

PHARMACY CONNECTION

THE
VOL. 7, NO. 4

ONTARIO

COLLEGE

OF

PHARMACISTS
JULY/AUGUST 2000

OCP Holds District Meetings this Fall

Making Standards of Practice "Practical"



Included in this issue...

- Herbal & Alternative Products: the Dialogue Continues
- Drug Schedule Changes
- Reporting Child Abuse and Neglect



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 ♦ *Working Group on Pharmacy Technicians*

Mission Statement

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

Council Members

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

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Pharmacy Connection

The objectives of Pharmacy Connection are to...

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

We welcome original manuscripts for consideration. We publish six times a year, in January, March, May, July, September and November. Manuscripts should be received no later than eight weeks prior to publication. If you intend to submit material, or would like a copy of the publishing requirements, please contact the Associate Editor. The Ontario College of Pharmacists reserves the right to modify contributions as editorial staff feel is appropriate.

To be published, subject matter should promote the objectives of the journal. We also invite you to share with us any suggestions for topics, or journal criticisms, etc. Letters must include the name, address and telephone number of the author for verification purposes, and may be reprinted in a Letters to the Editor column.

The opinions expressed in this publication do not necessarily represent the views or official position of the Ontario College of Pharmacists.

a Message from the Editor



Della Croteau
Deputy Registrar/Director of Programs

I am honoured to write my first editorial as the new editor of *Pharmacy Connection* and as Deputy Registrar/Director of Programs for the Ontario College of Pharmacists. *Pharmacy Connection* is one of the main vehicles for updating practitioners about changes in legislation and practice as well as recent developments in our profession. I encourage you to read it regularly and to share your ideas or concerns. It is through the input of members that we attempt to develop articles that will assist in clarifying issues and improving your practice.

As I write this first editorial, it is an exciting time for consolidating the efforts of pharmacists across Canada. The basis of this collaborative work has been the document "Competencies Expected of a Canadian Pharmacist at Entry to Practice," developed by NAPRA and adopted by the provinces. This document—which outlines the skills and knowledge expected of a pharmacist—has now been adopted by the Association of Faculties of Pharmacy of Canada and the Canadian Council for Accreditation of Pharmacy Programs. In addition, it has been used to form the basis of a Mutual Recognition Agreement

among the provinces to require the same competencies in each province and to have the same requirements for entry into practice. This agreement will allow licensed pharmacists to move more freely across Canada.

Since I have practised in three different provinces and have had to meet three different sets of entry requirements, I applaud the efforts of NAPRA and the provinces in reaching this agreement. In order to meet the requirements of this agreement, which is scheduled to come into effect July 1, 2001, Ontario still has work to do with respect to changing our regulations and finalizing our Structured Practical Training programs.

A second initiative arising out of the development of the competency document and the Mutual Recognition Agreement is the development of a model National Continuing Competency Program. Not only does the Mutual Recognition Agreement expect provinces to have the same practice entry requirements, it also expects each province to have a mechanism in place for assuring that practitioners continue to learn and remain competent in providing patient care throughout their professional lives. Due to the provincial mandate to develop a Quality Assurance Program, Ontario is fortunate to have a continuing competency program already in place.

A third initiative from the national scene is the development of model Standards of Practice for Canadian pharmacists. Last fall, Council approved revised Standards of Practice

adapted from the national model and these were published in the March/April 2000 issue of this journal. As always, the implementation of these standards will be both a provincial and an individual responsibility. At its recent March planning retreat, Council identified the increase in compliance to the Standards of Practice as one of its four main goals, and is considering several strategies for achieving this goal. One of the means of promoting the revised Standards of Practice will be the district meetings, as advertised in this issue of *Pharmacy Connection*. Our Registrar has extended an invitation to each of you to accept the individual challenge of implementing the revised Standards of Practice and to attend these meetings to discuss how each of us can meet this goal.

It is clear that a collaborative approach to common pharmacy issues will advance our profession more efficiently and effectively. We must cast off the provincial barriers and work shoulder to shoulder with our colleagues in other provinces to enhance patient care across the country. We'll do our best to keep you informed of the changes happening at a national and provincial level. These pages are always available to you to share your concerns and ideas. Open dialogue in *Pharmacy Connection* and at the District Meetings will help shape the standards for our profession.

A handwritten signature in blue ink that reads "Della Croteau".

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a Message from the Registrar



Deanna Laws
Registrar

It's summertime, which finds those of us who are baseball fans right in the middle of baseball season. At every game we watch players step up to the plate, never really sure whether or not they'll score a run, or even hit the ball—but stepping up to the plate is the necessary first step. For those of you who are wondering, there actually is a point to this.

In March, the College hired a communications manager, Layne Verbeek, who was introduced in the last issue of this journal. Layne will assist Council, the Committees, program areas and staff in establishing and improving communication linkages internally and externally. This role of fostering communication with members, the public, other stakeholders and the media is one which Council considers to be of utmost importance.

In keeping with the directions set out in the recently developed strategic plan, we will develop a plan to help the College communicate the value of pharmacists' services to the public, the government, other professions and third-party payers. A chal-

lenging task to be sure, but all the more challenging if we, as pharmacists, don't accept or believe in our own value, or consistently demonstrate it in our everyday practice.

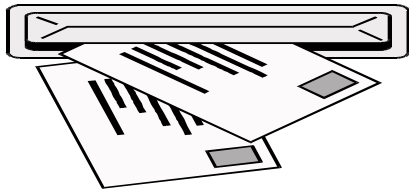
We did not receive very much feedback from members on the revised Standards of Practice that were circulated in the March/April issue of *Pharmacy Connection*. However, those who did respond agree with Chair Anne Resnick's comments that little is "new" in the standards or operational components and that these are reflective of what they see themselves doing in their current practice. Can we, with confidence, assume that these pharmacists are representative of our profession as a whole? This is where the necessity of "stepping up to the plate" comes in.

Expressing to the public, other health professions, the government and others what they can, and should, expect from their pharmacist, will increase your profile as a key health care professional and provider of valuable cognitive (as well as dispensing) services. But, as we increase efforts to communicate our value to the public and others, we need to know that all of you, our members, buy into what we're trying to do. We need you to "step up to the plate." Otherwise, the College, and our profession could look pretty silly.

Many of you will applaud this initiative on the premise that increased public acceptance of the value of the pharmacist may set the stage

for such things as an expanded scope of practice and payment for cognitive services. Yet others may express frustration that this will lead to demands on the pharmacist at a time when financial and human resources are being stretched to the limit. But there have been, and always will be, challenges facing our profession. Someone once said that "no time is a good time." This may be true, but I believe that the time to embrace change, to more consistently demonstrate our value, and to move even closer toward patient-focused care is now.

The College has always been committed to its mandate of public protection. But we're also committed to helping you, our members, continually improve your practice and meet the public's expectations as they change. We hope that you support this important strategic direction and that you will come to the district meetings this coming fall (see schedule, pg. 8). We promise that they will be informative and that they will provide you with opportunities for good networking, interaction and discussion with Council members, College staff and your peers. Look forward to seeing you there.



Letters

One Physician's Point of View

"Are follow-up calls in the best interest of the patient's care or a marketing strategy?"

Dear Registrar,

I am writing to express a concern and to gain information in regards to my ongoing deteriorating relationship with our community pharmacists.

I have been in active practice in this community (Guelph) for the past 15 years. I have experienced an accelerating deterioration in my relationship with many of the pharmacists in the community and this concerns me. Increasingly, in recent months, I have noticed that pharmacists have been providing my patients with medical advice. I was not aware that pharmacists were licensed to dispense medical advice. As much as some of this advice would seem reasonable, some of it is contrary to the advice I have given to the same patient over the same issue. It seems to me that this practice is potentially dangerous and certainly confusing for patients. Clearly, it also has the potential to undermine my therapeutic relationship with the patients and ultimately, I believe that I still have medical legal responsibility for outcomes.

A local pharmacist recently telephoned one of my patients in what they described as a follow-up call after having dispensed two simple medications for a muscle strain. The telephone call was apparently to check in with the patient just to be sure that everything was okay. This telephone call left my patient bewildered and upset. She was concerned that there may have been some type of dispensing error and the pharmacist was calling out of fear. She was concerned that possibly the pharmacist knew some of the people involved in the circumstance where she had sustained an injury and was calling on that regard. But certainly she was not reassured or comforted by the "follow-up" telephone call. When I called the pharmacist about this, I was told that this is now the standard of care in pharmacies and that patients like it and the practice would continue.

Another recent concern occurred regarding a medication dispensing error. A patient of mine was dispensed Trazodone for approximately six months when the prescription had been written for Dyazide[®]. This dispensing error occurred after one repeat of a repeating prescription. The error was discovered by the patient and when she called the pharmacy to seek clarification, she was told that the doctor's writing was very difficult to read. My carbon copy of this prescription was reviewed and I believe the word Dyazide[®] is written very clearly. As stated, the dispensing error occurred on a repeat of the same prescription. This is another example of what I consider the deterioration of the relationship between physicians and pharmacists. My understanding has traditionally been that physicians and pharmacists work as a team, and that good communication between the two professions fosters a better outcome for our patients.

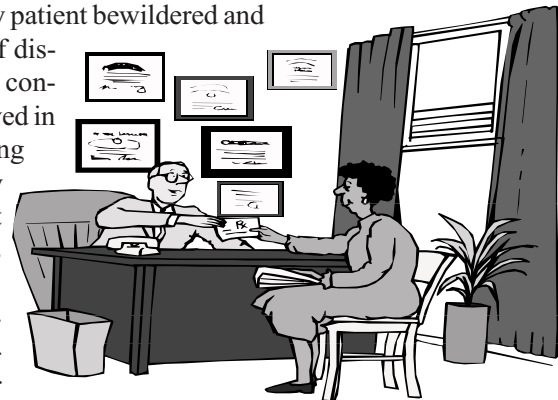
I hope that you can provide some insight for me in this regard. Is the modern approach to pharmacy one of dispensing medical advice to a patient without involving the patient's physician? Are follow-up calls in the best interest of the patient's care, or are they a marketing strategy?

I would prefer not to make a formal complaint regarding these concerns, but I am certainly prepared to do so if this deterioration of communication and relationships continues.

I look forward to your response and thank you for your consideration.

Sincerely,

**C.K. Rathwell,
M.D., C.C.F.P.
Assistant Clinical Professor
McMaster University**



[Editor's Note: We have asked Dr. Rathwell for permission to publish this letter. District Councillor Dave Malian responds (see p. 5) in an effort to educate members about the importance of our relationships with physicians in providing patient care.]

Response to Dr. Rathwell

Follow-up calls ensure proper use of medications

The letter from Dr. Rathwell expressed concerns regarding the relationship between physicians and pharmacists. Although I find it disturbing, I do understand his concerns and would like to address the issues he mentioned.

Pharmacists have dispensed pharmaceutical and medical advice to patients for many years. The traditional corner drugstore pharmacist was always readily available to answer patients' questions regarding their medications and general health. They've also always been active in the promotion of a healthy lifestyle for their patients, whether it's been speaking to small groups or counselling individuals. In many cases, as the most accessible primary health care provider, pharmacists take an active lead in providing information and advice to patients. As drug therapy has become more sophisticated, and the provision of health care more fragmented, it is imperative that pharmacists play a greater role in providing information to patients. This is not, however, done in isolation. Pharmacists must work closely with physicians to ensure patients thoroughly understand their medications and the consequences of poor compliance.

The joint statement of the CMA and the CPhA, entitled "Approaches to Enhancing the Quality of Drug Therapy," states that the pharmacist's responsibility in drug therapy includes: "Providing specific information to patients and caregivers about drug therapy, taking into account patients' existing knowledge about their drug therapy. This information may include the name of the drug, its purpose, potential interactions or side effects, precautions, correct usage, methods to promote adherence to the treatment plan and any other health information appropriate to the needs of the patient".

Many pharmacists have adopted "follow-up" phone calls to their patients after dispensing a new medication to ensure understanding and compliance. This is not a marketing strategy but rather a mechanism to ensure the patient's drug therapy is effective and well tolerated. Our Standards of Practice, implemented in 1996, require pharmacists to initiate dialogue on all new prescriptions. Those prescriptions that are called into pharmacies by physicians and delivered to patients, require a phone call by the pharmacist for counselling. In many cases, pharmacists use "follow-up" phone calls as part of a specific program such as trial prescriptions or as one component of a

pharmacy's clinical care program. In any case, increased interaction with the patient by a health care practitioner should only increase compliance. Communication with the patient and the patient's physician by the pharmacist is extremely important. It is regrettable that this did not happen in the case that Dr. Rathwell mentioned. Pharmacists need to be aware of the impact their advice may have on their patients.

