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.

1. Joseph Hanna
2. Elaine Akers
3. Sherif Guorgui
4. Tracey Phillips
5. Donald Organ
6. Zita Semeniuk
7. Tracy Wiersema
8. Saheed Rashid
9. Bonnie Hauser
10. Gerald Cook
11. Christopher Leung
12. Peter Gdyczynski
13. Sanjiv Maindriatta
14. Stephen Clement
15. Jon MacDonald
16. Doris Nessim
17. Shelley McKinney

PM Joinal Abdin
PM Thomas Baulke
PM Corazon dela Cruz
PM Babek Ebrahimzadeh
PM James Fye
PM David Hoff
PM Margaret Irwin
PM Javaid Khan
PM Lewis Lederman
PM Aladdin Mohaghegh
PM Gitu Parikh
PM Joy Sommerfreund
U of T Henry Mann
U of W Nancy Waite (interim)  Acting Director

Statutory Committees
- Executive
- Accreditation
- Discipline
- Fitness to Practice
- Inquiries Complaints & Reports
- Patient Relations
- Quality Assurance
- Registration

Standing Committees
- Communications
- Finance
- Professional Practice

Special Committees
- Standards of Practice Working Group
- Pharmacy Technicians Working Group

College Staff

Office of the Registrar x 2244
jaddesi@ocpinfo.com

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

Office of the Director of
Professional Practice x 2241
ltodd@ocpinfo.com

Office of the Director of
Finance and Administration x 2244
jaddesi@ocpinfo.com

Registration Programs x 2250
jsantiago@ocpinfo.com

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

Investigations and Resolutions x 2274
kspadafores@ocpinfo.com

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

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

Registration and Membership Information:
ocpclientservices@ocpinfo.com

Pharmacy Technician Programs
ocpclientservices@ocpinfo.com

Publications x 2229
mlee@ocpinfo.com
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.

Anjali Baichwal
Associate Editor
abaichwal@ocpinfo.com

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

Neil Hamilton
Distribution
nhamilton@ocpinfo.com

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

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pharmacy connection
July/August 2010 Volume 17 • Number 4

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Anjali Baichwal
Associate Editor
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Agostino Porcellini
Production & Design/Webmaster
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There is a lot of uncertainty about how pharmacy services will move forward in the coming months. Many of you wrote letters to the College expressing a wide variety of views on the subject and two of those letters are published in this edition of Pharmacy Connection (see page 6). Despite all the publicity, pharmacists have continued to provide quality services to the public.

Recently, the focus in the profession has switched to considering how professional services can be expanded, and to implementing the new scope of practice. Several of you have suggested to me that we need this advanced scope of practice now. I couldn’t agree more. Patients will have greater access to care once Ontario pharmacists are able to perform a greater role.

The College is taking advantage of work done by our peers across Canada, and compiling the scope documents produced in each province. After consultation with stakeholders and practitioners, we are preparing a framework for the regulations, standards and guidelines for each of the new authorized acts as well as for ordering laboratory tests, which will be reviewed by Council and then circulated to members. Your feedback will be important in clarifying and finalizing the framework, so that appropriate regulations can be drafted as quickly as possible. At the same time, we are working with other health care professionals within Ontario to ensure that our model of advanced practice is a collaborative one. We are working together to ensure that common standards and principles are followed no matter who is performing the controlled act.

OCP Council has recently adopted the Standards of Practice for Canadian Pharmacists which are printed in this edition. These new standards address the advancing scope which is already in place in other provinces, and is in development in our province. As an advanced practice emerges, pharmacists taking on these roles will be expected to meet the standards of practice as outlined in this national document. It addresses the pharmacist’s role in extending refills, managing medication therapy, prescribing, ordering and interpreting lab tests and administering medications by injection, as well as current roles of providing patient care, drug information, patient education, drug distribution and managing a pharmacy. Reviewing these new standards of practice is an excellent way of assessing whether you are prepared for what is to come. All pharmacist members have access to the CPD portal and the on-line self-assessment, where you can self-assess your ability to meet these standards in your current daily tasks, as well as the advanced scope.

It will take something on the part of all pharmacists and pharmacy stakeholders in Ontario to prepare ourselves for the new scope of practice and its implementation into every day practice.
As my term as President nears an end, we find ourselves in tumultuous times and I admit, I have been worried about the profession. But I have also been hopeful. My worry is rooted in the way patient safety was tossed around in the responses to the proposed changes to the funding model. It is a model that I personally do not think was sustainable. But my hope is for much better things for the profession.

At a recent past Presidents reception, I asked each of them to speak on the most significant events that happened when they were President. It didn’t take long before we were on a trip down memory lane, and on several occasions I remember thinking “Boy, how did we adapt to that issue or how did we adjust to cope with that change?” I am glad to say that in every case we did adapt and we have adjusted like we do every day. Overall, challenges have become opportunities for our profession.

This is the message that we can all take away from the most recent changes to the Public Drug System. The message that we should be sending out to our patients is, that regardless of how the business model of pharmacy changes, the quality of care that we provide to you will not change.

We have talked the talk for a long time. The real awakening here is that we must now walk the walk and begin to change our practice. Some innovators had already started to look at ways of being paid for cognitive services, but the profession, as a whole, has been relying on dispensing fees and professional allowances.

So where do go from here? Somehow we must not look back and lament, but move on to a new way of practice. We are anxious for the new scope of practice that is moving forward in Ontario. But there are many things we could be doing right now. What services are you already offering or could you offer that do not require an expanded scope and could be implemented today? And if you are like me and graduated a number of years ago, you may be thinking about how you can take advantage of the many educational programs available so that you can interpret lab tests and adjust doses of medication in order to better manage drug therapy.

Since Bill 179 passed in December, the College has been meeting with pharmacists and other stakeholders regarding the new scope of practice. We have also been meeting with other health care professionals who will share common authorized acts of prescribing, administering and dispensing drugs. We’ve been doing this to ensure that Regulations that the College puts forward are a collaborative effort with our health professional colleagues. The goal is to ensure that the Ontario public receives quality health care services, no matter which health professional provides that service.

Ontario pharmacists have always provided quality care to their patients, and I ask you to join me in putting the past aside and helping to develop the new practice. If we are going to walk the walk, we will not get far if we spend our time looking back at what went wrong or what should have been. But if we can direct our collective efforts at better patient care through an expanded scope, it will be satisfying for both patients and the profession.
I commend you on your message that was included in the May/June edition of Pharmacy Connection.

Given the present day situation that the Ministry of Health & Long Term Care has created with its policy changes within Ontario’s Public Drug System, I was optimistic that the profession would be able to reach above the everyday business of pharmacy services and showcase its real value as a senior partner in the provision of pharmaceutical care. This is where the real challenge and indeed the real opportunity for pharmacy as a profession has the opportunity to make its mark.

The decision by a number of independent pharmacy practitioners to follow its usual pathway whenever a controversial issue arises only serves again to indicate that perhaps the profession is still not ready to assume the role that would have shown both the general public as well as those deciding public health care policy that the knowledge base and associated skills of a pharmacy practitioner is a vital component of health care services. I am indeed very disappointed that the profession has seemingly failed to see the opportunity and allowed the challenge to go unheeded.

I have to express my frustration and disappointment in the way that pharmacy in general has responded to the current issues. I can only hope that the new voice of pharmacy will take on the challenge and realize the real opportunity there is to forever change the public’s perception of the pharmacy profession.

Michael V. McRae, B.Sc.Phm.,PEBC

In your Registrar’s Message in the latest issue of Pharmacy Connection, you asked what the challenges facing the business of pharmacy have to do with the health profession of pharmacy. I thought you deserve an answer.

The health profession of pharmacy is why we do what we do. It’s our passion to provide care for the people we serve that motivates us and provides job satisfaction.

The business of pharmacy is what enables us to continue to do what we love to do. I think it’s obvious that without the health profession of pharmacy, there is no need for the business of pharmacy, but I suspect that you believe the profession is separate from the business. It isn’t.

If a pharmacist can’t make a decent living being a pharmacist, he or she is going to make a living doing something else. When we arrive at that point, the business must adapt to the profession such that the pharmacist is able to make a living as a pharmacist. This must happen, or the profession ceases to exist. This is equally true for the business and practice of medicine, hospital administration, shoe manufacturing, or any other provision of product or services.

