

# Pharmacy Connection



Official Publication of the Ontario College of Pharmacists

September/October 2003

## *Framework for the Future Role of the Registered Pharmacy Technician*

PHARMACY  
TECHNICIAN

competencies

Practice Professionally

Receive Prescriptions

Enter Prescriptions

Prepare Pharmaceutical  
Products

Support Distribution  
& Quality Assurance

Communicate

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- Working Group on Pharmacy Technicians

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*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.*

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ISSN 1198-354X

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**Subscription Rates**

In Canada, \$48 + GST for six issues/year.  
 For international addresses, \$60.

Subscription rates do not apply to pharmacists,  
 students, interns and certified pharmacy technicians  
 registered with the Ontario College of Pharmacists.

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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.

# EDITOR'S MESSAGE



**Della Croteau**  
*Deputy Registrar/Director of Programs*

**W**here did the summer go? I hope you feel refreshed and rejuvenated from the long days and warm nights of summer and are ready to take on another year of challenges.

This edition features the approved competency profile for pharmacy technicians. Much consultation and debate went into these competencies, and I

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***The regulated technician will become a highly valued member of the pharmacy team in providing patient care.***

---

am sure there will be more debate as we work to develop entry-to-practice criteria, scope-of-practice, and standards of practice for this anticipated profession. (All new legislation and standards created for pharmacy technician regulation will be approved by Council and broadly distributed to members and stakeholders for consultation and review.)

It is a challenge for each of us to consider the prospect of relinquishing some of our scope-of-practice to a regulated technician. However, with the support of a regulated technician who is accountable and responsible as a professional, we, as pharmacists, will be able to turn greater attention to patient care and direct less attention to the technical aspects of dispensing.

These competencies come at a time when the Ontario government is reviewing primary care and the role of the pharmacist as a primary care provider. By delegating more technical tasks to a trained and licensed pharmacy technician who is accountable for their work, the pharmacist can take on a more prominent role in primary care. Increasingly, with shortages of health care professionals such as doctors and nurses, especially in rural communities, the pharmacist is often the only accessible health professional for patients seeking primary care and advice.

The government recently conducted pharmacist and physician focus groups to consider current opportunities and barriers for pharmacists and physicians to work together in providing primary care. The research identified many opportunities. However, the research also found that our profession continues to face a significant challenge in perception: While the

pharmacist's broad range of skills can bring many benefits to an expanded pharmacist role in primary health care, many continue to see pharmacists as retailers first and as health professionals second.

I encourage each pharmacist to remember that pharmaceutical care is not limited to drug distribution. Rather, pharmaceutical care encompasses assessing appropriate drug therapy, considering patients' medical and drug therapy histories, and ensuring that each patient understands their drug therapy so that the medication can have an optimal effect on a patient's health.

So, review the *Standards of Practice* and evaluate your practice. How could a regulated pharmacy technician help you increase your standard of care? And, if the necessary legislation and supports were in place, what would you bring to your role as a primary health care provider?

The changes are both exciting and scary. But, just as there is a change of weather in the air, there is also a change of practice in the air. Are we up to it? ☐



# Letter to Editor

Dear Editor,

*I would like to record my appreciation for the excellent pharmacy services that my pharmacist and the staff of the IDA pharmacy at 1089 Kingston Road, Toronto, have provided to my mother over several years.*

*Without this high quality service, my very elderly mother, who is dependent on regular usage of a number of drugs including Warfarin in variable doses, would have been unable to have remained in her apartment at 1080 Kingston Road for as long as she did. My pharmacist demonstrated time and time again the vital role that pharmacists are required to fill in order to keep our health system working efficiently: checking on doctor's prescriptions, ensuring that patients understand what they are doing with their drugs; delivering drugs to people unable to pick up their own prescriptions; and a whole host of items too numerous to list. I might add that my pharmacist and his staff did all of these things with great courtesy and developed a relationship of trust with my mother of the highest order.*

*I note that my pharmacist from time to time has helped train a number of assistant pharmacists over the years — they have been exposed, in my opinion, to the very best that your profession has to offer, and I trust that they too will have become first-rate pharmacists.*

Yours Sincerely,

**J.H.**

**Toronto**

**Editor's Note:** We acknowledge this pharmacy and all pharmacists who provide excellent care to their patients. Pharmacists are making a difference for their patients every day. Each time you advocate on behalf of your patients, or check on a dose or interaction, or take extra time to make sure your patient or their caregiver understands how to get the best from their medication, *you are making a difference*. Although such letters and patient acknowledgements may not come readily, we can all feel pride when one of our members is recognized for the care that our profession provides! 🇨🇦

## ELECTION RESULTS

ELAINE AKERS – DISTRICT 2

PETER GDYCZNSKI – DISTRICT 12

GURJIT HUSSON – DISTRICT 15

A BY-ELECTION WILL BE HELD IN DISTRICT 6

**CONGRATULATIONS TO ALL!!**

# Pharmacy Technician Competency Profile



*Steve Balestrini, B.Sc.Pharm.  
Chair, Pharmacy Technician  
Working Group*

## Foundation for an expanded role to support pharmacists

*At its June 2003 meeting, Council approved the  
Pharmacy Technician Competency Profile  
published here in full.*

**W**ith this landmark decision, Council has established the basis for moving forward with its initiative to create a distinct class of registration with the College for pharmacy technicians who are qualified to provide greater assistance to pharmacists in providing pharmaceutical care. While the potential this will create is exciting for pharmacists eager to improve the services that they offer to their clients, our enthusiasm must be tempered by the reality that it will be some time before we have our first registered pharmacy technician.

You will recall that the November/December 2001 issue introduced the draft *Pharmacy Technician Competency Profile* as a discussion document. And discuss it we did. From late 2001 to the summer of 2003, this draft was the basis for consultation with pharmacists, pharmacy technicians and stakeholder groups throughout the province. Many

attended the College's spring and summer 2002 district meetings, while others participated in stakeholder groups and invitational presentations.

We estimate that over 2,000 pharmacists and pharmacy technicians had face-to-face opportunities to provide direct input into this draft. From practitioners, students and stakeholder groups, we heard praise, criticism and suggestions. Many applauded the draft and wanted us to move forward as quickly as possible while others were wary of the initiative as it was defined in the draft *Profile*.

Every comment and suggestion was collated, reviewed and discussed by two Council working groups who had worked on the *Profile* from its inception. The 20-member *Pharmacy Technician Competency Working Group* is comprised primarily of pharmacy technicians, and the 12-member *Pharmacy Technician Working Group* is comprised of representatives from pharmacy practice, academia, and Council. These groups worked diligently to consider and debate every suggestion that was received through the consultation process, and, in turn, produced several successive drafts to arrive at the final *Profile* that Council recently approved. I want to express my sincere appreciation to every working group member. Their dedication and perseverance represent a significant contribution to pharmacy.

In comparing the new *Profile* (see page 8) to the 2001 draft, you will notice that the initial nine competencies have now been reduced to six. However, the key elements identified in 2001 remain intact and are now contained in Competencies B and D—which support tasks for a registered pharmacy technician that are not currently permitted under the *Drug and Pharmacies Regulation Act*.

While the *Profile* has changed, some principles outlined in 2001 remain unchanged and merit paraphrasing here:

The *Profile* presents clear statements, units, elements and indicators that are observable and verifiable. It reflects the expanded practice for which registered pharmacy technicians would be held accountable. However, it is not the College's intent to impose this expanded role onto any pharmacy practice setting or pharmacy technician. Specifically, we believe the *Profile* will:


- Serve as a framework for an expanded pharmacy technician role

- Complement the role of the pharmacist in providing optimal pharmaceutical care and pharmacy services
- Provide the human and time resources that are required to help pharmacists meet the *Standards of Practice*
- Bring consistency to the expanded pharmacy technician role in providing pharmaceutical care and pharmacy services
- Ensure accountability to the public for the quality of the services that are provided by a pharmacy technician with an expanded role

### WHERE DO WE GO FROM HERE?

This initiative began at a 1998 retreat where Council agreed that moving to regulate pharmacy technicians should be a College priority. I believe that we have now, five years later, passed the first stage of a process that could easily take an even longer period of time to reach completion. Changes in legislation to establish a class of registration for pharmacy technicians must be presented first to Council, then to external organizations for comment and eventually to the Ontario Government. Indeed, developing standards of practice, entry-to-practice requirements, principles and procedures for registration, quality assurance, and discipline are but some of the many challenges that lie ahead. You may be sure that, as with all College initiatives, Council will review and approve each step we taken towards regulation.

Our success depends significantly on maintaining continual communication with all of our colleagues and stakeholders. Those within the pharmacy profession are fundamental, but it is equally important that we have the support and agreement of all health care providers with whom we interact as well as the public whom we serve. We will publish regular updates in *Pharmacy Connection* and on our website to ensure that you can follow our progress and have the opportunity to provide feedback.

If you have questions or comments about the expanded role for pharmacy technicians, please submit them to: Bernie Des Roches, Manager, Continuing Education and Pharmacy Technician Programs, Ontario College of Pharmacists, 483 Huron St., Toronto, ON M5R 2R4; fax: (416) 847-8281 or e-mail: [bdesroches@ocpinfo.com](mailto:bdesroches@ocpinfo.com). 

# Competency Profile For

PHARMACY  
TECHNICIAN  
**competencies**

*The Pharmacy Technician Competency Profile was developed by using three assumptions about the pharmacy technician's role and eight expectations of pharmacy technicians who will practise within the proposed expanded role.*

## ASSUMPTIONS

Upon registration by the Ontario College of Pharmacists, pharmacy technicians will:

1. Act within the established parameters of the role as outlined by the College and will comply with the College's professional standards, practice expectations, and, where established, will follow applicable policies and procedures of the College and/or the workplace
2. Exercise professional judgment related to the technical and distributive aspects of dispensing in the expanded role
3. Recognize practice situations in which decisions and actions must involve the pharmacist; those in which consultation with the pharmacist or, where appropriate, with other registered pharmacy technicians can occur; and those decisions and actions that can be undertaken independently. Pharmacy technicians exercise critical-thinking, problem-solving, decision-making, and judgement to differentiate among these three contexts

## EXPECTATIONS

Pharmacy technicians registered with the College will be personally responsible and professionally accountable to practise knowledgeably, safely, and competently to support the best interests of patients by:

1. Knowing and complying with all provincial and federal legislation and regulations relevant to pharmacy and their role as pharmacy technicians within pharmacy practice; with professional standards and

practice expectations and guidelines; and with policies and procedures where established

2. Using critical-thinking and decision-making skills appropriate to the pharmacy technician role  
*Critical thinking is the foundation for making safe, patient care-focused decisions. It is the process of integrating one's relevant theory, experience, and observations, as well as recognizing similarities/differences/changes in context and situations into a whole. Critical thinking by pharmacy technicians should be consistent with the technician's level of education, training, experience, and scope of practice. Decision-making by technicians should involve the ability to question effectively, to seek out guidance and information, to incorporate information, and to select those options, from a variety of options, that result in safe and competent technician practice*
3. Performing, safely and competently, the technical and distributive aspects of dispensing as permitted by law, professional standards, practice guidelines and expectations, and applicable policies and procedures
4. Demonstrating the judgement required to identify the need for pharmacist intervention and to notify the pharmacist of this need
5. Demonstrating the judgement and safe practices required to: receive and enter written, orally, and electronically transmitted new and repeat prescriptions; differentiate changes to patient profiles or health records, and notifying the pharmacist when these occur; prepare, compound, and check pharma-