In regards to his concern about the dispensing error, I am very disappointed that the only response from the pharmacist was that it was "very difficult to read." That is unacceptable in pharmacy practice! We all realize that dispensing errors can occur and that many may be the result of poor penmanship by prescribers. It is unfortunate that this occurs; however, the generation of a prescription and its subsequent dispensing needs to be done with the utmost care.

I understand that in Dr. Rathwell's case, legibility may not have been a factor; however, I hope that he does understand that pharmacists spend a great deal of time trying to decipher illegible prescriptions, and in some cases, may interpret a prescription incorrectly. I am disheartened to learn that the pharmacist involved placed the blame solely on the legibility of the prescription. If it was too difficult to read, then the pharmacist

should have taken the necessary steps to contact the physician before dispensing.

It is ultimately the responsibility of the pharmacist to ensure the accuracy of each and every prescription before it is dispensed, and it is the responsibility of the prescriber to ensure the prescription is clearly written. Dr. Rathwell is absolutely right. Better communication between both professions is necessary to avoid errors and facilitate better patient care.

It is fortunate that Dr. Rathwell has taken the time to address these concerns with the College. It is only with increased dialogue between our professions that we may better understand our duties and responsibilities to each other and our patients.

"Better communication between both professions is necessary to avoid errors and facilitate better patient care."

**David S. Malian R.Ph., B.Sc.Phm.
OCP Councillor
District 11**

REPORT

Note: Council agreed to meet on two separate days in June. This OCP Council Report provides an overview of the first day of Council, June 12, when Committee reports and general College business were considered. A report of Council's decisions respecting the strategic plan at its second meeting on June 29 will be included in the next issue of *Pharmacy Connection*.

OPA Proposal: Professional Liability/Integrated Membership

Council considered a request from the Ontario Pharmacists' Association (OPA) that the College mandate the participation of all pharmacists in the OPA's professional liability (malpractice) insurance program. It was understood that participation in this program would be contingent on membership in the OPA. After discussion, Council was not persuaded that it is in the public interest to mandate membership in the OPA and therefore rejected the proposal for integrated membership.

On the general matter of mandatory professional liability (malpractice) insurance, Council considered that more information is needed before any decisions can be made and has referred this matter back to the Executive Committee for further review. Council recognizes and appreciates the long-standing collaborative relationship that exists between the College and the OPA and to this end, passed the following motion: "that Council affirm the College's commitment to working collaboratively with the Ontario Pharmacists' Association on educational/practice issues."

COPA Sponsorship

The College agreed, as in previous years, to support an

educational session at the annual Conference of the Ontario Pharmacists' Association (COPA) which was held June 1-4, 2000 in Richmond Hill. This year, a grant of \$1,750 was provided to support the session entitled "Linking Community Based Pharmacists with Family Physicians to Optimize Drug Therapy in Seniors," featuring Connie Sellors.

Pharmacy Technicians

Council approved a report from the Working Group on Certification Examinations for Pharmacy Technicians which recommended that Council approve:

- a. effective immediately, a change in the policy on non-payment of the annual certification fee to provide for suspension of a Certified Pharmacy Technician's certification after 120 days, following a two-month notice of default; and
- b. effective immediately, a change in current policy so that, after three unsuccessful attempts to pass the Pharmacy Technician Certification Examination, a candidate must provide the College with proof of mentorship with a pharmacist or a Certified Pharmacy Technician for a period specified by the Working Group before being permitted to sit a fourth and final examination.

These recommendations for changes were made with the view to promoting greater consistency in the policies for pharmacists and pharmacy technicians. Council further approved a recommended change in the Working Group's terms of reference regarding length of service to read:

- a. representatives shall serve for three years and at the end of the term, eligible members will present their decision to stand for an additional term or request replacement.

National Model Continuing Competency Program for Canadian Pharmacists

Council approved a recommendation from the Quality Assurance Committee that it endorse the National Model Continuing Competency Program for Canadian Pharmacists with the understanding that:

- a. there is flexibility with the model, and how and when the program is implemented will be determined by each provincial pharmacy regulatory authority, and
- b. while changes or amendments may be recommended in the future, the QA Committee considers that the College's current QA program does not need to change in order to meet the expectations set out in the national model framework.

To date, three provinces, namely Alberta, British Columbia and Ontario, have implemented Quality Assurance/continuing competency programs for pharmacists. The College's Quality Assurance Committee expressed strong support for the spirit of the national model program. Successful implementation of the labour mobility provisions under the recently signed Mutual Recognition Agreement for Pharmacy in Canada depends on the adoption/implementation of many national initiatives. These include competency statements, standards of practice, entry to practice requirements and a continuing competency program.

The QA Committee was pleased to note the significant similarities between the national model and the College's current program, which the Committee believes is viewed nationally as an acceptable adaptation of the national model program. No changes to the College's current QA program are being suggested at this time; however, the QA Committee will maintain a watching brief with respect to the different assessment tools cited in the model to determine whether any revisions to the program should be considered at a future date.

Limited Use

Council received a report from former Registrar Jim Dunsdon summarizing the discussions from the April 19 meeting of the Limited Use Committee. Deanna Laws has

represented the College as an observer at these meetings since the Committee's inception last year. After discussion, members of the LU Committee agreed that a draft notice describing the proposed monitoring process profiling prescribing practices under the LU program would be most appropriately sent to prescribers with a copy to pharmacists. Agreement in principle has been reached with respect to a monitoring process and a sub-committee, with OPA representation, will flesh out the details.

Academic Credential Assessment Service for Ontario

The Ontario Ministry of Training, Colleges and Universities has signed an agreement to set up an academic credential service for Ontario, which will evaluate secondary and post-secondary diplomas and degrees from more than 180 countries. While the College currently depends on the Pharmacy Examining Board of Canada to evaluate academic credentials of foreign trained pharmacists, a need for such a service in other health professions has been identified. More information is expected from the Ministry as it begins to implement this service.

Report on Geriatric and Long Term Care

Council received for information, a copy of the 10th Annual Report of the Geriatric and Long Term Care Review Committee. An excerpt of the Report, including recommendations pertaining to drugs and pharmacy, is included on page 30 of this issue of *Pharmacy Connection*.

Council Meetings

Council will hold a meeting at the Ontario College of Pharmacists, 483 Huron Street, Toronto, Ontario on:
September 11 and 12, 2000

OCP District Meetings 2000

“Making the Standards of Practice - *Practical*”

The focus of this year’s district meetings is to provide you with a forum to discuss the Revised Standards of Practice as well as gain and share practical ways to further incorporate these standards into your daily practice. As this year’s district meetings are not geared towards any specific practice types, we encourage all members to attend, regardless of speciality area.

We hope that you will come out and take this opportunity to interact with your peers and College staff to discuss many important issues including:

- the Standards of Practice and the Quality Assurance Program;
- progress being made towards exploring the regulation of pharmacy technicians;
- the implications of the recently signed Mutual Recognition Agreement for Pharmacists on movement of pharmacists across Canada; and
- the progress being made in the development of national model programs.

Hospital pharmacists should note that the Council member for District 17, Malcolm Ng, will be in attendance at the District Meetings in London, Kanata and Hamilton.



For information or to confirm dates and times, contact Linda Seneviratne at tel: (416) 962-4861, ext. 241; e-mail: lseneviratne@ocpharma.com

DATE	DISTRICT	LOCATION	COUNCILLOR
September 6, Wednesday	4	Holiday Inn Yorkdale (Dehavilland Room) 3450 Dufferin St. TORONTO	Sam Hirsch
September 7, Thursday	1	McIntosh Country Inn (McIntosh Room) 12495 Hwy #2 MORRISBURG	Marie Ogilvie
September 7, Thursday	12	Holiday Inn Cambridge (Halls A & B) 200 Holiday Inn Dr. CAMBRIDGE	Liz Mutton
September 19, Tuesday	7	Orillia Highwayman Inn (Leacock North) 201 Woodside Dr. ORILLIA	Leslie Braden
September 20, Wednesday	14	Four Points Hotel (Georgian Room D) 1696 Regent St. South SUDBURY	Bill Wilson

DATE	DISTRICT	LOCATION	COUNCILLOR
September 27, Wednesday	7	Best Western Voyageur Place Hotel (Ontario Room) 17565 Yonge St. NEWMARKET	Leslie Braden
October 3, Tuesday	15	Valhalla Inn (Fireside Room) 1 Valhalla Inn Rd. THUNDER BAY	Gurjit Husson
October 4, Wednesday	15	Best Western Motor Inn (Ontario Suite) 349 Government Rd. DRYDEN	Gurjit Husson
October 11, Wednesday	10	Best Western Lamplighter Inn (Chelsea Ballroom) 591 Wellington Rd. LONDON	Steve Balestrini Malcolm Ng
October 11, Wednesday	2	Holiday Inn Oshawa (Guild West Room) 1011 Bloor St. East OSHAWA	Barbara Minshall
October 12, Thursday	13	Walkerton Golf & Country Club (Fairways Room) RR 4 WALKERTON	Bill Mann
October 18, Wednesday	1	Holiday Inn Select (Kanata Room) 10 Lord Byng Way KANATA	Marie Ogilvie Malcolm Ng
October 24, Tuesday	15	Holiday Inn Waterfront (Thompson 'A' Room) 208 St. Mary's River Dr. SAULT STE. MARIE	Gurjit Husson
October 25, Wednesday	5	Ramada Plaza Toronto Airport East (Prince Regent Room) 1677 Wilson Ave. TORONTO	Larry Hallok
October 26, Thursday	14	Pinewood Park Inn (Founders Room) 201 Pinewood Park Dr. NORTH BAY	Bill Wilson
November 1, Wednesday	8	Sheraton Hamilton Hotel (Heritage Room) 116 King St. West HAMILTON	Iris Krawchenko Malcolm Ng

DATE	DISTRICT	LOCATION	COUNCILLOR
November 2, Thursday	3	Ramada Plaza Hotel (Renaissance Room) 185 Yorkland Blvd. TORONTO	Martin Belitz
November 8, Wednesday	11	Holiday Inn Select (Woodslee Room) 1855 Huron Church Rd. WINDSOR	Dave Malian
November 14, Tuesday	9	Sheraton Fallsview (Hennepin Room) 6755 Oakes Dr. NIAGARA FALLS	Kelly Carfagnini
November 14, Tuesday	2	Holiday Inn Trenton (Harvest East Room) 99 Glen Miller Rd. RR 5 TRENTON	Barbara Minshall
November 15, Wednesday	6	Toronto Airport Marriott (Salon E) 901 Dixon Rd. TORONTO	Anne Resnick
November 16, Thursday	16	Mt. Sinai Auditorium (Ben Sadowski Auditorium) 18th Floor 600 University Ave. TORONTO	Gord Murray
November 22, Wednesday	8	Burlington Conference Centre (Halton Hall) 5420 North Service Rd. BURLINGTON	Iris Krawchenko
November 29, Wednesday	12	Holiday Inn Kitchener (Huron Room) 30 Fairway Rd. KITCHENER	Liz Mutton

You are invited to attend the District Meeting at the location most convenient to you.

ALL MEETINGS BEGIN AT 7 P.M. AND END AT ABOUT 10 P.M.

Reporting Child Abuse and Neglect

[The following information is reprinted from the brochure of the Ministry of Community and Social Services. Please note that in the May/June 2000 issue of Pharmacy Connection (p. 9), the contact phone number given was for the Simcoe Country Children's Aid Society. Members need to contact their own local children's aid society.]

Introduction

Ontario's *Child and Family Services Act* (CFSA) provides for a broad range of services for families and children, including children who are or may be victims of child abuse or neglect.

The paramount purpose of the Act is to promote the best interests, protection and well being of children.

The Act recognizes that each of us has a responsibility for the welfare of children. It states clearly that members of the public, including professionals who work with children, have an obligation to report promptly to a children's aid society if they suspect that a child is or may be in need of protection.

The Act defines the term "child in need of protection" and sets out what must be reported to a children's aid society. This definition [CFSA s.72(1)] is set out in detail on the following pages. It includes physical, sexual and emotional abuse, neglect and risk of harm.

This brochure summarizes reporting responsibilities under Ontario's *Child and Family Services Act*. It is not meant to give specific legal advice. If you have questions about a given situation, you should consult a lawyer or the children's aid society.

Responsibility to report a child in need of protection CFSA s.72(1)

If a person has reasonable grounds to suspect that a child is or may be in need of protection, the person must

promptly report the suspicion and the information upon which it is based to a children's aid society.