The health profession of pharmacy is poised for a great re-birth. I look forward to a future where I am able to practice within an expanded role as a pharmacist, but I fear that the crisis that the Ontario government is thrusting us into will kill any prospects of realizing that expanded role.

Please consider that the $750 million dollars that the Ontario government has targeted for removal from the pharmacy sector this year is greater than the net profits from prescription sales of all Ontario pharmacies combined in 2009. The entire industry will be rendered, not only non-profit, but in a deficit position. How can we possibly recover from that? You can only come to the conclusion that pharmacies will close, pharmacists will lose their jobs, and surviving stores will be under enormous pressure to increase productivity. The end result will be less time for pharmacists to interact with patients, reduced ability to meet standards of care and greater risk of harm to the patient. It will also mean even further overcrowding of our ER departments and less access to physicians.

For the health profession of pharmacy to be healthy, we need the business of pharmacy to be healthy.

In your message you state: “nothing has ever precluded pharmacists from charging a reasonable fee for the services they provide.” This is untrue. I direct your attention to the Ontario Drug Benefit Act, Section 4 (3) which
states: “An operator of a pharmacy may charge, or accept payment from, a person in respect of supplying a listed drug product in an amount not greater than the maximum co-payment the executive officer is permitted to subtract under subsection 6 (1). 1996, c. 1, Sched. G, s. 4; 2006, c. 14, s. 10 (3).” Pharmacies have no legal right to charge or receive a reasonable fee for services provided for the 44% of all prescriptions filled in Ontario under the public drug program.

Our profession does require a change in business model. We have all been working toward that change for some time, however, the Ontario government’s reforms would have us change our model at a much accelerated rate. Let’s take an inventory of the tools we have at our disposal to implement change:

1. Bill 179 enhancing our scope of practice has been passed, but regulations still need to be ratified.
2. Regulation of technicians is proceeding, but still not a practical reality.
3. The Ontario government has announced funds for enhanced services, but no plan what those services will be or how much they are willing to pay.

In short, we have no tools with which to implement positive change our business model at this time. For the last several weeks, we have been continuing to put the care of our patients first, while at the same time attempting to mitigate the government’s drastic and reckless cuts to health care. We have been doing this so that we can continue to provide the quality of health care that Ontarian’s deserve. As a pharmacist, I am ashamed that OCP has failed in its mandate to protect the public by refusing to recognize that the Ontario government is placing patient care at risk in this province.

Sincerely,

Bryan Hastie, R.Ph., B.Sc.Phm.
Kitchener, Ontario
Council Unanimously Approves Regulatory Proposals to Enable Remote Dispensing

College Council unanimously approved regulatory proposals that will permit authorized Ontario pharmacies to dispense certain drugs through remote dispensing locations. Council supports remote dispensing as a means to improve access to prescriptions and prescription services for Ontarians who would otherwise have limited or no access to such services.

This College has been working to incorporate the safeguards and accountabilities necessary for remote dispensing into every relevant section of the consolidated regulation that deals with dispensing in accredited pharmacies under the DPRA (Drug and Pharmacies Regulation Act). The process has been an extremely complex and comprehensive one in which the College and College Council, through the various committees, have endeavoured to ensure that regulatory proposals were established and guided by the five principles previously approved by Council and which reflect the College’s public protection mandate:
1. so that accountability is clear and assured, remote dispensing will be offered through authorized, accredited Ontario pharmacies where all rules, requirements, and standards apply
2. remote dispensing must enable the pharmacist’s role in providing patient care through medication therapy management
3. public safety and security must be assured
4. patient privacy and confidentiality must be preserved at all times
5. regulations must protect against drug diversion and sub-standard products

The proposed regulations are being circulated for consultation and all feedback received will be considered prior to final ratification of the draft regulations, expected to occur at the next meeting of College Council in September. For comprehensive versions of the proposed regulations, please visit the College website www.ocpinfo.com.

Member comments should be made, in writing, to Barbara Cadotte, Senior Policy Analyst, (bcadotte@ocpinfo.com) by Friday August 6, 2010

Drug Reform Legislation

The introduction of proposed changes to the Ontario Drug Benefit Act (ODBA) and the Drug Interchangeability and Dispensing Fee Act (DIDFA) continue to attract much media attention.

Council agreed that the College cannot become involved in any economic disputes between pharmacy business and government and also that pharmacists must uphold their duty to provide quality care to patients in accordance with the standards of practice and in a manner that assures patient safety and protection.

In addition, the College has been made aware of the impact this legislation may have on pharmacy students and interns in Ontario and staff in constant communication with the staff from both the faculties of pharmacy as well as from the Ministry of Health and Long-Term Care and the Ministry of Training, Colleges and University to assess and monitor this situation on a weekly basis.

Communications Update

Council endorsed a communications strategy for the College to deliver a multipronged communication initiative that will educate the public and reinforce the important role the College plays. Under the direction of the President and the College’s government relations advisors, the College will:
• Distribute a series of news releases as appropriate over the next couple of months that focus on the College’s recent initiatives and its role in regulating the profession in the public interest while enabling innovation and technology;
• Develop key messages for both members and the public;
• Communicate key messages regarding OCP’s role and current initiatives to our members through Pharmacy Connection/direct mail/email.

In addition, in the coming year, the College, through its Communications Committee, will begin a brand positioning process to determine whether a new visual identity is needed or appropriate.

Council Honours Dr. Jake Thiessen on his retirement

Following adjournment of Council discussions on Monday, June 7, 2010, a Reception to recognize and honour
Dr. Thiessen on his retirement was attended by Council members. Dr. and Mrs. Thiessen were guests of honour at the Reception and Registrar Williams and President Clement took the opportunity to thank Dr. Thiessen for his considerable input both at Council and committee levels during his tenure.

**PEBC/NAPRA Representative Reports**

Included for Council’s information was a report from Mr. Gdyczynski, the College’s representative on the Pharmacy Examining Board of Canada (PEBC). Council recognized Mr. Gdyczynski’s election as President of PEBC and noted for information the progress on various PEBC initiatives.

Council also received a report from the College’s representative, Ms. Tracy Wiersema, respecting discussions at NAPRA’s (National Association of Pharmacy Regulatory Authorities) recent Annual Board Meeting. NAPRA continues to work with all pharmacy regulatory bodies across Canada and has obtained consensus to work collaboratively on four emerging issues: establishing pharmacists’ standards – monitoring and evaluation; regulating pharmacists to meet patient needs; ensuring accountability of self-regulators; and assessing the impact of technology on the practice of pharmacy.

Other recent accomplishments include obtaining $3.7 million funding from the Government of Canada’s Foreign Credential Recognition Program to establish and maintain a plain language website and tools that will help streamline the application process for international pharmacy graduates to become licensed to practice pharmacy in Canada. To this end, Registrar Williams and Ms. Susan James, Manager, Registration Programs attended a meeting on the *Pan-Canadian Framework for the Assessment and Recognition of Foreign Qualifications* on May 13, 2010 in Ottawa. The objective of the meeting was to discuss the Pan-Canadian Framework, how it relates to the profession of pharmacists, and approaches to implementation with federal and provincial government officials.

**Natural Health Products Update**

Council received an update on recent activities respecting Non-approved Marketed Health Products. Health Canada is moving forward with proposed regulatory changes and recently released draft regulatory proposals through their publication in *Canada Gazette Part I* on May 8, 2010. The College’s comments and concerns were submitted to NAPRA and have been incorporated into NAPRA’s response to Health Canada. In the meantime, Council re-affirmed the College’s long standing position that in order to assure public safety and protection, pharmacists only purchase and sell products that have been approved by Health Canada and obtained from bona fide sources.

NAPRA is working on behalf of all pharmacy regulatory authorities with Health Canada to ensure that all pharmacists who purchase drugs from bona fide federally-regulated manufacturers and wholesalers may trust that the products they purchase are indeed approved for sale in Canada.

**Registration Regulation Update**

College staff, legal counsel and the Ministry all continue to collaborate on the Registration Regulations and Council is very hopeful that regulations will be approved in time for the College to license pharmacy technicians before the end of this summer. In this vein, President Clement has extended Ms. Amber Walker and Ms. Tracy Wills’ appointments as pharmacy technician observers to Council. The observer positions will expire upon election of regulated technicians as members of Council.