# Pharmacy Technicians

ceutical products; and collaborate with the pharmacist in their release

6. Acting within the limits of the expanded professional role and personal knowledge and skills

*While it is anticipated that as pharmacy technicians mature within their professional roles they will demonstrate quality improvement related to increased knowledge and experience in the expanded role: All registered pharmacy technicians will be held accountable to the public to not exceed the legislated parameters of their roles*

7. Behaving in a professional manner; acting within an ethical framework at all times; and demonstrating personal integrity
8. Engaging in quality assurance activities including a commitment to life-long learning; and identification, implementation, and evaluation of learning plans, activities, and opportunities

Furthermore, entry-level pharmacy technicians in the expanded role will:

1. Be registered by the Ontario College of Pharmacists, thus entitled to the rights of, and be expected to comply with the responsibilities of, a self-regulating profession; and
2. Possess the essential knowledge, skills, values, and judgement required to demonstrate these *Competencies*

*However, entry-level pharmacy technicians may have differing experiences as they enter the role — given the variety of environments in which learning and practice occur. Therefore, the College will engage in a registration process that will ensure consistent benchmarks for entry. The pharmacy technician must be successful in this registration examination to apply for registration.*

## SUMMARY

We recognize that any expansion into the technical and distributive aspects of dispensing (outlined in this *Profile*) will require the College to support this new role through appropriate legislation and regulation, creation of a registered class, and regulatory infrastructure that will ensure consistent benchmarks for technicians' entry into, and continuance in, the expanded role.

The College has pursued a regulated health profession status for technicians under two principles. First, expanding the role would require changes to legislation to permit technicians to receive oral prescriptions, to check the preparation of a pharmaceutical product, and to transfer prescriptions. The second principle was based on the belief that all technicians performing the expanded role should be accountable to the public for their performance.

In considering the impact of professional accountability on public welfare, the College also recognized that an expanded role would be articulated in a legislative and regulatory framework and would, therefore, result in the creation of a second registrant group at the College.

This *Profile* offers a clear picture of the requirements of the expanded technician role within the Ontario healthcare system and goes beyond the current definition and framework of the voluntary certification program. Enabled by legislation and supported by complementary professional standards, practice expectations, and regulatory framework, the *Profile* will support optimal pharmaceutical care and pharmacy services to the public.



## **COMPETENCY: PRACTICE IN A PROFESSIONAL MANNER THAT IS WITHIN LEGAL REQUIREMENTS AND AN ETHICAL FRAMEWORK**

### **A1.0 COMPETENCY UNIT**

Comply with legal requirements; demonstrate professional integrity; and act ethically.

### **COMPETENCY ELEMENTS**

#### **A1.1 Use critical-thinking skills in all situations**

#### **A1.2 Comply with federal and provincial legislation, professional standards, ethical guidelines, practice expectations, and established policies and procedures**

Keep current with, apply knowledge of, and work within relevant legislation, regulations, policies and procedures

- i) Recognize the right, role, and responsibility of regulatory bodies to establish and monitor professional standards, ethical guidelines, and practice expectations
- ii) Keep current with, and work within, professional standards, practice expectations, ethical guidelines, and, where provided, established policies and procedures

#### **A1.3 Demonstrate professional and personal integrity**

- i) Accept responsibility for own decisions and actions
- ii) Practise within the limits of professional role and personal knowledge and expertise
- iii) Integrate professional knowledge, skills, values, and judgement into practice
- iv) Respect the rights, roles, and responsibilities of the patient, the patient's agent, the pharmacy team, healthcare providers, and others
- v) Act as a role model and mentor
- vi) Respect the roles and collaborate with members of the pharmacy team
- vii) Behave professionally
- viii) Maintain confidentiality

#### **A1.4 Take responsibility for own professional development**

- i) Reflect upon own practice to identify learning needs
- ii) Develop, implement, evaluate, and update learning plans to gain knowledge and experience and to maintain and improve practice
- iii) Seek out and incorporate into practice, information, guidance and constructive feedback from the pharmacist and/or, if required, from other healthcare professionals
- iv) Demonstrate evidence-based knowledge, appropriate to their role
- v) Commit to life-long learning

#### **A1.5 Apply ethical principles to practice**

- i) Ensure that the professional role, responsibilities, actions, and behaviours are carried out in the best interest of the patient and the public
- ii) Reflect on personal values and attitudes and examine their influence on interactions with the patient, the patient's agents, members of the pharmacy team, healthcare providers
- iii) Respect diversity

- A1.6 Protect patient rights to quality care, dignity, privacy, and confidentiality**
- A1.7 Understand and promote the pharmacy team's role in promoting patients' health and wellness**
- A1.8 Contribute to team problem-solving, decision-making, and collaboration by developing effective working relationships, using team-building strategies, communicating effectively, and by supporting members of the pharmacy team**

## B

### **COMPETENCY: RECEIVE A PRESCRIPTION**

*Pharmacy technicians, as part of the pharmacy team, use their knowledge and skills and follow applicable policies and procedures to:*

#### **B1.0 COMPETENCY UNIT**

Receive a new prescription, or a request to renew a prescription, from a patient or patient's agent.

#### **COMPETENCY ELEMENTS**

##### **B1.1 Gather information to create and maintain a patient profile or health record**

- i) Obtain patient consent where required
- ii) Differentiate when there are changes in the drug and dosage, the patient profile or health record and, where provided, the diagnosis or medical condition; and notify the pharmacist
- iii) Update demographic and prescription data
- iv) Use paper-based, electronic, and other resources to locate and select information

##### **B1.2 Check authenticity of the prescription**

- i) Determine whether the prescription meets all legal requirements, and, where it does not, notify the pharmacist, and follow up using applicable policies, effective communication, and discretion
- ii) Use healthcare provider lists, where available, to determine current status of prescriber's privileges

##### **B1.3 Verify accuracy and completeness of the demographic and prescription data**

- i) Check the demographic and prescription data for accuracy and completeness
- ii) Review the prescription for clarity of abbreviations, medical terminology, drug names, dosage forms, strengths, availability, schedule, route, and related information
- iii) Notify the pharmacist regarding known allergies, therapeutic considerations, and/or discrepancies

#### **B2.0 COMPETENCY UNIT**

Receive a new or repeat prescription from a healthcare provider.

#### **COMPETENCY ELEMENTS**

##### **B2.1 Receive an oral prescription**

- i) Use effective communication skills, and where available, established communication policies, procedures, or guidelines when receiving an oral prescription
- ii) Verify demographic and prescription data with the healthcare provider
- iii) Refer therapeutic questions to the pharmacist

- iv) Transcribe an orally transmitted prescription by:
  - Using appropriate format, abbreviations, drug names, dosage forms, strengths, availability, schedule, route, and related information
  - Checking that the transcribed demographic and prescription data are accurate and complete

**B2.2 Gather information to create and maintain the patient profile or health record**

- i) Differentiate when there are changes in the drug and dosage, the patient profile or health record, and, where provided, the diagnosis or medical condition; and notify the pharmacist
- ii) Update demographic and prescription data
- iii) Use paper-based, electronic, and other resources to locate and select information

**B2.3 Check for authenticity of orally and electronically transmitted prescriptions**

- i) Determine whether the prescription meets all legal requirements: when it does not, notify the pharmacist and follow up by using applicable policies, effective communication, and discretion
- ii) Use healthcare provider lists, where available, to determine current status of prescriber's privileges

**B2.4 Verify accuracy and completeness of orally and electronically transmitted demographic and prescription data**

- i) Notify the pharmacist on known allergies, therapeutic considerations, and/or discrepancies
- ii) Check the demographic and prescription data for accuracy and completeness
- iii) Review the prescription for clarity on: abbreviations, medical terminology, drug names, dosage forms, strengths, availability, schedule, route, and other related information

**B3.0 COMPETENCY UNIT**

Transfer/copy a prescription in compliance with relevant legislation and established policies and procedures.

**COMPETENCY ELEMENTS**

**B3.1 Transfer a prescription to another pharmacy**

- i) Confirm that the patient or the patient's agent has approved/requested the transfer
- ii) Ensure accuracy and completeness before transferring a prescription
- iii) Complete required documentation

**B3.2 Receive a transfer or copy of a prescription from another pharmacy**

- i) Receive/transcribe the prescription, gather information, verify accuracy and completeness of the demographic and prescription data, and check for authenticity
- ii) Complete required documentation

**B3.3 Provide a copy of a prescription to an authorized recipient**

- i) Ensure accuracy and completeness of demographic and prescription data
- ii) Complete required documentation



## COMPETENCY: ENTER A PRESCRIPTION

*Pharmacy technicians, as part of the pharmacy team, use their knowledge and skills and follow applicable policies and procedures to:*

### C1.0 COMPETENCY UNIT

Enter a prescription as part of the processes used to prepare a pharmaceutical product for release and to keep records.

### COMPETENCY ELEMENTS

#### C1.1 Enter and update demographic information in the patient profile or health record while ensuring privacy and confidentiality

- i) Verify accuracy and completeness of demographic information with the patient, the patient's agent, or the patient's healthcare provider

#### C1.2 Enter prescription data into the patient profile or health record

- i) Confirm accuracy, completeness, and authenticity of the prescription data and notes
- ii) Use correct format, terminology, abbreviations, and symbols
- iii) Associate drug names and classifications with common health conditions

#### C1.3 Notify the pharmacist of any alerts or therapeutic issues

- i) Differentiate when there are changes in the drug and dosage, the patient profile or health record, and, where provided, the diagnosis or medical condition
- ii) Review the patient profile or health record for alerts
- iii) Review the patient notes for patient preferences
- iv) Contact the patient or patient's agent to provide or retrieve relevant information or instructions
- v) Review current patient profile or health record to note duplicate therapies and active prescriptions on file
- vi) Notify the pharmacist of any changes and compliance issues

#### C1.4 Enter the pharmaceutical product/compound that meets the requirements of the prescription

- i) Determine patient preferences
- ii) Apply knowledge about available forms of the pharmaceutical product
- iii) Apply knowledge of third-party insurance plan coverage

#### C1.5 Verify that the entry of the demographic and prescription data is accurate and complete

- i) Compare demographic and prescription data entered into the record against information contained in the written prescription received, the electronically transmitted prescription, or the transcribed oral prescription



## **COMPETENCY: PREPARE A PHARMACEUTICAL PRODUCT FOR RELEASE IN COLLABORATION WITH THE PHARMACIST**

*Pharmacy technicians, as part of the pharmacy team, use their knowledge and skills and follow applicable policies and procedures to:*

### **D1.0 COMPETENCY UNIT**

Confirm that the pharmacist has had the opportunity to review the prescription and the patient profile or health record prior to the release of the pharmaceutical product.

