



THE OFFICIAL PUBLICATION OF THE ONTARIO COLLEGE OF PHARMACISTS

pharmacyconnection

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Annual Pharmacist Fees
Due March 10, 2010



January/February 2010



Preceptors: the key to hands-on learning

Maria Nenadovich is one of hundreds we thank for their time and commitment - *page 36*

ontario college of pharmacists

483 Huron Street, Toronto, Ontario M5R 2R4 • Tel (416) 962-4861 • Fax (416) 847-8200 • www.ocpinfo.com



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 our members 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. U of T indicates the Dean of the Leslie Dan Faculty of Pharmacy, University of Toronto. U of W indicates the Director, School of Pharmacy, University of Waterloo.

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- Registration

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- Professional Practice

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- Pharmacy Technicians Working Group

College Staff

Office of the Registrar and Deputy Registrar/
Director of Professional Development
Pharmacy Connection Editor x 2241
ltodd@ocpinfo.com

Office of the Director of Finance
and Administration x 2263
bhsu@ocpinfo.com

Office of the Director of
Professional Practice x 2236
civan@ocpinfo.com

Registration Programs x 2250
jsantiago@ocpinfo.com

Structured Practical Training Programs x 2297
vclayton-jones@ocpinfo.com

Investigations and Resolutions x 2274
kspadafore@ocpinfo.com

Continuing Education Programs and
Continuing Competency Programs x 2273
lsheppard@ocpinfo.com

Pharmacy Openings/Closings,
Pharmacy Sales/Relocation
occlientservices@ocpinfo.com

Registration and Membership Information:
occlientservices@ocpinfo.com

Pharmacy Technician Programs
occlientservices@ocpinfo.com

Publications x 2229
spark@ocpinfo.com

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pharmacyconnection

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

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

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

Stephen Clement, R.Ph., B.Sc.Phm.
President

Deanna Williams, R.Ph., B.Sc.Phm., C.Dir., CAE
Registrar

Della Croteau, R.Ph., B.S.P., M.C.Ed.
Editor, Deputy Registrar,
Director of Professional Development
dcroteau@ocpinfo.com

Anjali Baichwal
Associate Editor
abaichwal@ocpinfo.com

Agostino Porcellini
Production & Design / Webmaster
aporcellini@ocpinfo.com

Neil Hamilton
Distribution
nhamilton@ocpinfo.com

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Della **Croteau**, R.Ph., B.S.P., M.C.Ed.
Deputy Registrar/Director of Professional Development

New year, new scope

On December 15, 2009, Bills 175 and 179 received Royal Assent. So, what does that mean for us?

Bill 175 is the *Ontario Labour Mobility Act (OLMA)* which facilitates the mobility of licensed pharmacists from one Canadian jurisdiction to another. Pharmacists from other provinces and territories, who already hold a practicing license, and are in good standing, will simply have to provide that documentation, complete the jurisprudence requirement, make an application and pay their fees to become registered in Ontario. Because of the Mutual Recognition Agreement between provinces, and the Ontario-Quebec agreement, this will now include labour mobility for licensed pharmacists from Quebec.

Bill 179 gives effect to many pieces of legislation promoting interprofessional collaboration and enhanced scopes of practice for many health professionals. With Bill 179, the College will have the authority to draft regulations around the new scope of practice and authorized acts for pharmacists. This will take much consultation with Ontario pharmacists, as well as other

pharmacy regulatory authorities and other health colleges within Ontario. The expectation of government is that Colleges will work collaboratively to ensure that the standards expected for each authorized act are consistent across the professions. Again, these regulations will have to be written, passed by Council, circulated for feedback and ratified by Council before they can be forwarded to government for review.

Finally, Bill 179 gives authority to the College to develop regulations to the *Drug and Pharmacies Regulation Act (DPRA)* to enable remote dispensing. These regulations will be drafted according to the principles which have been discussed with stakeholders. The regulations must be passed by Council, circulated for feedback to members and ratified by Council, before they can be forwarded to government for their review and passing.

And what is happening with the other outstanding regulations?

The Registration Regulation, which allows us to register pharmacy technicians, is with government for review and we expect it to be passed in early 2010. This means that as soon as the

registration regulation comes into effect, those pharmacy technicians who have met all the requirements for registration will be able to register with the College.

A consolidated version of the regulations to the DPRA is currently being circulated to members for feedback (see page 9 for details). It addresses many issues which have been passed by Council over the years relating to pharmacy operations such as an acoustically private counselling area and required floor space, as well as updates to enable electronic records, and a record keeping requirement to facilitate the enhanced scope of practice. Feedback is requested by February 16, 2010.

There is an abundance of legislation affecting the profession and requiring the attention of the College. Although the legal wording may seem overwhelming, there is an opportunity here that we have been anticipating for years. It will take some effort on all our parts to develop and implement these new roles to improve patient care and we look forward to working with our members and colleagues on making them a reality. ☐



Deanna **Williams**, R.Ph., B.Sc. Phm., C.Dir., CAE
Registrar

Reflecting on a decade as Registrar

Happy New Year! Ten years have passed since the world was consumed with Y2K preparations and the world ushered in a new century. For me, 2010 is a milestone year, as it marks my 10th anniversary as Registrar.

In my ten years, much has changed—in the world, at the College, in our profession and in my life. When the twin towers fell on 9/11 our world changed overnight. The sense of safeness and security that

where you either embrace change or become redundant. Technological advances bursting onto the scene, now it seems on a daily basis—leave all of us no option but to embrace the changing landscape. Our challenge, as always, has been balancing innovation and advancing technologies with our mandate for public safety and protection.

The College has changed. Most of the employees who were here when I joined OCP in 1994 have

a telecommuting platform—a new way of staff working and interacting with each other, whether or not you are physically in the building. While many businesses have employed telecommuting options, OCP is leading the charge as the first health regulatory College in Ontario to embrace technology in this way. There will be bumps and grinds as our telecommuting platform becomes fully operational, but in the long run, we believe this will allow us to attract high quality individuals living outside of the GTA; we will be able to all work together again in our flagship building; and most importantly, the overall costs for enabling technology and renovations will be less than selling our two buildings and moving into a space that can accommodate everyone.

Our professional landscape has changed. While some changes could not have been anticipated, many have been a long time coming. 2010 will see Ontario become the first jurisdiction in North America to formally regulate pharmacy technicians—the pharmacy technicians who become registered as a new class of registrant with the College will be regulated health

I am proud that the Ontario College of Pharmacists continues to be recognized—provincially, nationally and internationally as a model College for self-regulation and for its leadership in Pharmacy...

we took for granted as a society has never come back. The tragedy of 9/11, followed by the Ontario-wide power outage and SARS in 2003, the Tsunami in 2004 and Hurricane Katrina in 2005—disasters coming on the heels of other disasters—all make us, as professionals, aware of our responsibility to ensure frameworks are in place to take care of patients during every disaster or pandemic that may come along. We now live in a technological world

retired and few of the 'originals' remain; we are now largely composed of younger, mobile professionals, most of whom not only embrace technology but expect to be 'connected' no matter where they are. While much debate has occurred over the past ten years respecting the sale of our flagship building in favour of a larger one that could accommodate the increased number of staff, College Council approved last year the transition to

professionals, performing and being accountable for specific authorized acts. While our proposal to government was initially made back in 1998, it would take seven years for the matter to get onto the government's legislative agenda and another five to bring the project to fruition. When pharmacy technicians finally join our College Council as full participants in the self-regulation of our profession, I will personally feel like a mother who has come through the longest gestation period ever! This year the College must begin development of regulations that are needed to give effect to both the enhanced scope of practice for pharmacists and remote dispensing. All of these changes present both challenges and opportunities for our profession, and the College will, as always, endeavour to recognize and acknowledge both while first and foremost meeting our regulatory mandate to ensure public safety and protection.

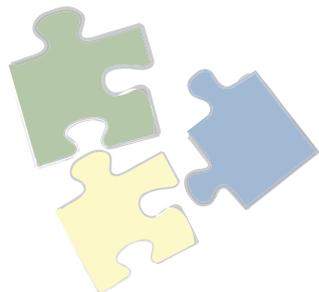
Life is hectic, yes, but then I love

what I do. You'd have to love a job like this, because it is truly also your life. And my life too, has changed. I assumed my role as a single mom of three teenagers; today I am remarried, with three wonderful adult children and a step family that includes two grandsons. One day soon perhaps, I will have grandchildren of my own. It continues to amaze my family—and even myself at times—that there is little separation between the personal and work life of the Registrar. I discovered early in this job that although there is no way I could recognize all of you, the majority of you recognize me. This, after years of being approached in various settings and locations around the globe. A pharmacist proudly introducing me to his entire family at a restaurant. A retired pharmacist and his wife sitting at the table next to us when we were on holiday in Florence, Italy. Another pharmacist calling out to me in the crowds below while riding the Disney monorail with her family through the Magic

Kingdom! Special encounters, each and every one.

I am proud that the Ontario College of Pharmacists continues to be recognized—provincially, nationally and internationally as a model College for self-regulation and for its leadership in Pharmacy—including pharmacy technician regulation, the international pharmacy graduate program (IPGP), and our quality assurance (continuing competency) program. My thanks go out to our College staff—our tremendous team for their hard work, commitment, and ongoing support. We truly work together as a team to ensure that Council's directions are implemented in accordance with our regulatory mandate. And my special thanks to our Council members—professional and public alike—without whose uncommon dedication and commitment nothing would be possible.

It is both an honour and a privilege to serve as your Registrar. I look forward to continuing to work with you in the years ahead. ☐



Stay Informed!

If you'd like to receive e-mail notifications about new developments in the regulation of pharmacy technicians, please visit the college's website, www.ocpinfo.com, and click on the green "Pharmacy Technicians" button on the left menu. Once the page opens see "Stay Informed!" and click to submit your name and email address.



Proposed Amendments to the General Operating By-law Approved

In anticipation of government approval of the registration regulation and the corresponding changes to the Pharmacy Act that will enable the regulation of pharmacy technicians as a class of member, Council approved a proposed new general operating by-law incorporating changes to the elections procedures and integration of technician members.

While addressing the changes noted above, the entire by-law was also reviewed to ensure consistency in language and clarity in expectations, and accordingly, changes were made to the language in various sections without changing the intent. For more detailed information respecting the by-law, please refer to the website at www.ocpinfo.com

As required by the regulations, feedback on the proposed by-law is being sought and members are requested to direct comments by **February 18, 2010** to Connie Campbell, Director of Finance and Administration at ccampbell@ocpinfo.com

Council approves policy regarding access to Full Text Discipline Committee Decisions

College Council approved the policy that full text decisions of the Discipline Committee be made available through CanLII, the Canadian Legal Information Institute, (www.canlii.org). CanLII is a not-for-profit organization created by the Federation

of Law Societies of Canada whose purpose is to make Canadian law accessible for free on the Internet.

Although there was recognition that the statutory duty of the College was to publish summaries of discipline hearings, Council considered that providing access to the Committee's full text decisions will be a positive step toward greater transparency and will not only allow anyone with access to an internet connection the ability to search and review decisions for research and for learning, it will also serve to ensure that panel decisions continue to be complete, thorough, and of consistently high quality.

Remote Dispensing Themes Reaffirmed and Ratified

Following extensive, province-wide consultation regarding the issue of Remote Dispensing, and after significant debate at the Council table over the past few meetings as well as at a focus group meeting held at the College recently, Council reaffirmed the College's position with respect to the five themes developed on remote dispensing. These themes will now, together with the feedback from the consultations, form the basis for the drafting of regulations intended to set operational and practice standards for the operation of a remote dispensing location.

Staff and legal counsel will commence discussion with government while drafting the regulations which will then be brought to Council for discussion and approval. The draft regulations will then be circulated to

the membership for feedback and will be considered by Council again prior to submission to the Ministry.

Proposed Regulations to the Drug and Pharmacies Regulation Act - Approved for Circulation

Council approved for circulation a proposed consolidated version of the Regulations to the *Drug and Pharmacies Regulation Act*.

Most of the proposed amendments have been circulated previously; new sections include definitions related to electronic records, technician scope of practice, and a new record-keeping requirement. A table summarizing each part and highlighting the changes, together with the complete proposed consolidated regulation, is posted on the College's website (www.ocpinfo.com) for review and feedback.

Comments should be addressed in writing to Anne Resnick, Director of Professional Practice, at aresnick@ocpinfo.com by **Tuesday, February 16, 2010**. Council will consider the feedback at its March 2010 meeting, after which the proposed consolidated regulation will be submitted to government.

Council passes Language Proficiency Standards for Pharmacy Technicians

In an effort to establish entry to practice requirements for pharmacy technicians which are both consistent with those for pharmacists and, where possible, able to be applied nationally, the College co-hosted

a workshop in June with NAPRA (National Association of Pharmacy Regulatory Authorities).

Twelve representatives from regulatory authorities, educational programs, and professional practice, including pharmacy technicians from across the country, attended the workshop with the goal of setting fluency proficiency standards for entry to professional practice, educational programs, and licensure as a pharmacy technician in Canada. In considering this matter, Council agreed that given new labour mobility requirements, the greater the consistency in our approaches, the better. Accordingly, the recommended Language Proficiency Standards for Pharmacy Technicians on four widely-accessible English language proficiency tests - TOEFL iBT (Test of English as a Foreign Language, Internet-based Test), IELTS (International English Language Testing System), CanTEST (Canadian Test of English for Scholars and Trainees), and MELAB (Michigan English Language Assessment Battery), were accepted by Council.

It was noted that in addition to determining the minimum score points for each section of each test, consideration was given to the Standard Error of Measurement (SEM), which is the range in which scores on different administrations or versions of each test tend to vary. Council agreed that shifting to an automatic application of the SEM will not change the standard that the College is currently applying and will demonstrate our ongoing effort to eliminate unintentional barriers

and improve access.

NAPRA will also conduct a review of the existing fluency standards for pharmacists in the near future.

Submissions Update

This College's submission to the Ministry respecting the Registration Regulation has been forwarded to the Ministry and the Registrar and staff continue to be in constant communication with the bureaucrats at the Ministry in an effort to ensure that the Regulation is enacted as quickly as possible so that the College can commence registering and regulating Pharmacy Technicians.

Bill 175 (the *Ontario Labour Mobility Act*) passed third reading on December 9, 2009; once proclaimed, this Act will provide for mobility of professionals, including pharmacists, between provinces. This Act should not have a significant impact on this College's registration processes at this time as the College has, for some time, been involved in discussions nationally around mutual recognition, and the Registration panels have been making decisions in the spirit of labour mobility.

Also of note was this College's presentation to the Standing Committee on Social Policy respecting Bill 179 (the *Regulated Health Professions Statute Law Amendment Act, 2009*). As agreed by Council at its meeting in September, the College's presentation focused on the Scope of Practice for Pharmacy and the interprofessional care and collaboration model. It also touched upon the possible future implementation of a minor

ailments program which proposes making pharmacists the primary source of care for some thirty minor ailments. Bill 179 passed third reading on November 30, 2009, and upon proclamation, the Act will allow the College to make regulations under the *Pharmacy Act* regarding the new scope of practice for pharmacists, and to make regulations under the *Drug and Pharmacies Regulation Act* including those for remote dispensing. Every effort will be made to ensure that regulations under both of these Acts are aligned in order to prevent areas of disconnect.

PEBC/NAPRA Update

Mr. Gdyczynski, who represents the College on the boards of both NAPRA (National Association of Pharmacy Regulatory Authorities) and PEBC (Pharmacy Examining Board of Canada), provided Council with an update respecting both these organizations. Council was pleased to note that both organizations continue to move forward efficiently on all the regulatory initiatives and the Executive Committee, on behalf of the College, continues to monitor and report on all significant developments.

Of note is the proposed NAPRA fee increase (5% increase for each year for the next two years) which was endorsed by Council. NAPRA has also been awarded \$4million by HRSDC (Human Resources and Skills Development), to fund the development of a web portal for International Pharmacy Graduates (IPGs). The funds are to be used over the next three and a half years

and the project will establish a common path to licensure, develop a national shared database which will serve to create an applicant file, collect general information and provide statistics, create a tool for IPGs to assess their readiness and preparedness to come to Canada or to proceed with a request for licensure, and develop a Prior Learning Assessment tool to assist

in identifying gaps and customizing learning needs for IPGs.

As reported at previous Council meetings, the PEBC is in the process of developing and piloting a national entry-to-practice Pharmacy Technician Qualifying Examination for the assessment and certification of the competence of Pharmacy Technicians. The Pharmacy Technician Qualifying Examination, consisting

of two parts: a written multiple choice question examination (MCQ) and a performance-based examination, called an Objective Structured Performance Examination (OSPE), was piloted in fall 2009 and was well received. PEBC has received a lot of very valuable feedback, and will conduct one more pilot in March before preparation for the summer sitting of the exam. 

advisory notices

Proposed Replacement Of By-law – Request for Feedback

On Friday, December 11, 2009, OCP Council approved for circulation a proposed by-law; OCP By-law No. 2, to replace the existing OCP By-law No. 1.

The by-laws needed to be re-written to incorporate technician members. The most significant changes in By-Law No. 2 relate to the election of members to the Council of the College. As communicated to members in 2008, the electoral districts will be changed to reflect

postal code districts replacing the current numbered geographic districts. The language in various other sections of the by-law has also been amended for consistency and clarity. Although the language has changed, no changes have been made to the value of member fees, register information or professional liability. Please visit the College's website to view the proposed By-Law No. 2.

Comments should be addressed in writing to Connie Campbell, Director, Finance and Administration, at ccampbell@ocpinfo.com by Thursday, February 18, 2010. Council will consider the feedback at its March 2010 meeting, and, once approved, By-Law No. 2 will come into force upon proclamation of the registration regulations enabling the registration of pharmacy technicians. 

