the federal and provincial governments have been placing on privacy legislation.

Throughout 2002, the College and other Ontario health colleges and self-regulating organizations were heavily involved in trying to influence proposed provincial privacy legislation. The proposed *Personal Information Privacy Act* was shaping up to be a comprehensive piece of legislation that would address privacy requirements for personal and health information of every citizen in Ontario. Unfortunately, the legislation was tabled indefinitely.

In the absence of provincial privacy legislation (that would be equal or greater than the federal legislation) the federal *Personal Information Protection and Electronic Documents Act* (PIPEDA) will come into force in Ontario and Canada on January 1, 2004. It will affect all organizations that carry out “commercial activity”.

The College has collaborated with the Federation of Health Regulatory Colleges of Ontario (Federation) for the

past six months to both understand and take action as required— both from our internal regulatory standpoint and with respect to our frontline member practitioners.

From a regulatory perspective, the most significant step taken by the College and the Federation was our application to the Federal Privacy Commissioner for all regulated health colleges to be designated as “investigative bodies” for the purposes of the Act.

This action was deemed necessary by the Federation to ensure that the regulatory work of Ontario’s health colleges would not be compromised by the federal legislation. This designation ensures that, under the auspices of PIPEDA, information cannot be withheld from colleges during the course of conducting their regulatory functions. The Federation has also developed a privacy code template for colleges, even though most college activity is not commercial and therefore not governed by PIPEDA. Each college’s voluntary adoption or adaptation of this privacy code represents our support for the spirit of the new legislation.

As PIPEDA does not address health information or the provision of pharmaceutical or health services of any kind, it is not within the College’s scope to provide advice or guidance to its members on how to maintain compliance with this Act. Indeed, PIPEDA is commercial legislation that affects all businesses engaged in commercial activity, not unlike new tax legislation or laws relating to marketing or promotional efforts.

However, the College does recognize that many frontline practitioners and pharmacy owners/operators may not know where to find information on this new legislation or know how to ensure that they are compliant with the new requirements.

The concept of maintaining confidentiality of health records is not new to pharmacists. However, PIPEDA goes beyond the basic requirement to preserve the confidentiality of all individual health information. PIPEDA **has specific**


expectations for collection, use, disclosure, access and destruction of information that is unique to a person. In order to be compliant with the legislation, a prudent business operator must conduct an audit of his/her current processes and document the revised processes appropriately.

While it is not appropriate for the College to advise you on how to comply with this legislation, we will direct you to sites/organizations that have prepared detailed compliance guides/checklists.

A working group of the Federation has created two documents for use by its member health colleges. The first, “*Guide – Getting Ready for Privacy Legislation, Privacy Requirements and Policies for Health Practitioners,*” walks you through the various steps required to implement an effective privacy plan in your organization. It includes sample consent forms and privacy policies.

The second document is a checklist that you can use, along with the guide, to document your privacy plan. A copy of the guidelines and checklist can be downloaded from our website www.ocpinfo.com.

Additionally, the Federal Government’s Privacy Commissioner website has a step-by-step guide for conducting a privacy audit and bringing your operation into compliance with the Fair Information Practices Framework. This site provides useful tips on how to review frontline operational issues. You can view or download these documents at www.privcom.gc.ca/information/guide_e.asp.

Pharmacy advocacy associations such as the Canadian Pharmacists’ Association and the Ontario Pharmacists’ Association have also been studying the impact of the legislation and are available to their members for information and advice. Beyond this, all pharmacy operators should check with their lawyers or business advisors to ensure that they have taken all the right steps to ensure that they are in compliance with the new legislation by January 1, 2004. 

It is not within the College’s scope to provide advice or guidance to its members on how to maintain compliance with this Act.

A Summer Student's Perspective of the College

Sandy Lu

I am a third year pharmacy student at the University of Toronto. During the summer of 2003, I had the opportunity to do a work term at the Ontario College of Pharmacists. You may be surprised that such a position exists at the College. Well, that makes the two of us!

Students in school are encouraged to explore pharmacy beyond community and institutional settings. Feeling compelled to get a “different” experience; I decided to explore something new. I came across the *Point of Care* symbol while working at a pharmacy and realized that, as a student, I hardly knew anything about the College. As you can tell from the comments from my peers (following pages) OCP would seem to be a secretive organization that charges excessive pharmacy student fees and has a lot of regulations and power. When I applied for the student position at the College, I learned that OCP hires a student every summer. While students typically work with one manager, this year, my supervisor, Nora MacLeod-Glover, suggested that rotating through various College departments would provide me with a broader perspective on College activities.

My work term started at the end of May. My initial impres-



“I’ve always feared OCP just from knowing they are the regulatory body.”
– 3rd year student

sion of the College was a mixture of intimidation and excitement. I never realized that the College’s buildings are actually converted Annex residences that retain many of their original features like fireplaces! Given the thousands of pharmacists it serves in Ontario, I really expected to see more people on staff.

The College departments that have direct contact with members are Pharmacy Practice, Continuing Competency, Registration, Communications, Continuing Education, Member Services, and Investigations and Resolutions.

I’ve had the opportunity to rotate through each department, some more in depth than others. Staff come to the College with a variety of educational backgrounds running the gamut from arts to pharmacy and law. Many members of the staff also have strong interests in education. This makes sense, as pharmacists are not only health care professionals but also teachers to pharmacy students, interns and the public.