### **D2.0 COMPETENCY UNIT**

Prepare/compound a pharmaceutical product for release in collaboration with the pharmacist.

#### **COMPETENCY ELEMENTS**

#### **D2.1 Obtain a pharmaceutical product that meets the requirements for the prescription**

- i) Confirm availability of the product
- ii) Locate alternate sources when required

#### **D2.2 Prepare/compound a sterile pharmaceutical product**

- i) Follow approved formulation instructions
- ii) Select the needed product(s) and check the expiry date(s)
- iii) Calculate, convert, and document the results of dosage calculations and extemporaneous weights and volumes
- iv) Verify calculations with a second member of the pharmacy team who is registered
- v) Verify accuracy and appropriateness of ingredients and quantities including weights and volumes; and document
- vi) Select equipment
- vii) Follow aseptic technique

#### **D2.3 Prepare a non-sterile compound, a pre-packaged pharmaceutical product, or a reconstituted pharmaceutical product**

- i) Follow approved formulation instructions
- ii) Select the needed product(s) and check the expiry date(s)
- iii) Verify dosage calculations, weights and volumes, and, where necessary, confirm these with a second member of the pharmacy team who is registered and document the results.
- iv) Count, measure, or weigh the pharmaceutical product or products
- v) Follow clean technique

#### **D2.4 Label the pharmaceutical product**

- i) Select the appropriate container for the pharmaceutical product
- ii) Affix the appropriate label(s) to the pharmaceutical product or container
- iii) Provide appropriate patient information materials when specified by the pharmacist

**D2.5 Perform quality control/assurance procedures****D3.0 COMPETENCY UNIT**

Verify the accuracy and completeness of a pharmaceutical product prepared for release.

**COMPETENCY ELEMENTS****D3.1 Check the accuracy and completeness of the pharmaceutical product.**

- i) Ensure that the demographic and prescription data are correct and complete
- ii) Confirm that the:
  - Correct pharmaceutical product is being dispensed
  - Pharmaceutical product is correctly labelled, including appropriate auxiliary labels
  - Appropriate patient information materials have been provided
- iii) Confirm that the pharmaceutical product has been checked and signed off by a registered pharmacist, pharmacy intern, registered pharmacy technician \*

**\* Explanation**

To support public safety:

- (a) The registered pharmacy technician shall be permitted to check pharmaceutical products prepared by another registered pharmacy technician or by unregistered pharmacy personnel
- (b) The registered pharmacy technician, having prepared a pharmaceutical product, shall have it checked by a registered pharmacist, pharmacy intern or another registered pharmacy technician

**D3.2 Complete required records and documentation.****D4.0 COMPETENCY UNIT**

Collaborate with the pharmacist in the release of the pharmaceutical product to the correct patient or patient's agent.

**COMPETENCY ELEMENTS****D4.1 Confirm that the patient or the patient's agent has received or has been offered counselling by the pharmacist**

**COMPETENCY : PERFORM DISTRIBUTIVE AND QUALITY ASSURANCE FUNCTIONS TO ENSURE THE PATIENT RECEIVES QUALITY PHARMACEUTICAL PRODUCTS**

*Pharmacy technicians, as part of the pharmacy team, use their knowledge and skills and follow applicable policies and procedures to:*

**E1.0 COMPETENCY UNIT**

Participate in distributive and quality assurance functions.

**COMPETENCY ELEMENTS****E1.1 Contribute to optimal patient care and pharmacy services**

- i) Use critical-thinking, problem-solving, and decision-making skills to support effective and efficient patient care and pharmacy services

- ii) Develop effective working relationships with members of the pharmacy team
- iii) Provide constructive feedback on opportunities that could lead to increased effectiveness and efficiency of pharmacy services
- iv) Work with pharmacy management to identify staffing requirements, schedule personnel, determine and coordinate tasks, prioritize and organize pharmacy services, and develop operational policies
- v) Work together with members of the team to determine workflow, monitor progress of workflow, and identify and resolve barriers and challenges to optimal workflow
- vi) Use time management skills to prioritize workload demands, establish and work within realistic time frames, and evaluate and modify work patterns
- vii) Select technology that is appropriate to the task and use correctly
- viii) Follow guidelines for safe and correct use of automated medication storage distribution devices
- ix) Comply with health and safety legislation and workplace policies and procedures
- x) Address patient and colleague safety by ensuring a clean and accessible work area following infection control procedures, exercising caution related to workplace hazards, and making certain that high-risk activities are performed safely

**E1.2 Apply knowledge of inventory management to contribute to optimal patient care and pharmacy services**

**E1.3 Follow procedures for the proper storage, handling, preparation, distribution, removal, and disposal of drugs**

**E1.4 Participate in error reduction and prevention processes**

- i) Carry out distributive functions in a manner that minimizes medication errors and discrepancies
- ii) Collaborate with other healthcare professionals in reducing and preventing medication errors and discrepancies

**E1.5 Perform appropriate audits on automated dispensing cabinet replenishment, packaging/repackaging of pharmaceutical products, bulk compounding products, and medication storage areas outside the dispensary**

- i) Confirm that the:
  - Correct pharmaceutical product is being dispensed
  - Dosage and quantity of the pharmaceutical product being dispensed is correct
  - Pharmaceutical product is correctly labelled
- ii) Confirm that the appropriate signatures have been affixed and that documentation has been completed

**E1.6 Participate in the development, implementation, and evaluation of quality indicators**



## **COMPETENCY: COMMUNICATE WITH PATIENTS, PATIENTS' AGENTS, PHARMACISTS, AND HEALTHCARE PROVIDERS**

*Pharmacy technicians, as part of the pharmacy team, use their knowledge and skills and follow applicable policies and procedures to:*

### **F1.0 COMPETENCY UNIT**

Communicate within the role to support optimal patient care and pharmacy services.

### **COMPETENCY ELEMENTS**

#### **F1.1 Refer all therapeutic issues and questions to the pharmacist**

#### **F1.2 Establish and maintain positive working relationships with the patient, the patient's agent, members of the pharmacy team, and healthcare providers**

- i) Display:
  - Respect, attentiveness, openness, empathy, and caring
  - Sensitivity to nonverbal communication
  - Sensitivity to diversity
- ii) Demonstrate appropriate and effective communication skills by:
  - Recognizing facilitators of, and challenges, to communication
  - Using oral and written language and communication style appropriate to purpose, setting, and situation
  - Using active listening, verbal and nonverbal communication skills including interviewing skills, and whenever appropriate, conflict resolution skills

#### **F1.3 Maintain confidentiality of patient information**

#### **F1.4 Document demographic and prescription data, and other pharmacy related information in the patient profile or health record**

- i) Follow standards, policies, and procedures related to documentation and to the maintenance, security, and disposal of records
- ii) Document clearly, concisely, correctly, and in a timely manner

#### **F1.5 Use established communication policies, procedures, or protocols within the pharmacy, and when interacting with the patient, the patient's agent, and healthcare providers**

# Reporting Incapacity

Claudia Skolnik, LL.B, LL.M.

*Pharmacists are not immune to drug dependency or abuse despite the fact that pharmacists have expertise in drugs (effects and uses). In fact, recent statistics suggest that 12-18 per cent of pharmacists will experience an abuse or dependency problem during the course of their career, versus 10 per cent of the general population.*

## YOUR RESPONSIBILITIES TO COLLEAGUES WHO ARE INCAPACITATED

For the benefit of the public, your pharmacy and a colleague's health, you are required to take suitable action if you know or suspect a pharmacist colleague is incapacitated.

### What does "incapacitated" mean?

A pharmacist is "incapacitated" when he/she is suffering from a physical or mental illness or condition that makes it necessary for actions to be taken to restrict his or her right to practice pharmacy in the best interests of public safety.

The most common cases of incapacity involve mood disorders or substance-use problems, but certain physical, cognitive, or sensory disabilities could also fall within the definition of incapacity. (See s.1 (1) of the *Health Professions Procedural Code* (the "Code"), being Schedule 2 to the *Regulated Health Professions Act*.)

## FOR STAFF PHARMACISTS

### How should a staff pharmacist intervene?

You should report a colleague that you suspect is incapacitated to the designated manager as they are responsible for the overall safety and operation of the pharmacy. You may also report information about this member to the College if you are concerned that your designated manager is not responding appropriately to the situation. You may also approach your colleague to assist him or her in finding help.

## FOR DESIGNATED MANAGERS AND OWNER/OPERATORS

### When am I required to report an incapacitated member to the College?

If you are the designated manager or owner/operator of the pharmacy and you terminate a member for reasons of incapacity, you **must** report the termination and your reasons to the College. You are also required to report a member to the College if the member resigns at the same time that you are attempting to terminate him/her for incapacity.

### When am I not required to report an incapacitated member to the College?

You are **not required** to report a College member you know or suspect is incapacitated if you do not terminate the member. Nonetheless, as a manager and pharmacist, you have a responsibility to intervene and manage the situation appropriately.

### How should the Designated Manager intervene?

If you become aware of a member possibly being incapacitated, you must take steps to ensure that public interest and safety is not compromised. You should:

- Approach the member
- Gather information about the possible incapacity
- Impose any necessary restrictions on the member's practice to ensure public safety (up to and including removing the member from practice)
- Ensure that suitable conditions and restrictions are in place when the member returns to work. Such limitations may include: member compliance to a treatment plan and workplace monitors, prescribed medications, limited working hours, restricted access to narcotics, requirement to work only in the company of approved monitors, etc.
- Document all of the above mentioned steps that are taken (e.g., maintain a file of all memos, discussion notes, and copies of letters sent or received)

### Where can I go for help and guidance?

You may contact the College, on a no-names basis, to discuss effective ways of managing a member in your pharmacy who is or may be incapacitated.

If you cannot adequately manage the member's incapacity, you may report the incapacity to the College and allow the College's non-punitive *Fitness to Practise* proceedings to determine and manage appropriate restrictions on the member's practice.

## INCAPACITY PROCEEDINGS

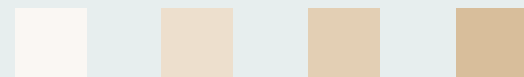
### How are the incapacity proceedings different to disciplinary proceedings?

Unlike disciplinary proceedings, incapacity proceedings are neither punitive nor public. Incapacity proceedings are strictly confidential and are intended to help the member regain their health while ensuring the public is protected from unsafe practice. Incapacity proceedings determine suitable restrictions and conditions on the member's certificate of registration that are designed to enable the member to return to practice in a way that supports their recovery while helping to detect and prevent possible relapses.

By intervening with an incapacitated member, you are enabling him or her to obtain the treatment that will help them to return to a healthy life.