DPRR Proposed Amendments – Request for Feedback

On Friday, December 11, 2009, OCP Council approved for circulation a proposed consolidated version of the Regulations to the Drug and Pharmacies Regulation Act. Most of the proposed amendments have been circulated previously; new sections include definitions related to electronic records, technician

scope of practice, and a new record-keeping requirement. A table summarizing each part and highlighting the changes, together with the complete proposed consolidated regulation, is posted on ocpinfo.com for review and feedback.

Comments should be addressed in writing to Anne Resnick, Director of Professional Practice, at aresnick@ocpinfo.com by Tuesday, February 16, 2010. Council will consider the feedback at its March 2010 meeting, after which the proposed consolidated regulation will be submitted to government. 

A Tale of Two Classes

Class of 1954 and 2011 share insight on pharmacy then and now

Bill **Wensley**, Retired OCP Registrar

A half of this story begins in September 1950 on the steps of a church (long since demolished), next to the Ontario College of Pharmacy building on Gerrard Street East in Toronto. That day, the first group picture was taken of the pharmacy class of 5T4—but it wasn't the last. Since then a group picture has been taken at each of 55 annual reunions of this class. A worn but proud banner "Classmates for a Lifetime" has been displayed wherever we have met over the years.

The other half of this story begins with the inaugural class of 92 students who began their studies at the University of Waterloo School of Pharmacy in January 2008. This new School is the anchor for the Health Sciences Campus being established by the University in downtown Kitchener. The students are participating in a cooperative program that allows them to take classroom knowledge to the workplace and bring work experience back to class.

This year, our class of 5T4 held its annual reunion in Waterloo. Through the kind invitation of Dr. Jake Thiessen Dean of the School, we toured the new facilities and met with the 2011 class for a two hour session of engagement, insights, stories and advice. Brief biographical



sketches sent to the students prior to our get together gave them a picture of the various opportunities we were able to take advantage of as young graduates. These opportunities included community and hospital pharmacy, industry, management, graduate studies, research, teaching, government, association and College activities as well as further studies in other fields including medicine.

Seated together in a lecture hall, we discussed pharmacy practice over the decades beginning with the 1950's. Our dialogue also included why members of our respective classes chose pharmacy as a career. The students were interested in hearing stories of our undergraduate years and how we became such a tightly knit class. A few tales brought gasps from them. For example, some of us smoked in the dispensary, sometimes prescription labels were written by hand, we were taught never to discuss the purpose of the medication with the patient and to dispense only the brand prescribed. Some changes!



Bill Wensley

They were incredulous that we have met so often over the years and wondered how (and perhaps why) we have done it. We told them that it started with our attitude as undergraduates. It was Dr Garnet Patterson who referred to us as “the class that never let studies interfere with education and social activities”. While social activities had a lot to do with it, other factors were also important: the development of our own class constitution; the relatively small number of students; the Gerrard Street location (considered somewhat remote from the main campus); keeping our contact list current; leadership and the willingness to participate in planning that has continued over the years. Of course, in order to be sustainable, reunions have to be meaningful in ways other than social.

Our reunion in Waterloo in September 2009 is a case in point. We had two outstanding speakers, Dr. Neil Turok, Executive Director of the Perimeter Institute for Theoretical Physics and Alex Mustakas, Artistic Director of the professional theatre company Drayton Entertainment. In addition, Dr. David Johnston, President of the University of Waterloo dropped by our luncheon and spoke. To top it all off, Dr. Thiessen and his colleague Laura Manning took us on tours of the building and participated in the session with the students.

What did we gain by this reunion and visit to Waterloo? Certainly the continuation of friendships and the opportunity to stretch our minds. But most importantly, we came away with the conviction that as the scope of practice for pharmacists expands and their role in providing an enhanced level of patient care unfolds, these young people along with graduates from our Toronto faculty, will serve the public with distinction.

What did the students gain from this interaction? I can't speak for them but I hope they now have a better understanding of the history of pharmacy in Ontario and the struggles the profession has had, to get where we are today. I hope their insights into future opportunities were broadened. I hope that they gain interest in maintaining friendships as well as a desire, after graduation, to support their alma mater and lend a hand to future students.

As Dean Thiessen put it, “our goal is to graduate great Canadians, people who care for others and great pharmacists”. Everything we saw and heard that day has convinced me that that goal will be achieved. 

Colleges collaborate on Medical Directives

Greg **Ujiye**, *R.Ph.*
Professional Practice Advisor/Inspector



Do you have questions about using directives? If so, you're not alone. The College of Nurses of Ontario and the Ontario College of Pharmacists are working together to ensure their members understand regulatory expectations when implementing directives. A directive is an order for a procedure (or series of procedures) that may be implemented for a number of clients when specific conditions are met and specific circumstances exist.

A regulated health professional with the legal

authority to prescribe a medication (such as a physician or a Nurse Practitioner [NP]) may write a directive for that medication to be provided to clients who meet specific conditions. The directive is the order for the medication. Nurses and pharmacists who implement directives are not *prescribing* the medication. Instead, they are using the directive to provide medication to clients who meet specific conditions.

Although directives are most commonly used in hospitals, they can facilitate timely access to safe health care in any sector. Increasingly, community pharmacists are receiving prescriptions written under directives signed by nurses. In some settings, pharmacists use directives to adjust dosages.

Before implementing a prescription that is written under a directive, the nurse or pharmacist should assess the client to ensure he or she meets the conditions outlined in the directive and that the directive is appropriate. Pharmacists dispensing drugs for which there is a directive should also review the client's medication history to ensure the prescription is appropriate. Nurses and pharmacists should consult each other if any aspect of the directive is unclear.

A prescription written under a directive must clearly identify:

1. that the prescription is written under the authority of a directive (indicating the name and, if relevant, number of the directive);
2. the authorizing professional's (usually a physician or NP) name and contact information; and
3. the nurse's or pharmacist's name and signature.

To reduce the risk of delaying clients' access to medication, it is important that this information is communicated between the authorizer of the directive, the nurse and the pharmacist

In January 2007, the Federation of Health Regulatory Colleges of Ontario published *An Interprofessional Guide on the Use of Orders, Directives and Delegation for Regulated Health Professionals in Ontario*. The guide answers many frequently asked questions about the use of directives and provides a template for prescriptions written under a directive. To view the guide, visit <http://mdguide.regulatedhealthprofessions.on.ca/pdf/RecommendedFormat.doc> 

NAPRA Unveils Mobility Agreement for Canadian Pharmacists

The National Association of Pharmacy Regulatory Authorities (NAPRA) proudly unveiled the new Mobility Agreement for Canadian Pharmacists (MACP) during a special celebration in November.

Led by NAPRA President Dianne Donnan and attended by the association's Board of Directors, the celebration was the culmination of a two-year process to update the agreement. The agreement—which captures commonly held principles and requirements to allow the movement of pharmacists across Canada without imposing unreasonable or discriminatory requirements—is a significant document for pharmacists.

“What we achieved is outstanding. With the signing of the agreement by all of Canada's pharmacy regulatory authorities, it recognizes the high degree of commonality

in our profession and provides enhanced mobility for our pharmacists,” said Donnan.

Additionally, the MACP is in line with the Agreement on Internal Trade (AIT), an intergovernmental trade agreement with Canada's First Ministers to reduce and eliminate, to the extent possible, barriers to the free movement of persons, goods, services, and investment within Canada and to establish an open, efficient, and stable domestic market. The MACP will be reviewed periodically by the association.

“It is also important to thank Human Resources and Skills Development Canada for their financial contribution to our endeavour,” added Ms. Donnan. “Our success today was possible as a result of their support over the last two years.” 

update on technology



Embracing leading-edge technology, the College has been working to review processes and evaluate opportunities to improve and refine the way we manage our everyday work in support of our mandate and objectives. Here is some recent news and reminders in this area:

Follow us on Twitter and subscribe to our RSS Feed!



The College is incorporating some social media tools into its daily activities. You can now follow OCPinfo on Twitter and through RSS feeds. What does this mean? You will be able to receive updates to the latest news, Continuing Education information and Health Canada Advisories directly through our site. Go to www.ocpinfo.com and click on the Twitter or RSS feed at the bottom left of the page for more information. Please note that this service does not replace your receipt of e-blasts for important member information.

Inspection Follow-Up Going On-Line

Given the success of on-line fee renewals and the fact that most pharmacists and pharmacies use e-mail, OCP inspectors are now communicating via e-mail with designated managers (DMs) regarding inspection and action plan issues. Please ensure that OCP Client Services is aware of any changes to your pharmacy or designated manager's e-mail addresses, and check your e-mails regularly for communication from OCP and OCP inspectors.

This spring we're planning to roll out an on-line process for action plans produced from inspections. DMs will be able to submit their action plans via the Internet rather than the current paper and fax-based format. This will improve efficiency, accuracy and timeliness in completion of action plans, and will help streamline our internal management of this information.

We're also planning an inspection evaluation for pharmacies that have been inspected in the last six months. Sent back to OCP anonymously, this evaluation would help us with quality assurance and other improvements related to the inspection process.

With plans for less paper in the entire inspection process, you can also expect pre-inspection notification letters to be sent via e-mail in 2010, rather than the current process of receiving a hard copy letter via regular mail. Please watch your e-mail inbox for notices regarding the implementation of these plans. 

Did You Know?

Jessie **Dufour**, R.Ph. and Nadia **Sutcliffe**, R.Ph.

Did You Know? is a regular feature in Pharmacy Connection. It's a series of quick pointers reminding pharmacists and technicians of their legal and practice obligations from an inspector's perspective, aimed at getting you to think about the issues and incorporating best practices into your pharmacies.

DID YOU KNOW ...

... that fax identification should be present on any prescription received from a prescriber's office to show that it came directly from there? If the pharmacist is doubtful of its origin (for example, if the fax has no identification), he or she should contact the prescriber's office directly to confirm that the fax came from there.

The pharmacist has to document this confirmation directly on the fax. Prescribers should keep the original prescription on file. It is recommended that pharmacists obtain physicians' and other prescribers' contact information from the relevant website (for a list of websites for the various colleges of regulated health professionals, go to www.fhrco.com). Fax identification should not be trimmed or cut from the fax. Pharmacists should be aware that anyone with access to a fax machine can send a fax with false identification that looks as if it comes from a doctor. Refer to "Policy on Faxed Prescriptions" from *Pharmacy Connection* May/June 2007 on our website, www.ocpinfo.com.

... that the fax machine in the pharmacy must be kept away from public view? The confidentiality of patients is compromised if customers can see the pages coming out of the fax machine.

... that thermal paper used by some fax machines can fade with time, so faxed prescriptions should be photocopied to make a more permanent record of the authorization.

... that a rubber-stamped physician signature is not unique and, therefore, not acceptable? An electronic signature is acceptable only if the physician signs electronically using a stylus for each prescription. If the physician signs electronically one time and then templates this one signature onto all prescriptions, this is not acceptable--it is the equivalent of using a rubber stamp. A pharmacist who is unsure must confirm the process with the physician's office and document having done so. 

For more information on this subject, see the CPSO article on the next page.

The article below first appeared in *Dialogue*, the magazine of the College of Physicians and Surgeons of Ontario.

Physicians required to print and sig



Recently, the College has received a number of calls from pharmacists and their regulatory body concerned by the number of unsigned prescriptions that pharmacists are receiving. It is important to note that even prescriptions generated using an Electronic Medical Record (EMR) need to be signed before they can be filled by a pharmacist.

The last issue of *Dialogue* published an article that detailed eHealth Ontario's ePrescribing Demonstration Project and the two sites that were selected for the Project: the Group Health Centre

n all EMR-generated prescriptions

in Sault Ste. Marie and the Georgian Bay Family Health Team (FHT) in the Collingwood area. The participating physicians in this project are the only physicians in the province generating what can be considered an electronic prescription.

Electronic prescribing is the electronic generation, authorization (signing) and transmission of prescriptions. All three stages must be electronic before a prescription can be considered an electronic prescription. Although many physicians use

EMR-generated prescriptions, the critical difference in this pilot project is that electronic authorization can occur because it takes place within a closed system with

defined participants, and with additional safeguards.

“Before a pharmacist fills a prescription, he or she needs to know that the doctor authorized the prescription. A doctor’s signature provides that authority,” said Dr. Rayudu Koka, College President. The Ontario College of Pharmacists has informed pharmacists that they are not able to accept ePrescriptions unless they are participating in the Pilot Project (See Pharmacy Connection May/June 2009 at www.ocpinfo.com). Dr. Koka said that the College is supportive of physicians who are adopting technology into their practices and he encourages physicians to continue to do so.

Ontario’s regulatory colleges, he said, have been working with eHealth Ontario to identify and address regulatory issues associated with ePrescribing. Findings from the Project will be used to determine whether changes to regulations, standards and guidelines are required. The College will keep physicians up-to-date on the progress of this collaboration. In the meantime, the College is advising physicians to continue to print and sign all EMR-generated prescriptions before either transmitting them to pharmacies or handing them to patients to carry into a pharmacy. 

“The Ten-Minute Patient Interview” Workshop Webcast

Establish rapport, listen, probe, identify drug therapy problems and educate your patient in 10 short minutes! By implementing key communication techniques, you can develop the skills to gather the information you need to enhance patient care. This educational program also briefly reviews the College’s Peer Review Assessment program. It is presented by Professor Zubin Austin and made possible by the Leslie Dan Faculty of Pharmacy, University of Toronto .

To log in to the webcast:

1. Go to <http://hosting2.epresence.tv/CPD/1/watch/231.aspx>
2. Click Register for a new account
3. Complete the information requested. This registration information is for your use only so that you will have access to the material. We do not have any means of tracking this information. Remember your username and password so that you can access this presentation again in the future.
4. The video is password protected. Password: ocpd

Pharmacists' Annual Renewal

Your pharmacists' fee is due no later than March 10, 2010. You may complete your renewal and pay your fee online at any time. No form will be mailed to you, however email reminders will be sent. Please ensure the College has your current email address.

Pharmacists fees for 2010 are:

Part A pharmacists' fee \$630.00 (\$600.00 + \$30.00 GST)

Part B pharmacists' fee \$315.00 (\$300.00 + \$15.00 GST)

Information Renewal

The online process will guide you through the information requiring verification and/or updating.

Go to www.ocpinfo.com, click on *Member Login*. Enter your User ID (your OCP number) and your password.



If you have forgotten your User ID or your password, click *Forgot your Password or User ID?*. An email will be sent reminding you of your User ID and providing you with a new password. Please note, in order to use this password reset utility the College must have your current email address on file. Once you have successfully logged in, click on *Pharmacist Renewal* on the left hand side of the screen. Once you complete and submit this first step of your renewal, print/save a copy of your *Confirmation of Information Renewal*.

What's New

We are continuing to work on improvements to the pharmacists' online renewal process and will advise members of these changes in the renewal reminder sent in January.

Paying On-Line

Payment by Credit Card or INTERAC can be made online in a secure environment digitally protected by Moneris™.

Paying by Mail with a Cheque

Your *Confirmation of Information Renewal* must be printed and returned along with a cheque made payable to the "Ontario College of Pharmacists" or "OCP". Write your OCP number on the front of your cheque and make sure your cheque is signed. All unsigned cheques will be returned for signature. NSF cheques are treated as late and incur both a late penalty fee and a \$20 NSF service charge.

Late Payments

Late payments are subject to a late fee of \$105 (\$100 + \$5 GST) (if paid within 30 days after the due date) or \$157.50 (if paid more than 30 days after the due date). This includes cheques that are received early but post-dated after March 10, 2010. Late payments are not processed until the late payment fee has been received.

Move from Part B to Part A of the College's Register

To elect to Part B of the College register please send an email to ocpclientservices@ocpinfo.com indicating your

due March 10, 2010



desire to move to Part B of the register. Pharmacists in Part B of the register are not required to obtain personal professional liability insurance or participate in practice review, the renewal fee for a Part B pharmacist is \$315 as they cannot provide patient care.

Member Emeritus

Any pharmacist who has practiced continually in good standing in Ontario and/or other jurisdictions for at least 25 years can voluntarily resign from the Register and make an application for the Member Emeritus designation. Members Emeritus are not permitted to practice pharmacy in Ontario but will be added to the roll of persons so designated, receive a certificate and continue to receive *Pharmacy Connection* at no charge.

Once you have completed your information filing online and your payment has been processed, your wallet card and income tax receipt will be mailed to your residence.



Personal Professional Liability Insurance – Mandatory for Part A pharmacists

It is a mandatory requirement of your annual renewal to update your personal professional liability insurance details.

You will be able to update your insurance information while completing your online renewal. A list of insurance products and broker organizations that satisfy the criteria prescribed in College by-law is available on our website: go to www.ocpinfo.com and search on *Professional Liability Insurance*.

Members should be cautious if considering any other insurance products. If your insurance product is not on the pre-approved list you will be required to provide the College with additional details of your policy. Members should also be cautious if they are relying on their employer to arrange insurance on their behalf. Any policy that terminates if your employment terminates DOES NOT meet the College's requirement. It is the member's responsibility to ensure that they have compliant insurance and that the insurance is fully portable regardless of their employment status. 

Key Components of Chemotherapy Labelling

Cancer Care Ontario guidelines focus on patient safety

Sherrie **Hertz**, *R.Ph., BScPhm*
Maureen **Trudeau**, *BSc, MA, MD, FRCPC*
Esther **Green**, *RN, BScN, MSc(T)*

 Cancer Care Ontario (CCO) is the provincial agency responsible for continually improving cancer services. As the government's cancer advisor, CCO works to reduce the number of people diagnosed with cancer and make sure that patients receive better care every step of the way from prevention, screening, and treatment, to palliative care and survivorship.



CCO provides a number of resources through its website (www.cancercare.on.ca) for both health care providers and patients. The CCO Drug Formulary (www.cancercare.on.ca/toolbox/drugs/drugformulary/) provides information on standardized treatment regimens, supportive care and relevant patient information for safe and effective use of drugs in the Ontario cancer system. In addition, Clinical Practice Guidelines, produced by CCO's Program in Evidence Based Care (www.cancercare.on.ca/toolbox/qualityguidelines/pebc/) span the

areas of screening, diagnostic assessment, treatment and supportive care. Pharmacists and pharmacy technicians working both within the cancer system and in the broader health care community will find these resources a valuable source of information to support comprehensive care for people living with cancer.