The situations that must be reported are listed in detail below. Despite the provisions of any other Act, if a person, including a person who performs professional or official duties with respect to children, has reasonable grounds to suspect one of the following, the person shall forthwith report the suspicion and the information on which it is based to a society:

1. The child has suffered physical harm, inflicted by the person having charge of the child or caused by or resulting from that person's,
 - i. failure to adequately care for, provide for, supervise or protect the child, or
 - ii. pattern of neglect in caring for, providing for, supervising or protecting the child.
2. There is a risk that the child is likely to suffer physical harm inflicted by the person having charge of the child or caused by or resulting from that person's,
 - i. failure to adequately care for, provide for, supervise or protect the child, or
 - ii. pattern of neglect in caring for, providing for, supervising or protecting the child.
3. The child has been sexually molested or sexually exploited, by the person having charge of the child or by another person where the person having charge of the child knows or should know of the possibility of sexual molestation or sexual exploitation and fails to protect the child.
4. There is a risk that the child is

likely to be sexually molested or sexually exploited as described in paragraph 3.

5. The child requires medical treatment to cure, prevent or alleviate physical harm or suffering and the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, the treatment.

6. The child has suffered emotional harm, demonstrated by serious,

- i. anxiety,
- ii. depression,
- iii. withdrawal,
- iv. self-destructive or aggressive behaviour, or
- v. delayed development,

and there are reasonable grounds to believe that the emotional harm suffered by the child results from the actions, failure to act or pattern of neglect on the part of the child's parent or the person having charge of the child.

7. The child has suffered emotional harm of the kind described in subparagraph i, ii, iii, iv or v of paragraph 6 and the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, services or treatment to remedy or alleviate the harm.

8. There is a risk that the child is likely to suffer emotional harm of the kind described in subparagraph i, ii, iii, iv or v of paragraph 6 resulting from the actions, failure to act or pattern of neglect on the part of the child's parent or the person having charge of the child.

9. There is a risk that the child is

likely to suffer emotional harm of the kind described in subparagraph i, ii, iii, iv or v of paragraph 6 and that the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, services or treatment to prevent the harm.

10. The child suffers from a mental, emotional or developmental condition that, if not remedied, could seriously impair the child's development and the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, treatment to remedy or alleviate the condition.

11. The child has been abandoned, the child's parent has died or is unavailable to exercise his or her custodial rights over the child and has not made adequate provision for the child's care and custody, or the child is in a residential placement and the parent refuses or is unable or unwilling to resume the child's care and custody.

12. The child is less than 12 years old and has killed or seriously injured another person or caused serious damage to another person's property, services or treatment are necessary to prevent a recurrence and the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, those services or treatment.

13. The child is less than 12 years old and has on more than one occasion injured another person or caused loss or damage to another person's property, with the encouragement of the person having charge of the child or because of that person's failure or inability to supervise the child adequately.

Ongoing duty to report CFSA s.72(2)

The duty to report is an ongoing obligation. If a person has made a previous report about a child, and has additional reasonable grounds to suspect that a child is or may be in need

of protection, that person must make a further report to a children's aid society.

Persons must report directly CFSA s.72(3)

The person who has the reasonable grounds to suspect that a child is or may be in need of protection must make the report directly to a children's aid society. The person must not rely on anyone else to report on his or her behalf.

What are "reasonable grounds to suspect"?

You do not need to be sure that a child is or may be in need of protection to make a report to a children's aid so-



ciety. "Reasonable grounds" are what an average person, given his or her training, background and experience, exercising normal and honest judgement, would suspect.

Special responsibilities of professionals and officials, and penalty for failure to report CFSA s.72(4), (6.2)

Professional persons and officials have the same duty as any member of the public to report a suspicion that a child is in need of protection. The Act recognizes, however, that persons working closely with children have a special awareness of the signs of child abuse and neglect, and a particular responsibility to report their suspicions, and so makes it an offence to fail to report.

Any professional or official who fails to report a suspicion that a child is or may be in need of protection, where the information on which that suspicion is based was obtained in the course of his or her professional or official duties, is liable on conviction to a fine of up to \$1,000.

Professionals affected CFSA s.72(5)

Persons who perform professional or official duties with respect to children include the following:

- health care professionals, including physicians, nurses, dentists, pharmacists and psychologists;
- teachers, and school principals;
- social workers and family counsellors;
- priests, rabbis and other members of the clergy;
- operators or employees of day nurseries;
- youth and recreation workers (not volunteers);
- peace officers and coroners;
- solicitors;
- service providers and employees of service providers; and
- any other person who performs professional or official duties with respect to a child.

This list sets out examples only. If your work involves children but is not listed above, you may still be considered to be a professional for purposes of the duty to report.

If you are not sure whether you may be considered to be a professional for purposes of the duty to report, you should contact your local children's aid society, professional association or regulatory body.

Professional confidentiality CFSA s.72(7),(8)

The professional's duty to report overrides the provisions of any other provincial statute, specifically, those provisions that would otherwise prohibit disclosure by the professional or official.

That is, the professional must report that a child is or may be in need of protection even when the information is supposed to be confidential or privileged. (The only exception for "privileged" information is in the relationship between a solicitor and a client.)

Protection from liability CFSA s.72(7)

If a civil action is brought against a person who made a report, that person will be protected unless he or she acted maliciously or without reasonable grounds for his or her suspicion.

What will the children's aid society do?

Children's aid society workers have the responsibility and the authority to investigate allegations and to provide services to protect children.

A children's aid society worker may, as part of the investigation and plan to protect the child, involve the police and other community agencies.

How to contact a children's aid society

Check the telephone directory for the office closest to you. In some communities, the children's aid society is known as "family and children's services." The emergency pages in most Ontario telephone directories have the number to call to report to a children's aid society.

All the children's aid societies/family and children's services have emergency service 24 hours a day, so that you can call any time.

For more information

Contact your local children's aid society or family and children's services. If you suspect that a child is or may be in need of protection, contact a children's aid society immediately. Your co-operation is vital to making Ontario's child protection system work.

Member Notices Re: Electronic Transmissions

For the first time, the College has used fax broadcasting to notify members of time-sensitive changes in legislation. By now, most of you should have received the most recent drug schedule notice (see p. 14) by fax. However, some of you may have received the fax twice as it was sent to every member for whom we have a fax number (either residence or workplace), and to every designated manager of accredited pharmacies.

We hope to use this method of communication more often in the future, and since some members have notified us of incorrect fax numbers, we ask *that you ensure the College has your correct fax number and e-mail address* for receiving notices. Please verify this information and either telephone, fax, e-mail or mail your changes to us. Member Services can be reached at:

Roland Starr
rstarr@ocpharma.com
tel: (416) 962-4861 ext. 237
fax: (416) 703-3102

Heather Harris
hharris@ocpharma.com
tel: (416) 962-4861 ext. 233
fax: (416) 703-3107

Next year's fee forms will also include a section where members can indicate their preferred method of receiving College notices, and our database will be updated in accordance with these preferences.

The College's recent Internet survey found that 72 per cent of members have Internet access, and 73 per cent indicated they would prefer to have information sent to them by fax or e-mail. Not only will electronic transmission result in more timely notification to members, it will also result in substantial savings (postage, stationery, copying) to the College. The College will then be able to redirect staff resources, freed from the cumbersome mail-out process, to other areas as appropriate.

We see technology as a key factor in improving member communication, and fax broadcasting is our first step. The ability to complete annual fee forms and payments, submit changes to residential or workplace information, order OCP material, and vote for Council elections are but a few activities where the College is looking to use technology in the future.

Drug Schedule Changes

June 2000

Dear Member,

Re: Drug Schedule Changes

1. Meclizine and its Salts

The National Association of Pharmacy Regulatory Authorities (NAPRA) received a recommendation from the National Drug Scheduling Advisory Committee concerning the scheduling of **“Meclizine and its salts when sold in concentrations of 25 mg or less per dosage unit”** and recommended that this drug is appropriate for sale from the nonprescription drug area of pharmacies. Accordingly, Meclizine in strengths up to 25 mg will be placed in Schedule 3 of the National Drug Schedules, effective July 12, 2000, commensurate with the effective date of the federal deregulation.

2. Acetaminophen - Sustained Release

The National Association of Pharmacy Regulatory Authorities (NAPRA) received a recommendation from the National Drug Scheduling Advisory Committee concerning the scheduling of **“Acetaminophen - Sustained Release”** and recommended that this drug is appropriate for sale from the nonprescription drug area of pharmacies. Accordingly, sustained release preparations of acetaminophen have now been placed in Schedule 3 of the National Drug Schedules.

Pharmacists are reminded of the Standards of Practice for Nonprescription Drugs in which the pharmacist is expected to take reasonable steps to enter into a dialogue with the purchaser of a Schedule 3 drug on request or if the purchaser appears to be having difficulty selecting a nonprescription product.

3. Ibuprofen 200 mg

The National Association of Pharmacy Regulatory Authorities (NAPRA) received a recommendation from the National Drug Scheduling Advisory Committee concerning the scheduling of **“Ibuprofen and its salts when sold in strengths of 200 mg or less per solid dosage form or per 5 mL of liquid”** and recommended that this drug be granted unscheduled status. Accordingly, ibuprofen in strengths up to 200 mg are suitable for sale in any retail outlet, effective May 31, 2000.

Yours truly,



D. L. Laws, B.Sc.Pharm.
Registrar



W. T. Mann, B.Sc.Pharm.
President

Outlook

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Nine provinces sign Mutual Recognition Agreement!

"To-day we recognize what we share – the goal of providing care that makes a real difference in the lives of the people we serve. We recognize the right of pharmacists to move freely across Canada in pursuit of this goal, unobstructed by regulatory barriers that do not serve to protect the public. We recognize, too, that the agreement we sign and celebrate today is a beginning – that we must continue to work with our colleagues, including those in Quebec and the Territories, to further develop the agreement – to include pharmacists in Canadian communities from sea to sea to sea."

'Here's to accomplishments and beginnings!' "



We constantly hear about globalization and the breaking down of borders. This phenomenon is affecting many industries and services, including Pharmacy. The Mutual Recognition Agreement, about which you read in the first edition of Outlook, is an example of how NAPRA and its members, the provincial and territorial Pharmacy Regulatory Authorities (PRAs) are addressing this issue and attempting to harmonize their services.

Pharmacy in Canada has received international recognition for its ability to develop and adopt documents such as NAPRA's "Competencies for Canadian Pharmacists at Entry to Practice" and "Model Standards of Practice for Canadian Pharmacists". These and other components serve as the building blocks for the Mutual Recognition Agreement.

Harmonization also increases pharmacy's credibility nationally. When PRAs have similar rules, regulations and drug schedules it is much easier for pharmacists in a particular province to explain their policies to government and to the public.

NAPRA and the PRAs are continuing to work to develop national consensus in many areas such as credentialing, pharmacist scope of practice and continuing competence.

These are exciting times – stay tuned to Outlook for further updates.

Bill Wilson, B.Sc.Pharm.
President

With these simple yet profound words, spoken in The North Magazine of the Halifax Citadel Fort, President Sandra Aylward marked the historic signing of the first "Mutual Recognition Agreement for the Profession of Pharmacy in Canada" by nine Provincial Regulatory Authorities. The signing ceremony was an emotional one for many – marking the conclusion of many years of hard work and commitment



Manitoba Pharmaceutical Association Registrar Ron Guso and NAPRA President Sandra Aylward watch as Manitoba President Dexter Boyd signs the Agreement

(continued on page 4)



National Association
of Pharmacy
Regulatory Authorities

Association nationale
des organismes de réglementation
de la pharmacie

Internet Pharmacies



As noted in the last issue, Pharmacy Registrars produced and submitted the “Report on the Transfer of Authority to Fill Prescriptions by Electronic Transmission” to Health Canada in 1998. This report contains the following five principles, established by the provincial regulatory authorities, that would need to be adhered to in the process of transmitting prescription authority electronically:

Principle #1

The process must maintain patient confidentiality.

Principle #2

The process must be able to verify the authenticity of the prescription, that is, the prescriber initiating the document.

Principle #3

The accuracy of the prescription must be able to be validated, including a mechanism to prevent forgeries.

Principle #4

The process must incorporate a mechanism to prevent diversion, so that the prescription authorization cannot be transmitted to more than one pharmacy.

Principle #5

Patient choice must be protected; that is, the patient must determine the practitioner to receive the prescription authority.

Council approved a recommendation from the National Advisory Committee on Pharmacy Practice that NAPRA facilitate the development of practical guidelines to help pharmacists comply with these Principles. These guidelines will be addressed as part of a project NAPRA is collaborating with Health Canada on, regarding the electronic transmission of prescriptions.



New Directions for NAPRA?