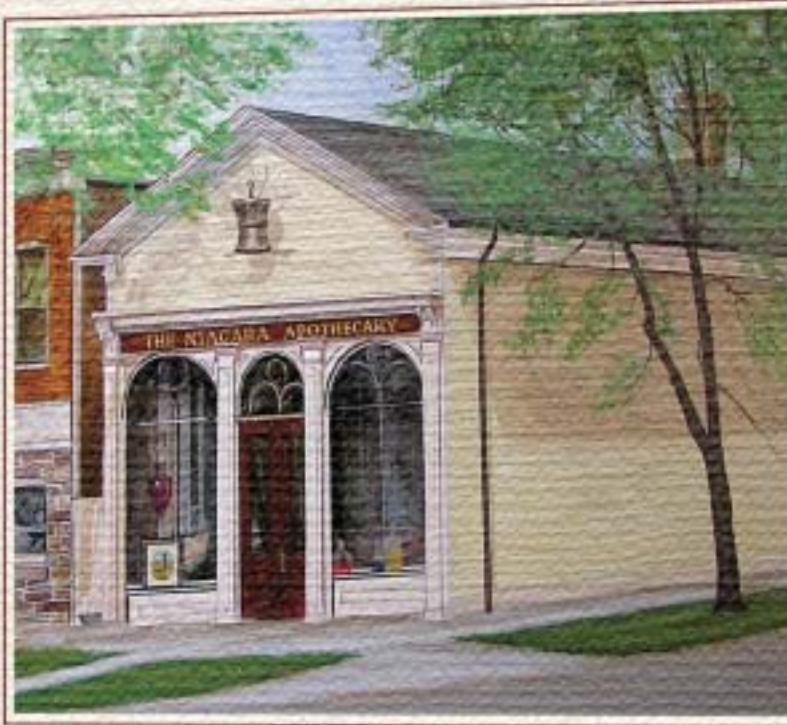
### For further information:

Contact the College's Investigations and Resolutions Department at 416-847-8272. You may also find the College's *Guidelines on Handling Colleague Pharmacists who are Incapacitated* on our website. [P](#)



## VISIT OUR HISTORY!

VISIT NIAGARA APOTHECARY



*Doors Open Niagara* will be featuring historical buildings on both sides of the Niagara River, from Niagara-on-the-Lake, Ontario to East Aurora, New York. Saturday and Sunday, October 18 and 19, 2003 from 10:00 a.m. to 5:00 p.m.

*See how our profession practiced over 100 years ago.*

The Apothecary opened its doors in the late 1860s and operated for over 100 years under a succession of six owners, finally closing in 1964.

The Ontario Heritage Foundation acquired the property, led its restoration and opened it as a museum in 1971 in a special ribbon-cutting ceremony by Queen Elizabeth, the Queen Mother.

The museum is operated by the Ontario College of Pharmacists through the help of local retired pharmacists.

# PHARMACIST REQUIRED

The **Ontario College of Pharmacists** has an opening in the Structured Practical Training area of its Registration Programs for a self-directed, energetic, and creative pharmacist.

This is a **6-12 month contract** that provides a unique opportunity for a pharmacist to work with the SPT team to further enhance its educational program.

The College is seeking a pharmacist who is experienced in a variety of practice settings and has a demonstrated ability to deal effectively with people of varied cultural backgrounds in both individual and group situations. The individual will participate in developing and delivering preceptor workshops; enhancing training manuals and assessment tools; and coaching preceptors, students and interns as required.

The individual should also have excellent interpersonal, written and verbal communication skills, and problem solving skills. A flair for setting and prioritizing competing demands is essential.

The College will consider applicants seeking either part-time or full-time hours.

If you are interested in becoming a member of our team, please forward your resume with salary expectations by October 15, 2003 to:

**Lisa Baker, Human Resources**  
**Ontario College of Pharmacists**  
 483 Huron Street  
 Toronto, ON M5R 2R4  
 fax: (416) 962-1619  
 lbaker@ocpinfo.com

*We wish to thank all applicants for their interest in this position. Only those candidates chosen for an interview will be contacted.*



# HEALTH CANADA

## Advisories & Notices

DATE	TYPE
July 23/2003	Important Medical Devices Safety Information on Cypher™ Coronary Stents and Subacute Thrombosis – Cordis Corporation
July 17/2003	Public Advisory Important Safety Information Regarding Topamax™ (Topiramate): Decreased Sweating and Elevated Body Temperature Announced in Canada – Janssen-Ortho
July 17/2003	Important Safety Information on the Concomitant use of Gluconorm® (Repaglinide) and Gemfibrozil – Novo Nordisk Canada Inc.
July 16/2003	Public Advisory Important Safety Information Regarding Estrogen Plus Progestin Tablets (Premplus™) – Wyeth Pharmaceuticals
July 15/2003	Public Advisory Important Safety Information Regarding Paxil® (Paroxetine Hydrochloride) in Pediatric Patients
July 11/2003	Important Drug Safety Information – Reports of Oligohidrosis (decreased sweating) and Hyperthermia in patients treated with Topamax™ (Topiramate)
July 7/2003	Advisory – Health Canada Advises the Public of Counterfeit Lipitor® in the United States
June 25/2003	Advisory – Health Canada Alerts Canadians to Pan Pharmaceuticals Ltd. Products Recall in Australia

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/>

## SUSPENSIONS 2003

Pursuant to Section 24 of the *Regulated Health Procedural Code*, the Registrar has suspended the following members' *Certificates of Registration for nonpayment of annual fees*.

The following names have been added to the suspension list that was printed in the July/August 2003 issue:

Victor Julius Grunau  
Irving Kreidstein

# FOCUS ON Error Prevention



Ian Stewart, B.Sc.Pharm.

It is a standard of practice that a pharmacist take reasonable steps to enter into dialogue with a patient (or agent) who requests help in selecting a Schedule II or III product. The pharmacist should both receive and provide the necessary information to ensure appropriate use of the product.

However, when the patient or agent indicates that they have previously used a specific product, it may be erroneous to assume that no further dialogue is required. This lack of dialogue, together with the similarity between different Schedule II and III products, is a factor in the sale of an incorrect product.

## CASE

A mother of an eight-year-old with head lice approached the pharmacy counter to request a bottle of Kwellada®. The attending technician selected the only Kwellada® product in stock at that time, Kwellada-P® Lotion. The technician attempted to call the pharmacist for counselling, however, the mother indicated that she had previously bought the product and knew how to use it. The technician proceeded with the sale of the Kwellada-P® Lotion (even though the product is indicated for the treatment of scabies *not* head lice). During the sales transaction, the mother expressed her surprise at the difference in product price compared to her last purchase of Kwellada®.

On returning home, the mother reviewed the Kwellada – P® lotion product insert and realized that she was sold the incorrect product.

## POSSIBLE CONTRIBUTING FACTORS:

- The pharmacist was not involved in the decision to sell a Schedule II product
- The pharmacy technician was unfamiliar with the different Kwellada preparations and their indications for use
- The technician did not investigate the customer's concern regarding the price of the product
- Both Kwellada – P® Lotion and Kwellada – P® Crème Rinse (which is indicated for the treatment of head lice) are available in 50ml bottles and have similar packaging

## RECOMMENDATIONS:

- Remind all pharmacy staff of the standard of practice that they must be involved in decisions to sell Schedule II products
- Though the patient or agent may indicate that they have previously used a specific product, the pharmacist should enter into a dialogue to inquire about the success or failure of the previous treatment, and to review key information about appropriate use of the product with the patient or agent
- In instances where the patient or agent cannot wait for counselling, the patient's name and telephone number should be recorded for a follow-up phone call from the pharmacist
- Investigate all customer concerns as these concerns can often indicate that something is wrong
- Be aware of the various Schedule II or III products that have potential for misidentification due to similar packaging. Examples include Palafer® versus Palafer® CF and Tri-Vi-Sol® versus Tri-Vi-Sol with Fluoride® <sup>c</sup>

## Reference:

1. Braden L, Schedule II Drugs - Making the Most of Schedule II Drugs, *Pharmacy Connection* May/June 2003.

# Moving From Part B to

*At each Practice Review there are a few individuals who attend for the purpose of changing their status on the College Register from Part B to Part A. As these pharmacists have been away from direct patient care activities for extended periods of time, planning for the Practice Review becomes important.*



*Nora MacLeod-Glover, B.Sc. (Pharm)*

**T**he Practice Review, through a written multiple-choice exam, assesses an individual's ability to retrieve and apply information. A second component, the standardized patient scenarios, assesses an individual's ability to both manage a patient interview and demonstrate essential communication skills during monitored, live interviews with standardized patients. Indeed, the Practice Review assesses the very skills used by pharmacists regularly providing direct patient care.

So, how can a pharmacist who has been away from direct patient care for some time polish up their skills? Here are some ideas:

## **1. GAIN EXPERIENCE IN A PHARMACY**

The College allows a Part B member to work in a pharmacy, under the direct supervision of a Part A pharmacist, for up to two six-month periods for the purpose of preparing for the Practice Review. To do this, a Part B pharmacist must first notify the College, in writing, of their intention, providing the name of the pharmacist under whom they will be working, the name and address of the practice site, and the expected start and finish dates.

## **2. BECOME A STUDENT OF PATIENT CARE SKILLS**

If it has been a while since you last practiced, investing in some education

will help build both your skills and confidence. Depending on where you live and how you prefer to learn (e.g. live or print), you may want to access some of the following resources:

- Courses offered at the Leslie Dan Faculty of Pharmacy through the International Pharmacy Graduate Program cover a variety of areas from therapeutics to communication skills.

There is a drug information class that helps you become familiar with current references. Some classes include working with standardized patients. Additionally, there are a number of general therapeutic lectures that are useful for reviewing disease states and commonly used drugs.

For more information on courses and schedules, contact Marie Rocchi Dean, Program Coordinator, at 416-946-5586.

# Part A of the Register

- A current listing of CCCEP-accredited live and print courses are available through our Continuing Education department. For more information, contact Celia Powell at 416-962-4861 x 251.

### 3. KNOW YOUR REFERENCES

Our profession relies heavily on medical and drug information — information that changes rapidly. While we all have core pharmacy knowledge, there are times when we want, or need, to access references to ensure accuracy. Knowing your references means knowing which book to refer to for the information you are seeking and understanding how the reference is organized so that you can search efficiently. The following references are used by the College when developing cases and questions for the Practice Review.

- *Patient Self Care*
- *Therapeutic Choices*
- *Compendium of Pharmaceuticals and Specialties*

These references are available from the Canadian Pharmacists Association. Visit their website at [www.pharmacists.ca](http://www.pharmacists.ca) or call 1-800-917-9489. For a complete list of the College's recommended library references, visit our website at [www.ocpinfo.com](http://www.ocpinfo.com) and select "Pharmacy Practice".

### PLAN FOR THE EXAM

Most pharmacists who write the Clinical Knowledge Examination realize that it has been considerable time since they last studied or wrote an exam.

The written portion of the exam is open-book. You will be provided with the above-listed references and you may also bring your own references. Be careful to manage your time during the exam as you may be tempted to look up every answer and run out of time. One strategy is to work first through the exam, marking the answers on which

you are confident with your core knowledge. Then, on a second pass, use the references to verify unsure questions and answers that remain.