Recently, CCO undertook to develop an evidence-based guideline (Patient Safety Issues: Key Components of Chemotherapy Labelling) for the labelling of intravenous chemotherapy products to support patient safety. Ensuring medications are not only accurately labelled, but that the information is presented in such a way as to promote safe medication administration is a key responsibility of the pharmacist. It is estimated that 33 per cent of medication errors are attributable to packing and/or labelling confusion.* No where is safe labelling practice more critical than in the area of chemotherapy delivery.

These guidelines were developed under the direction of the Program in Evidence-Based Care. An analysis of the literature, review of existing recommendations from other jurisdictions, as well as consensus based on expert opinion and experience were used to develop the guideline. The result is a guidance document centred on both general design features and specific components for drug labels. Recommendations for label preparation include the elements of patient identification, drug name, abbreviations, dose designations, fonts, font size and overall formatting.

Summary of Recommendations:

- 1) Information should be presented in the following order: generic name, brand name, patient dose, dosage units

and route of administration.

- 2) Bold patient name, generic drug name and patient specific dose.
- 3) Use TALL man lettering, which has consistently been shown to reduce drug name identification errors, where similarity of drugs names is problematic.
- 4) Use complete generic drug name rather than an abbreviated version.
- 5) Larger font size and weight results in fewer reading errors and better knowledge acquisition.
- 6) Formatting
 - Proportionally spaced fonts result in better reading speed and accuracy
 - When drug name, strength, dosage form and dosage units appear together, provide a space between them.
- 7) Label generation should be guided by the overarching rule that medication labels not contain any unnecessary information

The complete Guideline recommendations, including examples of safe labelling practice, can be found on the CCO website at <http://www.cancercare.on.ca/common/pages/UserFile.aspx?fileId=50193>.

Pharmacists and pharmacy technicians are encouraged to review this new guideline and other CCO on-line resources and investigate how these can be applied in their own daily practice.

*Berman A. Reducing medication errors through naming, labelling and packaging. *J Med Syst.* 2004;28(1):9-29. 



Does the College have your current email address?

Don't miss important notices!

Simply visit the Members section of www.ocpinfo.com - you can access and update your personal information... quickly and easily!
If you have any difficulty, feel free to email client services.



Susan **James**, BScOT, MPA
Manager, Registration Programs

The following are the top three questions regarding pharmacy technician regulation asked at our recent District Meetings

Q When will the protected title for pharmacy technicians come into effect? Is it alright for our current pharmacy technicians to use the title “pre-registered technician” during the transition period?

The protected title “pharmacy technician” will come into effect once the proposed registration regulation is passed by government and they subsequently proclaim the sections of the Health Systems Improvement Act (2007) which enable regulation of pharmacy technicians. We continue to anticipate this will occur within the first few months of 2010.

Once the legislation is proclaimed the title “pharmacy technician” becomes protected, for use only by those individuals who are registered members of the College. At that time, any title that includes reference to “pharmacy technician” is not technically permitted. Any other title, such as pharmacy assistant or dispensary assistant would be appropriate. OCP recognizes that the title change is difficult to adjust to, however we are not able to approve the use of a title that would contravene legislation.

While we realize those people currently using the technician title will prefer to maintain it as long as possible, we also need to respect and acknowledge those who will have completed the registration requirements and gained the right to use the protected title. Given that it may take a very long time for all existing technicians to become registered it is the College’s recommendation that all titles change at or before the enactment of the legislation.

Having said that, enforcement of title protection is the responsibility of the College and, knowing that a period of transition will be needed, we expect that our first task will be to educate stakeholders about the issue. The College

will look for some indication that title issue (for those individuals who are not registered with the College) is being managed by the organization.

Q The College has told me that regulation of pharmacy technicians is not mandatory, but my employer is telling me that it is going to be mandatory. Can you explain this discrepancy?

Although it may seem inconsistent, both responses are possible. There is no legislated requirement for anyone who is currently working as a pharmacy technician to become registered with the College. However, all employers have the ability to determine their own human resource needs. As a result, even though it is not a College requirement for you to become registered, it may be a requirement within your employment setting. The opposite situation is also possible, where you may choose to become registered yet your employer determines that they do not require a registered pharmacy technician in your position.

First and foremost, the decision to become a registered pharmacy technician is personal, but will naturally be influenced by the expectation of your employer. The College expects there will be some individuals who do, and others who do not, want to take on the expanded role and responsibility that comes with being a regulated health professional. In many cases, those who choose not to become regulated will be able to perform the same job, but they will not be able to do so using the title “pharmacy technician”.

The College is aware that many employers are in the process of determining their need for registered pharmacy technicians. We are also aware that some organizations,

such as hospitals, intend to require all of their existing staff to become registered. In many cases these decisions are made at a senior management level and are related to risk management considerations for the organization. In fact, the Canadian Society of Hospital Pharmacists, Ontario Branch recently advised the College that they will be endorsing the standard of Registered Pharmacy Technicians for hospital practice, recognizing that this is a matter of patient safety and setting a high minimum standard for technician qualification.

Q Is it true that pharmacy technicians will be able to sign off on both new and refill prescriptions once they are regulated?

Yes, but the sign off will be for technical accuracy of the prescription. At the moment, a pharmacist signs off each prescription (both new and refills) indicating that this is the correct therapeutic entity for the patient, and that the prescription has been filled accurately. Pharmacists will continue to be responsible and accountable for

authorization of the prescription (both new and refills) and all therapeutic aspects of dispensing. Regulated pharmacy technicians will be able to take on responsibility for the accuracy of the technical functions related to dispensing (include final product release) of any type of prescription.

The distinction in role between the pharmacist and pharmacy technician is not related to the type of prescription, but rather their role in the dispensing process. Pharmacists will carry out the clinical analysis and therapeutic check for each patient, interviewing and counseling as required, and will sign off that has been done. Registered pharmacy technicians will sign off that the prescription has been filled accurately according to what the pharmacist has approved. With both members of the pharmacy team responsible for different aspects of the process, it will be important to ensure clear documentation of each person's involvement in the process. In many cases, this new model of practice may also require a change to the existing work flow in the pharmacy. 

Quality Assurance Q&A

Shirin **Jetha**, *R.Ph.*
Professional Development Advisor

Q Can a pharmacy technician get continuing education units (CEUs) from an OCP (or CCCEP) accredited program?

It is important to note that while pharmacists (and soon regulated pharmacy technicians) are required to engage in education and maintain competency, OCP does not require a specific number of continuing education hours or continuing education units (CEUs) for pharmacists. Documentation of learning, in a learning portfolio, is required. Both accredited and non-accredited programs are recognized. Similarly, although continuing competency requirements have not yet been determined, regulated pharmacy technicians will likely not require a specific

number of CEUs, but will be required to document their learning. Participation in accredited CE programs, and the associated CEUs, may be documented. Non-accredited activities, such as workplace learning, may also be documented.

Q Is an out-of-province pharmacist eligible for CE credits from OCP?

An out-of-province pharmacist attending an OCP-accredited CE program would need to check with their regulatory body to determine whether OCP credits would be recognized in their province. 

Greg **Ujiye**, R.Ph.

Professional Practice Advisor/Inspector

Q I have a product that will expire at the end of the month. When should I remove that product from the shelf? Some people have told me to remove it at the first of month and others have said it can be left on the shelf till the end of the month.

The answer to the question is not specific to when a product is removed from the shelf, rather what system or procedure is in place to ensure that a patient is not dispensed a drug that will expire before they finish their prescribed medication treatment. The most common systems that inspectors have seen include

- tagging drugs that will expire
- assigning a section to specific staff to check monthly (or period determined by manager)
- documenting the expiry date on the hard copy of the prescription to ensure staff look at expiry dates.

Q Who determines the expiry date of a drug and why is it important?

In Canada, expiry dates are required on drugs to assure patients that a drug will maintain its potency to that date under specified conditions. Expiry dates are a manufacturer's requirement under Good Manufacturing Practices (GMP) found in the Food and Drugs Act from Health Canada. The expiry date according to GMP is a specified

date or the month and year after which the manufacturer recommends not to use the product.

More importantly, pharmacists and technicians need to ensure that a patient does not take a medication after the drug expires. As a regulated health professional they are expected to meet the Standards of Practice of the profession and ensure the safe distribution and use of drugs.

Q A patient has asked me to put the manufacturer's expiry date of the medication on the prescription label. Can I comply with the patient's request?

Although it is not a legislated requirement, nothing prevents a pharmacist from complying with the patient's request. However, it may be prudent to enter into dialogue with the patient as to the reasons for the request. Some points to consider during this dialogue:

- compliance with directions and therapy
- medication prescribed for specific patient and specific condition and dangers of sharing medication
- the significance of the expiry date and recommendation regarding when to dispose of drug
- storage conditions to maintain integrity of the drug
- safe disposal of medications 

Shakti **Sawh**

Practice Advisory Officer

Q Which drugs can currently be prescribed by midwives? Can they prescribe drugs for newborns?

A midwife is a primary caregiver who can provide the necessary care for a healthy mother and her baby throughout pregnancy, birth and for six weeks afterwards. There are currently over 400 midwives registered with the College of Midwives of Ontario. For the purposes of paragraph 7 of section 4 of the Midwifery Act, the following drugs are designated as drugs that may be prescribed by a midwife on their own responsibility:

- Clotrimazole
- Doxylamine succinate-pyridoxine hydrochloride
- Ergonovine maleate (oral)

- Erythromycin ophthalmic ointment
- Hepatitis B immune globulin
- Hepatitis B vaccine
- Hydrocortisone anorectal therapy compound
- Miconazole
- Nystatin
- Phytonadione
- RhD immune globulin

Drugs or substances that may lawfully be purchased or acquired without a prescription may also be administered or prescribed by a midwife. For more information on midwives, refer to the College of Midwives of Ontario at www.cmo.on.ca 

2008 annual statistics

The following statistics come from OCP's Annual report. To see the full report, visit www.ocpinfo.com and search "Annual Reports".

Number of Pharmacists by Voting Districts

as of December 31, 2008

District	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	Out of Province	Total
Female	542	381	351	420	251	609	593	416	127	167	216	263	242	142	118	624	714	310	6,486
Male	413	386	310	304	239	502	470	381	140	218	225	275	233	153	135	145	193	200	4,922
Total	955	767	661	724	490	1,111	1,063	797	167	385	441	538	475	295	253	769	907	510	11,408

Number of Pharmacies by Voting Districts

as of December 31, 2008

District	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Total
Total	301	290	231	198	185	355	346	281	106	144	154	211	197	120	94	3,213

Number of Pharmacists by Employment Type (by voting district)

as of December 31, 2008

Voting District	Community Pharmacy	Hospital & Other Health Care Facilities	Association/ Academia/ Government	Industry/Other Professionals	Retired/ Unemployed	Total
1-15 Community Practice in Ontario	7,877	52	201	386	747	9,263
16-17 Hospital Practice in Ontario	0	1,622	11	0	0	1,633
In other Province	51	20	9	35	72	187
In the United States	57	40	17	37	68	219
In other Countries	16	17	14	18	41	106
Total	8,001	1,751	252	476	928	11,408
Total in Ontario	7,877	1,674	212	386	747	10,896
Total outside Ontario	124	77	40	90	181	512
Total	8,001	1,751	252	476	928	11,408

Pharmacists in Part A of the Register: 10,718

Pharmacists in Part B of the Register: 690

Deletions from the Register - 2008

	Female	Male	Total
Cancellations	29	29	58
Deceased	2	13	15
Resigned	84	62	146
Revoked	1	0	1
Suspended	2	5	7
Total	118	109	227

Additions to the Register - 2008

	Female	Male	Total
Ontario	152	48	200
Other Provinces	56	30	86
Total in Canada	208	78	286
United States	27	11	38
Other Countries	157	98	255*
Total Out of Country	184	109	293
Reregistered	2	1	3
Total New Registrants	394	188	582

* For more information on internationally-trained graduates, please go to www.ocpinfo.com and search on "2008 Fair Registration Practices Report."

Registered Students and Interns - 2008

	Female	Male	Total
Ontario	694	397	1,091
Other Provinces	30	13	43
Canada Total	724	410	1,134
International	151	104	255
USA	18	19	37
Other Countries Total	169	123	292
Grand Total	893	533	1,426

2008 Pharmacy Statistics

Openings	125
Closings	43
Sales	250
Relocations	71
Reinspections	19

health canada advisories & notices

December 10, 2009	Health Canada is advising consumers not to use the following foreign health product, S-DROL due to concerns about possible adverse reactions. The FDA informed consumers of a voluntary recall by the manufacturer of one lot (lot# 810481, expiry date 01/2012) of S-DROL after FDA testing found it to contain undeclared desoxymethyltestosterone.
December 10, 2009	Do not use the following 8 foreign health products due to concerns about possible adverse reactions as advised by Health Canada - TREN-Xtreme, MASS Xtreme, ESTRO Xtreme, AH-89-Xtreme, HMG Xtreme, MMA-3 Xtreme, VNS-9 Xtreme, TT-40-Xtreme. The FDA warned consumers to stop using bodybuilding products manufactured by American Cellular Labs after they were found to contain unauthorized synthetic steroids.
December 9, 2009	Foreign particles have been found in a small number of vials of Thyrogen. Caution with Preparation and Administration of Genzyme products. The letter includes information on inspecting for particles and how to proceed if particles are found.
December 9, 2009	Foreign particles have been found in a small number of vials of 4 of Genzyme's Enzyme replacement products - Cerezyme (imiglucerase for injection), Fabrazyme (agalsidase beta), Myozyme (alglucosidase alfa) and Aldurazyme (laronidase). The letter includes information on inspecting for particles, how to proceed if particles are found and instructions on product administration.
December 8, 2009	Opioid pain medications include a broad range of drugs, such as morphine, codeine and oxycodone. They are marketed under many different brand names, including Percocet, OxyContin, and Tylenol No. 1. When used as directed, opioid pain medications are effective and the side effects (e.g., drowsiness, nausea, constipation, etc.) are generally manageable. However, abuse of these medications can have serious health effects and may lead to addiction.
December 8, 2009	Health Canada is advising Canadians not to use certain Acai Berry products after a large number of shipments of adulterated products were stopped at the border. The product names include: Anti-Aging Acai Berry, Guarana Blast, Brazillian Pure, Anti-aging Vital Rez V, Weight Loss VitalAcai, Dietary Supplement Acai Power Blast and Muscle Mass.
December 4, 2009	Health Canada is advising consumers that Montreal-based Paladin Labs Inc., the manufacturer of the prescription asthma drug Zaditen, is recalling lot #440494, which is packaged as blisters of 14 - 1 mg tablets. Lot #440494 has been found to have less of its active pharmaceutical ingredient (ketotifen) than indicated on the label.
December 3, 2009	Review of adverse events for patients treated with Exjade suggests a greater risk of kidney failure, gastrointestinal hemorrhage and death in the elderly and those with myelodysplastic syndrome. Creatinine clearance and/or serum creatinine should be assessed twice before starting therapy, weekly in the first month after start/change of therapy, and then monthly.
December 2, 2009	Wyeth (a Pfizer company) would like to bring attention to the fact that different laboratory assays used to measure Rapamune (sirolimus) trough concentrations generate results that are not interchangeable.
November 26, 2009	Health Canada is informing health care professionals and Canadians of recent changes to heparin manufacturing standards in the United States that will result in a decrease in the potency of certain heparin products by about 10 per cent.
November 26, 2009	A new manufacturing standard for unfractionated heparins will decrease their potency by 10% as a result of a new United States Pharmacopeia (USP) standards. Because products with both the old and new potency will be available simultaneously for up to 2 years, health providers should distinguish products with the old versus new potency prior to use.
November 26, 2009	Misconceptions about vaccine safety may cause a decrease in the number of Canadians who are immunized against vaccine-preventable diseases such as measles, polio, and mumps. This could possibly result in epidemics of diseases that are seldom seen these days in developed countries.
November 25, 2009	Health Canada is informing health care professionals and Canadians that routine quality control testing has discovered foreign particles in a small number of vials of five products filled at a Genzyme Corporation facility in Boston. The products involved are Cerezyme (the brand name for the drug imiglucerase), Fabrazyme (agalsidase beta), Myozyme (alglucosidase alfa), Aldurazyme (laronidase) and Thyrogen (thyrotropin alfa).
November 25, 2009	Health Canada is warning consumers not to use Herblex "Once More", an unauthorized product promoted to enhance male sexual performance, as this product may pose serious health risks. Herblex "Once More" was found to contain sildenafil, a prescription medication not indicated on the label
November 24, 2009	If you buy drugs on line, you may be putting your health at serious risk. This is especially true if you order prescription drugs without being examined in person by a health care practitioner.