**Ontario Fairness Commissioner**

A document respecting the *Draft Standards for the Assessment of Registration Practices*, circulated by the Fairness Commissioner on March 8, 2010, was received for information by Council. The document describes what regulatory bodies must work toward to ensure that everyone is treated fairly when applying for registration in a regulated profession, whether the applicant was educated in Ontario or elsewhere. Following communication of jurisdictional concerns by the Federation of Health Regulatory Colleges (FHRCO) through its legal counsel, Dr. Augustine has agreed to convene a working group of stakeholder representatives to discuss the feedback received and the direction and content of the next draft. A watching brief will be kept on this matter.
Bill 179/Interprofessional Collaboration

Following the introduction of an omnibus bill that will increase access to health care services by the public of Ontario through expanding the scopes of pharmacists and other health care professionals, Bill 179 received Royal assent on December 15, 2009. Since that time, the College has focused its activities on preparing the regulations to the Pharmacy Act to enable the advanced scope for pharmacists, working within the parameters approved by government (administering by injection and inhalation for the purposes of education and demonstration, initiating therapy for smoking cessation, adapting, adjusting, extending drug therapy already written by another prescriber, piercing the dermis to allow blood glucose monitoring and ordering laboratory tests for medication therapy management).

To this end, meetings have occurred not only with numerous pharmacy stakeholders but also with health regulators from the Federation of Health Regulatory Colleges of Ontario (FHRCO) to collaborate on principles and standards for the various controlled acts related to dispensing, prescribing, compounding, selling, administrating and monitoring drug therapy. While the College’s input is valued from the aspect of dispensing, selling and compounding drugs, and for interpretation of the Drug and Pharmacies Regulation Act and its Regulations, we are, in return, receiving valuable input with respect to the development of our advanced scope from our colleagues. On a related matter, Council was pleased to note that at a recent meeting of the College of Physicians and Surgeons of Ontario, the Council approved a policy on Dispensing Drugs and that clearly sets out the expectation is that physicians dispense according to the same standards as those expected of pharmacists.

ePrescribing Demonstration Project Extension Approved

Glenn Thompson and Dr. James Layne, the pharmacist-physician leads from the Georgian Bay demonstration sites, presented to Council an overview of the e-prescribing demonstration project. The presentation was received very favorably by the Council members and there was agreement at the table that the two projects be granted a further extension, with the expectation that regular, comprehensive evaluations and findings will be provided to this College as well as the College of Nurses of Ontario and the College of Physicians, so that the learnings can inform the development of the Provincial Drug Information System.

Appointments Updates

The following appointments were noted by Council:

- Ms. Margaret Irwin - reappointed to College Council to April 3, 2013
- Mr. Lew Lederman – reappointed to College Council to June 19, 2013
- Mr. Gerry Cook – appointed as the College’s representative on PTPAC (Pharmacy Technician Programs Accreditation Committee) at the Canadian Council for Accreditation of Pharmacy Programs (CCAPP).
- Ms. Tina Perlman, Manager, Pharmacy Practice, as Inspector.

Quality Assurance Policy on Peer Review Endorsed

College Council endorsed a decision made by the Quality Assurance Committee (QA) respecting selection of candidates for the Peer Review. There was agreement that the number of candidates randomly selected for the Peer Review for the second time will be limited to no more than five percent of the total number of candidates selected per Peer Review session. Pharmacists who have successfully completed the Peer Review will be exempted from the random selection process for five years after completion, and for the following ten years, pharmacists selected for a second time will only be required to undergo the Clinical Knowledge Assessment. This will allow for the majority of resources to be allocated on assessing initial candidates.

Next Council Meeting Date:

September 13 & 14, 2010

For information, please contact Ms. Ushma Rajdev at urajdev@ocpinfo.com
College Unanimously Approves Regulatory Proposals for Remote Dispensing

At its June 7 2010 meeting, the Council of the Ontario College of Pharmacists (OCP) unanimously approved regulatory proposals that will permit authorized Ontario pharmacies to dispense certain drugs through remote dispensing locations.

“These proposals are the result of extensive study and consultation. Our Council supports remote dispensing as a means to improve access to prescriptions and prescription services for Ontarians who would otherwise have limited or no access to such services. We also want to make sure that the appropriate safeguards and accountabilities are in place to protect the public,” said OCP President Stephen Clement.

The College’s regulatory proposals are guided by five principles which reflect the College’s public protection mandate.

1. accountability must be clear and assured: remote dispensing will be offered through authorized, accredited Ontario pharmacies where all rules, requirements, and standards apply
2. remote dispensing must enable the pharmacist’s role in providing patient care through medication therapy management
3. public safety and security must be assured
4. patient privacy and confidentiality must be preserved at all times
5. regulations must protect against drug diversion and sub-standard products

The next phase in the development process for these regulatory proposals is consultation with pharmacists, pharmacy stakeholders and other interested parties. The proposals will now be available for comment, and all feedback received will be considered prior to final ratification of draft regulations, expected to occur at the next meeting of College Council in September. Once ratified, these proposals will be forwarded to Ontario’s Ministry of Health and Long Term Care for approval.

“Since the passage of Bill 179 in December 2009 which enabled remote dispensing, the College has worked to bring forward, in a timely fashion, rational rules that ensure all aspects of remote dispensing occur in a manner that assures public safety and maintains Ontario’s safe drug distribution system,” said Deanna Williams, OCP Registrar.

Visit the College’s website www.ocpinfo.com to view the complete draft regulations

REQUEST FOR FEEDBACK

Stakeholder feedback is invited on changes to the Drug and Pharmacies Regulations Act (DPRA), as ratified by Council June 7, 2010.

The Regulations to the DPRA contain additional provisions to accommodate remote dispensing. Two versions of the Regulations have been posted, one of which highlights the proposed changes since last ratified by Council and the other which is simply a clean version of the same document.

This posting of Part VIII Advertising, is also deemed to be a posting of revised Regulations under the Pharmacy Act, 1991.

Feedback is to be provided in writing to Barbara Cadotte, Senior Policy Analyst, by Friday August 6, 2010 by email to bcadotte@ocpinfo.com
Standards of Practice for Canadian Pharmacists

Last fall, College Council approved the adoption of the Model Standards of Practice for Canadian Pharmacists which have been developed by the National Association of Pharmacy Regulatory Authorities (NAPRA). Effective January 1 of this year, these Standards replaced the current OCP Standards of Practice and Standards of Practice for Managers.

Although the format and wording of the Model Standards is different from that of the College’s previous Standards, the expectation of the College regarding the practice of its members is consistent. While there is a variety of professional roles fulfilled by pharmacists, not all pharmacists perform each of the roles as part of their daily work; when they do, they will be expected to achieve the level specified in the Standards. In this way, regardless of setting, the expectation of care associated with a particular role will be consistent. Policies and guidelines pertaining to the role of Designated Managers will be developed and communicated to members in the future.

The College is currently in the process of transitioning the membership to the new Standards by incorporating them into each program area of the College. We have printed the Standards in their entirety starting on page 13. In future issues of Pharmacy Connection, we will address the new Standards and provide information on their application. In this issue, for example, we have outlined how the College has integrated the Standards into the Self-Assessment Tool in the Continuing Competency area.

Standards of Practice Component of the Self-Assessment Tool

Following OCP’s adoption of NAPRA’s Model Standards of Practice for Canadian Pharmacists, the College revised the wording in the Self-Assessment Tool.

The College has integrated the Standards of Practice into the first section of the Self-Assessment Tool. Here, the respondent rates him or herself against a series of statements which reflect the Standards of Practice. Through this process, feedback is provided, indicating items that are learning opportunities. In addition, aggregate information for all pharmacists completing the Self-Assessment is provided, allowing the respondent to compare his or her learning needs to those of his or her peers, and then develop learning objectives and an Education Action Plan.

The revised Standards of Practice section in the Continuing Professional Development (CPD) Portal was launched in May 2010. Members who are required to complete the Self-Assessment this year will be assessing themselves to the new Standard.
MODEL STANDARDS OF PRACTICE

The following describe the Model Standards of Practice required of pharmacists licensed to practice in Canada. These MSOP are drawn from NAPRA’s *Professional Competencies for Canadian Pharmacists at Entry to Practice* (2007), but do not replace them. Instead, the numbers in brackets that follow either the general standards or model standards of practice refer to competency elements in NAPRA’s *Professional Competencies for Canadian Pharmacists at Entry to Practice* (2007). Model standards of practice that relate to emerging scope of practice activities that are part of the patient care competency but that have not yet been explicitly stated as competency elements in the 2007 *Professional Competencies* are identified with an asterisk.