June seems to be “meeting month” at the College. I had the opportunity to observe a number of different committee meetings. These committees require a great deal of personal commitment, not just time and energy, from its pharmacist members (Council and non-Council members). Drafts, guidelines, policies, examinations (Jurisprudence/Quality Assurance/ Pharmacy Technician) are formulated and debated, while detailed accreditation, complaints, discipline and fitness-to-practice cases are also reviewed by committee. Each committee usually consists of eight to 10 participants from across Ontario.

“I understand OCP provides the regulations and laws to standardize all pharmaceutical services by pharmacists and preserves customer satisfaction with the profession.”

I found that the presence of public members brought balance to each committee’s work. Wouldn’t it be interesting for health care professionals to sit as committee members for the Law Society? Although each committee has very busy agendas, I was impressed with the attention to detail that each member gave to each issue. For example, during a meeting of the Standards of Practice Working Group, members paid meticulous attention to every detail of the proposed documentation guidelines to ensure the guidelines would accurately reflect current practices.

One of my favorite committees was the Multiple Choice Question Writers Working Group in which members used creativity to accomplish their tasks. I never knew there were so many techniques used to write multiple-choice questions. At one point I was even asked to attempt to answer the questions. I’m beginning to appreciate the difficulty my professors go through in preparing exams.

June ended with the ultimate meeting, Council. Once again, public members joined pharmacists in debating the issues of the day. This is a meeting for our pharmacist representatives and public members. College staff observe and occasionally provide background information.

Though I couldn’t fully appreciate some of the issues addressed, I was able to appreciate the seriousness in which

they were debated. Ontario pharmacists are considering primary care reform. The days of regulating technicians may be coming. There is a new policy on customer loyalty programs and this policy brings forth a risky issue to tackle. Indeed, where can one draw the line between health professionalism and business in the pharmacy world?

This past June I learned to better appreciate how self-governance works. I always thought that the College had great power over its members, however, in reality, the powers of the College are vested in the membership.

The rest of my summer placement consisted of research projects. For example, pharmacists in Alberta and England are moving towards prescribing rights. I look forward to the day when Ontario pharmacists will enjoy prescribing authority.

I also researched the possibility of online training for preceptors. At present, no truly interactive training sites exist in North America despite the enthusiasm of most pharmacists who would enjoy a blend of in-class and online instruction. I also researched non-punitive methods for medication errors, similar to those employed at the College. The current philosophy is to shift away from simple blame. It is moving towards practice-site analysis and remediation, with punishment as a last resort. Too err is human; it’s how we handle the situation after an error that makes the true difference.

“OCP is a regulatory body that allows us to preserve our authority. It acts as a mediator between public and the profession.”

I had a rewarding summer working at the College. The College can unfortunately only hire one student each summer. So, I began thinking, what can OCP and faculty students do to improve communications and awareness throughout the school year?

Would it be possible to have a student position on Council? How about holding a lunch workshop with students at the beginning of the school year? How about a workshop on the greater legal issues in the health care field? Pharmacy students are not lawyers — how can we protect ourselves and our patients in practice? Preceptors have training work-

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shops. Would it be possible for students to have some training on “how to be a student/intern trainee” as well?

Would it be possible to have an occasional student’s column in *Pharmacy Connection*? Can the College provide articles or information for the student newspaper *Monograph*? What links does the College have with the Faculty, and are these enough?

In closing, I’d like to encourage all students to try a variety of pharmacy-related jobs during their summers, particularly work that gives exposure to different perspectives in the pharmacy field. Use your summers wisely. Thank you OCP for giving me the opportunity to learn.

EDITOR’S NOTE:

I want to thank Sandy for her contributions and insight. I also want to respond to her questions about what more can be done

to increase communication between students and the College.

First, Council composition is legislated and limited to licensed pharmacists and public members. I do encourage students however to contact the College any time they have questions or want to learn more about its operations.

I also want to point out that College staff present and teach a number of sessions to Faculty students in all years. Starting with orientation sessions in first year and running through the four years, our inspectors and management team speak on various aspects of law, policies and guidelines for pharmacies in Ontario.

I think Sandy’s suggestion for an occasional student column in *Pharmacy Connection* and OCP providing relevant information in *Monograph* is a good idea. We will explore these opportunities. Thank you Sandy and best of luck in your studies! 📖

Letter to Editor

Dear Ms. Williams:

I received the decision from the Complaints Committee, and I just wanted to thank you, Ellen Helleur, Carmina Conti, and all who were involved in this sensitive matter concerning my pharmacy. Your sensitivity, care and compassion in this awful incident is appreciated more than I could ever express. This issue was treated with the utmost importance and seriousness it deserved, and my mother and I thank you all for your hard work and sympathy you gave us. We are very pleased that our pharmacy has made changes so that patients with diabetes — or any illness for that matter — is treated with respect, compassion and seriousness.

I can honestly say that I am very happy and satisfied with the way this matter was treated. Thank you all and God Bless.

With sincere, warm thanks,

LS.