November 16, 2009	AREPANRIX H1N1 Vaccine was authorized for sale based on limited clinical testing under the provision of an interim order. This letter describes available results and provides guidance for reporting adverse events following immunization.
November 5, 2009	Modifications have been made to the National Drug Schedules and are effective immediately. A total of 8 medicinal ingredients were added to the NDS: Naltrexone and its salts and derivatives, Ambrisentan, Etravirine and its salts, Methoxy polyethylene glycol-epoetin beta, Nepafenac, Panitumumab, Retapamulin and Sitagliptin and its salts.
November 5, 2009	Health Canada is advising Canadians not to consume Chaotic Beverages sold under the brand names Mind Strike, Fearocity, Elixir of Tenacity and Power Pulse because they are unauthorized products marketed to a vulnerable population (children) with ingredients that may pose a health risk.
November 5, 2009	GlaxoSmithKline is warning Canadians that Relenza is not intended to be used in any nebulizer or mechanical ventilator. Fatalities can occur.
November 5, 2009	Health Canada and the Competition Bureau are advising Canadians not to purchase unauthorized products that claim to fight or prevent the H1N1 flu virus, from the Internet or other sources. Health Canada is working with the Competition Bureau and the Royal Canadian Mounted Police (RCMP) to address unauthorized products, including those with fraudulent claims to treat or prevent the H1N1 flu virus.
October 30, 2009	A vial of Propofol Injection (10mg/mL), an anaesthetic for use mainly in hospitals, was noted to contain particulate matter (stainless steel from equipment used in manufacture). Given the health risks, Hospira Healthcare Corp. initiated a Type I recall of the 2 affected lots of this product.
October 30, 2009	Health Canada would like to remind the thousands of Canadians who rely on medical devices or systems with internal clocks to check these devices to ensure they continue to work properly during the switch from Daylight Saving Time to Standard Time this weekend.
October 28, 2009	Due to stability issues which may impact product quality, there was a Type II recall of Apo-Lithium Carbonate SR (sustained release) 300 mg tablets. A shortage may occur and patients may need to switch to an immediate release preparation warranting dose titration and monitoring of blood levels.
October 27, 2009	Apotex Inc. in collaboration with Health Canada wishes to advise health care professionals that a recall of Apo Lithium Carbonate SR 300mg strength tablets was initiated on October 20th 2009 due to stability issues which may have an impact on the quality of product.
October 25, 2009	A new case of a rare brain infection, known as Progressive Multifocal Leukoencephalopathy (PML), has been reported in association with the use of Rituxan® (rituximab) in a rheumatoid arthritis patient.
October 23, 2009	In response to an increase in the overall demand for Tamiflu (oseltamivir) and in order to ensure adequate supply for all patients, the manufacturer Hoffmann-La Roche Ltd. has given higher priority to the production of Tamiflu capsules over the powder used for preparing the liquid formulation.
October 23, 2009	Health Canada issued a Class 1 recall or type 1 recall for Cesamet Capsules® 1 mg and Trazorel® 50 mg tablets due to potential risk of serious adverse consequences with inadvertent administration of Cesamet capsules 1mg instead of Trazorel tablets 50mg due to mislabeling.

For complete information & electronic mailing of the Health Canada Advisories/Warnings/Notices subscribe online at:
http://www.hc-sc.gc.ca/dhp-mps/medeff/index_e.html

MedEffect e-Notice is the new name which replaces Health Canada's Health_Prod_Info mailing list.

The content of the e-notices you receive will remain the same and are now part of MedEffect, a new Health Canada Web site dedicated to adverse reaction information. MedEffect can be visited at www.hc-sc.gc.ca/dhp-mps/medeff/index_e.html

Health Canada Notices are also linked under "Notices" on the OCP website: www.ocpinfo.com

Reconciliation 101

How to conduct an audit of narcotics, controlled drugs and targeted substances

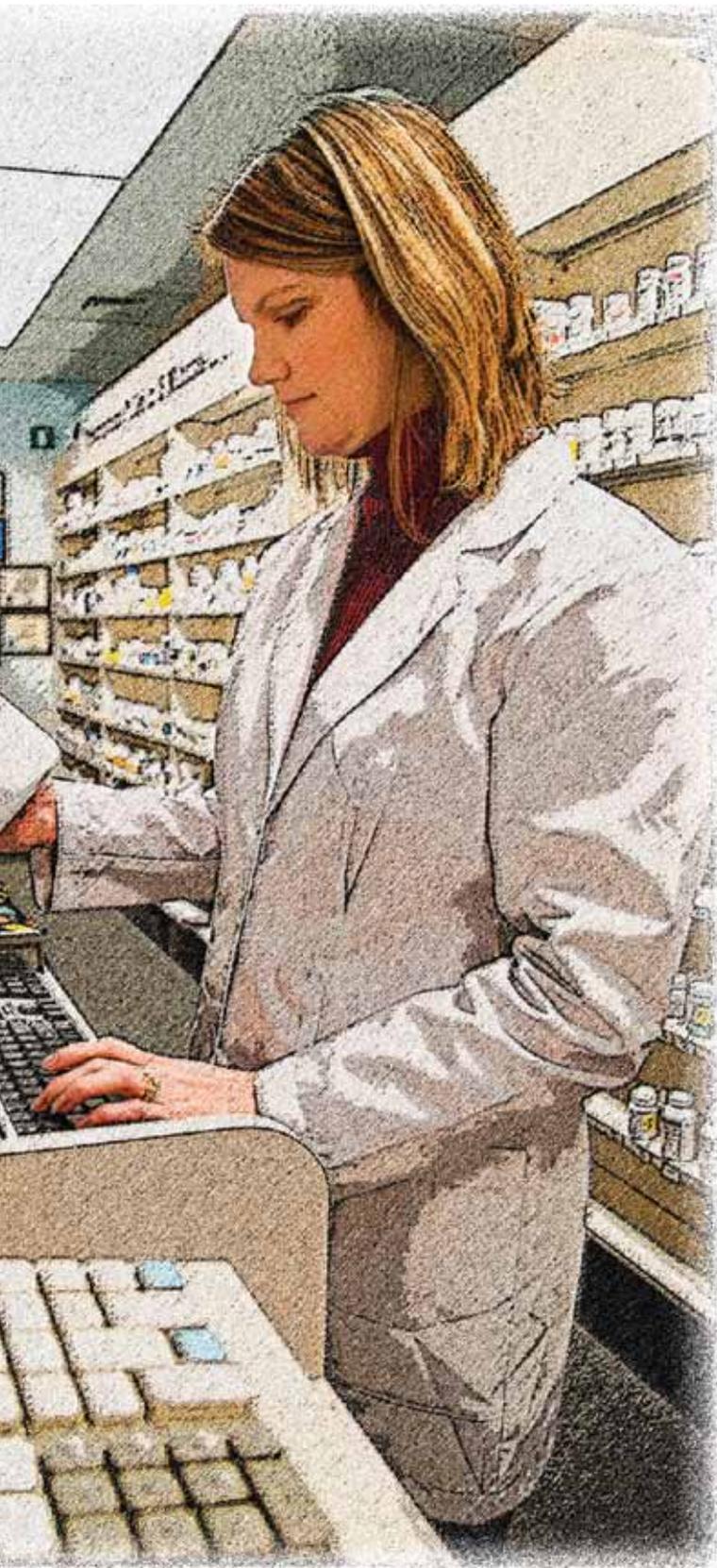
Brian **Hack**, B.Sc., *Compliance Officer*
and
Kim **Ruthig**, B.Sc.(Pharm.), R.Ph.*



The purpose of this article is to provide pharmacists with an overview of how to conduct a reconciliation or audit of controlled substances (narcotics, controlled drugs and targeted substances) and to provide an understanding of the data sources available. This overview is offered as a guideline to ensure pharmacists have the best, most accurate information to verify the integrity of record-keeping practices and storage. Like many processes, the most labour-intensive part is setting up and conducting the reconciliation the first time. Subsequent reconciliations will be much easier as the historical discrepancies will have been dealt with and only new, more recent discrepancies will require pharmacists' attention. It is important to note that this process can be applied to any drug in a pharmacy's inventory, not just controlled substances.

*Kim Ruthig is a former College investigator and Health Canada Drug Control Unit inspector





Background

Pharmacists have the responsibility for the safe and secure storage of drugs from the time they are received at the pharmacy to the time when they are provided to the patient or otherwise removed from the pharmacy's inventory (eg. returned or destroyed). The statutory obligations pertaining to the purchase, sales and record-keeping for controlled substances that impact pharmacists are found in both federal and provincial legislation.

The *Food and Drug Act Regulations* (FDR), *Controlled Drugs and Substances Act* (CDSA), the *Narcotic Control Regulations* (NCR) and the *Benzodiazines and Other Targeted Substance Regulation* (TSR) define the pharmacist's responsibilities to maintain accurate purchase records and records related to sales of narcotics and controlled drugs. These regulations also place responsibility on the pharmacist for the secure storage of the narcotics and controlled drugs while in the pharmacy's inventory.

The purchase and sales record-keeping requirements are mirrored provincially in the *Drug and Pharmacies Regulation Act* (DPRA) regulations and also in the regulations to the *Drug Interchangeability and Dispensing Fee Act* (DIDFA).

The *Standards of Practice for Designated Managers* (DM) require that the DM conduct and document a physical count of all "in-stock" controlled substances at a minimum of every six months or after a change in DM or an event such as a break-in or robbery. This provides the underlying framework for both professional accountability and the collection of data needed to balance the controlled substance inventory.

Finally, the regulations require the pharmacist to account for and report any loss or theft of controlled substances to Health Canada within 10 days.

It is important to clarify that any review of the pharmacy's purchase, sale and inventory records, independently, **does not** provide a meaningful measure of the effective control of the pharmacy's inventory. For example, an inventory count alone simply provides a list of on-hand quantities for a given number of drugs in the pharmacy's inventory at a given point in time. A reconciliation, however, is a comprehensive analysis of the pharmacy's records that will identify losses and/or other discrepancies. While the reconciliation process is

traditionally applied to balance controlled substances, the same process can be applied to any drug in the pharmacy inventory.

There are many possible scenarios in which a pharmacy would be required to conduct a reconciliation. While some scenarios may be predictable, many situations requiring a reconciliation are not. This reality underscores the importance of gathering the relevant data at frequent intervals. The following situations would require that a reconciliation be conducted:

- To document losses for a break-in, robbery, fire, etc.
- To account for discrepancies caused by internal diversion or process losses (eg. compounding)
- To reconcile purchase/invoice discrepancies
- To address allegations from the public questioning dispensed quantities
- To document inventories when there is a change in pharmacy ownership or DM
- To validate or monitor the pharmacy's storage and security procedures

The accuracy of any reconciliation will depend on the quality and accuracy of the data available to perform the calculation. Therefore, all data sources should be critically assessed to ensure accuracy. This may require examining alternate sources of information to substantiate data obtained from standard sources.

While there is not a prescribed process for conducting reconciliations, we have summarized below the basic steps to follow when conducting a reconciliation/audit:

Step 1: Identify the target drug or drugs from your inventory by DIN or PIN

Using your dispensary software, create a list of all controlled substances (narcotics, controlled drugs and targeted substances) in your active inventory. Ensure you include any discontinued products/brands, expired items and products not stored in the usual locations (eg. fridge, compounding cabinets). You may wish to create a spreadsheet or table in which to record the relevant data for each controlled substance in your inventory. Another benefit to this approach is the time saved by using the spreadsheet as a template to assist with conducting future inventories and/or reconciliations.

Step 2: Establish the date range for consideration

Establishing a date range for the reconciliation is necessary in order to compile data related to the purchase and sale for the target drug(s). The "start" date should be the current date or the date of a specific "event". "Freeze" the inventory at the time of the audit, as of the last-filled prescription number for the drug category being audited. Record this number with the inventory figures. Working backwards, the "end" date would be the date of the last physical inventory count (eg. known on-hand quantities).

It is critical for a pharmacy to conduct regular physical counts of the controlled substance inventory. If a comprehensive physical count is not available or incomplete, the results of the reconciliation will be at best inconclusive.

Step 3: Conduct a physical count of on-hand target drug(s)

The physical count of all controlled substances (narcotics, controlled drugs and targeted substances) is commonly referred to as the "narcotic inventory". The narcotic inventory should be retained as a physical document signed by the DM. The requirement to conduct a physical inventory was introduced, in part, to ensure all pharmacies have an established end point from which to conduct a meaningful reconciliation.

Using the inventory list or spreadsheet created in Step 1, conduct a physical count of each substance listed and record this information accordingly. If possible, conduct the count for all substances on the same date, either before or after prescriptions are processed on the day of the inventory. A benefit to this approach is that it negates the need to "freeze" the inventory to account for any controlled substance prescriptions dispensed on the date the inventory was taken.

Most pharmacy computer systems are capable of generating inventory reports that detail theoretical in-stock quantities. The computer reports are often referred to as the "perpetual inventory". The computer generated inventories often provide incomplete or incorrect data due to historic discrepancies, order shortages, etc. While the computer inventory can be very helpful to conduct spot audits or to compare actual versus theoretical numbers, it does not replace the need for a physical count.

Be sure to include all controlled substances in the active inventory including, but not limited to, any expired stock, damaged stock, pre-packaged stock, prescriptions with a balance owing, etc. If applicable to your practice site, ensure that any compounded mixtures containing a target drug are included by consulting the compounding logs. As some stock may be stored in different areas of the dispensary, make sure all such stock is accounted for. Be sure to include any product with destruction acknowledgement from Health Canada but not as yet destroyed. Ensure any returned to stock (RTS) controlled substance prescriptions are properly cancelled in the computer before including them in the inventory count. Do not include any drugs returned by patients for destruction by the pharmacy in the inventory count as these products have been dispensed and are no longer considered part of the pharmacy's active inventory.

To address any discrepancies uncovered during the reconciliation, it may be necessary to conduct a second physical count for accuracy.

Step 4: Gather all relevant purchase invoices/records

During this step, the objective is to compile a list of all controlled substances purchased within the date range established in Step 2. Licensed wholesalers produce separate invoices for the controlled substances purchased. A pharmacy can either record the contents of each invoice in the Narcotic Register or retain all invoices in chronological order.

To confirm whether you have all invoices, the DM can contact the wholesaler's narcotic department and speak with the Quality Person in Charge or "QPIC". The QPIC can produce a summary of invoices and quantities shipped within the established date range to compare against your records.

In addition to purchase invoices from your primary wholesaler, be sure to include any invoices/records for controlled substances purchased from another wholesaler, direct purchases from manufacturers or emergency

Pharmacists have the responsibility for the safe and secure storage of drugs from the time they are received at the pharmacy to the time they are provided to the patient or removed from the pharmacy's inventory.

purchases from other pharmacies. If applicable, make sure that you account for any product returned to wholesalers/suppliers or destroyed during the date range established in Step 2 (these must be treated as sales).

Using the inventory list, physically review all invoices and other purchase records within the date range and add up the quantities purchased for each substance on the list. If

using a Register, compare the invoices against the entries to ensure no purchases are missed.

If any discrepancies are uncovered by the reconciliation, it will be necessary to look again at the purchase records for missing invoices, entry errors (eg. pack sizes, shorted items, double entries, etc).

Step 5: Generate the sales data for the target drugs

During this step, the total quantity of a given substance dispensed within the date range established needs to be calculated. The Narcotic Sales Report, generated by computer for the specified date range, is a commonly used initial data source. However, this report only covers a partial listing of the controlled substances (eg. reportable substances) and will require you to confirm dispensed quantities from the hardcopy record.

Most, if not all, dispensary software systems have the capability to generate a report that will provide a total quantity dispensed for a given substance and date range (eg. drug usage report). This report should provide you with a specific quantity that can be entered into the table generated in Step 1. It may also be possible to create a group of substances in the computer that will be helpful when generating this data for future reconciliations. This type of report therefore is both very useful and can save a lot of time. However, care must be taken to ensure the report accounts for all transactions (eg. cancelled prescriptions, balance owing, emergency sales) which can only be confirmed by reviewing the hardcopy record.

Any discrepancies noted by the reconciliation may require you to confirm with your software vendor what

transactions are captured (or not) by the report. A review of the pharmacy's procedures for handling RTS items may be necessary to ensure all RTS items have been properly reversed in the computer. As noted above, a physical review of the prescription files is required to ensure all prescriptions for a given substances have been accurately reflected in the report generated or to account for any manual modifications documented on the hardcopy but not reflected in the computer. Finally, if the counts were conducted when the pharmacy was actively processing prescriptions, the prescription files will have to be reviewed to make adjustments for any transactions involving controlled substance.

Step 6: Calculate reconciliation using formula

Using the information gathered and entered into the table generated in Step 1, calculate the reconciliation using the formula below. There are only three possible outcomes: a balanced inventory, an overage or a shortage.

Quantity purchased – Quantity dispensed = Theoretical quantity on-hand

Step 7: Document and account for any discrepancies

Isolate all discrepancies to highlight substances that will require your attention. The benefit of current and accurate data sources will become apparent during this step. When reconciliations are conducted more frequently, the number of records that need to be reviewed and sources of discrepancies will be significantly reduced. Additional benefits to conducting reconciliations more frequently include the early detection of problems and the reduced time required to conduct the reconciliation.

The cause of both overages and shortages must be determined but only losses need to be reported. Further, once the source of the discrepancy has been determined, the DM will need to implement changes to improve inventory controls, record keeping and/or more frequent monitoring to prevent future discrepancies. Within 10 days of identifying a loss, the DM must notify Health Canada of the loss. To notify Health Canada, the DM can use a simple letter or fill out the standard loss or theft report form (see link below).

It is important not to draw any conclusions (such as diversion) based only on one reconciliation. Priority must first be given to inventory security and the prevention of future discrepancies. That said, any unexplained loss or overage must be taken seriously as the DM and any other pharmacists with narcotic signing authority will be held accountable to the College and Health Canada.

A discussion of potential sources for “unexplained” losses and overages, magnitude of discrepancies and high diversion risk substances is beyond the scope of this article.

The information summarized in this step will be used as the basis for mandatory reporting (see Step 8). The reconciliation results will need to be signed for by the pharmacy's Designated Manager and/or Narcotic Signer. This information must be retained in the dispensary as a physical document, preferably with all the records used in the reconciliation. Do not keep this information in the narcotic locker.

Step 8: Report any loss to Health Canada and reset on-hand quantities in computer

Once all losses or overages have been investigated and accounted for, the next step is to report any losses to Health Canada. The standard forms are available through a link on www.ocpinfo.com or directly from the Health Canada website (<http://hc-sc.gc.ca/dhp-mps/substancontrol/compli-conform/loss-perte/index-eng.php>).