If you are planning to move from Part B to Part A, the next Practice Review dates are:

November 30-December 1, 2003 and February 29-March 1, 2004. Please Contact Louise Todd, at 416-962-4861 x 241, to register. ☎

## Practice Review Snapshot

The Practice Review is held four times a year. Candidates undergo a five-six hour assessment that includes:

- An orientation session
- An educational and sharing session on continuous learning and the learning portfolio
- A written assessment of clinical knowledge, consisting of 15 cases — each followed by four multiple-choice questions
- Standardized patient scenarios consisting of a practice case and five test cases
- A general feedback session at the end of the Practice Review

(Once the orientation is complete, three groups of five candidates move through the three core components of the Practice Review and then gather at the end of the sessions for a light meal and a feedback discussion.)

## PRACTICE

## Q&amp;A



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

The previous edition of *Pharmacy Connection* featured an article on the new Precursor Control Regulations (PCR). Since that time, the College has received several questions about how this new Regulation might impact day-to-day practice.

**Q** According to the PCR s.5, retailers, i.e. pharmacies, would be exempt from the application of the regulations because they are retailers, and because the quantity and package-size of the retail products that they sell are under the threshold.

**In the case of products like Ergodryl® (ergotamine tartrate 1 mg), Trinalin® (pseudoephedrine 60 mg), or Co-Actifed Syrup® 2 L will pharmacies still be exempt or will an end-use declaration be required for these oversized packages?**

The seller of a Class A precursor that is over the quantity or package size stated in the schedule to the PCR is required to get a signed end-use declaration (EUD) from all non-licensed purchasers. This includes pharmacies that are exempt under section 5.

In this example, the manufacturer or distributor will require an EUD from the pharmacy before the Co-Actifed® 2L bottle is sold. EUDs are not required for precursors that are Schedule F drugs, such as Ergodryl® and Trinalin®, as the sale or provision (distribution) of these drugs is exempted from the application of the PCR (Section 2).

**Q** Will pharmacies that purchase a Class A precursor, such as Pseudoephedrine, as raw material for compounding be required to obtain a Precursor Licence?

The licensed dealer will require the pharmacist to sign an EUD if the quantity or package-size of the chemical being purchased exceeds the threshold stated in the schedule to the PCR.

The pharmacist will have to dispense the product in package quantities equal to or less than 3g to be exempt from the licence requirements for selling or dispensing precursor drugs or chemicals as stated in section 5 of the PCR. If the pharmacist dispenses (i.e. sells or dispenses precursor drugs or chemicals) in a package quantity over 3g, a licence to sell or provide precursor drugs or chemicals is required.

**Q** Are precursors, which are also narcotics or Schedule F drugs (Schedule I, **National Drug Schedules**) exempt from the PCR?

Only the activity of selling or dispensing precursors that are Schedule F products is exempted from the application of the PCR. The activities of producing, packaging, importing and exporting these precursors require a licence under the PCR. (Section 2, PCR).

Narcotic drugs, which are also precursors, are not exempt and are therefore subject to both the *Narcotic Control Regulations* and the PCR.

**Q** If a drug plan allows for OTCs to be covered, and a prescription is received for 100

**pseudoephedrine tablets, will a precursor licence be required to dispense over 3g of pseudoephedrine?**

A licence is required whenever a pharmacist dispenses in package sizes larger than 3g (Section 5, PCR).

**Q If a prescription is ordered for 100 Trinalin® tablets, will a precursor licence be required to dispense this quantity?**

Trinalin® is a Schedule F drug and is therefore exempted from the application of the PCR (Section 2). In this case, dispensing would fall under the activity of selling or dispensing and no license would be required.

**Q Can a prescription for Trinalin® or 100 pseudoephedrine be shipped without a precursor and/or export licence to someone vacationing in the U.S.?**

Class A precursors such as Trinalin® cannot be exported without a *licence to export* and a *permit to export* (Subsection 6(3) PCR).

There are exemptions in the PCR for the personal exportation of pseudoephedrine preparations when the product accompanies the person across the border and the package quantity does not exceed 3g pseudoephedrine (Section 11).

**Q What should a pharmacist do if they are asked to sell multiple packages of a pseudoephedrine-containing product?**

The pharmacist should use professional judgement when selling more than one package of pseudoephedrine. Although pharmacists are not obligated to report suspicious transactions, Health Canada encourages you to voluntarily report to the RCMP National Chemical Diversion Program coordinator in your area if you are selling unusually large quantities.

The Ontario contact is:

Cpl. Brent Hill

NCO I/C Chemical Diversion Program

Federal Services, "0" Division

Royal Canadian Mounted Police

130 Dufferin Avenue, London, ON N6A 5R2

Tel: (905) 876-9848, Cell: (905) 302-0369

Fax: (519) 640-7255

**Q Will shrink packaging be allowed under this regulation (i.e. 2-3 bottles packaged together)?**

Shrink packaging is a licensed activity since the package-size is being changed. (Subsection 6(b) PCR). A licence to sell or dispense these products will be required if the new package size exceeds the threshold stated in the schedule to the Regulations (Section 5).

**Q Many pharmacies are involved in medication cleanup programs. Will pharmacists be required to separate and record destructions of products such as pseudoephedrine? Will the destruction of outdated products have to be recorded and witnessed as well?**

No. The regulatory requirements for recording any destruction of precursor drugs, such as pseudoephedrine, only apply to licensed dealers.


**Q Will pharmacy advertising of precursor products be affected?**

As there are no regulations in the PCR respecting advertising of these products, current advertising regulations still apply.

**Q How will the *Precursor Control Regulations* affect group purchases by pharmacies? For example, where one pharmacy purchases on behalf of three or four pharmacies as part of a buying group?**

The pharmacy purchasing and distributing to the other pharmacies requires a licence to sell or provide precursor drugs or chemicals. In these situations they would no longer qualify for an exemption under section 5 of the PCR.

**Q Some pharmacies compound &/or dispense precursors for veterinary use in package sizes over the threshold stated in the schedule to the *Precursor Control Regulations*. Will these pharmacies require a licence to sell/provide?**

The Office of Controlled Substances, Drug Strategy and Controlled Substances Program of Health Canada, is currently reviewing the issue of compounding and/or dispensing precursors for veterinary use that is pursuant to a prescription. 

# INSPECTORS' CORNER

## ACTION PLANS

Rose Fitzgerald, B.Sc.Pharm.

The July/August issue of *Pharmacy Connection* outlined and identified various aspects of the inspection process. This article is intended to help designated managers and pharmacists address the issues identified by the College's inspector during an inspection, as well as outline the College's expectations of the DM/pharmacist's actions in addressing these issues.

The pharmacy's resulting response to the College is called an *action plan*.

### 1. WHAT IS AN ACTION PLAN?

An action plan is a pharmacy's written response to the list of issues identified at the inspection. It must explain, in detail, what steps were taken to address each of the issues raised.

### 2. WHO IS RESPONSIBLE FOR RESPONDING TO AN ACTION PLAN?

The Designated Manager is responsible for the action plan; however, the DM may request an individual pharmacist(s) to respond to specific issues related to *that* pharmacist(s) individual practice such as "Documentation of Dialogue on Rx Drugs." The action plan *must* be signed and dated by the DM.

*Please ensure that the plan is submitted to the College by the due date. Failure to submit an action plan means that the pharmacy is not in compliance and may result in a review by the Accreditation Committee. The action plan can be sent by fax or mail.*

### 3. WHAT HAPPENS TO THE ACTION PLAN ONCE IT IS RECEIVED BY THE COLLEGE?

The action plan is matched with the pharmacy's inspection report and recorded. The plan is then forwarded to the original inspector who will determine whether all issues have been addressed. The College will then send a letter to the DM indicating whether the action plan is considered complete or whether additional information is required.

### 4. WHAT ARE SOME OF THE COMMON ISSUES IDENTIFIED DURING INSPECTIONS AND HOW CAN THESE ISSUES BE ADDRESSED IN THE ACTION PLAN?

Some common issues include:

#### 1. **Maintenance of the pharmacy**

- The DM should describe the cleaning schedule or repairs that are required for the pharmacy (include photos if possible)

#### 2. **Missing library texts**

- The DM should provide copies of receipts (or back-order notices) for newly purchased texts
- The required reference guide is on the College's website at [www.ocpinfo.com](http://www.ocpinfo.com)

#### 3. **Outdated drugs found in dispensary and front store**

- The DM should provide a schedule or program for identifying and removing outdated products

#### **4. Lack of Documentation of Dialogue for Prescription Drugs**

- The DM should review this issue with the pharmacist in question. It may be helpful to have the pharmacist submit a response along with the action plan

*NOTE: Returning the action plan with only simple notations (check marks or comments such as “all done”) is not acceptable.*

#### **5. I AM THE DM BUT WAS NOT ON DUTY DURING THE INSPECTION/RE-INSPECTION AND I’M NOT CLEAR ON SOME OF THE ISSUES THAT WERE RAISED.**


If you were not present at the inspection, you can contact your inspector at the College. As mentioned in the previous issue, inspectors do try to accommodate situations where the DM requests an inspection to be scheduled for a specified day of the week. However, this may not be possible in certain situations such as new openings, lengthier inspections and days with difficult weather conditions.

#### **6. WHAT IS A RE-INSPECTION?**

The re-inspection is a subsequent inspection to confirm that the pharmacy has addressed issues that were identified at a previous inspection. Although the re-inspection is typically more focused than the routine inspection, any additional issues identified during the re-inspection will be added to the re-inspection report.

Either the designated manager or the pharmacist on duty will be told at the end of an inspection whether a re-inspection will be required. Additionally, whenever a re-inspection is ordered by the Accreditation Committee, a letter with notice of this order will be sent to the designated manager. All re-inspections are unannounced and take place within one year of notification.

#### **7. WHEN WOULD THE RESULTS OF MY PHARMACY RE-INSPECTION BE REFERRED TO THE ACCREDITATION COMMITTEE?**

A referral to the Accreditation Committee results whenever compliance is not achieved after two inspections (original inspection and a re-inspection). 

**The College is responsible for regulating pharmacies in Ontario.**

**Its inspection process is key to ensuring proper pharmacy operation and to achieve voluntary compliance to all requisite legislation, standards of practice and other policies.**

**Ultimately, the inspection process has been created to assure public protection and safe drug distribution in Ontario.**

DECIDING ON **DISCIPLINE****CASE 1****Dispensing the Wrong Drug, Failure to Counsel, False Documentation of Dialogue and Inappropriate Handling of Dispensing Error.****Member:** Amany Hanna, Oakville**Hearing Date:** May 30, 2003

Mrs. Hanna 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
- 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

**Facts**

On November 3, 2001, Mrs. Hanna dispensed 30 10 mg pills of Buscopan® when the prescription ordered BuSpar®. She expected that the patient's husband would return for the prescription that day and thus, in advance, recorded on the hard copy that she had counselled the patient. However, the patient's husband did not return until several days later when Mrs. Hanna was not present. Therefore, despite documentation to the contrary, the counselling was not provided, either by Mrs. Hanna or any other pharmacist.

As a result, the patient did not realize that a

dispensing error had been made. The patient consumed the Buscopan® as she thought Buscopan® was the generic name for BuSpar®.