Editor’s Note: This is a letter from a patient who made a complaint to the College about her pharmacy. We are printing this to let members know that most complaints are dealt with through the Complaints Committee by improving practice, rather than through the disciplinary route. Last year, the Complaints Committee received 124 complaints, 110 of which were resolved through action of the Complaints Committee, and 14 were of a nature to be referred to discipline. 📖

HEALTH CANADA

Advisories & Notices

DATE	TYPE
September 15/2003	Important Safety Information about ReFacto® (moroctocog alfa), Antihemophilic Factor (Recombinant) [BDDrFVIII]
September 10/2003	Important Safety Information regarding the use of Effexor® (venlafaxine HCl) Tablets and Effexor® XR (venlafaxine HCl) Capsules in children and adolescents.
September 4/2003	Public Advisory, Important Safety Information Regarding Serevent® (salmeterol xinafoate) for Asthma.
August 19/2003	Public Advisory, Important Safety Information Regarding Casodex® 150 mg. Accelerated Deaths in Localized Prostate Cancer Patients. Health Canada has withdrawn its approval for Casodex 150 mg for early (localized) prostate cancer.
August 18/2003	Important Drug Safety Information. Accelerated deaths using Casodex® (bicalutamide) 150 mg in patients with localized prostate cancer otherwise undergoing watchful waiting. Health Canada has withdrawn its approval (Notice of Compliance with conditions) for Casodex 150 mg.
August 15/2003	Important Safety Information Regarding Serevent® (salmeterol xinafoate) in Asthma and cessation of the SMART (Salmeterol Multi-center Asthma Research Trial)
August 11/2003	Public Advisory, Important Medical Devices Safety Information. Product Correction and Removal On Your D-TRONplus Insulin Pump.
August 11/2003	Important Medical Devices Safety Information. Urgent Product Correction and Removal on Disetronic Infusion Pumps D-TRONplus Insulin Pumps.
August 11/2003	Important Medical Devices Safety Information. Product Correction and Removal on Disetronic Infusion Pumps H-TRON, H-TRONplus Insulin Pumps.
August 11/2003	Public Advisory, Important Medical Devices Safety Information. Product Correction and Removal On Your H-TRON V100 and H-TRONplus V100 Insulin Pump.
July 18/2003	Public Advisory, Important Safety Information Regarding Gluconorm® (Repaglinide) and Gemfibrozil and the Risk of Severe and Prolonged Hypoglycemia.

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/>

PRACTICE

Q&A



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

Q I transmit my narcotic drug order to my wholesaler (licensed dealer) with my remote input device. How soon must I return the written confirmation when I receive my order?

The Narcotic Control Regulations, s.27(8) require the pharmacist placing the order to return a written confirmation within five working days. The confirmation or receipt of the order must have the pharmacist's signature, the date the order was received and the name(s) and quantity of the narcotics received.

Q If a receipt for the confirmation of the order is not received within five working days, will I be able to order narcotics from the wholesaler?


Whether the order was placed verbally or through a remote input device, a wholesaler (licensed dealer) will not be able to supply you with any narcotic until the confirmation has been received (Narcotic Control Regulations s.27(9)).

Q Can a licensed dealer refuse to accept an order using the remote input device?

Yes. Similar to pharmacists, licensed dealers are required to protect narcotic and controlled drugs in their possession. If a licensed dealer believes the security of the data input (e.g. the pharmacist's identity) has been compromised or is being abused, they may refuse to accept the order.

Q What information is required on a prescription receipt?

The *Drug Interchangeability and Dispensing Fee Act* only indicates that the cost of the drug, dispensing fee, and the total price of the prescription must be on the receipt given to the patient. However, Canada Customs and Revenue Agency (CCRA) requires the following information on receipts:

- Name of Establishment
- Full Address of Establishment
- Phone Number of Establishment
- Date of Transaction / Sale 

TECHNICIAN

Q&A



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

Q What counts as 600 hours of practice to maintain my CPhT status?

This question usually arises from CPhTs filling out their annual fee forms as CPhTs are required to confirm that they have worked a minimum of 600 hours in the previous three years, performing the duties outlined in the *Guidelines for the Pharmacist on the Role of the Pharmacy Technician, 1994*.

While there is rarely any question that this requirement is being met by CPhTs working in a community or hospital setting, those employed in non-traditional settings (e.g., drug manufacturing, insurance companies, or third-party claims processing centres) may not be performing work that matches the duties listed in the *Guidelines*.

If you are in this category and want to maintain your CPhT status, you may pay your annual fee and request instructions from the College on how to submit a written request to be exempted from the 600-hour requirement. Your request will be considered by a panel that may grant you an exemption. In many cases the panel may require you to undertake activities that will assist you in maintaining your knowledge and skills — a vital factor in ensuring the ongoing recognition of your CPhT certification.

Another frequent question on the 600-hour practice requirement comes from CPhTs who achieved certification only just before the annual fees are due. In such a case, the technician will be deemed to have met the practice hour requirements.

Q As the competencies for registered pharmacy technicians have been approved, can I now perform those functions?

No. Council's approval of the competencies marks a significant but *first* step towards the establishment of a registered pharmacy technician class. The process includes seeking legislative changes to *permit* technicians to perform the functions for which these competencies would be required.

Until all implementation steps outlined in the competency document (September/October *Pharmacy Connection*) have been completed (which could take several years) pharmacy technicians must continue to only perform the tasks outlined in the *Guidelines for the Pharmacist on the Role of the Pharmacy Technician, 1994* (on our website).