Moving forward, it is important to now reset your computer's theoretical inventory to reflect the findings from the reconciliation. The resetting of the computer's inventory will save both time and frustration when conducting future reconciliations as you will not have to investigate discrepancies already accounted for (eg. “historic” discrepancies). However, it is equally important to retain a physical copy of the theoretical inventory before resetting it to preserve this information. The ability to modify inventories in the computer should be restricted to only the DM and any narcotic signers on staff. **PC**

Pan-Canadian Training Program for IPG Mentors/Preceptors

AN INITIATIVE DERIVED FROM THE BLUEPRINT FOR PHARMACY

Build your capacity, increase your confidence and skills necessary to enhance the experiential education of IPGs

With the growing prominence of International Pharmacy Graduates (IPGs) in the Canadian Pharmacy workforce, the importance of mentors, preceptors and experiential education has grown. Pharmacists are needed in these roles to prepare IPGs for Canadian practice. Experiential education is crucial to provide knowledge, skills, enculturation, professional socialization and networks. The Pan-Canadian training program for IPG Mentors and Preceptors is a program funded by the Health Policy Branch of Health Canada designed to help you take the lead and advance the profession of pharmacy. The goal of this program is



to enhance your capacity and confidence as well as provide knowledge and skills necessary to enhance the experiential education of IPGs.

This program is presented by Professor Zubin Austin of the Leslie Dan Faculty of Pharmacy at the University of Toronto.

Take the lead!

Course dates:

Wednesday, March 31 Ottawa

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FREE to pharmacists across Canada. Seating is limited. Register today!

Contact Vicky Clayton-Jones at 416-962-4861 or 1-800-220-1921 x 2297 or at vclayton-jones@ocpinfo.com.

Production of this program has been made possible through a financial contribution from Health Canada. The views expressed herein do not necessarily represent the views of Health Canada.



Ian **Stewart**, R.Ph., B.Sc.Pharm
Toronto Community Pharmacist

Unclear prescriber's intent

Pharmacists often receive written prescriptions where the prescriber's intent is unclear. Failure to confirm the prescriber's intent can result in an incorrect assumption being made and the dispensing of an incorrect drug.

Case:

A 62-year-old hypertensive patient had been taking Atacand Plus® 16 mg / 12.5 mg, which contains 16 mg candesartan cilexetil and 12.5 mg hydrochlorothiazide. On a recent visit to her physician, he decided to reduce her dose. He therefore wrote the following prescription and presented it to the patient.

The patient took the prescription to her usual pharmacy for processing. She left the prescription and told the pharmacy technician that she would be back the next day to pick up the medication. Since the patient was not waiting for the medication, the technician decided to put the prescription aside for processing later in the day.

A few hours later, the technician began to enter the prescription into the computer and noticed that the physician wrote Atacand Plus® 8/12.5, which does not exist. On reviewing the patient's profile, the technician noticed that the patient had been taking Atacand Plus® 16 mg / 12.5 mg for a period of time. She therefore assumed that the physician made an error and had intended to write Atacand Plus 16 mg / 12.5 mg as previously. Atacand Plus® 16 mg / 12.5 mg was therefore processed, prepared

and passed on to the pharmacist for checking.

On checking the prescription, the pharmacist observed the discrepancy and attempted to contact the physician for clarification. Unfortunately, the physician had left the office by this time and could not be reached. The prescription, along with the Atacand Plus® 16mg / 12.5mg tablets, were therefore put aside for follow up the next day.

Early the following day, the patient returned to pick up her medication. The pharmacy technician and pharmacist working at this time were not aware of what occurred the previous day. The prescription pick up drawer was checked, but the medication could not be found. A check of the patient's profile in the computer indicated that the prescription was indeed processed the previous day and Atacand Plus® 16mg / 12.5mg prepared to be dispensed to the patient.

The patient became impatient and could not understand the delay since the prescription was brought to the pharmacy one day earlier. Feeling somewhat responsible, the pharmacist was eager to avoid an escalation of the patient's displeasure. He therefore assumed that the medication was misfiled and put into the incorrect pick up drawer. Without checking the written prescription, Atacand Plus® 16 mg / 12.5 mg was quickly prepared and dispensed to the patient.

On arriving home, the patient opened the prescription bag and observed that she was given Atacand Plus® 16 mg / 12.5 mg as before. She therefore called the pharmacy to report that the wrong medication had been dispensed because the physician told her that he was lowering her dose.

As a result, a more thorough search of the pharmacy took place and the original prescription was located.



On contacting the physician, his intent to lower the dose was confirmed. The prescription was therefore changed to Atacand® 8 mg and Hydrochlorothiazide 12.5 mg.

Possible Contributing Factors:

- The physician prescribed Atacand Plus® 8/12.5, which does not exist.
- The pharmacist was unable to contact the physician initially.
- The patient was not informed that there was a problem with the prescription.
- Poor communication between pharmacy staff.
- The incorrect medication was dispensed in the absence of an original prescription.

Recommendations:

- Always contact the prescriber to clarify ambiguous prescriptions.
- Do not process the prescription and add to the patient profile if unsure of the prescriber's intent.
- Establish a system whereby all prescriptions with outstanding issues are placed in a specific location for follow up.
- Inform the patient of the problem and advise them that they will be contacted as soon as the issue is resolved. This will prevent patients from returning too soon. In the event that they return prematurely, they will likely ask if the issue had been resolved thereby prompting the staff to investigate further.
- If an original prescription is misplaced, contact the prescriber for a verbal prescription to confirm that the correct drug is being dispensed. The patient can also be a great source of information.

The College would like to welcome the following new staff members:

Julie Koehne has joined the College as a Registration Advisor in the Registration department. Julie is a pharmacy technician and brings several years experience in both hospital and community practice. She has also been a teaching assistant for the Professional Practice course at the University of Toronto Pharmacy Program and an instructor at the Humber College Pharmacy Technician Program. Julie will be particularly focused on the development of the Structured Practical Training Program for pharmacy technicians.

Dwi Kristiantoro has recently joined the College as a Web Developer/Programmer. Dwi has extensive experience in web development using a broad range of technologies and development tools. He has spent the last three years with AON Consulting developing and building client web applications along with software application development, analysis and design.

Arnel Dipaling has recently joined the College as a Database Administrator. Arnel has a strong background in database technologies and specializes in data structures, data relationships and report writing. He also has prior experience as a Programmer/Developer and worked as a technical support specialist for Siemens Canada.

Preceptors: the key to hands-on learning

Diana **Spizzirri**, R.Ph., Penny **Tsang**, R.Ph., Deanna **Yee**, R.Ph.
Registration Advisors

Structured Practical Training Program owes its success and thanks to volunteer preceptors



On behalf of the College, we would like to thank the pharmacists who served as preceptors in the Structured Practical Training (SPT) program in 2009. By welcoming a pharmacy student or intern to their pharmacy team, these preceptors have continued the tradition of sharing time, experience and enthusiasm for our profession with a future colleague.

Students and interns continue to express appreciation to their preceptors for the encouragement and learning opportunities provided. Many preceptors described the experience of having a student or intern in their practice as rewarding and educational. Pharmacists enjoyed discovering what students and interns are learning, and seeing where the profession is heading. Conducting medication reviews as part of the Meds Check Program and running clinic days continue to be popular activities that interns incorporate into their rotation to enhance their skills in pharmaceutical care and communication.

Kenny Tan, 2009 Preceptor



2009 Highlights

This year, more than 480 pharmacists attended one of 22 preceptor workshops across the province. The one-day workshops were offered in Burlington, London, Ottawa and Toronto. Fourteen Orientation Workshops were held for both first-time and past preceptors. An OCP Registration Advisor and an experienced preceptor facilitate these workshops, in which the goals of the SPT program and the role and responsibilities of a preceptor are reviewed. The pharmacists learn how to set expectations, motivate students and interns, facilitate practice opportunities, and provide feedback and assessment. In response to feedback from preceptors, the Registration Advisors have updated the Orientation Workshop. The session is now spent working in small groups or pairs to discuss how to guide the student or intern to complete the activities, and how the preceptor should review the student's or intern's activities before they are submitted to OCP.

The Advanced Workshop is for continuing preceptors who last attended a workshop more than three years ago. It provides an opportunity for preceptors to enhance their teaching and assessment skills and to share their experiences with other preceptors. We were pleased that Dr. Zubin Austin continued to offer the "Conflict Analysis & Resolution" workshop that introduces preceptors to the ways in which conflict may arise in the workplace, how to identify their own conflict management style, develop new methods for addressing disagreements and negotiating mutually acceptable solutions. Dr. Austin also developed a new workshop on learning styles and teaching ethics to pharmacy students and interns. Dr. Lionel Laroche's workshop, "Managing Cultural Differences" continued to be well received. Building on this, he also piloted a workshop entitled "Helping International Pharmacy Graduates

Practise in a Multicultural Pharmacy," which provides additional insight into cultural differences and practical skills to guide the training of a diverse population of students. In the fall of 2009, Dr. Lalitha Raman-Wilms and Amita Patel from the Faculty of Pharmacy, University of Toronto introduced a new workshop to guide preceptors in their review and assessment of pharmaceutical care practice by students and interns. Based on the positive response from preceptors, we will continue to offer these workshops in 2010 and explore other new advanced workshops.

The external pharmacists who assist the registration advisors in reviewing the SPT activities submitted to the OCP have continued to provide coaching and individualized feedback to students

and interns on their activities in a timely manner.

The SPT Studentship and Internship Manuals were re-written in January and May, respectively, and are available online, as are the assessment forms, patient care documentation (PCD) form, and drug information request documentation (DIRD). Several preceptors have commented that the current SPT experience is more practical and relevant to current practice as compared to their former students' or interns' rotations, or even their own recent internship.

Once again, a sincere thank you to our preceptors, facilitators, presenters, and reviewers for their valuable contribution to the SPT program and to the future of pharmacy!

The dates and topics for Preceptor Workshops in 2010 are posted on the OCP website. If you would like to become a SPT preceptor, please contact Vicky Clayton-Jones by phone at (416) 962-4861 x 2297 or 1-800-220-1921 x 2297, or by e-mail at vclayton-jones@ocpinfo.com. 

"My Preceptor motivated me to seek all kinds of learning opportunities and provided opportunities for me to practise all of the competencies." LH

thank you **preceptors**

Ajax

Lily Canete, Drug Basics
Basem Indrawes, Costco Pharmacy
Nilam Patel, Drugstore Pharmacy
Giovanni Spina, Shoppers Drug Mart
Kaivan Talachian, Costco Pharmacy
Dileep Tripuraneni, Drugstore Pharmacy

Alliston

Kathryn Canson, Zellers Pharmacy
Ketan Shah, Drugstore Pharmacy

Amherstburg

Anindya Sinha, Rexall Pharma Plus

Ancaster

Yasmine Beidas, Drugstore Pharmacy
Daeyup Kim, Drugstore Pharmacy
Nikola Mrksic, Shoppers Drug Mart
Mary Nelson, Dell Pharmacy

Angus

Shiva Rohani, Shoppers Drug Mart

Arnprior

Linda Murphy, Shoppers Drug Mart
Geoffrey Van Den Boom, Rexall

Astra

Elaine Burke, 24 Canadian Forces Health Services Centre

Aurora

Elaheh Azemoddeh Ardlan, Wellington Pharmacy
George Gunovski, Pharmasave
David Onizuka, Shoppers Drug Mart
Cindy Piquette, Shoppers Drug Mart

Barrhaven

Bhupesh Gupta, Wal-Mart Pharmacy

Barrie

Paula Bouchard-Howe, Royal Victoria Hospital
Stanley D'Souza, Drugstore Pharmacy
Andrea Desrosiers, Shoppers Drug Mart
Alireza Goudarzi, Costco Pharmacy
Sarah Haidle, Drugstore Pharmacy
Elizabeth Johnston, Royal Victoria Hospital
Patricia MacDonald, Shoppers Drug Mart
Kara MacDonald, Royal Victoria Hospital
Marie (Angela) Miller, Wal-Mart Pharmacy
Margaret Momberg, Sobeys Pharmacy
Tracy Wiersema, Shoppers Drug Mart

Belleville

Laura Heath, Quinte Healthcare Corporation
Malcolm Jones, Shoppers Drug Mart
Jugana Milosevic, Wal-Mart Pharmacy
Evan Sullivan, Shoppers Drug Mart
Khalil Ur-Rehman, Drugstore Pharmacy

Blind River

Karl Kennepohl, Guardian Cavanagh Pharmacy

Bolton

Medhat Awad, Total Health Pharmacy
Nabil Gobran, Total Health Pharmacy
Yin Siow, Shoppers Drug Mart

Borden

Cecilia Reyes, Canadian Forces Base Borden

Bowmanville

Mark Borutskie, McGregor IDA Drugs
Neha Dengre, Drugstore Pharmacy
Thomas Oommen, Lakeridge Health

Bracebridge

Earl MacKnight, Wal-Mart Pharmacy

Bradford

Tonya Madill, Wal-Mart Pharmacy

Brampton

Kiran Bassan, West Brampton Pharmacy
Altaf Bhaidu, Pharmasave
Kalpesh Chauhan, Shoppers Drug Mart
Bharat Dalal, Drugstore Pharmacy
Nader Danyal, Methadrug
Hany Girgis, Bramiss Pharmacy
Shaminder Kahlon, Shoppers Drug Mart
Munawar Khan, Costco Pharmacy
Bhavesh Kothari, Ace Pharmacy
Mary Meshreki, Drugstore Pharmacy
Bimalraj Poudyal, Shoppers Drug Mart
Celia Prioste-Galle, Main St Pharmacy
Sarah Rowe, Brampton Civic Hospital
Sri Sathyanarayanan, Nanaksar Pharmacy
Nadeem Sayani, Connaught Place Pharmacy
Naresh Sehdev, Shoppers Drug Mart
Sheetal Sharma, Drugstore Pharmacy
Parvinder Singh, Shoppers Drug Mart
Devinder Singh, Shoppers Drug Mart
Shuchita Srivastava, Drugstore Pharmacy
Mirza Taimuri, Pharmacy
Jasjit Toor, Shoppers Drug Mart

Jency Varickattu, Rexall

Joseph Yousef, Sandalwood Pharmacy

Brantford

Bruno Bove, Shoppers Drug Mart
Dilip Jain, Loblaw Pharmacy
Jennifer Jones, The Brantford General Hospital
Gowtham Kavikondala, Shoppers Drug Mart
Santosh Kumar Manjunath, Loblaw Pharmacy
Nervana Meleka, Terrace Hill Pharmacy
Rashda Rana, Zellers Pharmacy
Glenys Vanstone, The Brantford General Hospital

Brighton

William Hickson, Rexall Pharma Plus
Chinelo Osemeka, Drugstore Pharmacy

Brights Grove

Robert Cowan, Shoppers Drug Mart

Brockville

Geeta Bhanushali, Drugstore Pharmacy

Burlington

Nevin Boutros, Wal-Mart Pharmacy
Ik Chong, Wal-Mart Pharmacy
Henryka Endras, Medical Pharmacy
Brenda Furler, Dell Pharmacy
Jason Handa, Smartmeds Pharmacy
Donna Mack, Drugstore Pharmacy
Sami Naguib, Plainsview IDA Drug Store
Felix Odigie, Zellers Pharmacy
Chee-Kong (Andy) Shi, Halton Family Pharmasave
Melanie Zabawa, Shoppers Drug Mart

Caledon

Eric Gunter, Pharmasave

Caledonia

Refka Mansour, Drugstore Pharmacy
Umair Nasim, Shoppers Drug Mart

Cambridge

Gurinder Brar, Zellers Pharmacy
Neil Nussey, Drugstore Pharmacy
Sanjay Patel, Drugstore Pharmacy
Satyajeet Rathi, Shoppers Drug Mart
Gregory Streppel, Langs Pharmacy
Michael Tsandelis, Wal-Mart Pharmacy
Heather Watts, Pharmacy

Carleton Place

Kathryn Coleman, Shoppers Drug Mart
Elizabeth Preston, Shoppers Drug Mart

Casselman

Dale Pike, Pharmacie Jean Coutu

Chatham

Monica Dovancescu, Shoppers Drug Mart
Tina Lively, Chatham Kent Health Alliance

Chelmsford

Leo Penttila, Drugstore Pharmacy

Cobourg

Pamela Garratt, Northumberland Hills Hospital

Collingwood

Alexander Aitken, Wal-Mart Pharmacy

Concord

Jeffrey Kwong, Wal-Mart Pharmacy
Theresa Rudakas, Glen Shields Pharmacy

Coniston

Donna Heggie, Coniston Pharmacy

Cornwall

Eric Chan, Wal-Mart Pharmacy
Joanne Labelle, Shoppers Drug Mart
Josee Lemay, Medical Arts Pharmacy
Jae (Jen) Roh, Shoppers Drug Mart

Downsview

Ping-Ching (Penny) Chan, Zellers Pharmacy
Jaymesh Khetia, Shoppers Drug Mart

Dundas

Bhupinder Nagra, Shoppers Drug Mart
Jeannette Schindler, Shoppers Drug Mart

Elliot Lake

Martinette Venter, Shoppers Drug Mart

Embrun

Sean Holland, Shoppers Drug Mart

Espanola

Mary Sokoloski, Drugstore Pharmacy

Etobicoke

Amany Samuel Abdel-Kodos, Drugstore Pharmacy
Reginald Ackerman, Pharmacy 2
Nicu Badulescu, Pharmacy 2
Sylvia Der-Sahakian, Shoppers Drug Mart
Michael El Raheb, Sherway Pharmasave

Emad Mankaruos, Sav-On Drug Mart
Paresh Mehta, Pharmacy 2
Elena Mikhaelian, Costco Pharmacy
Karen Paterson, Shoppers Drug Mart
Abdul Wajid, Loblaw Pharmacy
Nancy Zaytoon, Kipling Pharmacy

Exeter

Amy Cheverie, Drug Store Pharmacy
Sarah Palen, Shoppers Drug Mart

Gananoque

Ann Ajram, Shoppers Drug Mart

Georgetown

Amal Maximos, Zellers Pharmacy

Gloucester

John Cameron, Good Health Pharmacy
Lou Frangian, Blackburn Pharmacy
Tamer Ibrahim, Shoppers Drug Mart
Schenneth Padura, Zellers Pharmacy
Renukathan Pillay, Shoppers Drug Mart