The first of two facilitated planning sessions took place during this session of Council. Focusing on the Association’s Vision, Mission and Values, participants established the foundation for the development of a 3-year business plan and expanded strategic plan. At the next session scheduled for June 23 in Saskatoon, NAPRA Council, Registrars and staff will be discussing new objectives for the Association and exploring the feasibility of a new business model to facilitate the generation of revenue from sources other than the current per capita membership fees.

Disease State Management Certification

As reported in the December issue of *Outlook*, NAPRA’s National Advisory Committee on Pharmacy Practice is developing a national certification program for pharmacists on a number of disease states.

A discussion paper has now been prepared on elements of the certification process, including:

- Setting standards
- Training issues
- Qualification and recognition of practitioners
- Assessment processes

- Registration and designation of qualified practitioners
- Re-certification, and
- Establishing an information clearinghouse and national database of certified practitioners.

We will be circulating this initial consultation paper in mid-June to national and provincial pharmacy stakeholder organizations as well as posting it on www.napra.org, to facilitate feedback from the profession. Please watch for it – your comments and ideas are important to the success of this future program and we look forward to hearing from everyone.

4th International Conference on Pharmaceutical Competence!

A very warm welcome awaits you in Ottawa when NAPRA hosts the 4th International Conference on Pharmaceutical Competence, October 15-18th 2000.

This year's Conference, the fourth in a series which began in 1993 in Amsterdam, will enable pharmacy practitioners, educators, regulators and administrators from around the world to further the

development of international mutual recognition agreements for pharmacists. ... bringing us closer to **"Developing the Global Pharmacist"**.

Conference participants will also be addressing the advent of Internet pharmacies and other

important issues affecting the practice of pharmacy globally.

This Conference offers a golden opportunity to directly influence the future of pharmacy at an international level. Everyone with an interest in the growth of our profession... pharmacists, pharmacy students, and pharmacy educators, regulators, and administrators... should plan to attend.



Further information on the Conference program and registration form can be found on the NAPRA website or by contacting the NAPRA office. Make plans now to attend!

A National Model Continuing Competence Program

NAPRA Council unanimously approved a "National Model Continuing Competence Program for Canadian Pharmacists" on April 9. In presenting the final report to Council, National Continuing Competence Committee Chairman Susan Wedlake said:

"As the practice of pharmacy evolves, one of the greatest challenges to pharmacists is the maintenance and advancement of their professional competence. Pharmacy Regulatory bodies are, likewise, challenged to provide assurances to the public that the pharmacists they license maintain their competence to practise. This National Model Program will serve not only as an effective means for licensing bodies to meet their obligation of service to the public, but also as a comprehensive professional development tool to help pharmacists enhance their

knowledge and skills."

With the mandate of the National Continuing Competence Committee now complete, NAPRA will be striking a special Core Steering Committee this fall to oversee further Program planning and development. Four expert sub-committees are also planned to coordinate or develop Program assessment tools, continuing education resources, communication strategies and implementation at the provincial/territorial level, as needed.

It is recommended that the Model Program, a required component of the Mutual Recognition Agreement, be implemented in stages, commencing in 2001. A copy of the approved Program is available on the NAPRA website at <http://www.napra.org/pharmacists/maintaining>.

New NDSAC Member

The appointment of Dr. Mark Armstrong to the National Drug Scheduling Advisory Committee was approved. Dr. Armstrong, an Edmonton-based physician, was recruited to fill the vacancy created with the retirement of Dr. Francine Lortie from the Committee last year. Dr. Armstrong holds a B.Sc. in Physiology and Pharmacology from the University of Toronto, an MD from Queen's University, and is a certificant of the College of Family Physicians of Canada. He is a staff member at the Department of Family Medicine at Grey Nuns' Hospital in Edmonton, where he has served as member of the Pharmacy & Therapeutics Committee

Nine provinces sign Mutual Recognition Agreement!

(continued from page 1)

to achieving an agreement for the profession. Participants arriving at the windswept Fort overlooking Halifax Harbour were met with the haunting sounds of a "lone piper" from the 78th Highland Regiment, while sentries in full highland military dress stood guard throughout the signing.

The Agreement, to come into effect July 1, 2001, will make it much easier for licensed pharmacists to move across Canada. While the

pharmacy licensing bodies in the Northwest Territories, Quebec and the Yukon were not able to be signatories at this time, discussions are underway between provinces and territories to bring all Canadian pharmacists under the Agreement umbrella by next July.

The full text of the Agreement is available on the NAPRA website at

<http://www.napra.org/pharmacists/becoming>.



NAPRA Elections

Congratulations to Bill Wilson, B.Sc.PhM who was acclaimed NAPRA President for the 2000-2001 term of office. A graduate of the University of Toronto, Mr. Wilson is Manager of Wilson Pharmacy in Sudbury, Ontario. He is currently Past-President of the Ontario College of Pharmacy Council, having served as District 14 OCP Council Member since 1994. Mr. Wilson's experience in provincial pharmacy regulation also includes terms as Chair of the Quality Assurance Committee (1994-1998) and the Professional Practice Committee (1999-present), as well as the Executive Committee while President.

Shawn Sandhu, B.Sc.Pharm, Past President of the College of Pharmacists of British

Columbia, was acclaimed as NAPRA's Vice-President for the 2000-2001 term. Mr. Sandhu is a graduate of Oregon State University, Oregon (USA) and is presently Manager of London Drugs (#4) in Vancouver, British Columbia. He has served as District 1 representative on the CPBC Council since 1998. Jeff May, B.Sc.Pharm., President of the Alberta Pharmaceutical Association, was voted by the Board of Directors to the NAPRA Executive Committee for 2000-2001. He is a graduate of the University of Alberta and is Director of Pharmacy Operations for Shoppers Drug Mart (Prairie Region). Mr. May has served as District 5 representative on the APhA Council since 1998.

NAPRA is Canada's voluntary umbrella association of provincial and territorial pharmacy regulatory authorities. This edition of "Outlook" presents news from the April 9 - 10, 2000 meeting of NAPRA Council.

Written by: Barbara Wells,
Executive Director, NAPRA

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Initiating

Dialogue

on smoking cessation

Mary Nelson
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Pharmacists can play an important role in disease prevention by counselling patients on lifestyle issues such as diet, exercise, smoking and alcohol consumption. When taking a complete patient history, we learn a great deal about risk factors that may have a significant impact on a patient's disease state.

As front-line health care providers who now sell smoking cessation products, Ontario pharmacists are in an ideal position to promote smoking cessation and at the same time help promote disease prevention. When smokers stop smoking they dramatically increase their chances of preventing cancer, heart disease, stroke and respiratory ailments such as asthma and COPD.

According to Health Canada studies, the majority of current smokers are interested in quitting and have tried to do so. The motivation to quit is further enhanced as new and ex-

panded tobacco use cessation approaches become available. The key to successful cessation, however, depends largely on the approach used. For example, a heavy smoker with a strong physiological and psychological addiction may need a cessation program that includes nicotine replacement therapy whereas a light smoker with low addiction will likely benefit from a self-help/minimal intervention program.

Pharmacists can assess the best approach by entering into a dialogue with clients and learning about their lifestyle and circumstances. At the same time, the pharmacist can share the evidence that supports the many health benefits of quitting and the potential for smoking to interact with current prescription drugs.

The discussion should be an interactive exchange rather than dictatorial.

The following scenario depicts a typical situation which presents an opportunity to get involved in helping a smoker to quit. A regular client, Wanda Stopps, comes into the pharmacy with a new prescription for Flovent[®] and Zyban. Wanda wants Flovent[®] today, but asks to have the Zyban put on hold until she checks whether her third-party drug plan will cover it.

Wanda has a history of asthma and has used Becloforte[®] (ii puffs

BID) and Ventolin[®] (ii puffs QID prn) appropriately for several years. You are aware that Wanda is a smoker and that she has tried to quit on a number of occasions. For example, she purchased Nicorette[®] gum several times last summer.

After discussing with Wanda the side effects and proper use of the Flovent[®] the pharmacist says:

Scenario

Pharmacist: “Congratulations, it looks like you are going to try to quit smoking again, Wanda.”

Wanda: “I’m determined to be successful this time. My asthma is getting worse, and I’ve asked my doctor for some help. He was happy to write the prescription for Zyban, but I really want to do it on my own, without the help of drugs.”

Pharmacist: “I think it’s great that you want to quit on your own and I know you’ve tried before. Many people try seven or eight times before they are successful. Our counselling room is free now. Do you have a few minutes for us to have a little chat?”

Wanda: “Sure, I’ve got a few minutes.”

Pharmacist: “Here are two little

questionnaires to help find out how addicted you are to nicotine, and to determine why it is that you smoke. If you could take a few minutes to fill them out, then we could discuss the results.”

Wanda: “Sure, why not.”

Wanda proceeds to complete the two questionnaires.

Pharmacist: “It may be that you aren’t really addicted to nicotine. You seem to be more of a social smoker; smoking is part of your routine and you use cigarettes as a crutch. Can you just run through a typical day with me so I understand when you smoke each cigarette?”

Wanda proceeds to recount a typical day.

Pharmacist: “Even before you actually quit smoking, there are some things you can do to decrease the amount of nicotine that you are getting. You could try switching to a lower nicotine cigarette and before you butt it out, leave a half inch. What I would like you to try over the next week is every time you want a cigarette, think about why you want it. Then see if you can wait five minutes. You might find after five minutes that you don’t really want it any more. If you are interested, I have planned a “clinic day” for next Thursday. I have a lot more information I can share with you and we could design a plan specifically for you. Our stop-smoking support program involves an initial assessment which usually takes about an hour and several follow-up assessments by telephone. The cost is \$100, but you may want to check with your benefit plan manager to see if you’re covered for such an expense. I would be happy to help you complete any necessary forms.”

Wanda: “I do have a drug plan and

I will ask some questions at work about them covering the cost. Even if they won’t pay, I would want to pay for it myself because it is something I really want to do. I know it is in the best interest of my health. I would like to come to your clinic day. What time does it start?”

Pharmacist: “I have an opening at 10:30 a.m. or 2:30 p.m. Which would you prefer?”

Wanda: “10:30 will be fine. I will try those things you suggested and let you know next week how I did.”

Pharmacist: “Great! See you next Thursday at 10:30.”

Authors

Midge Monaghan and Mary Nelson practice in a small Dell Pharmacy in a medical building in Hamilton.

New Version of Professional Portfolio and Learning Portfolio Now Available

The first computerized version of the College’s model *Professional Profile and Learning Portfolio* was released in 1999, as announced in two past issues of *Pharmacy Connection* (see pg. 20, July/August 1999, and p. 17, September/October 1999). It has now been upgraded to version 2000 which incorporates a significant new feature. Previously, you could download only one copy of the Portfolio to a PC, hence limiting its use to one person. With version 2000, several pharmacists can use the same portfolio at their practice site through a password protection system.



The computerized version is downloadable from the College’s web site: www.ocpharma.com under “Continuing Education.” If you encounter some difficulties, links to support staff who can provide assistance are included in the instructions. If not Internet connected, a CD-ROM or diskette copy can be ordered by MasterCard, cheque, or money order for \$22.95 (GST included), payable to JAG Enterprises. Be sure to specify whether you want a diskette or a CD-ROM when ordering from:
JAG Enterprises
2408 South Shore Rd.
Sudbury, ON P3G 1M3
Tel: (705) 523-1782

Q & A

Pharmacy Practice

1. Due to a shortage of pharmacists I am decreasing the number of hours that my pharmacy will be open to the public. Is there a minimum number of hours that I must be open?

Hours of operation are not legislated but should be reasonable to allow patients access to their prescriptions. Hours of operation should be posted and if the pharmacy is located in an area where there are limited pharmacy services available, the location of the nearest pharmacy that is open could be posted as well so that patients may receive emergency prescription services as required.

2. Under the interchangeability rules, if I substitute a prescription product with a lower priced interchangeable brand, am I obligated to inform the patient that I have made the substitution?

Section 4 (3) of the *Drug Interchangeability and Dispensing Fee Act* states:

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

However, Subsection (3) does not apply if:

“(a) the amount to be charged for



Jim Gay

B.Sc.Pharm.

Manager, Pharmacy Practice Programs

supplying the product specified in the prescription is not more than the least amount that would have been charged for supplying a product that is interchangeable with it and available in the dispenser’s inventory.”

So the answer to the question according to the letter of the law is that the pharmacist is not obligated to inform the patient under these circumstances. From a customer service standpoint, however, I would strongly recommend that you inform the patient. The College receives

numerous calls from patients who are upset that the pharmacist did not inform them of the switch, with some of the patients actually believing that the pharmacist dispensed the wrong drug. This situation undermines the patient’s trust in his or her pharmacist. For the time it takes to let the patient know, it will ensure that the patient is informed of their right to request the brand prescribed. This, in turn, may prevent an uncomfortable situation from arising after the fact.