It is important to note that only those technicians who meet the future *Registered Pharmacy Technician* requirements (as yet to be identified) will be permitted to perform in the expanded role. [+](#)

INSPECTORS' CORNER

CONDUCTING NARCOTIC INVENTORIES AND RECONCILIATIONS

Brian Hack, Investigator

One of the designated manager's responsibilities is to conduct a regular narcotic, controlled drugs and targeted substances inventory. *The Standards of Practice for Designated Managers, 2002* include the requirement that:

"The designated manager shall conduct an inventory of all narcotic, controlled drugs and targeted substances at six-month intervals. The results of the inventory must be retained for a two-year period in a readily retrievable format in the pharmacy. An inventory of all narcotic, controlled drugs and targeted substances must be conducted whenever there is a change of designated managers or after any break and enter or theft of the pharmacy premises."

Since the *Standards* came into effect, there has been a sharp increase in the number of losses as well as the amount of losses being reported to Health Canada. This suggests that the new inventory control requirements have led to losses being identified that were not otherwise apparent in the normal operation of the pharmacy. Many of these losses would not have been identified had it not been for this new requirement and the diligence of designated managers.

The *Standards* have also lead to DMs asking questions about the differences between conducting an *inventory* versus conducting a *reconciliation*.


An *inventory* is simply a count of the stock that is present in a pharmacy at a given time. An inventory alone will *not*

identify problems with losses or diversion. A *reconciliation* is an in depth audit of quantities purchased, quantities dispensed, and quantities in stock. While reconciliations require much more time to conduct, they are useful in determining whether there are any losses or inventory control problems. However, you must have a starting point to conduct a reconciliation —namely, regular inventory counts.

Inventories should be based on physical counts and not based on figures that are generated by inventory control software or drug usage reports. However, computer-generated reports are useful to compare against the physical counts. Inventories should be recorded on a hardcopy form that is kept for two years in a secure location that is separate from the narcotic locker.

Some pharmacies generate their narcotic inventory form to provide consistency between inventory counts. Your pharmacy's inventory report should include, as a minimum, the name of the drug, the strength (and form if applicable), the count, date of the count, name of the person who did the count and the name of the person who did the second count. If the DM was not the person doing the count, the inventory should reflect that the DM has signed-off on the inventory.


While narcotics, controlled drugs and targeted substances make up a relatively small amount of the active stock of most pharmacies, conducting an inventory can take a fair amount of time. While there are several different approaches to conducting inventories, the best method



depends on the nature of your pharmacy and its operations. Following are some suggestions that you should consider when conducting your pharmacy's narcotic inventory count:

- Conduct the narcotic inventory as part of your pharmacy's regular general inventory (provided your general inventory is done every six months)
- Split the narcotic inventory into smaller lists and conduct the inventory on a monthly or weekly basis to reduce the amount of drugs that need to be counted at a given time (while still meeting the six-month requirement)
- Have a trusted technician conduct the inventory and then do spot checks to verify accuracy of the reported quantities
- Keep a minimal amount of narcotics on hand as same-day or next-day delivery services exist in many parts of the province
- Don't forget to count benzodiazepines and the other targeted substances
- Monitor and count fast-moving stock more frequently

Indeed, tracking the narcotic inventory as part of normal pharmacy operations will both increase accountability as well as improve staff comfort levels in maintaining and controlling narcotic stock.

Please watch for a second article on narcotic inventories in the upcoming January/February issue. It will discuss the activities that a DM should regularly do to prevent losses and outline procedures that should be taken whenever a loss has been identified. 

REGISTRATION Q&A

continued from page 9


requirements.

Taking this information into account, panels in July and August also considered the extent of Canadian workplace experience of candidates requesting an exemption and concluded that many candidates who had not done the IPG program would benefit from a period of studentship (which requires direct supervision by the preceptor) before they start internship.

Candidates who had not completed student-level training in a Canadian pharmacy have been required by panels to demonstrate their knowledge of Ontario laws and policies by passing the jurisprudence exam prior to internship. Given the fact that interns can enjoy a greater degree of independence than students, panels determined that public protection required this check to be in place.

There is a rumour that the IPG Program will become mandatory for all international applicants. Is this true?

The IPG Program is now mandatory. It is a part of the 48 weeks in-service training requirement referenced in the regulation. Candidates have the right to request an exemption and to provide evidence to convince a registration panel to grant an exemption. Examples of supporting evidence that a candidate could provide to a panel may include a current resume, proof of having passed the PEBC Qualifying Exam, and the OCP Jurisprudence Exam.

As we gain more experience with candidates who provide information and receive exemptions from the Registration panels, the panels' decisions will continue to evolve. 

C A S E

Abdication of professional responsibility and supervision of staff, resulting in a dispensing error.**Member:** Wing Tat (Ted) Chan, Mississauga**Hearing Date:** August 21, 2003

Mr. Chan 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, any federal or provincial law or municipal by-law with respect to the distribution, sale or dispensing of any drug or mixture of drugs
- Engaged in conduct or performed an act relevant to the practice of pharmacy that, having regard to all the circumstances would reasonably be regarded by members as disgraceful, dishonourable or unprofessional

The member entered a plea of professional misconduct based on the following Agreed Statement of Facts.

Facts

The College received a complaint in which the

complainant stated that her physician prescribed Ogen® for 0.3 mg. In error, Mr. Chan dispensed 90 tablets of 3.0 mg of Ogen®.