Goderich

Gordon Matthews, Shoppers Drug Mart

Grimsby

Betty George, Drugstore Pharmacy

Guelph

Catherine Cremasco, Shoppers Drug Mart
Mohammad-Usman Imran, Pharmacy
Elson Kora, Zellers Pharmacy
Jacqueline Lee, Zellers Pharmacy
Kenneth Manson, Rexall Pharma Plus
Kuvshan Naidoo, Shoppers Drug Mart
Jennifer Smith, Drugstore Pharmacy
William Tackey, Drugstore Pharmacy
Neil Veridiano, Zellers Pharmacy

Haliburton

Lauren Gooley, Drugstore Pharmacy

Hamilton

Jamil Ahmad, Shoppers Drug Mart
Anna Brooks, Hamilton Health Sciences Corp
Catherine Burger, St. Joseph's Hospital
Nicole Camposilvan, Hamilton Health Sciences Corp
Guy Cuerrier, Marchese Pharmacy
Andrew Draves, Shoppers Drug Mart
Samuel Dyer, Loblaw Pharmacy

Ayman El-Attar, Daniel Drug Mart
Heather Emerson, Wal-Mart Pharmacy
Benjamin Ewalefo, Pharma Plus
Sylvia Fung, Hamilton Health Sciences Corp
Joscelyn Gagnon, Dell Pharmacy
Joanna Grabowski, Dell Pharmacy
Helen Habinski, Drug Basics
Jafar (Jeff) Hanbali, Shoppers Drug Mart
Philip Hosiassohn, Rexall
Luay Khaled, Shoppers Drug Mart
Betty Kurian, Zellers Pharmacy
Rima Lukavicius, Wal-Mart Pharmacy
Saji Mathew, Zellers Pharmacy
Bozena-ewa Mazur, Shoppers Drug Mart
Youssef Morcos, Gordon's Pharmacy
Saheed Rashid, Marchese Pharmacy
David Rodden, Shoppers Drug Mart
Zareen Sheikh, Drugstore Pharmacy
Kusum Shukla, Shoppers Drug Mart
Mary Thornewell, Hamilton Health Sciences Corp
Christine Wynne, Hamilton Health Sciences Corp

Hanmer

Marie (Micheline) Cyr, Drugstore Pharmacy

Hanover

Mario Sim, Drugstore Pharmacy
Michelle Szafron, Drugstore Pharmacy

Hawkesbury

Abdel Hakim Ait-Aoudia, Pharmacie Jean Coutu Pharmacy

Huntsville

Abdo Hlal, Zellers Pharmacy

Ingersoll

Nestor Andrade, Shoppers Drug Mart

Islington

Ian Stewart, Shoppers Drug Mart
Jie-Young Youn, Shoppers Drug Mart

Kanata

Kathryn Coleman, Shoppers Drug Mart
Russell MacDonald, Shoppers Drug Mart
Munaza Wasay, Drugstore Pharmacy

Kenora

Peter Adams, Zellers Pharmacy

Kingston

Salama Abboud, Shoppers Drug Mart

thank you **preceptors**

Syed Ahmad, Drugstore Pharmacy
Jennifer Bergeron, Wal-Mart Pharmacy
Bozica Kokanovic Popovic, Drugstore Pharmacy
Jennifer Mather, Kingston General Hospital
Rachele McLellan, Shoppers Drug Mart
Linda Methot, Kingston General Hospital
Bonnie Ralph, Kingston General Hospital
Louise Reynen, Drugstore Pharmacy
Colin Schneider, Medical Arts Pharmacy

Kirkland Lake

Allen Jang, Drugstore Pharmacy

Kitchener

Ehab Abdel Sayed, Driftwood Pharmasave Pharmacy
Georgina Donyina, Shoppers Drug Mart
Hoa Huynh, Drug Basics
Michael Johnson, Wal-Mart Pharmacy
Sanjita Laing, Medical Pharmacy
Mark McNamara, Shoppers Drug Mart
Lori Morishita, Zellers Pharmacy
Nusrat Muhammad, Costco Pharmacy
Marina Muncic, Pharma Plus
Sang (Sookie) Nam, Pharma Plus
Klarida Serjani, Shoppers Drug Mart
Nabil Shaker, Frederick Mall Pharmacy
Branka Tadic, Sobeys Pharmacy

Lakeshore

Lincoln Lee, Sobeys Pharmacy

LaSalle

Adeniyi Adebayo, Loblaw Pharmacy
Roberto Modestino, Rexall
Josephine Piruzza, Shoppers Drug Mart

Leamington

Kimberly Axford, Wal-Mart Pharmacy

Lindsay

Michael Cavanagh, Drugstore Pharmacy
Winlove Morales, Zellers Pharmacy
Chang Ling (Charles) Quan, Drugstore Pharmacy

London

John Asher, Rexall
Graham Barham, Shoppers Drug Mart
Charles Bayliff, London Health Sciences Centre
Milad Bosta, Zellers Pharmacy
Carolee Coulter, Shoppers Drug Mart
Peter Drodge, Wal-Mart Pharmacy

Kerry Fenlon, Rexall Specialty
Sivasubramaniam Gajamugan, Drug Basics
Paulomi Patel, Drugstore Pharmacy
Stephen Poon, Pharmacy
Zan Saleemi, St. Joseph's Hospital
Stephen Sales, Pharma Plus
Rohit Sharma, Wal-Mart Pharmacy
Rex Wong, Drugstore Pharmacy
Paul Yip, Pharma Plus

Maple

Jack Dalimonte, Shoppers Drug Mart

Markham

Hamat Bhana, Shoppers Drug Mart
Sarfaraj Degmaster, Bur Oak Discount Pharmacy
Kinh (Kim) Huynh, Shoppers Drug Mart
Hui (Derek) Jin, Costco Pharmacy
Mohamed Khan, Shoppers Drug Mart
Ardith Knechtel, Markham Stouffville Hospital
Bhavesh Kothari, Ace Pharmacy
Kamna Leekha, Shoppers Drug Mart
Rebecca Leong Ho, Supercare Pharmacy Markham
Tak Ying (Cindy) Leung, Drugstore Pharmacy
Wai (Debbie) Low, Costco Pharmacy
Shelina Mawani, Rexall
Mamdouh Menkarios, Main Drug Mart
Fareea Mohammed, Shoppers Drug Mart
Faisal Motiwala, Fenton Discount Pharmacy
Souha Mourad, Bayshore Specialty Rx
Kandavel Palanivel, Denison Discount Pharmacy
Faranak Pashang, Costco Pharmacy
Christopher Yee, Shoppers Drug Mart
Salwa Zaki, Main Drug Mart

Midland

David Bodunde, Zellers Pharmacy
Caroline Martin, Wal-Mart Pharmacy

Milton

Patricia Campbell, Shoppers Drug Mart
Monika Gorska-Kijak, Zellers Pharmacy
David Honglin, Loblaw Pharmacy
Gehan Nazmy, Total Health Pharmacy
Dawn Ross, Shoppers Drug Mart

Mississauga

Mary Abd El Said, Pharma Plus
Jauher Ahmad, Shoppers Drug Mart
Passant Al-Shaikh, Shoppers Drug Mart

Eiman Amin, Noor Drug Mart
Ehab Aziz Seif, Marcos Pharmacy
Feras Bahnam, Hiway 10 Pharmacy
Manuela Berbecel, Costco Pharmacy
Kamal Bhucher, Drugstore Pharmacy
Lucy Cheng, Shoppers Drug Mart
Sonia Cheung, The Trillium Health Centre
Abhaya Dixit, Shoppers Drug Mart
Kathryn Djordjevic, Shoppers Drug Mart
Sahar El Narekh, Total Health Pharmacy
Wael El-Zahabi, Midnite Pharmacy
Hoda Elgharini, Shoppers Drug Mart
Fatemeh Fazeli, Loblaw Pharmacy
Kai (Charles) Fung, Wal-Mart Pharmacy
Dinesh Gajjar, Pharmacy
Bina Gajjar, Sobeys Pharmacy
Tarek Gamaleldin, Shoppers Drug Mart
Mariam Ghattas, Total Health Pharmacy
Janis Greenhill, Medical Building Pharmacy
Marian Hanna, Churchill Meadows Pharmacy
Maged Henein, Glen Erin Pharmacy
Sujata Joshi, The Trillium Health Centre
Neema Kapadia, The Trillium Health Centre
Alaric Kimson, Wal-Mart Pharmacy
Bhavesh Kothari, Ace Pharmacy
Marie Lai, Costco Pharmacy
Mova Leung, The Credit Valley Hospital
Geeta Liladhar, Shoppers Drug Mart
Moheb Maalawy, IDA Sandalwood Drugs
Jagjit Maghera, Shoppers Drug Mart
Rick Mak, Zellers Pharmacy
Shady Mawad, Britannia Medical Pharmacy
Hani Mekhail, Main Drug Mart
Ricardo Obusan Jr., Zellers Pharmacy
Hitesh Pandya, Shoppers Drug Mart
Jai Patel, Unicare Pharmacy
Devendra Patel, Zellers Pharmacy
Shilpa Pattani, Shoppers Drug Mart
Narinder Pharwaha, Shoppers Drug Mart
Amal (Maggie) Philemon, Eglinton Churchill Medical Pharmacy
Rajinder Rajput, Zellers Pharmacy
Jasbir Rajput, Zellers Pharmacy
Arlene Salonga-Abule, The Credit Valley Hospital
Anjana Sengar, The Trillium Health Centre
Sujan Shrestha, Loblaw Pharmacy
Vartegez Simonian, Shoppers Drug Mart

Olivera Skakavac, Hooper's Pharmacy
Noha Soliman, All Care Pharmacy
Yousuf Syed, Costco Pharmacy
Jayesh Tailor, Shoppers Drug Mart
Simon Wong, Shoppers Drug Mart
Alexander Wong, Meadowvale Pharmacy

Mount Forest

David Vigon, Drugstore Pharmacy

Napanee

Jeffrey Boutilier, Drugstore Pharmacy

Nepean

Georgeta Botekhan, Drugstore Pharmacy
Ghada Farah, Rexall Pharma Plus
Kathleen Jordan, Shoppers Drug Mart
Jennifer Shaw, Drugstore Pharmacy

New Liskeard

Nancy Gilbert, Wal-Mart Pharmacy

Newmarket

Brenda Anderson, Southlake Regional Health Cntr
Andrew Chan, Wal-Mart Pharmacy
Eliza Chu, Costco Pharmacy
Moy Li Kwong Ken, Shoppers Drug Mart
Sofia Massad, Zellers Pharmacy
Hema Rajawat, Methadrug
Sherri Tawfik, Total Health Pharmacy

Niagara Falls

Eyad Hindi, Shoppers Drug Mart
Ugochukwu Nwankwo, Wal-Mart Pharmacy
Sanjay Patel, Drugstore Pharmacy
Veronica Rudan, Pharmashield Dispensary

North Bay

Michele Cameron, North Bay General Hospital
Mary Godreau, Shoppers Drug Mart
Curtis Latimer, Shoppers Drug Mart
Christopher Mobbs, Wal-Mart Pharmacy
Maria Sermona, Loblaw Pharmacy
Marilyn Stanford-Zinck, Loblaw Pharmacy

North York

Naveed Ahmad, Remedy's Rx Medi-Pharm Pharmacy
Hala Demian, Main Drug Mart
Solomon (David) Garshowitz, York Downs Pharmacy
Sherif Girgis, Main Drug Mart
Michel Iskander, Main Drug Mart

Bahaa Mehany, Main Drug Mart
Irina Molotkova, Shoppers Drug Mart
Farzaneh Nazar Ali Qazvini, York Downs Pharmacy
Geoffrey Newton, York Lanes Pharmacy
Sylvia Tadros, Shoppers Drug Mart

Oakville

Ritu Agarwal, Halton Healthcare Services
Irene Asad, St. Mark's Pharmacy
Georgios Benakopoulos, Oakville Town Centre Pharmacy
Rania Boutros, Royal Oak Pharmacy
Fabio De Rango, Shoppers Drug Mart
Shruti Dev, Pharma Sense
Mina Faheim, Total Health Pharmacy
Abdel-Messeih Fahmy, Oak Park Community Pharmacy
Sherif Gendy, White Oaks Pharmacy
Christine Kamel, Total Health Pharmacy
Ngonidzashe Madambi, Rexall Pharma Plus
Bassant Mansour, Total Health Pharmacy
Balaji Pamalpadi, Loblaw Pharmacy
Aleksandra Paszczenko, Total Health Pharmacy
Ramez Tawfik, Leon Pharmacy
Malgorzata Tchorzewska-Krajewska, Drugstore Pharmacy
Vanessa Wamsley, Pharmacy

Orangeville

Curtis Latimer, Shoppers Drug Mart
Maria Catherine Manalili, Zellers Pharmacy

Orillia

Xerez Garcia, Zellers Pharmacy
Stephen MacDonald, Shoppers Drug Mart
Yash Vashishta, Drugstore Pharmacy

Orleans

Amanda Legault, Shoppers Drug Mart
Cherif Riad, Wal-Mart Pharmacy

Oshawa

Amir Hussain, Wal-Mart Pharmacy
Irene Leibrandt, Prescription Pharmacy
Maria Manzano, Lakeridge Health
Mona Mikhael, PharmaChoice
Carmen Olaru, Shoppers Drug Mart
Sheri Power, Shoppers Drug Mart
Suresh Shukla, Loblaw Pharmacy

Ottawa

Amira Abdalla, Shoppers Drug Mart

Shaghik Abdul-Al-Noor, Rexall Pharma Plus
Samira Ali-Abdullah, The Drugstore Pharmacy
Bashir Amir, Pharma Plus
Pedro (Peter) Barreiro, Shoppers Drug Mart
Lillian Chisholm, Shoppers Drug Mart
Celine Corman, The Ottawa Hospital
Ra'ed Darras, Shoppers Drug Mart
Sarah Dunville, Shoppers Drug Mart
Mohamed El Sayed, Drugstore Pharmacy
Samuel Fleming, Bayshore Pharmacy Limited
Usama Gargas, Rexall Pharma Plus
Nabil Hanna, Shoppers Drug Mart
Kathryn Hollis, Children's Hosp Of Eastern Ont
Narmin Jalaldin, Shoppers Drug Mart
Nasser Nasir, Shoppers Drug Mart
Sheila Ofori-Nyako, Drugstore Pharmacy
Masood Rehman, Drugstore Pharmacy
Ishrat Rehmani, Drugstore Pharmacy
Jason Shaw, Shoppers Drug Mart
Katherine Sicotte, Sco Hospital
Jimrod Suello, Zellers Pharmacy
Jennifer Swetnam, Shoppers Drug Mart
Joseph (Erik) Thibault, Shoppers Drug Mart
Patrick Wong, Shoppers Drug Mart

Owen Sound

Ravinder Gill, Loblaw Pharmacy
John Paul Gloria, Zellers Pharmacy
Manjinder Kang, Drugstore Pharmacy
Sally Mina, Drugstore Pharmacy
Peter Struthers, Shoppers Drug Mart

Paris

Iyabode Kuye, Sobeys Pharmacy

Pembroke

Michelle Baltazar, Zellers Pharmacy

Perth

Donald Clark, Shoppers Drug Mart

Peterborough

Ellen Dalangin, Loblaw Pharmacy
John Del Core, Rexall
Hani Fam, Charlotte St Shoppers Drug Mart
Allison Gillis, Rexall
Michael Hyde, Shoppers Drug Mart
Zebrina Kassam, Shoppers Drug Mart
Philip Smith, Medical Pharmacy
Rohit Vats, Loblaw Pharmacy

thank you **preceptors**

Pickering

Zeinab Abdulaziz, Dunbarton Medical Pharmacy
Patricia Allen Crook, Pharma Plus
Fahzilla Farhat, Pharma Plus
Monika Kalra, Drugstore Pharmacy
Jane Mauch, Drugstore Pharmacy
Irvin Ng, Zellers Pharmacy
Boi (Sandy) Tran, Drugstore Pharmacy

Picton

Muhammad Mian, Drugstore Pharmacy

Port Colborne

Susan Marshall, Shoppers Drug Mart

Port Elgin

Shahrazad Kia, Drugstore Pharmacy

Port Hope

Kristin Ferguson, Drugstore Pharmacy

Renfrew

Mary Gordon, Wal-Mart Pharmacy

Rexdale

Jaspreet Bajaj, Shoppers Drug Mart
Sherif Ghattas, Best Care Austin Pharmacy
Ihab Labib, Humber Green Pharmacy
Hina Marsonia, William Osler Health Centre
Adel Tadros, Best Care Austin Pharmacy

Richmond Hill

Maher Abdel Malak, Bayview 16th Medical Pharmacy
Anis Abu El Khire, Health Link Pharmacy
Vera Avetissov, Shoppers Drug Mart
Gunjan Avinashi, Shoppers Drug Mart
Giuseppe Colella, Shoppers Drug Mart
Ashraf Faltaous, Shoppers Drug Mart
Sugrabai Ganijee, Drugstore Pharmacy
Yasmin Khamis, Pharma Plus
Simon Lau, Loblaw Pharmacy
Francine Liu, Costco Pharmacy
Ehab Mekhail, The Medicine Shoppe
Kenneth Mo, Shoppers Drug Mart
Maged Naguib, Procure Pharmacy
Phuong (Anne) Nguyen, Shoppers Drug Mart
Clara Ong, Shoppers Drug Mart
Salwa Ramzy, The Medicine Shoppe
Samy Saad, Richpoint Pharmacy

Ridgeway

Wessam Bashta, Brodies Drug Store

Rockland

Guillaume Grenier, Shoppers Drug Mart

Sarnia

Sandford Leung, Drug Basics
Susan McQuaid, Shoppers Drug Mart
Darryl Moore, Bluewater Pharmacy
Tammy Somes, Hogan Pharmacy
Alana Szafron, Wal-Mart Pharmacy

Sault Ste Marie

Maria Coccimiglio, Sault Area Hospital
Chau Ma, Zellers Pharmacy
Mary Jane Margaret Ngo, Zellers Pharmacy
John Stefano, Shoppers Drug Mart