3. I know that I cannot fill a prescription written by a physician licensed in the US, but can I sell prescription drugs in bulk directly to a practitioner from that country?

Section C.01.043 (1) of the *Regulations to the Food and Drugs Act* states:

“A person may sell a schedule F drug, without having received a prescription therefor, to (b) a practitioner.”

The National Association of Pharmacy Regulatory Authorities (NAPRA) recently received word from the Therapeutics Products Programme that since a US prescriber is not a practitioner under the *Food and Drugs Act*, a pharmacist cannot sell a prescription medication to this individual.

Keep in mind that if the physician is also licensed in Canada, US customs may intercept the package, as these drugs have not been approved for sale in the US.

(Editor's Note: This will be Jim's last column as Manager, Pharmacy Practice Programs. We wish him well in his future endeavours.)

Herbal & Alternative Products: the dialogue continues

HAVE YOUR SAY

"Have your Say" is a forum intended to inform and stimulate debate among health care professionals and other stakeholders. Submissions can be directed to the Editor. The opinions expressed are those of the author(s) and not necessarily representative of a position or policies of this College.

The Hidden Dangers of Herbal Remedies

David Freeman, B.Sc.Pharm., has 36 years' experience in community and hospital pharmacy. He is currently semi-retired and freelancing for numerous pharmacies.



It is estimated that Canadians spend about \$3.8 billion annually on alternative or complementary health care therapies.¹ Unfortunately, when patients decide to turn to alternative remedies, they are faced with an overwhelming amount of information, not all of it truthful, and some of it outright misleading.

There seems to be a misconception among the general populace that herbs are safe because they're "natural." Many consumers believe that the centuries-long use of herbal remedies guarantees their safety and efficacy. But the fact is that while most of the herbal preparations available over the counter are safe, the vast majority have little proven medicinal value. Consumers purchase them because they think they'll derive a certain

comfort from them, like chicken soup.

My concern is for patients who purchase these substances with little or no knowledge of how they were produced, where they came from, or their potential side effects. Patients who are desperate to find something to alleviate or cure a chronic condition are especially vulnerable; to compound the problem, most patients do not tell their physician that they are taking an alternative product.² Indeed, many of these patients believe that the herbal products we now carry on our shelves have gone through some form of regulatory and professional evaluation similar to the traditional pharmaceuticals sold from behind the counter. This is far from the truth, and therefore poses quite a dilemma for us. That's why I think that all health care professionals and patients need to be educated on the proper use and potential side effects of these herbal products.

What most consumers don't realize is that the content, quality, safety and consistency of herbal preparations are unregulated in Canada. Thus the patient cannot be assured of receiving the intended herb at the intended dose to obtain the intended effect.³ And we are not alone in Canada with this problem. According to a recent report on MSNBC News, California investigators in 1998 found that nearly one-third of 260 imported Asian herbals were either spiked with drugs not listed on the label or contained lead, arsenic or mercury.

HAVE YOUR SAY

And more recently, *The Toronto Star*⁴ reported on a study published in the most recent issue of *The New England Journal of Medicine* in which 18 cases of kidney and bladder cancer were found among 105 patients who had been given the herb aristolochia fangchi at a Belgian weight loss clinic a decade ago.

As the *Medical Sciences Bulletin* stated in its September 1998 issue,⁵ one of the problems with herbal therapy is that the potency of herbs can vary considerably from batch to batch because of growing conditions or non-uniform processing, and that even herbal preparations that are generally regarded as safe and are sold by a reputable source can cause serious side effects.

Indeed, proponents of herbal products take advantage of a loophole in the current *Canadian Food and Drugs Act*. Some herbal products are considered foods, not drugs, by Canadian regulatory agencies. Because of this, these herbal preparations are not subject to the same stringent controls as are prescription or nonprescription drugs. Other herbs are classed as drugs, and are therefore given a DIN (Drug Identification Number). The presence of this number means that proof has been submitted to the Food and Drug Directorate (FDD) that the product has been produced by a company that conforms to good manufacturing practices; it also indicates the product contains what the label says it contains. It should be emphasized, however, that even if the product is compliant in these areas it does not mean that claims of efficacy are supported by scientific evidence using double-blind, placebo-controlled studies. If there is no DIN, the consumer must rely upon the reputation of the manufacturer, distributor, or seller of the product for

these assurances.

Generally speaking, the absence of a DIN means that the manufacturers/distributors of herbal preparations (which are classed as a foodstuff), by law, are not allowed to state on the label that the product is used for, can cure, or is of benefit in any disease or pathological condition. But these regulations are commonly circumvented by the use of promotional literature—including pamphlets, newsletters, magazines and books—which is often couched in pseudo-scientific language.³ This literature sounds very convincing, but is not monitored by any of the Canadian regulatory agencies for accuracy or truth. The vast

"One of the problems with herbal therapy is that the potency of herbs can vary considerably from batch to batch...even herbal preparations that are generally regarded as safe and are sold by a reputable source can cause serious side effects."

majority of claims made for herbal products and alternative medicines are based on theories, both logical and illogical, testimonials or hearsay.³

There are a number of controversial herbal products that even allopathic doctors and pharmacists know aren't good for you. So why are we selling this stuff? Indeed, one would think that if herbs are not widely considered to be very healthy or cause adverse effects they would disappear from the market.³ This has not been the case. For example, ephedra, a herb which, when misused, has been shown to cause increased blood pressure, insomnia, convulsions, heart attack and stroke, is still available and used extensively. Other examples include deadly nightshade (*Nux vomica*), which contains the poisons strychnine and brucine, and foxglove, which contains digitalis. There have

been many reports of toxicity, ranging from minor to fatal, resulting from the use of these products.³

On the other hand, there are many examples of medicinal herbs that are used extensively in allopathic medicine. These include preparations such as digitalis, digoxin and other cardiac glycosides which are derived from *Digitalis purpurea* (foxglove), and vincristine, vinblastine, or vinorelbine, which are derived from *Catharanthus roseus*, *Lochnera rosea* or *Vinca rosea* (the common periwinkle), often grown as a ground cover.

As pharmacists, I think we should advise our patients to be wary of products that make the following claims:

- Herbs are safe and risk-free because they are "natural." All herbal preparations contain chemicals and even those sold by a reputable source can cause serious side effects. Ginseng, for example, can cause skin rashes, high blood pressure, and nervousness.
 - "If one tablet is good, then two must be better." As we know, this thought process is not just a problem with herbs, but also with conventional medications.
- Those patients who believe that herbal products are natural and therefore safe are more apt to overuse or overdose on these products. Indeed, the perception of most patients is that natural products are complementary while prescription drugs are intrusive.
- Herbs can "detoxify the body." No product has ever been shown to do this. Neither is there any evidence that we need to detoxify our bodies or that toxins are accumulating in our bodies.³
 - Herbs are "cure-alls," and can "improve energy, stamina and overall health." No product has ever been proven to be able to do this.³
- Additionally, there are some

HAVE YOUR SAY

conditions for which specific herbal remedies are not appropriate (for example, Alzheimer's dementia, mild to moderate depression, and benign prostatic hypertrophy) and which require close medical supervision. Patients should not be treating themselves for these conditions, especially with herbal products. Examples of conditions that may be suitable for treatment with herbals are self-limited conditions such as colds.

We would be wise here in Canada to emulate Germany where there is a long tradition of herbal use, and where laws are in place to regulate herbs used as medicine. [Editor's Note: Legislation is expected to change this year via the establish-

ment of the Office of Natural Health Products. Information about this new office can be followed at Health Canada's Web site (www.hc-sc.gc.ca/).]

I think that, as pharmacists, we should counsel patients who are currently using or contemplating future use of herbal remedies about the risks and benefits. I grant that it's not easy, given that there is still insufficient scientific evidence proving the efficacy of many of these remedies. The best we can do for now is to help patients make informed decisions and warn them about some of the known dangers. We have a responsibility to the reputation of our profession,

which was demonstrated when we decided to remove tobacco products from our shelves. Perhaps it's time to re-evaluate our role in the dispensing of herbal products.

References:

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3. Martin, JE. Help on Herbals. *Pharmacy Practice*. June 1999; Vol. XV, No. 6; 38.
4. *The Toronto Star*. June 13, 2000; B2.
5. *Medical Sciences Bulletin: The Internet-Enhanced Journal of Pharmacology and Therapeutics*. September 1998; Issue 252.

Reference book sheds light on many aspects of botanical products

[The following review, written by pharmacist Boyana Djokic, is reprinted with permission from Volume 3, Number 1 of *Friends of Alternative & Complementary Therapies (The F.A.C.T.S.)*.]

Pharmacists in North America receive no formal training in botanical medicine, with the exception of several new elective courses offered at some faculties of pharmacy. The fact that the rate at which botanical products are being placed on community pharmacy shelves exceeds the rate at which community pharmacists are being educated about those products makes a text such as this one exceptionally valuable. **The Botanical Pharmacy** presents 47 monographs on the most common herbs used today. Although authors Heather Boon (BScPhm, Ph.D.) and Michael Smith (MRPharmS, N.D.) have intentionally concentrated on published scientific material, they have incorporated empirical information as well.

I was happy to see meticulous clarification on the guidelines regarding the manufacture and sale of botanical products. Is a product actually better if it has a Drug Identification Number (DIN)? And is there any difference between a DIN for chemicals and a DIN for a botanical product? Yes, there is, and that was precisely spelled out in the book's introduction.

Also of potential benefit to practising pharmacists is the detailed explanation of botanical dosage forms. Is drinking a cup of St. John's Wort tea the same as swal-

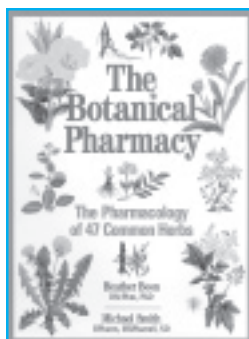
lowing a capsule of the standardized extract? What is the significance of the numbers that appear on labels and how should they be read? The precise definition of and distinction between herbal teas, tinctures, fluid extracts, solid dosage forms, and standardized extracts is something that

every pharmacist should know in order to recommend the most appropriate product.

The format of the monographs is clear and the information easily accessible, listing the most important details regarding description, habitat, common uses, adverse effects, contraindications, and drug interactions. Although some of the common uses mentioned have not been scientifically investigated, I found them significant enough to be worth noting.

Extremely well-referenced and informative, this book should be in every pharmacy together with *Botanical Influences on Illness* (Melvin R. Wermach, M.D. and Michael T. Murray) and the *Encyclopedia of Natural Supplements* (Michael Murray).

The Botanical Pharmacy: The Pharmacology of 47 Common Herbs is available in softcover (\$44.94) and hardcover (\$59.95) from better book stores or directly from the publisher at [tel: \(613\) 548-8429 or e-mail: info@quarrypress.com](mailto:info@quarrypress.com)



Reference Book: a Practical Guide to 57 Commonly Used Herbs

Reviewed by Stephanie Edwards, B.S.Pharm.

The Canadian Pharmacists' Association (CPhA) has published **Herbs. Everyday Reference for Health Professionals**, an easy-to-use reference on herbal products. This reference, which resulted from a partnership between the CPhA and the Canadian Medical Association, contains monographs of 57 herbs that are among the top sellers in Canada, or those receiving considerable attention; in addition, it contains a glossary of terms and a comprehensive index.

The development of this book was overseen by an impressive editorial advisory committee. The editor-in-chief, Dr. Frank Chandler, former Dean of the Faculty of Pharmacy in Nova Scotia, has long held an interest in providing reliable information on medicinal herbs to practising pharmacists. The book's authors include pharmacists, physicians, naturopathic doctors and research scientists with expertise in medicinal herbs.

Six introductory chapters address topics such as changing regulations, the philosophy of cultural utilization of herbals, herb-drug interactions, adverse herbal reactions and reporting, quality control of herbal products, and reliable sources of herbal information. Each chapter and monograph is written by a different author and has been peer reviewed.

In the first chapter, the Canadian regulatory process for foods, drugs, cosmetics and medical devices is briefly reviewed, and the author notes that natural health products are not currently included in the *Food and Drug Act*. The Minister of Health has recently created the Canadian Office of Natural Health Products (CONHP), whose role is to develop regulations for herbal products and to direct research that will benefit Canadians.

Another chapter delves into the nature of interactions between herbs and conventional drugs. This author reviews and comments on the reliability of several literature sources, including the German Commission E monographs and the World Health Organization (WHO) monographs as well as some textbooks and references which provide evidence for each of the interactions described. Emphasis is placed on the importance of documenting herb-drug interactions to improve available data, and some of the challenges involved in obtaining reliable documentation.