The complainant did not realize an error had been made and took the Ogen® tablets as dispensed, resulting in severe side effects. The complainant consulted a second physician who informed her that the 3.0 mg dosage was well above the normal level and suggested she discontinue the medication until she could confirm the actual dosage prescribed by the original physician.

The complainant then telephoned the pharmacy to make inquiries about her prescription. However, information regarding the prescribed dosage was not provided to her. The complainant then made a personal visit to the pharmacy and was informed by the pharmacist on duty that Mr. Chan, the dispensing pharmacist, had made a mistake.

On her return home from the pharmacy, the complainant found a phone message from Mr. Chan explaining that his assistant had wrongly given the 3.0 mg dosage. Mr. Chan further explained that the assistant substituted the 0.3 mg which was prescribed with the 3.0 mg which was dispensed because the 0.3mg dosage prescribed does not actually exist in that concentration.

Mr. Chan explains that:

- He himself had just been released from hospital at the time, and was not as careful or alert as he should have been
- He could have avoided the error if he had checked

the patient's previous profile, which would have revealed that she had previously been prescribed Ogen® at a strength of 0.625 mg

- Information should then have caused him to check the intended strength of the medication with the patient's doctor

In considering the facts, the Discipline Committee concluded that Mr. Chan:

- Failed to provide appropriate supervision and training to the pharmacy assistant
- Failed to adequately review the prescription before it was dispensed to the patient
- Failed to contact the complainant's physician to clarify apparent discrepancies in the dosage and confirm the change in strength of the medication
- Failed to ensure that the dispensing error was adequately managed when it was discovered by the pharmacy, in that:
 - He failed to adequately followup with the patient except to leave her a brief voice mail message
 - He failed to directly notify the patient's physician of the error
- Failed to take appropriate measures to ensure that his personal circumstances did not impede his ability to meet his professional responsibilities


Reasons for Accepting the Joint Submission on Penalty

In accepting the Joint Submission on Penalty as appropriate, the Committee weighed the significant

failings on Mr. Chan's behalf against the following mitigating circumstances. Mr. Chan:

- Plead guilty to the allegations of professional misconduct
- Cooperated with the College
- Has no prior disciplinary history with the College in his 38 years of practising pharmacy

Order

1. A reprimand
2. Specified terms, conditions and limitations on Mr. Chan's Certificate of Registration, and in particular that he complete successfully, at his own expense, within 12 months of the date of this order, namely: i) "Basic Professional Practice Laboratories I"; ii) "Advanced Professional Practice Laboratories II" offered at the Leslie Dan Faculty of Pharmacy at the University of Toronto and iii) the two-session workshop called "Confronting Medication Errors", consisting of "Part I – Understanding the Issues and Dealing with Incidents" and "Part II – Taking Action to Improve Patient Safety" offered by the Ontario Pharmacists' Association
3. A suspension of Mr. Chan's Certificate of Registration for a period of two months, with one month of the suspension to be remitted on condition that he complete the remedial training exercises specified in paragraph 2 above
4. Costs to the College in the amount of \$2,000 

Reinstatement Proceedings

*Claudia Skolnik.LL.B
Manager, Investigations and Resolutions*

Reinstatement of a former member's Certificate of Registration can only be ordered by a panel of the Discipline Committee as it is the only committee that can revoke a member's certificate.

REVOCATION

A penalty of certificate revocation is ordered by the Discipline Committee following a finding of professional misconduct of a **significant nature**. Indeed, this penalty is reserved only for the most serious cases of misconduct where, given all other considerations, no other penalty can adequately protect the public from unsafe or unethical practice.

APPLICATION FOR REINSTATEMENT

A revoked "member" may apply, in writing, to the Registrar for the reinstatement of his or her certificate, one year after the revocation. (In cases where revocation resulted from a finding of sexual abuse, the revoked member can only apply for reinstatement after five years.)

Applications for reinstatement are made formally in a hearing before a panel of the Discipline Committee. Unlike other proceedings before this

Committee where the burden of proof lies with the College, the onus is on the former member to present evidence that will convince the Committee that the original reasons for the revocation have been appropriately addressed. Specifically, the Committee seeks information that indicates that the individual is governable, understands the significance of his or her past conduct, and evidence that suggests the past conduct is unlikely to recur if the former member is reinstated. The College may either support or oppose the application before the panel.

After hearing the evidence and submissions, the Discipline Committee issues its decision and reasons in writing to the Registrar and the applicant. The Committee may either refuse the request for reinstatement or direct the Registrar to issue a new certificate. Where the panel decides to reinstate the certificate, it may also order the Registrar to impose terms, conditions or limitations on the member's certificate.

NO RIGHT TO APPEAL


Unlike other disciplinary proceedings, an applicant seeking reinstatement has no right to appeal the Discipline Committee's decision to the Divisional Court. Every applicant has the right to reapply for reinstatement within six

months of the Committee's decision to deny his or her application.

Reinstatement proceedings are infrequent, due primarily to the relatively rare incidence of revocation orders being made by the Discipline Committee. And, as with discipline hearings, reinstatement hearings are open to the public and are recorded formally by a court reporter.

CASE: RESULTS OF A RECENT APPLICATION

A panel of the College's Discipline Committee recently considered an application made by a revoked member for a reinstatement of their certificate that was revoked in 1997. The member's certificate had been revoked due to criminal convictions in connection with theft of money and narcotic trafficking.