Scarborough

Adel Abdelmalek, Main Drug Mart
Ahmad Abdullah, Shoppers Drug Mart
Amir Attalla, Zellers Pharmacy
Nahid Barday, Shoppers Drug Mart
Shimon Cabrera, National Pharmacy
Chieng Cau, Shoppers Drug Mart
Elizabeth Chau, Drugstore Pharmacy
Sandra Chee-Kwan, Torrance Compounding Pharmacy
Michael Chowdhury, Wal-Mart Pharmacy
Shruti Dev, Pharmasave
Akil Dhirani, Village Square Pharmacy
Mamdouh Farag, Danforth Pharmacy
Ramez Fares, Ash Medical Pharmacy
Sherif Ghattas, Best Care Pharmacy
Mina Gobrail, M.D.A. Discount Drugs
Wassim Guirguis, M.D.A. Discount Drugs
Christina Habib, Costco Pharmacy
Hoa (Flora) Huynh, Shoppers Drug Mart
Tony Huynh, Shoppers Drug Mart
Poulette Ibrahim, Guildwood Drug Mart
Jerry Ip, Shoppers Drug Mart
Maged Iskander, Woburn Medical Pharmacy
Ana Marie Kabigting, Rexall
Anab Khan, Shoppers Drug Mart
Man (Reginald) Liu, Shoppers Drug Mart
Erlinda Lo, Wal-Mart Pharmacy
Helen Lock, Scarborough Grace Hospital
Walter Lum, Shoppers Drug Mart
Joanna Man, Bay Pharmacy
Trenda Manderson, Pharmasave
Botros Meikhail, Danforth Pharmacy
Leaggy Mwanza, Loblaw Pharmacy

Nasrin Pahlavanmiragha, Shoppers Drug Mart
Nayan Patel, Pharmasave

Pushpa Ramachandran, Supercare Pharmacy
Ramachandran Ramapathy, Pharma Grace Drug Mart

Geodelyn Ramos, Drugstore Pharmacy
Nashaat Ramzy, Sheppard Warden Pharmacy
Maria Rascu, Shoppers Drug Mart
Zahra Rhemtulla, Shoppers Drug Mart
Satinder Sanghera, Rexall
Hany Silwanes, Best Care Pharmacy
Elena Sze, The Scarborough General Hospital
Jothica Vattam, Boniface Park Medical Pharmacy
Zahir Visram, Henley Gardens Pharmacy
Janet Weber, Price Chopper
Terence Wong, Shoppers Drug Mart
Victor Wong, Shoppers Drug Mart
Wing (Daniel) Wong, Shoppers Drug Mart
Ihab Yacoub, Highland Creek Guardian Drugs
Safwat Youhanna, Mina Drug Mart

Simcoe

Reynald Arrojo, Zellers Pharmacy
John Chang, Shoppers Drug Mart
Mohamed Hanif, Drugstore Pharmacy
Blair Snow, Roulston's Discount Drugs Ltd

Sioux Lookout

Fiona Arbiter, Rexall

Smiths Falls

Akash Luhadia, Wal-Mart Pharmacy

St. Catharines

Ashish Aggarwal, Loblaw Pharmacy
Shelby Bruni, Dell Pharmacy
Janice Coholan, Shoppers Drug Mart
David Costiniuk, Shoppers Drug Mart
Susan Cubelic, Niagara Health System
Eyad Hindi, Shoppers Drug Mart
James Lococo, Shoppers Drug Mart
Arifaben Maredia, Drugstore Pharmacy
Singaravelu Panneerselvam, Drugstore Pharmacy
Moez Saju, Zellers Pharmacy
Joanna Tong, Shoppers Drug Mart
Chirayu Upadhyay, Wal-Mart Pharmacy

St. Clair Beach

Mojisola Gbadamosi, Loblaw Pharmacy

St. Thomas

Janel DeSilva, Shoppers Drug Mart
Richard Nemett, Shoppers Drug Mart
Jannette Pinson, Zellers Pharmacy
Norma Welch, Shoppers Drug Mart

Stittsville

Darlene Yee, Shoppers Drug Mart

Stoney Creek

Lisa Carvalho, Drugstore Pharmacy
Rada Corovic, Drugstore Pharmacy

Stouffville

Paul Kuras, Shoppers Drug Mart
Binu Nair, Pharmasave

Stratford

Mark Crozier, Sinclair Pharmacy
Merike Metcalfe, Drugstore Pharmacy
Eugene (Nick) Miller, Drug Basics
Andrija Milojevic, Shoppers Drug Mart
Paul Roulston, Shoppers Drug Mart

Sudbury

Kerry-Ann Anderson, Drugstore Pharmacy
Gregory Balaz, Rexall
Kathryn Jarvis, Rexall
Christopher Mobbs, Drugstore Pharmacy
Janis Puse, Zellers Pharmacy
Luisa Ranger, Shoppers Drug Mart
Angela Rocchio, Rexall

Sutton

Larissa Shaveleva, Shoppers Drug Mart

Tecumseh

Gus Spanic, Tecumseh Pharmacy Plus

Thornhill

Maria Afrooz, Pharma Plus
Gina Chiang, Pharma Plus
Maged Hanna, 3M Drug Mart
Sharatchandra Kanchan, Main Exchange Pharmacy Inc
Jacques Lee, Wal-Mart Pharmacy
Chok-Ping Lee, Pharmacy 2
David Liberman, Shoppers Drug Mart
Maged Mallouk, North-Med Pharmacy
Bichoy Maurice, Main Drug Mart
Samir Patel, Shoppers Drug Mart
Khristina Shterenberg, North-Med Pharmacy

Thorold

Mohsen Shivafard, Pharma Plus

Thunder Bay

Vinay Kapoor, Shoppers Drug Mart
Chi (Hao) Luu, Shoppers Drug Mart
Grace Tan, Zellers Pharmacy

Tilbury

Yvette Tetzlaff, Shoppers Drug Mart

Tillsonburg

Megan Kelly, Shoppers Drug Mart

Timmins

Nicole Lacroix, Zellers Pharmacy
Sandra Pasi, Shoppers Drug Mart
Fiona Tjoa, Loblaw Pharmacy
Natalie Torrens, Shoppers Drug Mart

Toronto

Fady Samir Abdel Messih, Blair Court Pharmacy
Hanan Allahham, Pharmasave
Shalini Anand, Shoppers Drug Mart
Maha Awad, The Medicine Shoppe Pharmacy
Walid Awadalla, Jane Park Plaza Pharmacy
Marilyn Bacher, Sunnybrook Hospital Ambulatory Patient Pharmacy
Antonetta Baillie, Mount Sinai Hospital
Roselyn Batac, Shoppers Drug Mart
Raymund Beltran, Medical Pharmacy
Aleksandra Bjelajac Mejia, The Hospital For Sick Children
Karen Cameron, The Toronto Western Hospital
Yan (Jean) Chen, Shoppers Drug Mart
Doret Cheng, Mount Sinai Hospital
Michael Cheung, Shoppers Drug Mart
Fabrizio Damiani, Shoppers Drug Mart
Shruti Dev, Toronto East Pharmasave
Jatinderjit Dhaliwall, Shoppers Drug Mart
Leslie Duncan, The Princess Margaret Hospital
Jackline Elsobky, Bathurst-Bloor IDA Drug Mart
Lucia Fernandes, Shoppers Drug Mart
Neda Foroozannasab, Shoppers Drug Mart
Hemamalini Gandevia, Drugstore Pharmacy
John Georgi, Old Park Pharmacy
Sali Ghobrial, St. Gabriel Medical Pharmacy
Mikhail Girgis, Main Drug Mart
Amir Girgis Boktor, College Medical Pharmacy
Dianne Grise, Drugstore Pharmacy
Henry Halapy, St. Michael's Hospital

Magued Hannalah, Smith's Pharmacy
Manjit Hansra, Shoppers Drug Mart
Brian Hardy, Sunnybrook Health Sciences Centre
Jennifer Harrison, The Toronto General Hospital
Ann Hirst, Drugstore Pharmacy
Raouf Ibrahim, Stonegate Community Pharmacy (IDA)
Robert Siu Lin Ip, Shoppers Drug Mart
Rumina Ishani, Remedy's Rx Eglinton Bayview Pharmacy
Akeel Jaffer, Shoppers Drug Mart
Suhail Javaid, Shoppers Drug Mart
Padma Kakani, Shoppers Drug Mart
Hanan Kasim Mohammad, Shoppers Drug Mart
William Kassel, Kassel's Pharmacy Limited
Michelle Kim, Shoppers Drug Mart
Ryszard Kmietek, Smith's Pharmacy
Josephine Kong, Costco Pharmacy
Rita Kutti, The Hospital For Sick Children
Monica Kwok, Drugstore Pharmacy
Ri-feng (Richard) Lam, Drugstore Pharmacy
Joanne Lapointe, Toronto East Gen & Ortho Hosp
Kori Leblanc, University Health Network Tgh
Ki-Seok (Daniel) Lee, Bloor Park Pharmacy
Jodie Leung, St. Michael's Hospital
Zhimei Li, Sone's Pharmacy
Vicky Machias, Toronto East Gen & Ortho Hosp
Marvin Malamed, Haber's Compounding Pharmacy
Maen Mashnuk, Pharmasave Harbourfront Pharmacy
Kaye Mekawi, Zellers Pharmacy
Nermine Michael, Best Care Village Pharmacy
Sami Mikhael, Sam's I.D.A. Pharmacy
Manijeh Mohammadi Kiasarai, Drugstore Pharmacy
Morteza Nasr, Dufferin Drug Mart
Cindy Natsheh, University Health Network - TGH
Maria Nenadovich, Shoppers Drug Mart
Lesley Neves-Azevedo, College Medical Pharmacy
Griselda Ng Lee, Zellers Pharmacy
Fanika Nikiforovski, Drugstore Pharmacy
Amro Noureldin, White Cross Drugs
Eun-Kyung Om, The Toronto Western Hospital
Mohamed Osman, Zellers Pharmacy
Sandeep Pabla, Shoppers Drug Mart
Parisa Pakbaz, Shoppers Drug Mart
Marissa Panganiban, Zellers Pharmacy

thank you **preceptors**

John Papastergiou, Shoppers Drug Mart
Anne Marie Pelletier, Pharma Plus
Behzad Peyrovan, Loblaw Pharmacy
Michael Proussalidis, Cassandra Pharmacy Inc.
Chi-wah (Rita) Quan, Janedal Pharmacy
Phoebe Quek, Ambulatory Patient Pharmacy
Jay Rajora, Regency Pharmacy
Abraam Rofael, Zellers Pharmacy
Maria Rofaiel, White's Pharmacy
Abraham Rothman, The Medicine Shoppe
Irina Sagaidak, Shoppers Drug Mart
Samia Sahyone, Pharmasave
Dalia Salib, Shoppers Drug Mart
Sameh Salib, Woodgreen Discount Drugs
Linda Samuel, Rexall
Sherif Samwail, Total Health Pharmacy
Essam Siha, Procare Pharmacy
Safwat Sourial, Shoppers Drug Mart
Nadia Sourour, Keele & Rogers Pharmacy
Beth Sproule, Addiction Research Foundation
Barry St Pierre Jr, Shoppers Drug Mart
Kenny Tan, Shoppers Drug Mart
Luciano Tauro, Dufferin Drug Mart
Pablo Tiscornia, Pharma Plus
Adel Towadros, Friendly Care West King Pharmacy
Linh Vuong, Wal-Mart Pharmacy
Laura Weyland, Shoppers Drug Mart
Ossama William, Main Drug Mart
Michael Wong, Medical Pharmacy
Rosemarie Yap, Drugstore Pharmacy
Peter Youhanna, Islington Medical Pharmacy
Kamal Yousf, Greendale Drugs
Roudolph Zaky, Augusta Central Pharmacy

Trenton

Monette Alviola, Zellers Pharmacy
Muhammad Sarwar, Pharmacy
Emilija Tasevska, Wal-Mart Pharmacy

Val Caron

Julie Olivier, Rexall

Vanier

Gary Baxter, Shoppers Drug Mart
Sheila Ofori-Nyako, Drugstore Pharmacy
Anishkumar Sanghavi, Drugstore Pharmacy
Nagui Shawi, Pharmacie La Paix Pharmacy

Vaughan

Pante-A Lahiji, Drugstore Pharmacy
Richardo Loduca, Shoppers Drug Mart
Manuela Moldovan, Drugstore Pharmacy
Ogieriakhi Omozusi, Shoppers Drug Mart

Wallaceburg

Matthew Dockrill, Wal-Mart Pharmacy

Waterdown

Kathryn Milligan, Loblaw Pharmacy
Saly Thomas, Zellers Pharmacy

Waterloo

Renu Choudhary, Shoppers Drug Mart
Ana Elefteriu, Shoppers Drug Mart
Maria Horner, Shoppers Drug Mart
Michael Hsu, Shoppers Drug Mart
Philip Hudson, Beechwood Wellness Pharmacy
Dragana Nedeljkovic, Shoppers Drug Mart

Welland

Christopher Bida, Rose City Pharmacie
Ronald Bovine, Shoppers Drug Mart
Peter French, Shoppers Drug Mart
Shawn Severin, Zellers Pharmacy

West Hill

Hanif Jina, Shoppers Drug Mart

Weston

John Palumbo, Shoppers Drug Mart
Adel Soliman, Westown Pharmacy
Byung Sull, Main Drug Mart

Whitby

Babar Abdul Hai, Pharmacy
Asad Baig, Shoppers Drug Mart
Susan Bowser, Shoppers Drug Mart
Muhammad Farooq, Shoppers Drug Mart
Issac Gergs, Pharmasave
Rosemary Rofail, Loblaw Pharmacy
Sam Shum, Wal-Mart Pharmacy

Willowdale

Fakhry Abd El Sayed, Rainbow Drug Mart
Jasvinder (James) Buttoo, Shoppers Drug Mart
Kathryn Canson, Zellers Pharmacy
Anthony Chung, Shoppers Drug Mart
Essam El-Arif, Fairview Pharmacy
Christos Karapapas, Drug Basics
Faye Law, Shoppers Drug Mart

Malgorzata Samuel, Drug Basics
Robert Scherz, Zellers Pharmacy
Shohreh Torabi, Metro Pharmacy
Sau Wong, Shoppers Drug Mart
Clara Yang-Kim, Shoppers Drug Mart

Windsor

Dejan Apostolovski, Rexall
David Babineau, Shoppers Drug Mart
Timothy Brady, Shoppers Drug Mart
Carmela Catizzone, Rexall
Ghada Cheikh, Sobey's Pharmacy
Marisa D'Alessandro, Windsor Regional Hospital
George Daoud, Medical Centre Pharmacy
John Devlin, Hotel-Dieu Grace Hospital
Janet Groulx, Shoppers Drug Mart
Hamad Hamad, Wyandotte Medical Pharmacy Ltd
Michael Hunter, Hunter's Pharmacy
Troy Lofthouse, Shoppers Drug Mart
Leanne Panek-Renard, Shoppers Drug Mart
Anastasia Papadatos, Shoppers Drug Mart
Carol Petrinac, Riverside Pharmacare Drug Mart
Lynnette Ridley, Windsor Regional Hospital
Joseph Sobol, Windsor Regional Hospital
Cristina Thomas, Wal-Mart Pharmacy
Andreja Zebic, Hotel-Dieu Grace Hospital

Woodbridge

Saman Daneshkhan, Costco Pharmacy
Caterina Mazza, Pharma Plus
Hitendra Naik, Pine Valley Pharmacy
Mona Raphael, Hendersons Woodbridge Medical Pharmacy

Woodstock

Leigh Heald, Medical Pharmacy
Ahmad Jaradat, Wal-Mart Pharmacy
Hoang Le, Drugstore Pharmacy
Jayantkumar Patel, Zellers Pharmacy
Elizabeth Silverthorne, Shoppers Drug Mart

Call for Preceptors

Are you looking for a way to recapture the excitement of practising pharmacy? Consider becoming a preceptor in 2010 and attend an Orientation Workshop close to home or in Toronto.

Please visit www.ocpinf.com > Licensing > Training & Assessments > SPT for more information.

2010 Workshops

DATE	CITY	WORKSHOP & TOPIC
Tuesday January 12th	Toronto	Orientation
Wednesday February 10th	Toronto	Orientation
Wednesday February 17th	Toronto	Advanced (Past, Present & Future of Pharmaceutical Care Practice)
Thursday March 11th	Toronto	Orientation
Tuesday March 30th	Ottawa	Orientation
Wednesday March 31st	Ottawa	Advanced (Training Program for Preceptors/Mentors of IPGs)
Thursday April 8th	Toronto	Orientation
Tuesday April 20th	Burlington	Orientation
Wednesday April 21st	Toronto	Advanced (Past, Present & Future of Pharmaceutical Care Practice)
Wednesday May 5th	London	Orientation
Thursday May 6th	London	Advanced (Training Program for Preceptors/Mentors of IPGs)
Tuesday May 18th	Toronto	Orientation
Wednesday May 26th	Toronto	Orientation
June (to be determined)	Kingston	Orientation
Tuesday June 1st	Toronto	Advanced (Helping IPGs Practise in a Multicultural Pharmacy)
Thursday June 17th	Toronto	Orientation
Tuesday July 6th	Toronto	Orientation

September to December 2010 workshop dates will be posted later in the year.

Pharmacists who are actively serving as preceptors for students or interns must meet additional educational requirements for preceptors every three years such as attending an advanced workshop.

To arrange a workshop in your community, please have your CE Coordinator contact Vicky Clayton-Jones at 416-962-4861 or 1-800-220-1921 x 2297 or at vclayton-jones@ocpinf.com
Please visit our website for regular updates.

Case 1

Submitting fraudulent claims to ODB; offering a gift to an auditor; prescription discrepancies

Member: Hong Ngo, R.Ph.

Pharmacy: Rose Pharmacy, Toronto

Hearing Date: October 21, 2009

Facts

This case proceeded by way of Agreed Statement of Facts and Joint Submission on Penalty.