About three weeks later, Mrs. Hanna filled a second prescription for Buspar® for the same patient. This time Mrs. Hanna properly dispensed BuSpar® but then realized that she had made a dispensing error on the previous BuSpar® prescription by dispensing Buscopan® instead. Mrs. Hanna did not advise either the patient or the patient's physician of this error. However, she did enter information about the error into the computer and flagged it for her manager. Mrs. Hanna took no other action.

The patient first became aware that there was a problem with the medication sometime after the second fill of the medication when she received notice from her insurance company that reimbursement had been denied for Buscopan® as it was not a prescription drug. At an appointment the following day, the patient's physician explained that BuSpar® and Buscopan® were two different drugs and that a dispensing error must have occurred.

Mrs. Hanna expressed concern and remorse for her actions and acknowledges that she:

- Dispensed Buscopan® to a patient when BuSpar® was prescribed
- Failed to counsel the patient
- Recorded, in the pharmacy records, that the patient had been counselled on the prescription when the patient had not
- Failed to adequately manage the dispensing error when it was discovered by the pharmacy, in that she:

## DISCIPLINE

- i. Failed to either inform the patient or to advise the patient to inform her physician
- ii. Failed to directly notify the physician of the error

**Reasons**

In accepting the Joint Submission on Penalty as appropriate, the Committee weighed the fact that Mrs. Hanna has no prior disciplinary history with the College, had cooperated with the College, and had entered a plea of guilty and saved the time and expense of a lengthy hearing, with the fact that, in her conduct, she failed to put the patient's health first and to ensure appropriate therapy was resumed as soon as possible.

**Order**

1. A reprimand
2. Specified terms, conditions and limitations on Mrs. Hanna's Certificate of Registration, and in particular, that she successfully complete, at her own expense within 12 months of the date of this order, the following courses and evaluations:
  - *Confronting Medication Errors* workshops offered by the Ontario Pharmacists' Association, including Module I "Understand the Issues and Dealing with Incidents" and Module II "Taking Action to Improve Patient Safety"
  - *Advanced Interviewing Techniques* offered through the Canadian Pharmacy Skills II Program at the Leslie Dan Faculty of Pharmacy at the University of Toronto
3. A two-month suspension of Mrs. Hanna's Certificate of Registration, with one month to be remitted on condition that she completes the remedial courses and evaluations in accordance with the terms set out in paragraph 2

**CASE 2****Dispensing Without Authorization; Record Keeping and Third-Party Billing Irregularities**

**Member:** Mohammad Subhani, Mississauga

**Hearing Date:** June 18, 2003

Mr. Subhani was found to have:

- Failed to maintain a standard of practice of the profession
- Failed to keep records respecting his patients as required
- Contravened the *Pharmacy Act*, the *Drug and Pharmacies Regulation Act*, the *Regulated Health Professions Act*, 1991 or the regulations under those Acts
- Contravened, while engaging 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

**Facts**

This hearing resulted from two separate referrals. The first referral resulted from a complaint filed by ESI Canada, following its audit of Mr. Subhani's pharmacy, which disclosed that Mr. Subhani had dispensed, on 11 occasions, three different medications (namely Cipro tablets 500mg, PMS-Fluoxetine 20mg capsules and Ranitidine 150mg tablets) to a patient without authorization, from November 3, 1998 to March 26, 1999. The drug plan had been billed for these medications. Mr. Subhani had also charged, in 10 out of 11 instances, more than the pharmacy's usual and customary dispensing fee for these transactions without first informing the patient.

ESI Canada sought a repayment of \$442.76 for the claims from Mr. Subhani. Mr. Subhani repaid this amount.

*continued on page 33*

# QUALITY ASSURANCE PROGRAM SURVEY

## TO ALL PHARMACISTS WHO PARTICIPATED IN THE 1997 OR 2002 QUALITY ASSURANCE PRACTICE REVIEW AND TO PHARMACISTS WHO COMPLETED THE 2002 SELF-ASSESSMENT SURVEY

The College is currently working on an impact evaluation of the Practice Review. This evaluation will help us determine whether the Practice Review process is meeting its legislative objectives and whether it continues to serve as an effective way of ensuring pharmacists provide high quality pharmacy care to the public.

### WHO IS CONDUCTING THE EVALUATION?

The survey will be conducted by independent evaluation consultant Harry Cummings & Associates (HCA). Harry Cummings has an extensive background in program evaluation and has a broad understanding of both evaluation processes and quality assurance programs within the regulated health professions. In 1997, Cummings was hired by the Health Professions Regulatory Advisory Council to develop ways to help Ontario's 21 regulated health colleges evaluate their quality assurance programs.

### WHAT HAS BEEN DONE SO FAR?

Last fall, HCA conducted focus groups with a few members who had either completed the Practice Review in 1997 or 2002, or who had completed the Self-Assessment Survey in 2002. Information gathered from these interviews serve as the framework for the upcoming in-depth survey that will roll out in the fall of 2003.

### WHO MAY BE SELECTED TO RESPOND?

You may be selected and invited to participate in these surveys if:

- You completed the Practice Review in either 1997 or 2002; or
- You completed the Self-Assessment Survey in 2002

All individual responses will be kept confidential. The College will receive only summary reports and responses.

Your help will be greatly appreciated, and while your participation is optional, your input will provide valuable information that will help us refine the College's Quality Assurance Program.

Those selected will either receive a paper survey to complete and return to HCA or be called directly to participate in a telephone interview.

## THANK YOU FOR YOUR SUPPORT!



The second referral resulted from practice deficits that were repeatedly identified during routine College inspections of Mr. Subhani's pharmacy. The College conducted a routine inspection of Mr. Subhani's pharmacy in September 1998. Various problems were identified during this routine inspection, as well as during a subsequent call-back inspection in December 1998 and a re-inspection in June 1999. As a result, the Registrar appointed an investigator to conduct an investigation of Mr. Subhani's pharmacy practice in December 1999.

The College investigator visited Mr. Subhani's pharmacy on January 9, 2001 and again on January 17, 2001 and July 11, 2001 to review pharmacy records and to interview Mr. Subhani. The investigator identified a multitude of problems related to record-keeping, narcotic records, and unsigned or unauthorized prescriptions.

Specifically, from October 2000 to January 2001, there were 10 instances of record keeping and labelling errors including: missing signatures, dispensing errors, mislabels and incorrect quantities. Over the period of September 2000 to January 2001, 12 different medications had been dispensed to six patients, without proper authorization. These prescriptions included anti-depressants, anti-inflammatory agents, anti-diabetic agents and over-the-counter medication.

Moreover, a total of 118 unsigned prescriptions were removed from the pharmacy by the investigator to serve as a representative sample of Mr. Subhani's practice. Mr. Subhani acknowledges that he failed to sign five of the listed prescriptions. With regards to the remaining 113 prescriptions, Mr. Subhani explained that he had injured his hands and wrists at the time and was only waiting until he felt better to sign the other prescriptions.

Mr. Subhani acknowledges that, in connection with the ESI complaint, he:

- Dispensed drugs without authorization
- Inappropriately assumed that the husband of the patient, who picked up the drugs at the pharmacy, was conveying the physician's instructions
- Was, as a pharmacist, not entitled to make the above-noted assumption — the result of which was prescription drugs being dispensed without authorization
- Charged more than the pharmacy's usual and customary dispensing fee for some transactions

### Reasons

In accepting the Joint Submission on Penalty as appropriate, the Committee weighed the extent of Mr. Subhani's conduct against the fact that he has no prior disciplinary record.

### Order

1. A reprimand
2. Specified terms, conditions and limitations on Mr. Subhani's Certificate of Registration, and, in particular, that Mr. Subhani complete successfully, at his own expense, within 15 months of the date of this order, remedial training in the following courses and evaluations in the Canadian Pharmacy Skills Program offered through the Leslie Dan Faculty of Pharmacy at the University of Toronto: "Basic Professional Practice Laboratories I," "Advanced Professional Practice Laboratories II," "Law Lesson 4: Standards of Practice," "Law Lesson 5: Complaints and Discipline Procedures of the College," "Law Lesson 7: Professional Liability"
3. Additional specified terms, conditions and limitations on Mr. Subhani's Certificate of Registration, and in particular, that Mr. Subhani's practice be monitored by means of two inspections during the 24 months following the date of this order— the costs of which Mr. Subhani will pay in advance (\$500 per inspection)
4. A suspension of Mr. Subhani's Certificate of Registration for a period of six months, with four months of the suspension to be remitted on condition that Mr. Subhani completes the remedial training specified in paragraph 2

**C A S E 3****Dispensing the Wrong Drug, Failure to Conduct Appropriate Checks of the Dispensing Procedure and Failure to Counsel a Patient****Member:** Henry Lee, Willowdale**Hearing Date:** June 18, 2003

Mr. Lee was found to have failed to maintain a standard of practice of the profession.

**Facts**

Mr. Lee filled a prescription for a patient who was prescribed Glyburide and Cardura® to alleviate discomfort in relation to hernia, prostate and diabetes conditions. However, instead of dispensing Cardura®, Mr. Lee mistakenly dispensed Coumadin® in a container that was labelled Cardura®.

Unaware of the error, the patient ingested the Coumadin® for about two months. Mr. Lee first learned of the dispensing error when he was contacted by the patient's family physician.

Mr. Lee acknowledged that:

- The dispensing error would have been detected had he checked the DIN number of the drug prescribed against the drug dispensed
- He failed to counsel the patient on the medication and provided an explanation that the patient had been

waiting for the prescription and was in a hurry to leave the pharmacy

- The dispensing error would likely have been discovered if he had engaged in a dialogue with the patient
- The absence of dialogue should have been documented, but was not

**Reasons**

In accepting the Joint Submission on Penalty as appropriate, the Committee balanced the seriousness of Mr. Lee's failure to counsel the patient with the consideration that he:

- Plead guilty to the allegations of professional misconduct
- Acknowledged his accountability for the error and expressed his regrets to the patient as soon as he learned of the error
- Has no prior disciplinary history in his twenty years of practice
- Had already completed, at the time of hearing, one of the remediation courses in the proposed penalty

**Order**

1. A reprimand
2. Specified terms, conditions and limitations on Mr. Lee's Certificate of Registration, and in particular, that Mr. Lee complete successfully, at his own expense within 12 months of the date of this order, remedial training in the following workshops, courses, and evaluations: "Confronting Medication Errors,"

offered through the Ontario Pharmacists' Association including both workshop modules, "Understanding the Issues and Dealing with Incidents," and "Taking Action to Improve Patient Safety" and, "Advanced Interviewing Techniques," in the Canadian Pharmacy Skills Program offered through the Leslie Dan Faculty of Pharmacy

3. A one month suspension of Mr. Lee's Certificate of Registration.

**C A S E 4****Failure to Appropriately Supervise a Pharmacy's Billing Practices, Resulting in Third- Party Billing Irregularities****Member:** Ho Trong Luu, Ottawa**Hearing Date:** June 19, 2003

Mr. Luu 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
- 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

**Facts**

BCE Emergis complained that Mr. Luu's pharmacy was inappropriately submitting claims for electronic reimbursement through the *Assure Health Inquiry System* for patients ineligible for coverage. BCE Emergis identified 19 certificates of insurance on which information had been adjusted over a period of four-and-one-half years.