1. **Expertise in medications and medication-use.**

<table>
<thead>
<tr>
<th>General Standard</th>
<th>Model Standard of Practice</th>
</tr>
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</table>
| Pharmacists maintain their competence. (3.5)                                    | **Pharmacists regardless of the role they are fulfilling:**  
1. fulfill the provincially mandated requirements for maintenance of competence (e.g. CE, practice assessment, learning portfolio) (3.5)  
2. adhere to current laws, regulations and policies applicable to pharmacy practice (3.1)  
**Pharmacists, when providing patient care:**  
3. maintain all certifications / credentials required for their practice including emerging scope of practice activities that are authorized in specific provinces† (3.1, 3.4). |
| Pharmacists apply their medication and medication-use expertise while performing their daily activities. | **Pharmacists regardless of the role they are fulfilling:**  
4. recognize and practice within the limits of their competence  
5. use evidence from relevant sources to inform their activities (4.2, 4.3)  
6. critically evaluate medication and related information (4.4)  
7. present medication and related information in a manner appropriate to the audience (4.5)  
8. adhere to current laws, regulations and policies applicable to pharmacy practice (3.1)  
**Pharmacists, when providing patient care as part of the care provided when dispensing medications or medication therapies‡:**  
9. review each prescription for a medication that a patient is taking for the first time to ensure that this medication is the most appropriate for the specific patient, including collecting and interpreting relevant patient information to ensure that (1.1-1.5):  
  • there are no significant drug interactions or contra-indications, and |

† These emerging scope of practice activities vary by province and are changing substantially as many provinces revise relevant legislation. At present, such activities range from, but are not limited to, independent prescribing, delegated prescribing, prescribing by collaborative practice agreements, ordering of laboratory tests and administration of medications.

‡ See glossary for definition of dispensing.

§ See glossary for definition of medication therapies.
(continued)

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<thead>
<tr>
<th>General Standard</th>
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|                  | • the medication is the most appropriate in view of patient characteristics* *• other conditions and medications, and  
  • the dose and instructions for use of the medication are correct  
  10. rectify prescriptions for medications that patients are taking for the first time that pose risks to a patient by (1.6-1.7):  
  • making changes to the prescription in accordance with authorities granted to pharmacists by laws / regulations / policies / guidelines, and/or  
  • contacting a prescriber to recommend changes in the prescription, and/or  
  • refusing to dispense the medication  
|                  | • assess the appropriateness of providing a refill of a medication requested by a patient by collecting and interpreting relevant patient information to ensure (1.1-1.5):  
  • there are no significant drug interactions, contra-indications or adverse effects, and  
  • the medication is still required, and  
  • the dose and instructions for use of the medication are correct, and  
  • that the patient is receiving appropriate monitoring for this medication and disease  
  11. manage patient’s requests for refills of medications which pose risks to the patient by (1.6-1.7):  
  • making changes to the prescription in accordance with authorities granted to pharmacists by laws / regulations / policies / guidelines, and/or  
  • contacting a prescriber to recommend changes in the prescription, and/or  
  • refusing to dispense the medication  
|                  | • address problems with compliance that pose risks to the patient or can affect the efficacy of the medication by (1.7):  
  • educating the patient, and  
  • making changes to their medications and/or medication therapies in accordance with authorities granted to pharmacists by laws / regulations / policies / guidelines, or  
  • contacting a prescriber to recommend changes in therapy  
|                  | • extend refills on medications for chronic disease only*:  
  • under conditions specified by, and in accordance with authorities granted to pharmacists by, applicable laws / regulations / policies / guidelines, and  
  • when it is in the patient’s best interest to do so |

* Including socioeconomic status  
* MSOP that are associated with emerging scope of practice activities that have not yet been incorporated into NAPRA’s Professional Competencies Required of Canadian Pharmacists at Entry-to-Practice (2007).
## General Standard

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| 16. | extend refills on medications for chronic disease appropriately, having collected and interpreted relevant patient information to ensure:  
  - the patient’s chronic condition is sufficiently stable to warrant extension without evaluation by physician, and  
  - there are no significant drug interactions, contra-indications or adverse effects, and  
  - the medication is still required, and  
  - the dose and instructions for use of the medication are correct, and  
  - that the patient is receiving appropriate monitoring for this medication and chronic disease |
| 17. | educate patients to whom they dispense medication or medication therapies to enable the patients to receive the intended benefit of the medication or therapies |
| 18. | ensure required procedures are followed for controlled substances |
| 19. | ensure that medications are managed in a manner that assures the integrity of the product including minimization of diversion and dispensing errors (6.2) |

**Pharmacists, when providing patient care as part of the care provided during medication therapy management services**:  
20. prescribe medications independently or according to collaborative prescribing agreements, protocols, delegation agreements or medical directives only:  
  - under conditions specified by, and in accordance with authorities granted to pharmacists by, applicable laws / regulations / policies / guidelines, and  
  - when it is in the patient’s best interest to do so |

21. prescribe medications based on the pharmacist’s own assessment of the patient only having collected and interpreted relevant patient information to ensure:  
  - there are no significant drug interactions or contra-indications, and  
  - the medication is the most appropriate in view of patient characteristics, signs and symptoms, other conditions and medications, and  
  - the dose and instructions for use of the medication are correct. |

22. ensure their availability to patients requesting assistance for purchasing of non-prescription drug therapy or self-care measures of disease management or health maintenance |

23. recommend non-prescription drug therapy only having collected and interpreted patient information to ensure that:  
  - there are no significant drug interactions or contra-indications, and  
  - the medication is the most appropriate in view of patient characteristics, signs and symptoms, other conditions and medications, and  
  - the dose and instructions for use of the medication are correct |

24. recommend self-care measures for disease management that are evidence-based and cost-effective |

25. educate patients to whom they sell medications, or to whom they recommend self-care, to enable the patients to receive the intended benefit of the medication or therapies |

**Footnotes:**  
†† See glossary for definition of Controlled Substances  
* See footnote on page 14  
‡‡ See footnote on page 13
(continued)