In another chapter which examines adverse reactions involving herbal products, the author emphasizes the importance of collecting information on the possible risks of herbal products. Also addressed are the challenges clinicians face in recognizing that a sign or symptom could be due to a natural health product, which can be difficult to determine even with drugs and vaccines for which adverse effects are known. This author suggests that although

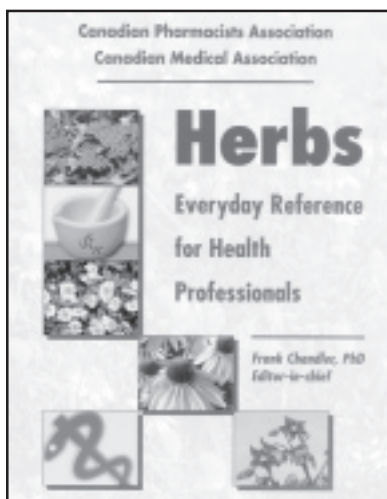
there has been debate about the value of having consumers report their own adverse events, this may have to be considered as an avenue for more widespread reporting, given that natural health products are often taken by consumers with no prescriber involved. Even if reports are made, there can be difficulty in associating causality, partly due to the multiple active components in herbal products. In this chapter, as well as in the chapter on herb quality, the authors provide some useful information about the Drug Identification Number (DIN) as it relates to natural health products. Readers will be interested to know

that, just because a product carries a DIN there is no guarantee of quality, although manufacturers who apply for a DIN must meet Good Manufacturing Practice (GMP) standards. The chapter ends with a list of regional adverse drug reaction (ADR) centres throughout Canada to which health care professionals should report suspected adverse reactions to both drugs and herbs.

In the chapter on herb quality, the author acknowledges that "there is confusion and misinformation about how herbal quality is defined and measured" and clarifies many terms used to define the purity, potency and strength of herbal products including substitutions, contamination, adulteration, standardization and markers.

In summary, this book contains excellent chapters and each well-referenced monograph provides an overview of the herbal preparation plus its various uses, pharmacology, toxicology, contraindications, adverse effects, interactions, dosage and directions for use.

Herbs. Everyday Reference for Health Professionals is a useful addition to the pharmacy library, reasonably priced at \$43.95 for CPhA members and \$53.95 (non-members). Call 1-800-917-9489 or e-mail orders to: orders@cdnpharm.ca



Q & A

Pharmacy Technicians

The following questions have been raised by pharmacy technicians. We invite questions/comments from pharmacists and pharmacy technicians for possible inclusion in future issues of this journal. These should be addressed to Dr. B. Des Roches, Pharmacy Technician Programs, Ontario College of Pharmacists, 483 Huron St., Toronto, ON M5R 2R4, fax (416) 703-3100 or 703-3112, or e-mail: bdesroches@ocpharma.com

1. When will the certification exams be held in 2001?

The dates for next year's sitting of the Pharmacy Technician Certification Examination have been set for:

Monday, March 26, 2001

Saturday, October 13, 2001

The March 26th date is being checked out to make certain that test sites will be available. It is being tried on this occasion to accommodate those candidates who, for religious reasons, may have difficulty attending a Saturday sitting. If that date is not possible, all eligible candidates will be advised of the new date.

2. What is the policy on payment of annual certification fees?

In June, OCP Council approved a change in policy with regard to nonpayment of annual fees for Certified Pharmacy Technicians (CPhT) to align with the policy that applies to pharmacists. Ac-



Bernie Des Roches

Ph.D.

Manager,

Pharmacy Technician Programs

cordingly, CPhTs who have not paid their annual fee by the June 1 due date will be sent a notice of default, giving them two months to pay the fee. After 120 days following this two-month notice, the CPhT's certification status will be revoked and he or she will no longer have the right to use the designation Certified Pharmacy Technician (CPhT) in Canada. This policy comes into effect immediately.

There are now more than 1,000 pharmacy technicians who have been certified by the College since the program began in 1996.

3. Will certification of technicians ever be mandatory?

This is one of several questions raised by a pharmacy technician in response to a survey sent to Certified Pharmacy Technicians earlier this year; others have raised the same question. Some pharmacy technicians are frustrated that they still have not seen greater recognition of their potential to contribute significantly to the professional pharmaceutical services offered to the public in Ontario. Two of the technicians who posed this question have been working for more than 20 and 30 years respectively in this capacity.

There is no immediate answer available to the question. However, I take great pride in the College's forward thinking in establishing the only certification program for pharmacy technicians in Canada, as well as establishing a Working Group that is looking into the potential of an expanded role for pharmacy technicians. I am encouraged by this Group's progress and positive direction and optimistic that it will lead to good things for the profession. For a pharmacy technician who has been working for more than 30 years progress may appear slow, but I am confident that the next three years will see greater progress than has been witnessed in three decades.

Close-up on Complaints

Case Summary



Carmina Vieira-Conti
Complaints Officer, Patient Relations Programs

The Complainant's Allegations

The patient attended the pharmacy in early October 1999 to procure a prescription for an antidepressant. The pharmacist suggested to the patient that he did not really require this particular medication, as depression was the result of an inability to deal with stress. The pharmacist informed the patient that she had other patients reducing their doses of antidepressants without adverse effects. She asked the patient how long he had been taking the medication. He refused to answer the pharmacist's questions.

The pharmacist told him that while it was in her best interest from a financial perspective to fill the prescription, she believed that the medication was not really necessary. The patient felt that the pharmacist's actions (i.e., offering her

personal opinion about antidepressants without knowing his medical history) were unprofessional and irresponsible. He wondered what the consequences would have been if he had taken the pharmacist's advice to discontinue his medication. He also felt that the pharmacist's advice could have been detrimental to the doctor/patient relationship.

The patient felt fortunate that this incident did not occur seven months earlier at a time when he was uncertain of his decision to take antidepressants. He felt that he might not have given his medication a chance, when in fact it had made a significant difference in the quality of his life. He concluded his letter by stating that the pharmacist's unprofessional behaviour and blatant disregard for his relationship with his doctor and his well-being left him feeling embarrassed and frustrated. His wish was that no other patient should suffer the same scenario.

The Pharmacist's Response

The pharmacist said that she

counselled the patient on his medication. During their dialogue, she said she noticed that changes had been made to the prescription's directions, i.e., the dosage was changed from "take two tablets at bedtime" to "take one and a half tablets at bedtime and half a tablet in the morning." As part of the counselling, she asked the patient how long he had been taking the medication and if he was going to "withdraw this medication." The patient replied "no," and asked "why."

The pharmacist explained to the patient that sometimes too much stress can lead to depression and if he wanted to discontinue his medication, he would have to reduce the dose gradually in order to avoid the withdrawal symptoms.

The pharmacist said she always consults with the prescribing physician before taking any steps to change a prescription. She felt that the patient misunderstood what she was saying. While the pharmacy is interested in increasing sales, she said that her primary concern is always the

customer. She concluded by stating that during her career she had worked as a medical representative for a leading manufacturer of antidepressants, and a product manager for another manufacturer. She had also spent long periods of time working in a psychiatric hospital setting, learning from doctors highly specialized in depression and schizophrenia. In addition, she had attended several training courses while she worked for the two manufacturers.

The Committee's Decision

As one of the College's Standards of Practice of the Profession, pharmacists are expected to counsel/dialogue with patients regarding their prescriptions. It is the position of the Committee that counselling is integral to patient safety. The benefits of counselling include increased patient safety, i.e., ensuring patients are taking their medications properly and that they understand their medications. While it appeared to the

(continued on p. 33)



Pharmacists'

BULLETIN BOARD

of news and events

Health Canada Withdraws Prepulsid® (cisapride)

In a letter circulated to health care professionals dated May 30, 2000, Health Canada advised that Prepulsid® (cisapride) will no longer be available for sale in pharmacies effective August 7, 2000. The decision to withdraw Prepulsid® from the market is founded on the drug's association with serious cardiac arrhythmias and sudden cardiac deaths.

Health Canada has advised physicians to contact patients currently on cisapride as soon as possible and to determine whether their conditions can be treated with other therapies (e.g, lifestyle modifications, acid suppression, surgery, etc.).

Pharmacists dispensing cisapride should advise patients immediately to contact their prescribing physicians so as to develop an appropriate treatment plan. Questions may be directed to Health Canada at 1-800-267-1238.

Former OCP Registrar Jim Dunsdon Receives Honorary Life Membership in Ontario Pharmacists' Association

Retired Registrar Jim Dunsdon was one of four distinguished members of the profession to receive an Honorary Life Membership in the Ontario Pharmacists' Association at an awards ceremony at the annual conference of the Ontario Pharmacists' Association, held in Richmond Hill, June 2.



In the Awards Committee's words: "Jim was instrumental in building a strong relationship between OPA and OCP" and "Initiatives instituted at the College during Jim's term as Registrar included the quality assurance program and a

grassroots public relations campaign to raise the profile of community pharmacists."

The Committee also noted that pharmacy in Ontario, especially as it continues to be a self-regulating profession, is strong and growing – and that this has been

achieved "in no uncertain terms" through Jim's contribution.

The other Honorary Life Membership recipients for 2000 were Don Perrier, Leroy Fevang and Bill Grainger.

An Invitation to Ottawa, Canada's Capital!

Dear Colleague,

A very warm welcome awaits you in Ottawa when the National Association of Pharmacy Regulatory Authorities (NAPRA) hosts the 4th International Conference on Pharmaceutical Competence, October 15 to 18.

This year's Conference, the fourth in a series which began in 1993 in Amsterdam, will enable pharmacy practitioners,



educators, regulators and administrators from around the world to further the development of international mutual recognition agreements for pharmacists . . . bringing us closer to "Developing the Global Pharmacist." Conference participants will also be addressing the advent of Internet pharmacies and other important issues affecting the practice of pharmacy globally.

This Conference offers a golden opportunity for us to directly influence the future of pharmacy at an international level. Everyone with an interest in the growth of our profession—pharmacists, students, educators, regulators, and administrators—should plan to attend. The setting will be superb. Ottawa is nothing short of glorious in the fall, resplendent with crimson and gold foliage. The great variety of deciduous trees found in the surrounding Gatineau Hills create one of the most brilliant displays of autumnal colour in North America.

We look forward to welcoming you to Canada's capital in October.

**Best regards,
Barbara Wells
Executive Director, NAPRA**

Watch www.napra.org for conference updates!

CSHP - Ontario Branch

The Canadian Society of Hospital Pharmacists—Ontario Branch will hold its Awards Evening on Monday, November 6, 2000 and its Annual General Meeting on Tuesday, November 7, 2000 at the Delta Chelsea Hotel in Toronto.

For more information, contact:
Susan Urie, CSHP
National Office
tel: (613) 736-9733, ext. 30

Staff Announcement

The Ontario College of Pharmacists is pleased to announce that Christyna Schillemore has joined the College's management team in the role of Manager, Registration Programs. She is responsible for the initiation, development, implementation and ongoing maintenance of the Registration and Structured Training Programs and the Peer Review component of the Quality Assurance Program.

Christyna comes to us from Mt. Sinai Hospital where she has worked since 1985, holding the position of Manager, Drug Distribution since 1994. She is currently completing her Masters in Education as a means of advancing her skills in an area of the profession about which she is passionate.

Christyna has served as a CSHP liaison appointment to the OPA Board and is a member of the Curriculum Committee at the Faculty of Pharmacy. She has also been involved with the Faculty as a teacher's assistant in the delivery of a communications course.

Her broad-based involvement in all areas of the profession, coupled with her academic qualifications, is sure to bring value to her role with the College. She can be reached at tel: (416) 962-4861, e-mail: cschillemore@ocpharma.com.

Obituary

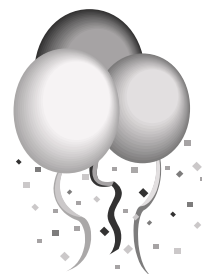
Noreen Quirk (Malleck), 69, passed away on April 6. A 5T4 graduate of the pharmacy program at the University of Toronto, she was the manager of the Vanguard Pharmacy in Guelph for 12 years. Noreen will be missed by her four children and four grandchildren.

Class of 7T3 - Reunion 2000

Join your U of T classmates for a special class reunion this September 15-17, 2000 at the Fern Resort in Orillia. Call the Fern Resort to reserve, tel: 1-800-567-3376. For more information, please contact Vera Smith, e-mail: pedphrm@bconnex.net, or Stephanie Sinden, at tel: (519) 426-7750.