Mr. Luu admits that the pharmacy adjusted relationship codes and date of birth information when submitting claims electronically on behalf of dependants of the 19 certificate holders identified.

Mr. Luu assigned a pharmacy assistant to process electronic claims. The assistant would enter the relationship code and date of birth that he thought was correct for a patient, but upon receiving electronic notification that the claim was rejected as a result of coordination of benefits for dependent information, the assistant would then change the relationship code and date of birth information to reflect the primary cardholder on the certificate of insurance to allow for direct payment from the payor. The pharmacy assistant did not bring these adjustments to the attention of Mr. Luu or any other pharmacist at the pharmacy.

In addition, a number of the hard copy prescriptions relating to the above-noted transactions did not contain signatures indicating who dispensed the medication. Moreover, it

is not clear from the hard copies as to who counselled a patient whenever counselling was noted on a prescription.

Mr. Luu explains that he had no knowledge of the pharmacy assistant's manipulation of the relationship code or date of birth information. (It was also noted that the pharmacy had experienced ongoing difficulties in processing claims with the payor, and in particular when dealing with rejected claims.)

Mr. Luu acknowledges that he abdicated his responsibilities as pharmacist and designated manager of the pharmacy by both failing to adequately supervise the assistant as he processed claims and in ensuring that any patient information recorded on the electronic claim was accurate.

Once this was brought to his attention, Mr. Luu took steps to ensure that the pharmacy addressed the system problems, specifically:

- Retention of a computer consultant to provide computer training to pharmacists and assistants employed at the pharmacy, and to regularly review and update software — including the BCE Emergis system
- Obtaining and maintaining, on file for confirmation purposes, a copy of the insurance card presented by each patient whenever a prescription is ordered
- Conducting an audit of pharmacy systems and records

- Further external training for the pharmacy assistant

**Reasons**

In accepting the Joint Submission on Penalty as appropriate, the Committee weighed the pharmacist's abdication of responsibility of billing processes to his assistant, against the consideration that Mr. Luu plead guilty to the allegations and:

1. Has no prior disciplinary record
2. Cooperated in the investigation of the complaint and with the third-party insurer when it conducted its own audit
3. Repaid the third-party payor the full amount for the improper transactions identified in the Notice of Hearing, namely \$15,204.20
4. Implemented numerous corrective measures within his practice to ensure that the risk of such events occurring in the future is reduced
5. Has expressed regret for these events

**Order**

1. A reprimand
2. Specified terms, conditions and limitations on Mr. Luu's Certificate of Registration, and in particular, that he successfully complete, at his own expense within twelve months of the date of this order, remedial training in the following courses and evaluations from the Canadian Pharmacy Skills Program offered at the Leslie Dan Faculty of Pharmacy at the

University of Toronto: “Advanced Professional Practice Laboratories II”, “Law Lesson 2 – The Regulation of Pharmacy Practice”, “Law Lesson 4 – Standards of Practice”, and “Law Lesson 7 – Professional Liability”

3. A suspension of Mr. Luu’s Certificate of Registration for a period of one month, in which the suspension can be fully remitted upon successful completion of remedial training as described in paragraph 2 above within twelve months of the date of the order of the Discipline Committee
4. Additional specified terms, conditions and limitations on Mr. Luu’s Certificate of Registration, and in particular that Mr. Luu’s practice be monitored by the College during the 18 months following the date of this order, the costs of which Mr. Luu will pay in advance in the amount of \$500
5. Costs to the College in the amount of \$2,000

## CASE 5

### Billing Fraud

**Member:** Maheshkumar Patel,  
Kitchener

**Hearing Date:** June 19, 2003

Mr. Patel was found to have:

- Failed to maintain a standard of practice of the profession
- Falsified a record relating to his practice
- Signed or issued, in his professional capacity, a document that he knew contained a false or misleading statement
- Submitted an account or charge for services that he knew were false or misleading
- Contravened the *Pharmacy Act*, the *Drug and Pharmacies Regulation Act*, the *Regulated Health Professions Act*, 1991 or the regulations under those Acts
- 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

### Facts

The College received a complaint from Manulife Financial which identified two separate instances in which Mr. Patel had billed Manulife for prescriptions of Cytotec® that had not been dispensed.

The patient confirmed a receipt of Voltaren® on both occasions but denied having also received Cytotec® on either of the dates. He further denied having been prescribed Cytotec® at any time.

Dr. Sims, who is listed as the prescribing physician on the prescriptions for Voltaren® and Cytotec®, confirmed that she had no recollection of having prescribed Cytotec® to this patient and that there is no record that she had ever prescribed Cytotec®.

Mr. Patel’s pharmacy records indicate that, on both instances, Mr. Patel dispensed Voltaren® and Cytotec® to the patient. The documentation for the Cytotec®, however, was false.

Mr. Patel admitted that he:

- (a) Had no authority to dispense Cytotec® to the patient on either of the occasions
- (b) Documented a verbal order for the patient for Cytotec® 200 ud x6, which was false
- (c) Prepared two computer-generated hard copies for prescriptions for Cytotec®, each of which falsely represented that Cytotec® had been dispensed to the patient
- (d) Included information on the hard-copy prescription that falsely indicated that the patient had received Cytotec® on a specified date and had been counselled upon receipt of that medication
- (e) Did not, in fact, give Cytotec® to

the patient on either of the dates in question

- (f) Billed the insurance company as though he had dispensed Cytotec® on two occasions with a valid prescription for each

### Reasons

When considering an appropriate penalty for the very serious facts in this case, the Committee considered the fact that Mr. Patel has two previous disciplinary convictions, one of which is directly relevant to the current charges, namely defrauding an insurance company of monies, in value exceeding \$5,000, by submitting fictitious claims and receiving monies, knowing that he was not entitled to them. While the Committee considered that this case could warrant revocation, the Committee ultimately accepted the Joint Submission on Penalty as a suitable alternative penalty as the various components of the submission serve as a final attempt to remediate the member and to deter him from future misconduct, and to protect the public from unethical practice.

### Order

1. A reprimand
2. Specified terms, conditions and limitations on Mr. Patel's Certificate of Registration, and in particular, that he complete successfully at his own expense, within twelve months of the date of the order, remedial

training in the following courses and evaluations from the Canadian Pharmacy Skills Program at the Leslie Dan Faculty of Pharmacy at the University of Toronto: "Basic Professional Practice Laboratories I"; "Advanced Professional Practice Laboratories II"; "Law Lesson 2 – The Regulation of Pharmacy Practice"; "Law Lesson 4 – Standards of Practice"; and "Law Lesson 7 – Professional Liability"

3. A suspension of Mr. Patel's Certificate of Registration for a period of 10 months with two months of the suspension to be remitted on condition that he completes the remedial training specified in paragraph 2
4. Additional specified terms, conditions and limitations on Mr. Patel's Certificate of Registration, continuing for a period of three consecutive years following the completion of his suspension, namely that:
  - Mr. Patel be prohibited from having any proprietary interest in a pharmacy, in any capacity whatsoever
  - Mr. Patel not act as a designated manager in any pharmacy
  - Mr. Patel be prohibited from employment in any pharmacy owned by a family member
  - Mr. Patel inform all employers in a pharmacy setting of the full details of the decision of the Discipline Committee and ensure that the employers confirm knowledge of this information directly with the

College

- Mr. Patel's employment remuneration shall be based only on hourly or weekly rates and that his employer(s) are to confirm this arrangement, in writing, with the College
5. Costs to the College in the amount of \$5,000

## CASE 6

### Dispensing Drugs without Authorization; Falsification of Records

**Member:** Anan Abou-Nassar,  
Mississauga

**Hearing Date:** June 20, 2003

Mr. Abou-Nassar was found to have:

- Failed to maintain a standard of practice of the profession
- Signed or issued, in his professional capacity, a document that he knew contained a false or misleading statement
- 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

- 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

### Facts

The College received a complaint from a family physician who was informed by an elderly patient that Mr. Abou-Nassar continued to dispense a variety of prescription drugs to her in the absence of any authorization.

The College investigated and determined that the patient had been prescribed a three-month supply of a number of medications. Although the prescription orders expired in May 1997, Mr. Abou-Nassar continued to dispense Tiaprofenic Acid, Adalat®, Propranolol, Novasen®, Senokot® and Docusate® from February 1997 to February 2001. Furthermore, the pharmacy records for these drugs for the period between May 1997 and February 2001 attributed authorizations to a physician whom the patient had last seen in February 1997. Mr. Abou-Nassar confirmed that he was the dispensing pharmacist for dispensing transactions under review.

Mr. Abou-Nassar acknowledged his misconduct and expressed his regret and apologies for failing to ensure that the medications were approved by a physician and properly documented. He explained that the medical clinic

operated by the prescribing physician as documented was located in the same building of the pharmacy and that Mr. Abou-Nassar spoke with the physician and the physician's colleagues on a daily basis about medications prescribed for patients. He also explained that he continued to dispense the medications for the patient because the patient was immobile and not seeing a physician. Mr. Abou-Nassar suggested, however, that he had not dispensed any medications to the patient that had not been originally authorized by a physician.

### Reasons


In accepting the Joint Submission on Penalty as appropriate, the Committee considered the fact that Mr. Abou-Nassar:

- Plead guilty to the allegations of professional misconduct
- Co-operated with the College
- Voluntarily surrendered his Certificate of Registration for a period of one month before the commencement of this hearing
- Has no prior disciplinary history with the College

### Order

1. A reprimand
2. Specified terms, conditions and limitations on Mr. Abou-Nassar's Certificate of Registration, and in particular that he complete successfully, at his own expense, within 12 months

of the date of this order, the following courses and evaluations in the Canadian Pharmacy Skills Program at the Leslie Dan Faculty of Pharmacy at the University of Toronto: "Introduction to Drug Related Problems," "Drug Use in the Elderly and Constipation," "Osteoarthritis," "Dyspepsia," "Hypertension Lecture," "Hypertension Seminar," "Law Lesson 2: The Regulation of Pharmacy Practice," "Law Lesson 4: Standards of Practice," and "Law Lesson 7: Professional Liability".

3. A suspension of Mr. Abou-Nassar's Certificate of Registration for a period of three months, with one month of the suspension to be remitted in view of the voluntary surrender of his Certificate of Registration, and a second month of the suspension to be remitted on condition that he complete the remedial training exercise specified in paragraph 2
4. Costs to the College in the amount of \$1,500 

# MENTORSHIP UPDATE

*Bill Dingwall B.Sc.Pharm.  
Mentorship Co-Ordinator*

## International Pharmacy Graduate Program



The IPG Program continues with another class that will begin in October. It is a unique program that was created to help internationally trained pharmacists obtain licensure in Ontario. Many program participants have already graduated, are licensed, and practicing.

### BECOME A MENTOR

Mentorship matches the IPG pharmacist-candidate "mentee" with an experienced Ontario licensed pharmacist "mentor".

The mentor is a professional colleague who volunteers about one hour per week to help the mentee connect to our profession by being:

- 1) A **partner** in professional and career planning
- 2) A **provider** of support and encouragement
- 3) A **helper** in clarifying what it means and takes to be an Ontario pharmacist
- 4) A non-judgmental **listener**

The mentor can also help clear pathways for the mentee while making connections with fellow professionals and pharmacy organizations.