The 1997 revocation was the third time that the member's certificate had been revoked (it had been twice previously reinstated). In denying the application, the Committee considered the length of the applicant's professional disciplinary and criminal history. The Committee was not satisfied by presented evidence that the former member possessed the qualities of honesty and integrity—qualities that are fundamentally requisite for every practising pharmacist and necessary to justify any re-entry into the profession. 

POSSIBLE INTERACTIONS WITH BIRTH CONTROL PILLS:

Making Your Patient Aware

We are all aware of the professional requirements for patient counselling, and moreover, the necessity of such dialogue to ensure and promote the best interests of the patient. For this reason it is important to develop interpersonal and professional communication skills to proficiently communicate and promote your patient's health care needs. Sometimes, however, it is what we don't ask or say to the patient that can result in failing to intervene in their best interest.

THE COMPLAINT

The College received a complaint from a young woman who had attended a pharmacy as a first-time patient to fill a prescription for Penicillin 300mg. The patient wrote that the pharmacist dispensed the antibiotic to her without asking any questions about her medical history or if she had been taking any other medications. The patient was taking birth control pills.

The patient complained that she had not been given any information regarding the side effects or possible interactions of taking an antibiotic with birth control pills, and that she was unaware that the Penicillin may decrease the effectiveness of the birth control pills. Soon after, the young woman became pregnant and determined that she had conceived during the course of her antibiotic therapy. She complained to the College

because she believed that her pregnancy could have been avoided had the pharmacist provided her with adequate counselling or proper information regarding product interaction.

MEMBER'S RESPONSE

In response, the member stated that she did ask the patient for her address, telephone number, allergies, and birth date *and* if she was taking "any other medications". The member stated that her standard day-to-day counselling practice with any new patient includes questions about other medications being taken and that whenever she is informed that a patient is on birth control pills, she always counsels the patient to take "extra precautions" as the Pill interacts with the antibiotic and may be less effective.

COMMITTEE REVIEW


On reviewing the complaint, the Complaints Committee's discussion centered not on whether the member counselled or asked pertinent questions of her patient, but rather how the member interacts and seeks information from her patient. More particularly in this instance, it considered whether the pharmacist sought relevant medical information from women of child-bearing age. The Committee considered whether it is adequate for the member to ask a new female patient whether she is "taking any other medications" being aware

that, in fact, many women do not readily (rightly or wrongly) identify birth control pills as "medication", associating the Pill with a personal choice for birth control rather than an illness.

THE DECISION

In making its decision, the Committee could not say, with any assurance, whether the patient had been adequately counselled. The prescription hardcopy's dialogue box had been properly completed, yet there remained two divergent accounts of the circumstances.

The Committee took no further action, but did specifically advise the member to clearly counsel women of child-bearing years on the decreased effectiveness of birth control pills whenever a patient begins a course of penicillin.

Your best guide to ensure that you are counselling correctly is to review the Operational Components of Standard 4 of in the *Standards of Practice, 2003*. 

Counselling Suggestion...

Because of the usual close proximity to others in a pharmacy, and the risks to the patient if they do not receive counselling, you should encourage the patient to speak privately about their prescription.

An Opportunity to

Marie Rocchi Dean, B. Sc. Phm.
Education Coordinator,
Leslie Dan Faculty of Pharmacy

The Canadian Pharmacy Skills (CPS) Program is a significant part of the International Pharmacy Graduate (IPG) Program at the Leslie Dan Faculty of Pharmacy.

The CPS modules also meet the learning needs of *licensed* pharmacists seeking refresher opportunities. Indeed, several Part B pharmacists, interested in preparing for the College's Quality Assurance review to return to active practice, have attended selected CPS modules and went on to successfully pass the Practice Review and return to Part A of the Register.

"I had been out of practice for a long time and the CPS program gave me the structure I needed to focus my studies."

If you want to enhance your therapeutic knowledge and/or patient interviewing skills, consider taking some CPS lectures. It is not necessary to register for the entire CPS program. You may register for individual lectures or sessions, depending on your needs and work commitments.

Following is a brief description of

the CPS Modules. To discuss your individual learning needs and/or receive an application form, please contact Marie Rocchi Dean, Education Coordinator, Leslie Dan Faculty of Pharmacy, University of Toronto, 19 Russell Street, Toronto, Ontario, M5S 2S2. Telephone: 416-946-5586, e-mail: marie.dean@utoronto.ca.

CANADIAN PHARMACY SKILLS PROGRAM SUMMARY

Held year round at the St. George Campus, the lectures and seminars run from 9:30 a.m. – 12:30 p.m. and 1:30 p.m. – 4:30 p.m. Schedules are available one month prior to the start date. Large group lectures are \$75 per session and include all handouts. Small group tutorials cost \$125 per session and include individualized feedback and assessment.

PHARMACEUTICAL CARE – APPLIED THERAPEUTICS LECTURE SERIES

Lectures, accompanied by discussions of patient scenarios, will give you the opportunity to gain an understanding of specific chronic disease states and the management of drug-related problems commonly encountered in pharmacy practice. The lecture

portion of the session serves to reinforce the pathophysiologic and pharmacotherapeutic issues required to identify actual, and potential, drug-related problems (DRPs).