Class of 7T5 - 25 Year Reunion

An exciting reunion weekend is being planned at the Fern Resort for September 15-17, 2000! Mark the new millennium by planning to attend this historic special event. Call Kathy Chute at tel: (705) 495-6057, or Cherry Britain at tel: (905) 475-6957, or Gary Thede at tel: (519) 884-3979 for more information.



Class of 8T0 - 20 Year Reunion

Attention class of 8T0, our 20th reunion (yes—20—count them and weep) is coming up!! We've got a great weekend planned for September 22-24, 2000 at Fern Resort in Orillia. To confirm that you are on the mailing list for reservation and itinerary information, please send your current address to: Sue Gates (DeLuca), c/o Azilda Pharmacy, 93 Notre Dame St. W., Box 40, Azilda, ON P0M 1B0, fax: (705) 983-5638, e-mail: gates@adesso.com

Class of 8T5 - 15 Year Reunion

The class of 8T5 reunion is being held Oct. 20-22, 2000 at the Carlyle Inn in Port Hope, Ontario. For more information, contact Margaret Sayers, 6-140 Point Dr. NW, Calgary, AB T3B 4W3, tel: (403) 283-5277, e-mail: sayersm@cadvision.com



CE Resources

CONCEPTS IN ONCOLOGY THERAPEUTICS, 2nd edition Finley RS, Balmer C (editors)

This text is recommended for Canadian pharmacists in both community and hospital pharmacy settings.

It is seen as an "excellent resource book of great value to pharmacists specializing in oncology" and "useful as a future reference book." Each chapter ends with questions and a review, which are very helpful in understanding the contents. Overall, the text is a useful tool for the understanding of oncology basics and fundamentals.

This book is available from:

American Society of Health-System
Pharmacists
7272 Wisconsin Avenue
Bethesda, MD 20814
tel: (301) 657-4383
fax: (301) 657-1251

Geriatric and Long Term Care Review Committee

February 2000

to the Chief Coroner for the
Province of Ontario

Peter Clark
Regional Coroner, Central Ontario
Chairperson, Geriatric and Long Term Care Review Committee

The following is an excerpt on the use of drugs in long-term care from the Tenth Annual Report of the Geriatric and Long-Term Care Review Committee:

Total Number of Cases Reviewed in 1999: 15

Number of Cases with Recommendations Related to this Topic Area: 5

(1) Health care professionals should be reminded of the potential for the development of complications, overuse, and abuse of commonly used medications which are widely prescribed and considered to be “safe”.

For example, when commonly prescribed medications such as anti-nauseants (dimenhydrinate) or narcotic-containing analgesics are prescribed for patients with bowel motility disorders, the medication(s) may mask and/or aggravate the patient’s condition.

(2) Health care professionals should be reminded of the potential benefits of post-operative anticoagulant therapy to prevent venous thrombophlebitis and pulmonary embolization. When the decision is made **NOT** to use prophylactic post-operative anticoagulants, the reasons for the decision should be clearly documented on the patient’s medical record.

(3) Health care professionals should be reminded that meperidine is a narcotic that should rarely, if ever, be prescribed for the elderly because of its prolonged half life,

pendant for causing and/or exacerbating a delirium, and tendency to mask other symptoms. If narcotic analgesia is required, consideration should be given to using a narcotic such as morphine which has a shorter half life and less anticholinergic effects.

Comment: This recommendation was made in two reviews in 1999.

(4) When prescribing major tranquilizers to modify behaviour in the confused elderly, health care professionals should be reminded of the importance of monitoring not only the beneficial effects of the medication, but also the potential adverse effects such as altered mobility, falls, interference with swallowing, paradoxical agitation, constipation, and urinary retention.

(5) When using psychoactive drugs in the ill elderly, the lowest dose possible should be the initial dose with further doses titrated upwards depending on the response unless there is convincing evidence that a higher dose is necessary because of compelling clinical considerations, (i.e. acute delirium) which puts the patient at extreme risk and requires rapid intervention to eliminate the associated agitation which might interfere with medical care.

(6) Health care professionals should be reminded that neuroleptics and sedatives should not be used to treat cognitively impaired patients who appear to be in “discomfort” and/or appear to require medication to help them “settle”.

Educational Modules

Faculty of Pharmacy reports success with modules

Marie Rocchi Dean, B.Sc.Pharm., Education Coordinator



Marie Rocchi Dean

Over the past year, the Faculty of Pharmacy, University of Toronto, has piloted two educational modules for foreign-trained pharmacists. The **Bridging Program** has been offered twice, with 19 students participating overall.

The course content covered a number of topics including jurisprudence, computer training, dispensing, patient counselling, and drug information. A combination of didactic and practical approaches was used, with students expected to apply their knowledge through role-playing, simulation and written assessments. Upon completion of the program, students were provided with a pre-rotation assessment form to share with their future preceptors, indicating areas in which they have exceeded or met expectations as well as areas that require improvement.

Communication Skills was piloted with 21 participants. In this module, students were exposed to communication barriers, styles and techniques through a series of seminars. Professional expectations were emphasized and the use of empathy, active listening and clarification was explored. Students participated in a number of ways, including role-playing, journal writing and assignments.

Both modules have included the resources of an ESL tutor. Exercises were designed that use professional-specific terminology; for example, drug name pronunciation was assessed and corrected and patient counselling scenarios were analysed for appropriate stress and rhythm emphasis. Students were tutored in both spoken and written English skills, as we have found that these two aspects frequently overlap.

The response to both modules has been extremely positive. Participating students have praised the benefits of exposure to concepts that are essential for Canadian pharmacy practice. These are participants who received their education and practice experience in countries such as Egypt, Iran, India, Pakistan, Romania, Poland, Saudi Arabia, the Sudan, Jordan, South Korea and the People's Republic of China.

New Modules

Three new modules that will be in the pilot stage are Self Medication, Therapeutics, and an Internet Course on Pharmaceutical Care. By the end of the summer, each pilot module will be completed and the second year of development will occur in conjunction with ongoing offerings of existing courses. Interested participants are requested to contact the office at the Faculty for information about dates and times. Pharmacists may wish to encourage foreign-trained pharmacists to contact the office before commencing training or while in training.

Practising Pharmacists May Apply

Any or all of the modules may be of interest to practising pharmacists who have remedial or refresher needs. Since courses will be offered contingent on interest, pharmacists are encouraged to contact the office to discuss their individual learning needs.

The Ontario College of Pharmacists has provided a three-year grant to the Faculty of Pharmacy to develop educational modules. It is expected that future module delivery will be self-sustaining. Therefore, course registration fees will be applied on a cost-recovery principle. Participants with financial need are referred to the ScotiaBank Professional Loans Program.

For information about any of the modules, please contact:

Marie Rocchi Dean
Education Coordinator, Faculty of Pharmacy
tel: (416) 946-5586

e-mail: marie.dean@utoronto.ca

or

Sharon Marjadsingh
Education Assistant, Faculty of Pharmacy
tel: (416) 946-5779

e-mail: sharon.marjadsingh@utoronto.ca



for Pharmacists and Pharmacy Technicians

Planners and organizers of CE programs, both for pharmacists and pharmacy technicians, are urged to alert the College about their plans as early as possible. To arrange for publicizing programs in Pharmacy Connection and/or the College's web site, contact Celia Powell at

tel: (416) 962-4861, ext. 251; fax: (416) 703-3112; e-mail: cpowell@ocpharma.com.

Information on many CE events for pharmacists and pharmacy technicians does not reach us in time for publication in Pharmacy Connection. You are invited to contact Ms. Powell or look in the College's web site: www.ocpharma.com for a listing of these events.

A number of the programs listed below may be suitable for pharmacy technician participation.

CE Events - Ontario

OHA Programs

September 6-7: Orientation of New Trustees

September 7-8: Health Information Management

September 11-12: Health Care Financial Managers

September 13-15: Leading Management in the New Millennium Level 1

September 19-20: Board Chairs & Vice Chairs

September 26: Accreditation Conference

September 27-29: New Partnerships/ New Directions

September 28: Health Care Legal Issues

September 29: Hospital Best Practices

October 18-20: Leading Management in the New Millennium Level 2

To register or for further information on the above, contact Educational Services, Ontario Hospital Association:

tel: (416) 205-1362

fax: (416) 205-1340

e-mail: programs@oha.com

web: www.oha.com

August 12-13, Niagara-on-the-Lake AltMed Update, RAM Institute

For information:

tel: (416) 410-2298

fax: (416) 203-6111

August 19-20, Niagara-on-the-Lake Psychiatric Update for Family Physicians

For information:

tel: (604) 682-6042

fax: (604) 662-7627

web: www.psychupdate.com

September 15-16, Alliston

11th Annual Conference: Embracing Diversity, Hospice Association of Ontario

For information:

tel: (416) 304-1477 or 1-800-349-3111

fax: (416) 304-1479

Sept. 16, Oct. 14, Nov. 11 & Dec. 9, Toronto

Materia Medica Course for Health Care Professionals: Western Herbal Medicine, Michener Institute for Applied Health Sciences. Three hours each day plus self-study (approx. 60-hour commitment)

For information:

tel: (416) 596-3177

or 1-800-387-9066

fax: (416) 596-3168

September 20, London

Therapeutics in Action 2000, London Health Sciences Centre

For information:

Bonnie Heffernan

tel: (519) 685-8500, ext. 74755

fax: (519) 667-6621

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

September 22-24, Toronto

Level 1 Certificate Program on Women's Health, Drug Information and Research Centre and Ontario Pharmacists' Association

For information:

tel: (416) 385-2472

or 1-800-268-8052

fax: (416) 385-2442

e-mail: dirc@ontpharmacists.on.ca

October 12-13, Ottawa

Early Assessment of Health Technologies Symposium: Do the Risks Justify the Benefits? Guest speakers:

Dr. David Suzuki, Dr. Dave Williams, Canadian Coordinating Office for Health Technology Assessment (CCO-HTA)

For information:

Theresa Griffith

tel: (613) 226-2553

fax: (613) 226-5392

October 15-19, Ottawa

4th International Conference on Pharmaceutical Competencies, National Association of Pharmacy Regulatory Authorities (NAPRA)

For information:

tel: (613) 569-9659

e-mail: bawells@compuserve.com

CE Events - Canada

August 15-19, Calgary AB

World Rural Health Conference, Rural Initiative Program

For information:

Joan Rooke

tel: (403) 220-4249

fax: (403) 270-2330

e-mail: jrooke@ucalgary.ca

web: www.ruralnet.ab.ca/wrhc

September 15-16, Regina SK

Palliative Care for Physicians, CME Office, University of Saskatchewan

For information:

tel: (306) 966-7787

fax: (306) 966-7673

web: www.usask.ca/cme/

Sept. 30 - Oct. 5, Montreal QC
The Health 2000 Congress, Association of Health Industry Partners
For information:
web: <http://www.sante2000.org>

October 13, Saskatoon SK
Pediatric Infectious Diseases, CME Office, University of Saskatchewan
For information:
tel: (306) 966-7787
fax: (306) 966-7673
web: www.usask.ca/cme/

October 13-14, Montreal QC
25th Annual Pediatric Ophthalmology Days, Scientific Program, Department of Ophthalmology, Hôpital Sainte-Justine
For information:
tel: (514) 345-4715
fax: (514) 345-4880

October 19-22, Vancouver BC
Dermatology Update, Simply Eventful Management
For information:
tel: (604) 738-8600
fax: (604) 738-8697
e-mail: simplify1040@aol.com

CE Events - International

August 18-20, Chicago IL
Home, Hospice, and Long-Term Care 2000, American Society of Health-System Pharmacists
For information:
tel: (301) 657-3000, ext. 1320
web: www.ashp.org

August 18-25, Alaskan cruise
Advances in Internal Medicine, Sea Courses Cruises and Tours
For information:
Dr. Martin Gerretsen
tel: (604) 684-7327
fax: (604) 684-7337
e-mail: cruises@seacourses.com
web: www.seacourses.com

August 23-28, Jackson Hole WY
2000 Annual Conference, American College of Apothecaries and the Amer-

ican College of Veterinary Pharmacists
For information:
tel: (901) 383-8119
fax: (901) 383-8882

August 27 - Sept. 1, Vienna, Austria
FIP World Congress of Pharmacy 2000
For information:
FIP Congresses & Conferences, P.O. Box 84200, 2508 AE The Hague, The Netherlands
tel: +31-70-302- 19 82
fax: +31-70-302 19 98
e-mail: m.vanboldrik-swakhoven@fip.nl

September 2-9, Alaska Cruise
PharmaSea 2000, Sea Courses Cruises and Tours
For information:
tel: (604) 684-7327
fax: (604) 684-7335
e-mail: cruises@seacourses.com
web: www.seacourses.com

September 3-8, Berlin, Germany
11th International Biotechnology Symposium and Exhibition: Biotechnology 2000
For information:
Dechema e V., c/o 11th IBS, Theodor-Heuss-Allee 25, D-60486 Frankfurt am Main, Germany

September 11-15, Merrimac WI
3rd Annual International Conference on Drug Metabolism/Applied Pharmacokinetics, Extension Services in Pharmacy, School of Pharmacy, University of Wisconsin-Madison
For information:
tel: (608) 262-3130
fax: (608) 262-2431

September 19-22, Kansas City MO
The Leadership Experience, American College of Clinical Pharmacy and General Manager Development Company
For information:
ACCP
tel: (816) 531-2177
fax: (816) 531-4990
e-mail: accp@accp.com
web: www.accp.com

or General Manager Development Company:
tel: (913) 248-0520
e-mail: mladdin@tgmdc.com
web: www.tgmdc.com

October 14-15, Memphis TN
Pharmaceutical Care for Patients with Diabetes: A Certificate Program for Pharmacists, American Pharmaceutical Association
For information:
tel: (202) 429-7578
or 1-800-237-2742, ext. 4867
fax: (202) 783-2351
e-mail: education@mail.aphanet.org

October 29-31, Tel Aviv, Israel
Geriatrics Conference on Aging in the Mediterranean and the Middle East, Ophir Tours
For information:
tel: 972-3-517-0865
fax: 972-3-510-2789
e-mail: rechel_s@ophirtours.co.il

Close-up on Complaints (from pg. 27)

Committee that the pharmacist attempted to adequately counsel the patient by entering into dialogue regarding his medication, the exchange between pharmacist and patient was not effective and left the patient feeling uncomfortable and frustrated. While the Committee found the incident regrettable, it encouraged the pharmacist to communicate more effectively with her patients.