The College received a complaint in June 2008 from the Ministry of Health and Long-Term Care concerning discrepancies and irregularities noted in an Ontario Drug Benefit (“ODB”) audit of the Pharmacy. Large discrepancies were identified for four different medications between the quantity of medication purchased and the quantities billed to ODB. When questioned about these discrepancies, the Member offered the ODB auditor a gift. Other dispensing discrepancies were identified, including claims submitted for daily doses of Actonel 35mg, when the standard dose of Actonel 35mg is one tablet once weekly. Finally, further record keeping issues were noted.

The Member moved to Part B of the register and sold his pharmacy in the summer of 2008.

ODB Billing Discrepancies

The Executive Officer of the ODB issued a temporary order against the Member, suspending his entitlement to receive payment from ODB.

The Member provided written submissions to the Executive Officer apologizing “for submitting wrong claims to the ODB program”, asking for forgiveness, and offering to repay ODB in the amount of approximately \$66,660. This figure represented the total dollar amount identified by the audit that was billed to ODB for medications not dispensed. The Member admitted that the discrepancies in the quantity of medications existed because the Pharmacy did not dispense the medications, but submitted fraudulent claims to ODB as if it had done so.

The Executive Officer permanently suspended the Member’s entitlement to receive payment from ODB and terminated his Health Network System Subscription Agreement.

Offering a Gift

During the ODB auditor’s attendance at the Pharmacy, the Member offered the auditor a gift in a plastic bag, and explained that it was intended to cement their friendship. The auditor did not touch or open the bag to determine what was inside, but declined to accept the gift. If he were to testify the Member would say that the bag contained a box with two bottles of Centrum Performance containing multivitamins and ginseng.

Dispensing of Actonel 35mg and Other Products

The Member dispensed Actonel 35mg to four patients on nine occasions with directions to take one tablet one or two times daily. The

usual recommended dose for Actonel 35mg is one tablet to be taken once weekly.

The prescribing physicians confirmed to the College that the directions for use on the original prescriptions were in error when they directed one tablet to be taken once per day. They further confirmed that the prescriptions should have directed the patients to take one tablet once every week.

With respect to each of these prescriptions the Member failed to recognize that it is unusual for Actonel 35mg to be prescribed for daily use, and took no steps to confirm with the prescribing physician that a daily dose was the appropriate or intended dose.

The Member also admitted to other dispensing irregularities which reflected discrepancies in quantity and dose, incorrect directions for use, prescriptions refilled too soon, and duplicate drugs dispensed for the same patient.

Admission of Professional Misconduct

The Member acknowledged that he committed acts of professional misconduct. He admitted that he failed to maintain the standards of practice of the profession when he submitted fraudulent claims to and received payment from ODB for approximately \$66,660 of medications never dispensed, and with respect to certain dispensing discrepancies.

He further admitted that he failed to keep records as required, that he contravened the *Ontario Drug Benefit Act* and the *Drug*

Interchangeability and Dispensing Fee Act, and that he offered a gift or inducement to the ODB auditor with respect to an audit of prescriptions or prescription services.

Finally, he admitted that he engaged in conduct or performed an act relevant to the practice of pharmacy that, having regard to all the circumstances, would reasonably be regarded by members of the profession as disgraceful, dishonourable or unprofessional. The College sought leave of the Discipline Committee to withdraw the remaining allegation in the Notice of Hearing.

Decision and Reasons

This case had two major aspects: one was related to fraudulent billing, while the other had to do with inaccurate prescription directions by the prescribing physician. Both were cause for concern and warrant discipline and remedial action in response.

Fraud is one of the most egregious breaches of trust. As this case demonstrates, fraud is most conveniently committed where the party is in a position where they can abuse or manipulate that trust. ODB had accepted the Member as a billing agent and the Member thwarted that relationship for his own gain. While the Member quickly confessed to the misconduct to both the College and ODB, the offering of a gift to the ODB auditor calls into question the sincerity of the apology and the confession. The Panel wondered what the Member was truly sorry about – that he was caught? Or did he truly recognize

the egregious misconduct and accept that it was wrong?

Pharmacists are traditionally held in very high regard, and have been viewed as one of the most trusted of all health professions. Actions such as those committed by the Member seriously undermine the trust that generations of pharmacists before him have worked tirelessly to develop and maintain.

In regard to the second issue, it appears that physician prescribing errors occurred in some of the examples giving rise to the allegations of professional misconduct. However, it is the responsibility of the practising pharmacist to detect the errors and, once detected, to work towards resolving the issues for the health and well-being of patients. This view is consistent with the OCP Standards of Practice 2003, Standard 1, operational component 1.3, which states: “Prior to dispensing any medication, the pharmacist shall review the prescription to ensure that it is authentic, accurate, appropriate, and complete.”

In terms of the Joint Submission on Penalty, the Panel recognized that as a Part B pharmacist the Member was not eligible for a suspension from direct patient care, which would in all likelihood have been an element of a penalty order had the Member been in Part A. In place of a suspension, the Panel believed that the proposed fine of \$30,000 is a significant deterrent to both this Member and all other members of this profession regardless of which part of the register they are listed in. The Panel

cautioned the Member that his status in Part B in no way minimizes the level of competence and professionalism expected of him merely because he is no longer engaging in direct patient care. The Member remains a pharmacist and must abide by the level of professionalism and integrity expected of him by his colleagues and the public at large. The Panel expected that the Member will benefit from the remedial courses required of him.

Order

1. A reprimand;
2. Specified terms, conditions and limitations on Mr. Ngo’s certificate of registration requiring him to complete successfully, at his own expense, within 12 months of the date of the Order, remedial training as follows:
 - a. Applied Ethics in Pharmacy Practice, offered by Professor Zubin Austin, Leslie Dan Faculty of Pharmacy at the University of Toronto;
 - b. Law Lesson 2 (Regulation of Pharmacy Practice), Law Lesson 4 (Standards of Practice), and Law Lesson 7 (Professional Liability), all from the Canadian Pharmacy Skills Program at the Leslie Dan Faculty of Pharmacy at the University of Toronto; and
 - c. Jurisprudence seminar and evaluation offered by the College;
3. A fine to the Ontario Ministry of Finance in the amount of \$30,000;
4. Costs to the College in the

deciding on **discipline**

- amount of \$7,500;
5. Additional specified terms, conditions or limitations on the Member's certificate of registration for a period of three years:
 - a. prohibiting him from having any proprietary interest in a pharmacy, as a sole proprietor, partner, or director or shareholder in a corporation that owns a pharmacy, or in any other capacity;
 - b. prohibiting him from being the Designated Manager of a pharmacy;
 - c. requiring him to be paid only on hourly or weekly rates for any work of any kind as a pharmacist, and not on any incentive for the value of volume of prescription sales;
 - d. requiring him to notify the College in writing of any employment in a pharmacy;
 - e. requiring him to ensure that

his employers confirm in writing that they have received and reviewed a copy of the panel's decision and order, and confirming the nature of his remuneration.

Reprimand

The Panel was quite appalled by the Member's fraudulent billing practices. While the Panel noted the Member's quick acknowledgement of the fraudulent charges, his admission of guilt and his willingness to pay back the monies stolen from ODB, the Panel was very concerned that this pattern of deceit occurred over time, intentionally, and with purpose.

The Panel was offended by the Member's deceptive use of public funds and his breaching of the public trust, with the result that he undercut the profession of pharmacy.

The Panel did not know if the Member would ever return to Part

A of the register to continue to be involved in direct patient care. Since returning to Part A was described as one of the Member's hopes, the Panel wanted the Member to realize that there must be a substantial effort shown to the profession to demonstrate that his competency level is sufficient to allow him to return to practice.

The Panel was presented with information about the Member's background and present health status. The Panel empathized with the Member's unfortunate life circumstances and his health issues, but asked the Member to remember that these are not for hiding behind, but for learning from. The Panel noted that it was up to the Member to prove himself to the public, to his peers, and to his profession if he wished to become a pharmacist involved in direct patient care again. **PC**



CE resources

Visit the College's website: www.ocpinfo.com for a complete listing of upcoming events and/or available resources. A number of the programs listed below are also suitable for pharmacy technicians. For local live CE events in your area, contact your regional CE coordinator: www.ocpinfo.com/client/ocp/OCPHome.nsf/web/CE+Regional+Coordinators

GTA

January 16, 2010

Safer Prescribing, Dispensing and Administering of Opioids to Patients Suffering from Non-Malignant Chronic Pain

Canadian Association for Mental Health (CAMH)
Contact: 416 535-8501, ext. 6640

January 30-February 3, 2010

CSHP Professional Practice Conference 2010

Sheraton Centre Toronto, ON.
Contact: Desarae Davidson
613-736-9733 ext. 229

February 17, 2010

Smart Medication Delivery Systems: Reducing Medical Errors

Ontario Hospital Association
www.oha.com/conferences or
gfernandes@oha.com

February 19 – 21, 2010

**Oncology for Pharmacists
Module III – Common
Malignancies, Complications &
Palliation**

Leslie Dan Faculty of Pharmacy,
University of Toronto
Contact: Ryan Keay 416-978-7562
[http://cpd.phm.utoronto.ca/
thrombosis_management.html](http://cpd.phm.utoronto.ca/thrombosis_management.html)

February 19 - 21, 2010

**Diabetes Level I Certificate
Program**

Ontario Pharmacists Association
Contact: Penny Young
416-441-0788 ext. 2209,
pyoung@dirc.ca
www.opatoday.com

March 4-5, 2010

**Advanced Cardiology Pharmacy
Practice Part III**

Leslie Dan Faculty of Pharmacy,

University of Toronto
Contact: Ryan Keay 416-978-7562
<http://cpd.phm.utoronto.ca>

March 1-3, 2010

**A Comprehensive Course on
Smoking Cessation: Essential
Skills and Strategies (TEACH
Core Course)**

Canadian Association for Mental
Health (CAMH)
Contact: Robin Steidman
416 535-8501, ext. 1600

March 4-5, 2010

**Tobacco Interventions for
Patients with Mental Health and/
or Addictive Disorders (TEACH
Specialty course)**

Canadian Association for Mental
Health (CAMH)
Contact: 416 535-8501, ext. 1600

Continued on next page

***Interested in expanding your network
and giving back to the profession?***

As a Regional CE Coordinator, you will identify the CE needs of local pharmacists in your region and organize CE events with fellow members.

**OCP is looking for Regional CE Coordinators
in regions 9, 17, 18, 23, 24 & 25
and an Associate Coordinator in regions 14 and 20**

A list of regions by town/city can be found on the College's website under 'Continuing Education'

***Interested pharmacists should submit their resume to
Rahila Ovais at rovais@ocpinfo.com***



March 4- 5, 2010

Community-based Integrated Health Promotion Interventions: Diabetes, Physical Activity, Obesity and Tobacco Use

Canadian Association for Mental Health (CAMH)

Contact: 416 535-8501, ext. 1600

March 26-28, 2010

Diabetes Level 2 - CDE Preparation Course

Ontario Pharmacists Association

Contact: Penny Young
416-441-0788 ext. 2209,
pyoung@dirc.ca

www.opatoday.com

April 2010 (date TBD)

Women's Health/North American Certified Menopause Practitioners Prep Course

Ontario Pharmacists Association

Contact: Penny Young
416-441-0788 ext. 2209,
pyoung@dirc.ca

www.opatoday.com

May 14-16, 2010

Cardiovascular Patient Care

Ontario Pharmacists Association

Contact: Penny Young
416-441-0788 ext. 2209,
pyoung@dirc.ca

www.opatoday.com

May 2010 (date TBD)

Asthma and COPD Patient Care

Ontario Pharmacists Association

Contact: Penny Young
416-441-0788 ext. 2209,
pyoung@dirc.ca

www.opatoday.com

ONTARIO

June 17-19, 2010

OPA Conference 2010, Niagara Falls

Contact: Penny Young
416-441-0788 ext. 2209,
pyoung@dirc.ca
www.opatoday.com

February 20, 2010

Mise à Jour : Annual Conference

The Ottawa Valley Regional Drug Information Service

Contact: Linda Ahmad
613-737-8347, ext. 1
lahmad@ottawahospital.on.ca

NATIONAL

May 15-18, 2010

Canadian Pharmacists Association

Annual National Conference

Calgary, AB
www.pharmacists.ca/conference

ON-LINE/ WEBINARS

www.camh.net/education/
Online_courses_webinars
Concurrent Disorders Core Course
(begins Jan 18, 2010)
Canadian Association for Mental Health (CAMH)

www.camh.net/education/
Online_courses_webinars
Fundamentals of Addiction
(begins Jan 25, 2010)
Canadian Association for Mental Health (CAMH)

www.camh.net/education/
Online_courses_webinars
Fundamentals of Mental Health
Online Course (begins Jan 25, 2010)
Canadian Association for Mental Health (CAMH)

www.rxcertified.ca
Online fee-based certificate courses developed by the Drug Information and Research Centre (DIRC) and rxBriefCase.com. Currently available:

Diabetes Patient Care Level 1
Obesity Program

www.opatoday.com/web.asp
Vitamin D in Osteoporosis
Drug Information and Research Centre (DIRC)

www.opacti.org/
Online Clinical Tobacco Interventions for Health Care Professionals

www.pharmacygateway.com
On-line CE lessons

www.rxbriefcase.com/
On-line CE lessons

http://cpha.learning.mediresource.com/select_catalog.asp
CE lessons on the CPhA Home Study Online Learning Centre

Drug and Pharmacies Regulation Act (DPRA) * ▲

June 4, 2008

Regulations to the DPRA:

Regulation 545 – Child Resistant Packages

Regulation 297/96 Amended to O.Reg. 173/08

Regulation 551 Amended to O.Reg. 172/08

Drug Schedules **

Summary of Laws

June 2007 OCP

National Drug Schedules (NAPRA)

October 22, 2009 (or later)

NDSAC Recommendations – Dec 2009

Fluconazole when sold in a concentration of 150 mg per oral dosage unit and indicated for the treatment of vaginal candidiasis (pack sizes containing no more than 150 mg) will be granted Schedule III status (Pursuant to removal from Schedule F of the Food and Drug Regulations and the issuance of a Notice of Compliance by Health Canada for the non-prescription product formulation.)

Oral purgatives containing sodium picosulphate 10 mg per pack (when found in preparations with magnesium oxide 3.5g and citric acid 12g) will be granted Schedule II status

Regulated Health Professions Act (RHPA) * ▲

Amended June 4, 2009

Regulations to the RHPA:

Regulation 39/02 - Amended to O.Reg. 666/05

Regulation 107/96 – Controlled Acts

Regulation 59/94 – Funding for Therapy or Counseling for Patients Sexually Abused by Members

Pharmacy Act (PA) & Regulations * ▲

June 2007

Regulations to the PA:

Regulation 202/94 Amended to O.Reg. 270/04

Regulation 681/93 Amended to O.Reg. 122/97

Standards of Practice ▲

Model Standards of Practice, effective January 1, 2010

Standards of Practice for Pharmacists, 2003

Standards of Practice for Pharmacy Managers, 2005

Standards for Pharmacists Providing Services to Licensed

LTC Facilities, 2007.

Drug Interchangeability and Dispensing Fee Act (DIDFA) & Regulations * ▲

June 2007

Regulations to the DIDFA:

Regulation 935 Amended to O.Reg. 354/08

Regulation 936 Amended to O.Reg. 205/96

Ontario Drug Benefit Act (ODBA) & Regulations * ▲

June 2007 to December 14, 2009

Regulations to the ODBA:

Regulation 201/96 Amended to O.Reg. 252/09

Controlled Drugs and Substances Act & Regulations (CDSA) **

Act current to November 25, 2009

All regulations current to November 25, 2009

Benzodiazepines and Other Targeted Substances Regulations

Marihuana Medical Access Regulations

Narcotic Control Regulations

Precursor Control Regulations

Regulations Exempting Certain Precursors and Controlled

Substances from the Application of the Controlled Drugs and Substances Act

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

Act current to November 25, 2009

To Schedule F:

Project #1597 - Addition of 3 medicinal ingredients (Idebenone, Idursulfase, Nesiritide), October 1, 2009

Project #1623 - Addition of 4 medicinal ingredients (Desvenlafaxine, Eplerenone, Fosaprepitant and Moclobemide), September 24, 2009

Project #1625 - RESCINDED Medical Ingredient Hyoscine and its salts, September 1, 2009

Project #1627 Proposed Addition of 1 Medicinal Ingredient (Vorinostat), June 26, 2009

Project #1627 Proposed Addition of 1 Medicinal Ingredient (Golimumab), May 15, 2009

Project #1627 Proposed Addition of 1 Medicinal Ingredient (Lapatinib and its salts), June 09, 2009

Project #1626 Proposed Addition of 1 Medicinal Ingredient (Collagenase), June 10, 2009

Project #1625 Proposed Addition of 1 Medicinal Ingredient (Hyoscine and its salts), June 9, 2009

Project #1624 Proposed Addition of 2 Medicinal Ingredients (Ustekinumab, Romiplostim), May 15, 2009

OCP By-Laws By-Law No. 1 – June 2009 ▲

Schedule A - Code of Ethics for Members of the Ontario College of Pharmacists - December 2006

Schedule B - "Code of Conduct" and Procedures for Council and Committee Members - December 2006

Schedule C - Member Fees - January 2009

Schedule D - Pharmacy Fees - January 2007

Schedule E – Certificate of Authorization – January 2005

Schedule F - Privacy Code - December 2003

Reference ▲

OCP Required Reference Guide for Pharmacies in Ontario, September 2009

* Information available at Publications Ontario (416) 326-5300 or 1-800-668-9938 www.e-laws.gov.on.ca

** Information available at www.napra.org

☺ Information available at Federal Publications Inc. Ottawa: 1-888-4FEDPUB (1-888-433-3782)

Toronto: Tel: (416) 860-1611 • Fax: (416) 860-1608 • e-mail: info@fedpubs.com

▲ Information available at www.ocpinfo.com



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