Mentors find the experience personally rewarding while the mentees are pleased to have someone they can turn to if there is something about Canadian culture, or professional practice that they need to better understand. The mentors have also been helpful in introducing their mentees to professional colleagues, organizations and personal acquaintances.

I have been involved personally with the IPG Program and many of its international pharmacist candidates since 2001. I have found the experience very gratifying and have learned a lot about other cultures and pharmacy practice abroad.


Since October 2002, nearly 100 mentees have been matched with mentors — and the feedback from both groups has been very positive.

We need experienced, licensed Ontario pharmacists to

*"My mentee passed his PEBC exam and is now able to get licensed. He was so excited to have passed and so thankful of the time we spent together. It's really great to get that kind of personal satisfaction..." D.H.*

*"I am finding the experience so satisfying that if you have another person who requires mentoring and is unmatched; I wouldn't mind working with him or her..." E.O.*

serve as mentors for IPG Program candidates in the October 2003 class. Please join now, so we can begin your introduction to the IPG Program through our orientation seminar that focuses on program content, mentorship guidelines and intercultural communications.

For more information, contact me at 416-946-8334 or [ipg.phm@utoronto.ca](mailto:ipg.phm@utoronto.ca). 

# POINTS OF CARE

IN ONTARIO



St. George Pharmacy  
**TORONTO**

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](http://www.ocpinfo.com) and select "*Point of Care*" to view the graphic usage standards.



Caravaggio IDA Pharmacy  
**SHELBURNE**



Wardrop Pharmacy  
**PORT ELGIN**

### **Marihuana Exemption Regulations**

The Marihuana Exemption (*Food and Drugs Act*) Regulations came into force on July 8, 2003. These regulations will exempt marihuana, produced under contract with Her Majesty in Right of Canada, from the application of the *Food and Drugs Act* and its regulations, except when used in clinical trials. The government will make dried marihuana, produced under contract with Her Majesty in Right of Canada, available to persons authorized to possess marihuana and to persons who are unable to produce marihuana for themselves or identify a designated person to produce marihuana on their behalf. The government will also supply marihuana seeds to those authorized to produce marihuana for medical purposes.

Pharmacists are not involved in the application process or distribution, and as such, will not be impacted by this regulation at this time. For those interested in more information on the regulations, please contact:

#### **Cynthia Sunstrum**

*Drug Strategy and Controlled Substances Programme*  
Healthy Environments and Consumer Safety Branch  
Address Locator: 3503D  
Ottawa, Ontario  
K1A 1B9

### **CSHP Educational Sessions**

All pharmacists are invited to attend the Educational Sessions of the Ontario Branch of the Canadian Society of Hospital Pharmacists to be held on Saturday, September 20th and Sunday, September 21st at the Nottawasaga Inn, in Alliston, Ontario.

Lecture topics include refractory depression, preventing diabetes, the new Methadone guidelines as well as workshops on electrolyte emergencies and interpreting liver function tests. The program also includes the branch's annual general meeting, awards presentation and past president's breakfast.

The Nottawasaga Inn provides an ideal setting for families, as well as state-of-the-art conference facilities.



Registrants may also participate in many activities, including a golf tournament, evening of swing dancing and the Fun Run. For a brochure, please contact Henry Halapy at 416-864-6060 x 2120 or Marie Rocchi Dean at 416-946-5586 or e-mail Halaph@smh.toronto.on.ca or marie.dean@utoronto.ca.

### **Canadian Pharmacist of the Year**

Lisa Dolovich, Pharm. D. of Hamilton was honoured as Canadian Pharmacist of the Year at a ceremony held in Vancouver during the 91st annual CPhA Conference.

Dr. Lisa Dolovich's practice and research focuses on how collaboration among physicians, patients and pharmacists can optimize continuity of care in primary care settings. In 1996, Dr. Dolovich and clinical pharmacologist, Dr. Mitchell Levine M.D., started the Medication Assessment Clinic at St. Joseph's Healthcare, Hamilton where Dr. Dolovich advises family physicians on ways to improve the use of medications for patients at high risk of suffering from medication-related problems as well as counselling patients on issues involving prescription, non-prescription and natural health products.

Currently, Dr. Dolovich works as a scientist at the Centre for Evaluation of Medicines, Father Sean O'Sullivan Research Centre in St. Joseph's Hospital, Hamilton where she is also the Ambulatory Care Pharmacotherapy Specialist. She is also Assistant Professor, Faculty of Pharmacy, University of Toronto as well as Assistant Professor in the Department of Family Medicine, McMaster University.

### **Reunion 9T8: New Date**

The new date for the 9T8 five-year class reunion will be held this fall at the Nottawasaga Inn, from November 14-16, 2003. There will be a variety of activities during the weekend and a banquet will be held Saturday, November 15. For more information, contact Stacie Harley at stacie\_harley@hotmail.com, (416) 413-9196 or Jessy Samuel at jessy.samuel@moh.gov.on.ca. Hope to see you there! 📧

# CE EVENTS

Visit the College's website: [www.ocpinfo.com](http://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

### Oct. 2-4: Toronto

**Primary Care Today** - Education Conference & Medical Exposition, Family & Community Medicine, Faculty of Medicine, University of Toronto, International Centre  
tel 1-888-443-6786  
[www.primarycaredtoday.ca](http://www.primarycaredtoday.ca)

### Oct. 17-19 & Nov. 7-9

**Certified Geriatric Pharmacist Preparation Course**, Ontario Pharmacists Association, Institute for Learning  
tel (416) 441-0788, x 4235  
fax (416) 441-0791  
[kcameron@ontpharmacists.on.ca](mailto:kcameron@ontpharmacists.on.ca)  
[www.opatoday.com](http://www.opatoday.com)

### Oct. 20: Newmarket

**Medication Management of Dialysis Patients in the Community**, York North Pharmacists Association  
Carolyn Bornstein  
tel (905) 895-4521, x 2128  
[bornstein@sympatico.ca](mailto:bornstein@sympatico.ca)

### Oct. 24: Brantford

**What's New in Respiratory Health?**, Ontario Respiratory Care Society, South Central Ontario Region, Best Western Brant Park Inn & Conference Centre  
Sheila Gordon-Dillane  
tel (416) 864-9911, x 236  
fax (416) 864-9916  
[orcs@on.lung.ca](mailto:orcs@on.lung.ca)

### Oct. 30: Barrie

**Respiratory Practice in a Changing Environment**, Ontario Respiratory Care Society and the Lung Association, Georgian Bay Area, Holiday Inn Barrie  
Sheila Gordon-Dillane

tel (416) 864-9911, x 236  
fax (416) 864-9916  
[orcs@on.lung.ca](mailto:orcs@on.lung.ca)

### Nov. 5: Newmarket

**Drug Interactions**, York North Pharmacists Association and Altana Pharma, Glenway Country Club  
Janet Shore  
tel (905) 841-4432  
fax (905) 853-0571

### Nov. 5: London

**Therapeutics in Action 2003**, London Health Sciences Centre, Best Western Lamplighter Inn  
Bonnie Heffernan  
tel (519) 685-8500 x 74755  
fax (519) 667-6621  
[bonnie.heffernan@lhsc.on.ca](mailto:bonnie.heffernan@lhsc.on.ca)  
[www.lhsc.on.ca/pharmacy/events](http://www.lhsc.on.ca/pharmacy/events)

### Nov. 14: Toronto

**Fighting Infection - Respiratory Implications**, Ontario Respiratory Care Society, Greater Toronto Region, Quality Hotel & Conference Centre  
Sheila Gordon-Dillane  
tel (416) 864-9911, x 236  
fax (416) 864-9916  
[orcs@on.lung.ca](mailto:orcs@on.lung.ca)

### Nov. 16: Toronto

**Cardiovascular Wellness Program**, Ontario Pharmacists Association, Institute for Learning  
tel (416) 441-0788, x 4235  
fax (416) 441-0791  
[kcameron@ontpharmacists.on.ca](mailto:kcameron@ontpharmacists.on.ca)  
[www.opatoday.com](http://www.opatoday.com)

### Nov. 18: Newmarket

**Diabetes Update**, York North Pharmacists Association  
Carolyn Bornstein  
tel (905) 895-4521, ext. 2128  
[bornstein@sympatico.ca](mailto:bornstein@sympatico.ca)

### Nov. 21-22: Toronto

**Adolescent and Young Adult Oncology: Walking Two Worlds**, Pediatric Oncology Group of Ontario (POGO), Crowne Plaza Hotel  
tel (416) 592-1232  
fax (416) 592-1285  
[skuczynski@pogo.on.ca](mailto:skuczynski@pogo.on.ca)  
[www.pogo.on.ca](http://www.pogo.on.ca)

## INTERNATIONAL

### November 2-5: Atlanta GA

**Annual Meeting, American College of Clinical Pharmacy (ACCP)**, Hyatt Regency Atlanta.  
tel (816) 531-2177  
fax (816) 561-0058  
[www.accp.com](http://www.accp.com)

## PHARMACY TECHNICIAN FEES

A reminder that the CPhT Fees (\$58.32, including GST) were due at the College by September 10th. If you have not already paid your fees, we urge you to do so immediately.

If your employment is in other than a community pharmacy, hospital or long-term care facility, please indicate this on your fee form and we will be in touch with you.

**Look for more details in the next issue of Pharmacy Connection.**



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

**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

**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)

**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

**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

**Standards of Practice ▲**

New Standards of Practice, January 1, 2003 OCP

**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

**Ontario Drug Benefit Act (ODBA) & Regulations \***  
Amended 2002

Regulations to the ODBA:  
Ontario Regulation 201/96 Amended to O.Reg. 395/02 – General

**Food and Drugs Act (FDA) & Regulations †**

Updated Health Canada Version as of Dec. 19, 2001  
Amendment 1248-Iburprofen-Jan. 31, 2002

**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

**Narcotic Control Regulations \*\***

Updated NAPRA Version as of October 25, 2000

**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

**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"

\* 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)  
Toronto: Tel: (416) 860-1611 • Fax: (416) 860-1608 • e-mail: [info@fedpubs.com](mailto:info@fedpubs.com)  
▲ Information available at **www.ocpinfo.com**

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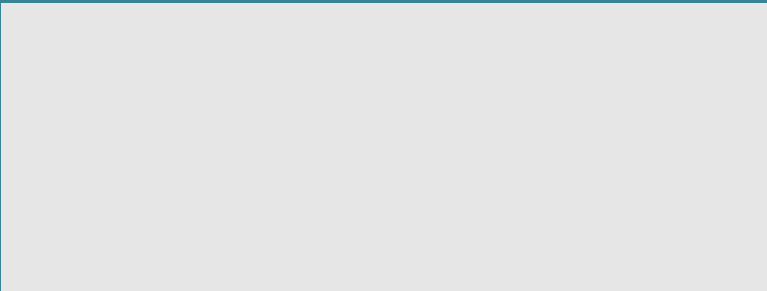
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