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<tr>
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<tr>
<td>26. complete medication reviews with patients who are at risk of experiencing problems with their medications to identify:</td>
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<tr>
<td>• significant drug interactions, contra-indications or adverse effects, and</td>
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<td>• medications which are no longer required, and</td>
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<td>• incorrect dose or instructions for medication use, and</td>
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<tr>
<td>• noncompliance, and</td>
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<tr>
<td>• lack of appropriate monitoring for medications being used</td>
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<tr>
<td>27. rectify medication-therapy problems that pose risks to the patient or can affect the efficacy of the medication by (1.7):</td>
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<tr>
<td>• educating the patient, and</td>
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<tr>
<td>• making changes in therapy in accordance with authorities granted to pharmacists by laws / regulations / policies / guidelines, or</td>
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<tr>
<td>• contacting a prescriber to recommend changes in therapy</td>
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<tr>
<td>28. provide best-possible medication histories to patients or their authorized health care professionals*:</td>
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<tr>
<td>• only under conditions specified by applicable laws / regulations / policies / guidelines, and</td>
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<tr>
<td>• when patients are at risk for problems with their medications (e.g. demographic risk, complexity of medication regimes, hospitalization or change in physicians)</td>
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<tr>
<td>29. identify and reconcile changes in patient’s medication-therapy*:</td>
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<tr>
<td>• to patients requesting this service, and</td>
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<tr>
<td>• to patients who are at risk for medication-therapy problems related to transitions in health care services (e.g. hospitalization or discharge from hospital)</td>
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<tr>
<td>30. order laboratory tests for patients and/or access patient’s laboratory test results*:</td>
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<tr>
<td>• only under conditions specified by applicable laws / regulations / policies / guidelines, and</td>
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<tr>
<td>• only when it is in the patient’s best interest to do so, and</td>
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<tr>
<td>• when necessary to ensure that a patient’s medication therapy is safe and effective</td>
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<tr>
<td>31. interpret patient’s laboratory results to identify if patients require changes to their medication therapy*</td>
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<tr>
<td>32. manage required changes to patient’s medication therapy as identified via interpretation of laboratory results by*:</td>
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<tr>
<td>• making changes in therapy in accordance with authorities granted to pharmacists by laws / regulations / policies / guidelines, or</td>
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<tr>
<td>• contacting a prescriber to recommend changes in therapy</td>
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<tr>
<td>33. administer medications by injection only**:</td>
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<tr>
<td>• in accordance with authorities granted to pharmacists by laws / regulations / policies / guidelines, and</td>
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<tr>
<td>• when there are policies and procedures established for handling emergencies, and</td>
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<tr>
<td>• the environment in which the injection is to be administered is appropriate, and</td>
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<tr>
<td>• the pharmacist can take all appropriate steps to ensure that the injection is administered safely</td>
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* See footnote on page 14
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<thead>
<tr>
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<tbody>
<tr>
<td>Pharmacists, when providing drug information*:</td>
<td>34. accurately interpret medication-related questions posed / issues raised by various audiences (4.1)</td>
</tr>
<tr>
<td></td>
<td>35. use evidence and resources appropriate to the level of question / issue and with consideration of the potential impact of the information on the safe, effective and cost-effective use of medications</td>
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<tr>
<td>Pharmacists, when responsible for medication distribution / supply:</td>
<td>36. ensure that prescriptions received are complete, authentic and meet all legal and professional requirements (6.1)</td>
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<td>37. ensure that products selected are correct and consistent with applicable policies (6.1)</td>
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<td>38. ensure that quantities dispensed are correct (6.1)</td>
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<td>39. ensure the accurate preparation of compounded products including ingredients, processes and techniques (6.1)</td>
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<td></td>
<td>40. ensure that packaging and labelling are appropriate and meet legal and professional requirements (6.1)</td>
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<td>41. ensure that a final check of prescribed products is performed</td>
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<td></td>
<td>42. ensure that medications are stored in a manner that maintains stability and integrity (6.1)</td>
</tr>
<tr>
<td></td>
<td>43. ensure safe, legal, environmentally sound disposal of medications (6.1)</td>
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<td>44. ensure required procedures are followed for controlled substances</td>
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<td></td>
<td>45. ensure that medications are managed in a manner that assures the integrity of the product including minimization of diversion and dispensing errors (6.2)</td>
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<tr>
<td>Pharmacists, when managing a pharmacy:</td>
<td>46. ensure the physical layout of pharmacy conforms with applicable laws, regulations and policies, including an area which ensures patient confidentiality</td>
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<td>47. ensure that non-prescription products are located in the area of the pharmacy which is consistent with the appropriate drug schedule classification stated in the legislation 14</td>
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<td></td>
<td>48. organize staffing and workflow to enable pharmacists to fulfill standards of practice and to optimize patient care (7.2)</td>
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<td>49. establish job descriptions that hold staff accountable for professional performance consistent with standards of practice, including measurable performance indicators</td>
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<td>50. ensure staff access to required information / resources (7.3)</td>
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<td>51. ensure that inventory is managed to remove outdated stock and to ensure the quality and timeliness of medication supply (6.1, 7.3)</td>
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<td>52. ensure consistent adherence to laws, regulations and policies related to inventory management of scheduled drugs, controlled substances</td>
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<td>53. ensure that the pharmacy meets requirements for accreditation or permits to operate</td>
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<td>54. complete activities / submissions required for continued accreditation of the pharmacy</td>
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*See also the standards to be fulfilled by all pharmacists within the category of applying medication expertise to practice.
<table>
<thead>
<tr>
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<tr>
<td>Pharmacists, when educating pharmacy students / interns:</td>
<td><strong>Pharmacists regardless of the role they are fulfilling:</strong></td>
</tr>
<tr>
<td>55. comply with requirements, policies and procedures as established by the relevant Faculties of Pharmacy and provincial regulatory authorities</td>
<td>56. keep clear, accurate and legible records that are consistent with applicable legislation, regulations, policies and standards (1.9)</td>
</tr>
<tr>
<td>Pharmacists provide evidence of application of their medication and medication-use expertise through documentation (1.9).</td>
<td>57. make records in a timely manner, either concomitant with performing of a task or as soon as possible afterwards</td>
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<td>58. document their activities and the information necessary to support the rationale and quality of these activities (1.9)</td>
</tr>
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<td>59. adhere to current laws, regulations and policies relating to documentation and applicable to pharmacy practice (3.1)</td>
</tr>
<tr>
<td>Pharmacists, when providing patient care:</td>
<td><strong>Pharmacists, when providing patient care:</strong></td>
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<tr>
<td>60. document their decisions / actions, supporting patient and related information, and their interpretation of this information, including their:</td>
<td>document their decisions / actions, supporting patient and related information, and their interpretation of this information, including their:</td>
</tr>
<tr>
<td>• review of each prescription for a medication that a patient is taking for the first time to ensure that it is the most appropriate for the specific patient</td>
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<tr>
<td>• actions taken to rectify prescriptions for medications that pose risks to a patient</td>
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<tr>
<td>• assessment of the appropriateness of providing each refill of a medication</td>
<td>• assessment of the appropriateness of providing each refill of a medication</td>
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<tr>
<td>• management of patient’s requests for refills of medications which pose risks to the patient</td>
<td>• management of patient’s requests for refills of medications which pose risks to the patient</td>
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<tr>
<td>• assessment of each patient’s compliance when providing refills for medications for chronic disease</td>
<td>• assessment of each patient’s compliance when providing refills for medications for chronic disease</td>
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<tr>
<td>• actions to address problems with compliance that pose risks to the patient or can affect the efficacy of the medication</td>
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<tr>
<td>• appropriate extensions of refills of medications for chronic disease</td>
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<tr>
<td>• appropriate education of patients to whom they dispensed medications or medication therapies</td>
<td>• appropriate education of patients to whom they dispensed medications or medication therapies</td>
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<tr>
<td>• appropriate prescribing of medications according to collaborative prescribing agreements, protocols, delegation agreements or medical directives</td>
<td>• appropriate prescribing of medications according to collaborative prescribing agreements, protocols, delegation agreements or medical directives</td>
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<tr>
<td>• appropriate independent prescribing of medications</td>
<td>• appropriate independent prescribing of medications</td>
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<tr>
<td>• appropriate recommendations to patients requiring non-prescription drug therapies</td>
<td>• appropriate recommendations to patients requiring non-prescription drug therapies</td>
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<tr>
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<td>• appropriate education of patients to whom they sold non-prescription medications, or to whom they recommended self-care</td>
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<td></td>
<td>• completion of medication reviews with patients who are at risk of experiencing problems with their medications including documenting the presence of medication-therapy problems identified</td>
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<td>• actions to rectify medication-therapy problems identified via medication review</td>
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<td></td>
<td>• provision of complete medication histories to at-risk patients or their authorized health care professionals</td>
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<td>• identification and reconciliation of changes in at-risk patient’s medication-therapy*</td>
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<td>• ordering of laboratory tests for patients*</td>
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<td>• accessing of patient’s laboratory test results*</td>
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<td></td>
<td>• assessing of patient’s screening and diagnostic laboratory test results to identify problems in the patient’s medication therapy</td>
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<tr>
<td></td>
<td>• actions to rectify medication therapy problems identified via laboratory test results</td>
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<td></td>
<td>• appropriate administration of medications by injection</td>
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<td></td>
<td>• communication of relevant patient-care information to the patient and patient’s health care providers consistent with applicable laws, regulations and policies.</td>
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**Pharmacists, when responsible for medication distribution:**

61. document that the pharmacist has ensured:

• that prescriptions received are complete, authentic and meet all legal and professional requirements

• that a final check of prescription products prepared for distribution has been completed

• the quality and legality of products prepared for distribution

• that inventory management and distribution of scheduled drugs, controlled substances has been completed as required by applicable laws, regulations and policies