The matter was concluded; however, it will remain on the pharmacist's non-public record with the College.

Deciding on Discipline



Tina Langlois
B.A., L.L.B., CAE
Manager Legal Services/
Patient Relations Programs



Ellen Helleur
Secretary,
Patient Relations Programs

Case 1

Name: Antoine Hanna Zada
Toronto, ON

Hearing Date: March 1, 2000

Charged with professional misconduct in that:

1. From on or about January 15, 1994, up to and including December 17, 1994, he was the owner of Medica Pharmacy, Zada Drugs Ltd., now located at 1378 St. Clair Avenue West in the City of Toronto (relocated to this location from 1345 St. Clair Avenue West on 1/3/95).
2. From on or about January 15, 1994, and continuing to on or about December 3, 1994, he failed to meet

the standards of the profession at Medica Pharmacy by dispensing or permitting the dispensing of prescription medication for four patients without proper authority.

Finding: Guilty of professional misconduct.

Penalty:

1. a suspension of his certificate of registration for a period of three months. Two months of this suspension will be remitted upon the successful completion of the Quality Assurance Program of the Ontario College of Pharmacists at the first available sitting, at his expense. The remaining one month of his suspension is to be served in two two-week periods within the next six months. He will provide the College with seven days' notice of the start of

each period of suspension.

2. a reprimand to be recorded on the register.
3. a fine of \$2,500 to be paid within 60 days.
4. payment of a portion of the costs of the hearing and the investigation, to be fixed at \$1,000 within 60 days.

Case 2

Name: 929 Drug Mart
Toronto, ON

Hearing Date: March 7, 2000

Charged with failing to conform to the requirements of the *Drug and Pharmacies Regulation Act* in that since January 1997, the majority of the directors of 929 Drug Mart Inc. have

not been pharmacists. This constitutes a contravention of Section 142(1) of the *Drug and Pharmacies Regulation Act* (DPRA), R.S.O. 1990, c.H 4.1.

Finding: Guilty of breaching the DPRA

Penalty:

1. an immediate suspension of the certificate of accreditation for 929 Drug Mart Inc., to remain in effect until 929 Drug Mart Inc. satisfies the College of Pharmacists that they are in compliance with Section 142 (1) of the DPRA.
2. a fine of \$4,000 to be paid within six months. The Committee also directed that 929 Drug Mart Inc. pay \$2,000 to the Ontario College of Pharmacists to defray a portion of the cost of the hearing, to be paid within six months.

Case 3

Name: Krystyna Marchow
Toronto, ON

Hearing Date: February 4, 1999

Charged with professional misconduct in that:

1. From on or about December 1, 1992, up to and including August 14, 1995, she was the designated manager of the Pharmacy by the Grange at 69 McCaul Street, in the City of Toronto.
2. On various occasions from on or about December 1, 1992, and continuing until August 14, 1995, she failed to meet the standards of practice of the profession at the Pharmacy by the Grange by dispensing or permitting the dispensing of approximately 45 prescriptions for Isoptin® SR 240 mg without proper authority.

Finding: Guilty of professional misconduct.

Penalty:

1. a recorded reprimand.
2. a suspension of her certificate to practice pharmacy for a period of six consecutive months.
3. a fine of \$2,000 payable within 60 days.
4. a payment of a portion of the Col-

lege's costs in the amount of \$2,000 payable within 60 days.

Ms. Marchow appealed this decision to Divisional Court. This appeal was subsequently dismissed on March 24, 2000.

Suspensions

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

William Christopher Andrews	Mary Tabusam Masih
Holly Elizabeth Benoit	Isador Milton
Natalie Starr Borden	Ibssa A Mohammed
Jules Morton Brown	Peter Yat-Chau Mok
Allison Mary Callaghan	Anjana Navsarikar
Michael James Callaghan	Moi Ken Ng
Ciro Domenic Caravaggio	Catherine Emeakpo Osehobo
Nuese Gail Clarke	Shelley Andrea Podborski
Gurdip Singh Dhaliwal	Keith Purrell
Sunil Dhirajlal Dholakia	Kathy Jean Reimann
Khiem Ngoc Doan	Sandra Lynn Mary Sadoway
Annie Marie Dufour	Steven Harold Schachter
Andrew Glenn	John Henry Sloan
Jill Audrey Holditch	Elizabeth Jean Stutt
Gary Hector Edward Hunter	Smita Shrikant Sugwekar
William Leonard Elmer Huth	Umar Syed
Ngoc Kim Thi Huynh-Vo	Jo Anne Marie Vincent
Barbara Jean Kilfoil	Murray Jack Waltman
David Andrew Knowles	Paul David Warrick
Jagdev Singh Kullar	Mary Barsoum Wassef
Wing Kwan Erica Lai	Leo Weksler
John Yuen Fai Lee	Margaret Yen
Michael Livingston	Julia Hui-Lien Yu
Angela Viola Charmaine MacArthur	Ann Aeli Yun
Angela Elizabeth Magasi	Steve Mike Zajacz
Abram Manus Maier	Jerry Ronald Zownir

OCP Manual Inserts

As you know, each issue of *Pharmacy Connection* includes an up-to-date summary of all current *OCP Manual* items (p. 37). We also list how these items can be downloaded from our Web site, purchased from the College, or bought from the federal and provincial printers.

These methods have not been completely helpful, as some members have told us they find it difficult to navigate the Web site's many layers. In some cases, members, frustrated with the steps involved, have opted to purchase a new *OCP Manual* just to have a complete set of up-to-date references.

Consequently, College staff has begun to consider new ways to make it easier for members to access and download the vast amounts of information on the site. As part of this effort, we have recently hired a Communications Manager and a Web Site Coordinator, both of whom will be exploring ways to improve the image, functionality and interaction of the site.



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

During the Web site review and redesign, we will also be soliciting your advice for ways in which the site can better meet members' varying levels of computer experience and professional need. We are confident

that, with your input and advice, we will be able to improve the site's effectiveness. If you have any comments, please forward them to the Communications Manager Layne Verbeek at tel: (416) 962-4861, ext. 294 or e-mail: lverbeek@ocpharma.com.

In the meantime, individual copies, or complete sets of the legislation (with binder and tabs), can 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).

Please note that copies of certain legislative updates can also be requested from Publications Ontario or the Publishers Group of Federal Publications [see square brackets p. 37].

All contents of the *OCP Manual* can also be viewed and/or printed directly from our Web site www.ocpharma.com.

CE Resources

PHARMACOTHERAPY CASEBOOK: A Patient-Focused Approach

This text, edited by Terry L. Schwinghammer, et al, is recommended for Canadian pharmacists in both community and hospital pharmacy settings.

The text consists of five parts:

Part One: Principles of Patient-focused Therapy

Part Two: Disorders of Organ Systems:

- Section 1: Cardiovascular Disorders
- Section 2: Respiratory Disorders
- Section 3: Gastrointestinal Disorders
- Section 4: Renal and Genito-urinary Tract Disorders
- Section 5: Neurologic Disorders
- Section 6: Psychiatric Disorders
- Section 7: Endocrinologic Disorders
- Section 8: Gynecologic Disorders
- Section 9: Immunologic Disorders
- Section 10: Bone and Joint Disorders
- Section 11: Eyes, Ears, Nose, and Throat Disorders

Section 12: Dermatologic Disorders

Section 13: Hematologic Disorders

Part Three: Diseases of Infectious Origin

Part Four: Oncologic Disorders

Part Five: Nutrition and Nutritional Disorders

Our reviewer said that each section of this book provides a good understanding of the respective subject.

The book is available from:

University of Toronto Bookstores
214 College Street
Toronto ON M5T 3A1
tel: (416) 978-7911
fax: (416) 978-7242

OCP Manual Inserts

as of June 21, 2000

(No new additions since the publication of the May/June issue)

Drug and Pharmacies Regulation Act (DPRA) & Regulations	<ul style="list-style-type: none"> Version – Office Consolidation August 27, 1999 [Publications Ontario]
Drug Schedules	<ul style="list-style-type: none"> Summary of Laws Governing Prescription Drug Ordering, Records, Prescription Requirements and Refills, August 1999 [OCP] Canada's National Drug Scheduling System [OCP] – Feb. 9, 2000
Regulated Health Professions Act (RHPA)	<ul style="list-style-type: none"> Version – Office Consolidation June 30, 1999 [Publications Ontario]
Pharmacy Act (PA) & Regulations	<ul style="list-style-type: none"> Version – Office Consolidation May 28, 1999 [Publications Ontario] Ontario Regulation 548/99 Amending O. Reg. 202/94 – Nov. 29, 1999 Ontario Regulation 550/99 Revoking O. Reg. 620/93 – Nov. 29, 1999
Standards of Practice	<ul style="list-style-type: none"> Reference Page to Policy Handbook [OCP] Guidelines for the Practice of Pharmacy, June 1989 [OCP]
Drug Interchangeability and Dispensing Fee Act (DIDFA) & Regulations	<ul style="list-style-type: none"> Version – Office Consolidation Dec. 4, 1998 [Publications Ontario] Ontario Regulation 73/99 Amending Reg. 935 of R.R.O. 1990 – Feb. 25, 1999 [OCP]
Ontario Drug Benefit Act (ODBA) & Regulations	<ul style="list-style-type: none"> Version – Office Consolidation Sept. 10, 1998 [Publications Ontario] Ontario Regulation 592/98 Amending O. Reg. 201/96 – Nov. 4, 1998 [OCP] Ontario Regulation 74/99 Amending O. Reg. 201/96 – Feb. 25, 1999 [OCP] Ontario Regulation 72/99 Amending O. Reg. 201/96 – Feb. 25, 1999 [OCP]
Food and Drugs Act (FDA) & Regulations	<ul style="list-style-type: none"> Updated NAPRA Version as of Dec. 1, 1999
Controlled Drugs and Substances Act (CDSA)	<ul style="list-style-type: none"> Updated NAPRA Version as of Dec. 1, 1999
Narcotic Control Regulations	<ul style="list-style-type: none"> Updated NAPRA Version as of Dec. 1, 1999
OCP By-Laws	<ul style="list-style-type: none"> OCP General Operating By-Law, May 1996 [OCP] OCP By-Law, Procedure for Elections to Council, May 1996 [OCP] By-Laws approved by Council 1999 (Red Tape Reduction Act)
Reference	<ul style="list-style-type: none"> Code of Ethics, May 1996 [OCP] Handling Dispensing Errors, <i>Pharmacy Connection</i>, Mar/Apr 1995 [OCP] Revenue Canada Customs and Excise Circular ED 207.1 [OCP] Revenue Canada Customs and Excise Circular ED 207.2 [OCP] District Excise Duty Offices – Oct. 10/96 [OCP] Guidelines for Pharmacists on The Role of the Pharmacy Technician [OCP]

Publications Ontario:
tel: (416) 326-5300/1-800-668-9938

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