Lecturers: Faculty of Pharmacy and Clinical Teaching Faculty

Format: Three-hour large group interactive lectures

Topics:

1. Allergic Rhinitis
2. Adverse Drug Reactions Part 1
3. Adverse Drug Reactions Part 2
4. Anticoagulation
5. Anxiety Disorders
6. Asthma/COPD
7. Drug Related Problems/Intro to Therapeutics
8. Overview of Pharmaceutical Care and Anemia
9. Community Acquired Pneumonias
10. Congestive Heart Failure
11. Dyslipidemia
12. Drug Use in the Elderly and Constipation
13. Diabetes - Type 1
14. Diabetes – Type 2
15. Dementia/Alzheimer's Disease
16. Depression
17. Drug Interactions
18. Dyspepsia

Refresh Your Skills

19. Evidence-Based Medicine
20. Fundamental Concepts in Substance Abuse
21. Hypertension
22. Infectious Disease Overview and Urinary Tract Infections
23. Methadone Maintenance
24. Obsessive-Compulsive Disorder
25. Osteoarthritis
26. Neuropathic Pain
27. Osteoporosis
28. Parkinson's Disease
29. Post Myocardial Infarction
30. Schizophrenia

“The Therapeutics lecture series is excellent – the content is extremely current and the lecturers are clinical experts in their fields”

ADVANCED INTERVIEWING AND PATIENT CARE SKILLS

This course requires you to integrate language, communication and clinical skills in a pharmacy practice context to meet patient care needs. You will have the opportunity to apply your language and patient care skills in small groups. Feedback is given on clinical skills and interviewing techniques.

Format: Two three-hour, large group interactive sessions and four three-hour, small group seminars with

pharmacist teaching assistants

- Advanced Interviewing Techniques #1 – Information Gathering and Providing
- Advanced Interviewing Techniques #2 – Ethical Dilemmas and Special Situations
- Session 1: Focused Information Gathering for Self Care
- Session 2: Treatment and Management Options
- Session 4: Special Situations
- Session 5: Putting it all Together

COMMUNICATION SKILLS FOR PHARMACY PRACTICE

This course is based on the elements of interpersonal and professional communication that pharmacists require to communicate proficiently while addressing and promoting the public's healthcare needs. A series of class seminars feature interactive discussions and role-playing scenarios to help students develop effective oral, interpersonal, written and presentation skills for the purpose of professional pharmacy practice.

Format: Three-hour large group seminars


- Session 1: Introduction to Communication Skills
- Session 2: Interpersonal Communication Model

- Session 3: Non-Verbal Communication
- Session 4: Barriers to Communication
- Session 5: Communication Styles
- Session 6: Assertive Skills
- Session 7: Effective Listening
- Session 8: Empathy
- Session 9: Alternate Listening Responses
- Session 10: Clarification and Levelling Skills
- Session 11: Effective Dialogue
- Session 12: Developing Patient Relations
- Session 13: Communicating in Unique Situations
- Session 14: Presentation Skills

DRUG INFORMATION – ASPECTS AND APPLICATION

Principles of drug information are reviewed. You will have “hands-on” opportunities in interactive tutorials to apply drug information theory using primary, secondary and tertiary references.

Lecturers: Faculty and staff from OPA's Drug Information and Research Center

Format: One three-hour large group lecture, one three-hour small group tutorial 

FOCUS ON Error Prevention



Ian Stewart, B.Sc.Pharm.

The potential for misinterpreting poorly written prescriptions is a major concern for pharmacists as the likelihood of an error occurring increases when look-alike drugs are involved.

CASE 1¹:



The pharmacist misread the above prescription as Plendil® 20mg. However, the physician intended to prescribe Isordil® 20mg. The patient suffered a myocardial infarction and died.

CASE 2:


A patient presented a written prescription for Pariet® 20mg to a pharmacy technician for filling. As a result of the prescriber's penmanship, the prescription was incorrectly interpreted as Paxil® 20mg. Upon checking the prescription, the pharmacist also misinterpreted the physician's intent and therefore signed the prescription.

When the pharmacist later attempted to counsel the patient on a prescription for Paxil®, the patient indicated that his prescription should have been for a refill of Pariet®. A closer look at the original prescription confirmed the prescriber's intent.

POSSIBLE CONTRIBUTING FACTORS:

- The physician's handwriting was unclear and ambiguous
- Paxil® and Pariet® can look alike when poorly written
- Both Paxil® and Pariet® are available in the 10mg and 20mg strengths
- Both drugs also have the same dosage form (tablets), route of administration (oral) and frequency of administration (once daily)
- When attempting to interpret written prescriptions, we often "see" what is most familiar to us. This human trait is called "confirmation bias" and may have been a contributing factor in this case as Paxil® is generally prescribed more often than Pariet®

RECOMMENDATIONS:

- This case highlights the importance of patient counselling. The pharmacist must provide both verbal and written information, including the indication for use. If the patient is unable to wait for counselling, attempts must be made to communicate with the patient by phone
- The patient's medication history should be used to confirm or clarify poorly written prescriptions
- Always contact the prescriber to clarify ambiguous prescriptions 

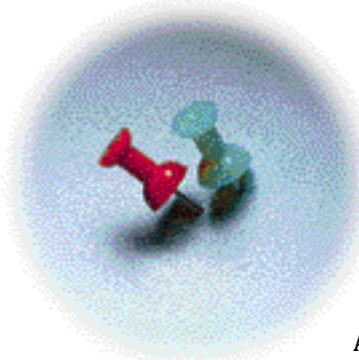
Reference:

1. Cohen MR, editor. Medication Errors. American Pharmaceutical Association. Washington D.C. 1999, page 8.3.

Author's Note: A special thank you to Stan Grummett and other pharmacists for sharing their experience with medication errors or near misses. You are truly making a difference in enhancing patient safety. Your altruism is admired and appreciated.