* See footnote on page 14


## Collaboration

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| Pharmacists work constructively with students, interns, peers and members of the inter-professional team. | **Pharmacists regardless of the role they are fulfilling:**
1. treat colleagues with respect (2.2)  
2. act as a positive role model  
3. fulfill their roles and obligations to colleagues in a timely manner (2.1)  
4. make efficient use of the expertise and availability of colleagues (2.3 and 3.5)  
5. adhere to applicable laws, regulations and policies applicable to pharmacy practice including those related to delegating, and accepting delegation of professional tasks (3.1)  
6. ensure their activities are consistent with the health care goals of maintenance of wellness and health promotion (2.4)(5.3) |

| Pharmacists, when providing patient care: |  
7. refer patients to appropriate members of the health care team, including for management of (2.3):  
   a. health care issues requiring medical, dental or optometric care  
   b. medication-therapy problems beyond their individual competence  
8. recognize and work within the limits of their competence when accepting responsibility for activities as part of collaborative practice  
9. fulfill their responsibilities to the inter-professional team in accordance with collaborative practice agreements (or similar formal agreements that define team responsibilities)  
10. maintain certifications in CPR and emergency First Aid  
11. provide information on services available to support patients in maintaining their health and wellness |

| Pharmacists, when managing a pharmacy: |  
12. organize and support staffing and workflow changes necessary to enable pharmacists to participate in collaborative care initiatives  
13. establish and maintain professional relationships with other health care professionals to support collaborative care initiatives  
14. provide a work environment that supports collaborative care practices |

| Pharmacists communicate effectively. | **Pharmacists regardless of the role they are fulfilling:**
15. are proficient in written and verbal English or French  
16. use effective verbal, non-verbal, listening and written communication skills (5.1)  
17. demonstrate sensitivity, respect and empathy when communicating with diverse groups (5.2) |

| Pharmacists, when providing patient care: |  
18. listen to patients and respect their views about their health and medications  
19. give patients the information they need to make decisions about their care in a way they can understand, including addressing communication challenges related to foreign languages or illiteracy  
20. respond to patient’s questions  
21. pass on information to health care professionals providing care to patients as required (1.6):  
   • only in accordance with applicable laws, regulations and policies, and  
   • to support safe and effective therapy, and  
   • while maintaining patient confidentiality |

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**Note:** At the equivalent of the Red Cross Workplace Standard First Aid and CPR Course level  
(http://www.redcross.ca/article.asp?id=639&tid=021)

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### Safety and Quality

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| Pharmacists undertake continuing professional development, quality assurance and quality improvement. | **Pharmacists regardless of the role they are fulfilling:**  
1. fulfill the provincially mandated requirements for continuing professional development (e.g. CE, practice assessment, learning portfolio) (3.5)  
2. collaborate as required to regularly evaluate their care processes and pharmacy practices (6.3)  
3. ensure that staff or support personnel for whom they are responsible are delegated and undertake pharmacy-related activities appropriate to their training and consistent with legislation, regulations and policies  
4. ensure that staff or support personnel working under their direct supervision competently perform delegated pharmacy-related activities  
5. adhere to applicable laws, regulations and policies applicable to pharmacy practice  
6. accept responsibility for ensuring that the practice environment in which they have selected to work supports their provision of quality pharmacy care and services  

**Pharmacists, when managing a pharmacy:**  
7. develop policies and standard operating procedures that ensure a safe and effective system of medication supply is maintained at all times  
8. develop policies and standard operating procedures that support staff’s ability to continuously improve the safety and quality of patient care provided  
9. develop and implement practice change models based on measurement and improvement in the quality of care and services provided by pharmacists  

| Pharmacists respond to safety risks. | Pharmacists regardless of the role they are fulfilling:  
10. manage errors, incidents and unsafe practices (2.6)  
11. promptly disclose alleged or actual errors, incidents and unsafe practices to those affected and in accordance with legal and professional requirements (2.6)  
12. record and report alleged and actual errors, incidents and unsafe practices in accordance with legal and professional requirements (2.6)  
13. adhere to applicable laws, regulations and policies applicable to pharmacy practice (3.1)  

**Pharmacists, when providing patient care:**  
14. report the occurrence of adverse events and close-calls*** (2.6)  

**Pharmacists, when managing a pharmacy:**  
15. review errors and incidents to determine patterns and causal factors that contribute to patient risk (2.6)  
16. develop and implement policies and procedures that minimize errors, incidents and unsafe practices, including supporting staff in their obligation to report adverse events and close-calls (2.6) |

*** Close calls are defined by the Canadian Patient Safety Institute as events with the potential for harm that did not result in harm due to timely intervention or good fortune.
4. **Professionalism and Ethics**

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| Pharmacists demonstate professionalism and apply ethical principles in their daily work. | **Pharmacists regardless of the role they are fulfilling:**
1. treat others with sensitivity, respect and empathy
2. demonstrate personal and professional integrity (3.3)
3. accept responsibility for their actions and decisions (3.3)
4. adhere to applicable laws, regulations and policies applicable to pharmacy practice (3.1)

**Pharmacists, when providing patient care:**
5. demonstrate a caring, empathetic, professional attitude (1.1)
6. maintain professional boundaries (3.3)
7. maintain the patient’s best interest as the core of all activities (3.2)
8. protects the patient’s privacy when collecting and using relevant information
9. educate and enable patients to make informed choices, involving them in decision-making (1.4 and 3.2)
10. educate patients to support their ability to provide self-care
11. ensure confidentiality of patient information is maintained (3.2)
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 focusing on issues and incorporating best practices into Ontario pharmacies.

DID YOU KNOW ...

... that best practice is for a pharmacist to sign for a prescription before release of the medication? This should occur at the time of dispensing. It is important not to just look at the hard copy against the prescription, and then sign the hard copy after the medication has left the pharmacy. To help prevent errors, the pharmacist needs to focus on the prescription, check the DIN on the stock bottle against the DIN on the hard copy, and check the prescription against the hard copy, along with all of the other checks to make sure the medication being dispensed is right for the patient and is indeed what the prescriber ordered. Signing after the fact could mean that the patient leaves the pharmacy with the wrong information or, worse, the wrong medication.

... that hard copies must be attached to the original authorization? If the prescription is a refill, the hard copy should clearly reflect this.

... that if a verbal prescription is entered directly into the computer, the pharmacist must document on the hard copy that authorization was given verbally by the physician? Best practice is for the pharmacist to write out verbatim what the physician is prescribing over the phone (repeating information back to the physician to ensure accuracy) and then to attach this verbal prescription to the hard copy. The verbal prescription must include all information required on a regular prescription, along with the pharmacist’s signature. It is recommended that the pharmacist document specifics, such as who he or she spoke with and the time of the call. Pharmacy assistants or certified technicians are not allowed to take verbal prescriptions.

... that a pharmacist must sign for a balance owing and document the date on which the balance was filled? The quantity filled originally and the quantity of the balance should be specified. Pharmacies normally print a second label for the balance or document on the original hard copy.

More information on these and other practice issues are available by searching on the issue in question on our website at www.ocpinfo.com.

Hazardous Waste Program – Free for Pharmacies

Effective July 1, the consolidated Municipal Hazardous and Special Waste (MHSW) program - also called the Orange Drop program - assumed responsibility for the collection of sharps and pharmaceuticals in Ontario. All costs associated with the collection of sharps and pharmaceutical waste will be borne by those organizations that make and market these products and materials. This means that participation in this voluntary program is FREE for pharmacies.

Stewardship Ontario has sent out information packages to all pharmacies. If you have any questions, and especially those pertaining to the logistics of the program, please call the Stericycle Customer Service Team at 1-888-312-5996 or email them at: customercarecanada@stericycle.com.
June 17, 2010  Health Canada is aware of the communication recently issued by the U.S. Food and Drug Administration (FDA) regarding liquid vitamin D supplements and the risk of dosing errors in infants. Liquid vitamin D products are also available in Canada, and parents and caregivers are reminded to use care when giving liquid vitamin D to an infant.

June 17, 2010  Bayer Inc., in collaboration with Health Canada, would like to remind you of important safety information regarding reports of uterine perforation in women treated with MIRENA (Levonorgestrel-Releasing Intrauterine System).

June 16, 2010  Health Canada is advising consumers not to use the following foreign health products due to concerns about possible adverse reactions: COMECOO, ZHONGCAOYAO-JIANKANGJIANFEI - the Hong Kong Department of Health warned consumers not to buy or consume these two products after they were found to contain undeclared phenolphthalein, sibutramine and two unauthorized substances similar to sibutramine. Qingzhi Santian Shou - the Hong Kong Department of Health warned consumers not to buy or consume Qingzhi Santian Shou after it was found to contain undeclared sibutramine and an unauthorized substance similar to sibutramine. Vita Breath - the U.S. FDA warned consumers not to buy or consume Vita Breath because it may contain hazardous levels of lead, which is a heavy metal.

June 15, 2010  CANCIDAS (caspofungin acetate for injection) 50 mg/vial: Lot Numbers 0204Y, 1513X and 1734X - Expiry Date 30-JUN-2010. This voluntary product recall is being conducted as a precautionary measure due to a potential for a limited number of cracked vials to be present in these lots.

June 11, 2010  There has been a recent recall in the United States of Colleague Volumetric Infusion Pumps manufactured by Baxter Corporation. Health Canada considers the Colleague pumps that are in use in Canada to be acceptable, provided that they have received the most recent upgrade.

June 10, 2010  Ciprofloxacin Injection 2 mg/mL (Intravenous Infusion), 100 mL Bag (UPC 00891339001048) and/or 200 mL Bag (UPC 00891339001055) DIN 02301296. Due to complaints in the U.S. of floating matter in other sterile injectable products, all lots of Ciprofloxacin Injection 2 mg/mL, intravenous bags, are being voluntarily recalled to the user level as a precautionary measure. Product manufactured by Claris Lifesciences and distributed in Canada by Biosyent Pharma.

June 8, 2010  Animal-sourced insulins and biosynthetic (man-made) human insulins are used worldwide for managing diabetes. Recently, some concern has been expressed about the overall safety of insulins and the availability of animal-sourced insulins for those patients who cannot manage their disease using biosynthetic human insulin.

June 8, 2010  Health Canada is warning Canadians that the unauthorized health products "Vigofit" and "Once More," which are promoted to enhance male sexual performance, have been seized by Health Canada inspectors from retail stores in Abbotsford and Surrey, British Columbia. These two products contain sildenafil, a prescription medication that may pose serious and potentially life-threatening health risks, particularly to people with heart problems.

June 4, 2010  Following a February 2010 Advisory concerning unauthorized products sold under the OM Fusion Distributors LLC label, additional unauthorized products with the OM Fusion label have been removed from the Canadian market by Health Canada.

June 3, 2010  Pfizer Canada Inc. made the following changes to the Canadian Product Monograph for CHAMPIX (varenicline tartrate): A boxed warning highlighting recommendations about neuropsychiatric adverse events, a warning about rare reports of serious allergic and skin reactions, a guidance for prescribers about information to be shared with their patients prior to and during treatment, and an additional dosing option for CHAMPIX.

May 26, 2010  Unauthorized health products that may pose a serious health risk were seized by Health Canada at YVS (Your Vitamin Store) in Metrotown, Burnaby, British Columbia. The labels indicate the products contain ingredients that legally require the products to be sold by prescription or with specific controls because they are used to treat serious diseases or may have side effects that require monitoring by a health care practitioner.

May 25, 2010  Accidental needle detachment prior to or during the administration of RISPERDAL CONSTA (risperidone powder for injectable prolonged-release suspension) could lead to needle stick injury or incomplete drug injection. Janssen-Ortho recommends close attention to the instructions for use and verification of the connection prior to injection.

May 17, 2010  Health Canada is advising consumers not to use the following 3 foreign health products due to concerns about possible adverse reactions: Botanical Slimming 100% Natural Soft Gel (also sold as Meizitang), Marsha Slim Plus and S&S Super Slender.
**May 17, 2010**

Maalox Multi Action AND other Maalox liquid products have similar names, labels and packaging, but contain different ingredients. If these products are confused, they may cause serious adverse events. Such events have been reported in Canada following unintended use of Maalox Multi Action.

**May 17, 2010**

Biogen Idec Canada Inc., has updated the Tysabri product information with new information on Progressive Multifocal Leukoencephalopathy (PML). The risk of PML increases with increasing duration of treatment with Tysabri. After 24 infusions, physicians are to review with their patients, the benefits and risk of continuing Tysabri treatment.

**May 14, 2010**

Tyco Healthcare has initiated a voluntary recall of specific lots of certain cuffed Shiley Tracheostomy products because an air leak could adversely affect patient ventilation. Customers are asked to contact Tyco Healthcare to arrange for product return and credit.

**May 12, 2010**

Health Canada is warning Canadians of the risks to health associated with use of the unauthorized drug product, Miracle Mineral Solution (MMS), which was distributed on the Internet by MMSsupplier.com to treat drinking water. According to the information provided on the company’s website, Miracle Mineral Solution is a 28% solution of sodium chlorite.

**May 10, 2010**

Health Canada is advising Canadians and Canadian healthcare practitioners that we are currently reviewing new information regarding the presence of porcine circovirus (PCV-1 and PCV-2) DNA in rotavirus vaccines. Porcine circovirus is a single stranded DNA virus, and is considered a contaminant in these vaccines.

**May 5, 2010**

Novartis, in consultation with Health Canada, is informing healthcare providers and consumers that serious adverse events including death were associated with medication errors/misuse of the Exelon Patch (rivastigmine transdermal patch).

**May 4, 2010**

Health Canada is advising consumers not to use the following foreign health products due to concerns about possible adverse reactions: Ba Bao Xiao Ke Dan and Bao Shu Tang Wu Zi Yan Zong Wan. The Singapore Health Sciences Authority issued a recall notice for one batch (batch# J0324, expiry date 03/2011) of Lin Yan Yin Chiao. The Hong Kong Department of Health warned consumers not to buy or use Man Power product after it was found to contain undeclared tadalafil. 17 products sold through MuscleMaster.com (see Foreign Product Alert for a complete product list). The FDA informed consumers of a voluntary recall of the 17 bodybuilding products as they may contain the following anabolic steroids: “Superdrol,” “Madol,” “Tren,” “Androstenedione,” and/or “Turinabol.” Seven Slim 7 Seshou (Qingchun Shaonüxing, Jiexixing, Guiquanti, Songchixing), Shoushen Jiaoquang-Tinei Yundong Wan (Jian Xibanshen, Jian Quanshen Feipang). The Hong Kong Department of Health warned consumers not to buy or use the six products listed above after they were found to contain undeclared sibutramine and phenolphthalein.

**April 29, 2010**

Health Canada is warning Canadians that an unauthorized health product, “Slim-30” distributed in Ontario and Quebec by Duxx Enterprises Inc., contains an undeclared pharmaceutical ingredient similar to the prescription drug, sibutramine.

**April 26, 2010**

Health Canada is informing healthcare professionals and Canadians, including parents and caregivers, of recent changes to the prescribing information for the injectable form of the prescription drug promethazine.

**April 20, 2010**

Hoffmann-La Roche Limited would like to bring attention to the fact that dose-dependent prolongations of QT and PR intervals have been observed in healthy volunteers taking ritonavir-boosted Invirase (saquinavir mesylate).

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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
Why did I have to complete a declaration of character document when I applied for my certificate of registration as a pharmacist, even though I had already completed one when I registered as an intern a few months earlier?

The answer to your question can be found in section 28.1 of the College’s Registration Regulation where it states that applicants for any class of registration must not:

• have been found guilty of an offence under any Act regulating the practice of pharmacists or relating to the sale of drugs, or of any criminal offence;

• be the subject of a current proceeding relating to an offence under any Act regulating the practice of pharmacists or relating to the sale of drugs, relating to any criminal offence;

• have been the subject of a finding of professional misconduct, incompetence or incapacity in Ontario or any other jurisdiction in relation to pharmacy or any other health profession; or

• be the subject of any current professional misconduct, incompetence, or incapacity proceeding in Ontario or any other jurisdiction in relation to pharmacy or any other health profession.

The declaration of character document is the tool used for applicants to address these requirements, which apply to every new application for a certificate of registration: student, intern, pharmacist and soon, pharmacy technician.

It is therefore the College’s responsibility to confirm if any of the information has changed from the time the individual applied for one class of registration to the time they apply for another class of registration, even if it has only been a short period of time in between these two applications.

In the event an individual does have a change in their response to any of the questions, the application would then be referred to a panel of the Registration Committee for consideration. It is the duty of a panel of the Registration Committee to determine if the situation gives rise to any concern about the individual’s eligibility to be granted a certificate of registration, and whether any terms, conditions or limitations should be placed on their certificate.

These same requirements apply to all members of the College and although it is the responsibility of all members to advise the College of any changes in their information related to findings or charges, the College verifies if there have been any changes by having all members respond to the same questions as those on the declaration of good character at each annual registration process.