A Canadian First

Ontario College of Pharmacists Registrar Deanna Williams recently assumed the presidency of CLEAR (Council on Licensure, Evaluation and Regulation), an international association of regulators based in Lexington, Kentucky. Deanna is the first Canadian to serve as president of CLEAR. This is a prestigious post, and Deanna's election to it represents international recognition of our College and, more importantly, the professional regulatory models and expertise that exist in Ontario and Canada. Congratulations Deanna!




Upcoming Quality Assurance Practice Review Dates at OCP

November 29, 30 and December 1 2003
 February 28, 29 and March 1, 2004
 May 8, 9, 10 – 2004

Alumni Death: John Ernest Warren, who graduated from the University of Toronto Faculty of Pharmacy in 1947, passed away on August 3, 2002 in London, Ontario. John practised in Toronto, Sudbury, Ottawa, Kingston and London, where, for many years he owned his own business, Warren Pharmacy. John became a Pharmacist Emeritus in 1999. John and his wife Florence and their family were long-time residents of London.

Change in Fee for NSF Cheques

Due to increased banking costs, Cheques with non-sufficient funds will now incur a \$20 NSF fee. This policy is effective immediately.

Alumni Death: Dr. Gerald Duncan, past professor at the Faculty of Pharmacy, University of Toronto and founding director of the School of Pharmacy at Memorial University, St. John's, Newfoundland, passed away in July 2003. After his retirement in 1998, Dr. Duncan resided in Cloyne, Ontario. 

POINTS OF CARE IN ONTARIO

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



Brownsville Guardian Pharmacy
SHOMBERG

First Medical Pharmacy
BARRIE





Wal-Mart Pharmacy
BARRIE



Pharma Plus Drugmart
BARRIE



Cookstown Pharmasave
COOKSTOWN



Simcoe Square Guardian Pharmacy
BRADFORD

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

January 29-31, 2004: Toronto

Better Breathing 2004

International Plaza Hotel
Sheila Gordon-Dillane
tel (416) 864-9911, ext. 236
fax (416) 864-9916
orcs@on.lung.ca

January 31-February 4, 2004: Toronto

Professional Practice Conference

Sheraton Centre Toronto Hotel
Desarae Davidson
tel (613) 736-9733, ext. 229
fax (613) 736-5660
ddavidson@cshp.ca
May 15-18, 2004: Toronto

CME 2004 Congress

Fairmont Royal York Hotel
www.cmecongress.org

May 7-8, Huntsville, ON

OPA Conference 2004

Deerhurst Resort
Terry Cunningham
tcunningham@opatoday.com
www.opatoday.com

CANADA

May 15-18, 2004, Niagara Falls

CPhA Annual Conference

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<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 – May 26, 2003 NAPRA (or later)</p>	<p>Food and Drugs Act (FDA) & Regulations † Updated Health Canada Version as of Dec. 19, 2001 Amendment 1248-Iburprofen-Jan. 31, 2002</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"</p>

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COLLEGE STAFF

Registrar's Office x 243
urajdev@ocpinfo.com

Deputy Registrar/Director of Programs'
Office x 241
ltodd@ocpinfo.com

Director of Finance and
Administration's Office x 263
lbaker@ocpinfo.com

Registration Programs x 250
dbyer@ocpinfo.com

Registration Information
Surnames A-L: x 228
jsantiago@ocpinfo.com

Registration Information
Surnames M-Z: x 232
jmckee@ocpinfo.com

Structured Practical Training
Programs x 297

Pharmacy Practice Programs x 293
emaloney@ocpinfo.com

Pharmacy Openings/Closings x 227
jsandhu@ocpinfo.com

Pharmacy Sales/Relocation x 227
jsandhu@ocpinfo.com

Investigations and Resolutions x 272
rpearson@ocpinfo.com

Continuing Education Programs x 251
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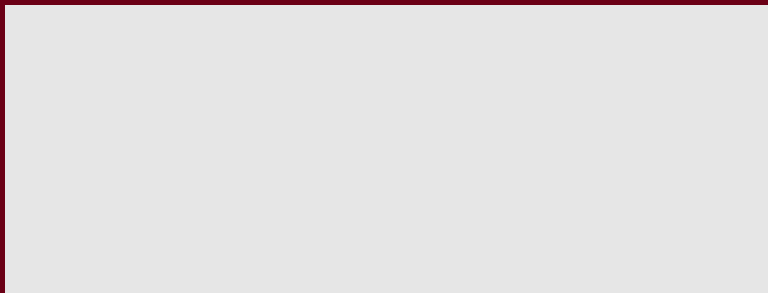
Pharmacy Technician Programs:
Surnames A-L: x 228
jsantiago@ocpinfo.com
Surnames M-Z: x 232
jmckee@ocpinfo.com

Publications/OCP Manual x 229
lgrant@ocpinfo.com

Membership x 237
rstarr@ocpinfo.com



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