Upcoming Preceptor Workshop Dates

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<thead>
<tr>
<th>DATE</th>
<th>LOCATION</th>
<th>TYPE</th>
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<tbody>
<tr>
<td>Thursday September 9, 2010</td>
<td>Toronto</td>
<td>Orientation</td>
</tr>
<tr>
<td>Tuesday October 5, 2010</td>
<td>Toronto</td>
<td>Advanced: Past, Present &amp; Future of Pharmaceutical Care Practice</td>
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<tr>
<td>Wednesday October 13, 2010</td>
<td>Toronto</td>
<td>Orientation</td>
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<tr>
<td>Wednesday November 24, 2010</td>
<td>Toronto</td>
<td>Orientation</td>
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<tr>
<td>Wednesday December 1, 2010</td>
<td>Toronto</td>
<td>Advanced: Training Program for Preceptors/Preceptors/mentors of IPGs</td>
</tr>
<tr>
<td>Tuesday January 11, 2011</td>
<td>Toronto</td>
<td>Orientation</td>
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Contact: Vicky Clayton-Jones 416-962-4861 x2297 or vclayton-jones@ocpinfo.com for details.
What are the recent changes to the SPT manuals?

A revised SPT Internship Manual was posted on-line in mid-May. The number of activities to be submitted during internship has been significantly reduced. This change reduces the amount of “homework” that interns have to complete. It also places greater onus on interns’ demonstration of their competency to the satisfaction of their preceptors in a practical setting. Interns are still required to complete all of the activities outlined in the Activity Checklist. These activities should be submitted with the final assessments. Interns may also be asked to submit some or all of their documentation.

Interns should submit their activities to the College for review with their Week 4 assessments. Earlier submission of the activities allows interns to incorporate the SPT reviewer’s feedback during the rest of the rotation and to complete any resubmissions that are requested. Interns who submit their activities on time will avoid potential delay to the completion of their training due to the two to three week review period.

Activities completed from the 2010 SPT Internship Manual may be submitted electronically to regprograms@ocpinfo.com as Adobe or Word compatible files. Electronic submission of activities reduces waiting times and postage costs. It also lessens the time needed for the College to send the activities to an SPT reviewer. Electronic submissions also allow the College to expand its pool of SPT reviewers beyond the Toronto area.

Assessments completed by students, interns and preceptors may also be submitted electronically to regprograms@ocpinfo.com.

The SPT Handbook has also been updated to reflect the changes to the SPT Internship Manual. The SPT Studentship Manual will be updated later this year.

Given the government’s proposed drug reforms, are students or interns having difficulty finding training placements? Are pharmacies and preceptors continuing to support students and interns in meeting their SPT requirements, and what is the College doing to help?

Following the initial announcement of the drug reforms, there was some concern about the potential impact on students and interns. The College began to assess and monitor the situation immediately and has had regular communication with the pharmacy faculty at the University of Toronto and the University of Waterloo and government representatives from the Ministry of Health and Long-term Care as well as the Ministry of Training, Colleges and Universities. We also contacted several of the large pharmacy chains to understand if they anticipated any changes in their involvement with students or interns.

The College also sent out a survey to all eligible preceptors to gather information and assess the situation. Through these efforts, the College appreciates the need to encourage ongoing participation by its preceptors and employers to support the training needs of students and interns. Many pharmacists identified the important role of preceptors to help prepare these new pharmacists for their role as a healthcare professional and instill the values of the profession. Many also expressed some uncertainty about their ability to meet the training needs of students and interns until they understand more details about the overall impact on their pharmacy. The College will continue to assess this situation in the coming months.
For over 15 years the *Anti-infective Guidelines for Community acquired Infections* has been the “bible” for family physicians and nurse practitioners for relevant, evidence-based information on how to manage many common infectious diseases. The newly released 2010 edition has been expanded to include topics such as eye infections, community-acquired MRSA and *C. difficile* infections.

This guideline was the first in the well-known “orange series” of family medicine guidelines. First released in 1994, they have become a key interprofessional resource that assist health professionals in therapeutic decision-making on a daily basis. Other guidelines in the series that are currently available include hypertension, respiratory (COPD/asthma) and anemia.
As pharmacists become more involved in the collaborative patient care model they will be required to be on “the same page” as physicians and other prescribers and be familiar with common, independent, Canadian resources.

While Family Health Teams and other similar practice environments already use the guidelines as a key prescribing resource, the complementary CME program, known as PAACT (PArtners for Appropriate Community Therapy) also lends itself well to these collaborative models and can be successfully integrated as part of continuing professional development (CPD) activities the pharmacist can help to coordinate and deliver. Community pharmacists are also encouraged to attend and participate in interdisciplinary workshops in their area.

Anti-infective Guidelines 2010

The impetus for the first edition of the “orange book,” Anti-infective Guidelines for Community acquired Infections, was concern over increasing antimicrobial resistance and the need for independent, balanced information about this common front-line practice issue. With the introduction of many new antibiotics and with more aggressive marketing of the newer agents, it had become increasingly difficult for family physicians to determine the role of each anti-infective agent. The Anti-infective Review Panel was brought together to develop a practical, evidence-based office reference that would assist in determining the appropriate therapy for common infections. The Panel represents an interdisciplinary mix of health professionals, including pharmacists. The guidelines are based on a thorough review of current evidence, as well as input from an extensive peer review process that has incorporated feedback from hundreds of practitioners across Canada. Initially, the guidelines were distributed to every physician in Ontario, British Columbia, and the Atlantic Provinces. In order to preserve the independent nature of the guidelines a cost–recovery model was pursued, where proceeds from sale of the guidelines would go directly to future editions and other guidelines. The fact that the 15th-anniversary edition of the guidelines is now available and solely supported by individual physicians purchasing the books stands as a testament to the usefulness of the little orange book. Many front-line family physicians and pharmacists provide input on working drafts of each guideline, which contributes to ensuring that the guidelines are practical and user-friendly. The book specifically focuses on community acquired infections, providing first-, second- and third-line recommendations. When antibiotics are suggested, usual dosages and cost comparisons are included.

Partners for Appropriate Anti-infective Therapy (PAACT)

PAACT is a tested and proven strategy that has been used to implement the anti-infective guidelines using a multi-disciplinary, community-wide approach. Initially developed in Port Perry, Ontario in 1995 the two local champions of the project were Dr. John Stewart and pharmacist Doug Brown. Since then PAACT has grown into a Canada wide program and has been recognized in the peer-reviewed literature and internationally as one of the best antibiotic resistance education programs in the world. From its inception, a core component of this educational model has been that the program is delivered by trained family physician-pharmacist teaching teams from the community and is truly interdisciplinary in nature. The clinical component of the program is accredited by the CFPC (College of Family Physicians of Canada) and involves an overview on antibiotic resistance followed by interactive, case-based, small-group teaching on upper and lower respiratory, skin, urinary tract and gastrointestinal infections. In the past decade the program has trained more than 6000 clinicians and has expanded to include many small and large communities across Canada, including a particularly impressive program in Saskatchewan that is coordinated through
The College bid a fond farewell to Ifrah Osman, Client Services Representative. Ifrah had been with the College since 2001 and has decided to pursue a different path by volunteering with charity work in Africa. We wish Ifrah all the best!

Katharine Neufeld recently joined the College full time as Decisions Coordinator for the Investigations and Resolutions program area. Katharine has been a contract external Decisions Writer for the College since 2008. Katharine is a lawyer who has recently been practicing in a not for profit, community based organization. She obtained her LLB at the University of Ottawa and is completing her LLM at Osgoode Hall Law School this fall.

Courtney Campbell has transitioned into the role of Discipline Case Coordinator in Investigations and Resolutions.

More Information
Pharmacists are encouraged to use independent sources of evidence-based information that are developed and controlled by health care professionals. If you are interested in being a guideline reviewer please let us know. Guideline order forms and further information on PAACCT CME can be accessed on-line at www.mumshealth.com; by telephone at (416) 597-6867, Toll free 1-877-876-4580; or by fax at (416) 597-8574, Toll free 1-866-540-1847.

FAREWELL
Dr. Jake J. Thiessen
Hallman Director,
School of Pharmacy
University of Waterloo

OCP Council members took time at the June meeting to honour Dr. Jake Thiessen, who is retiring as Hallman Director of the School of Pharmacy at the University of Waterloo. Jake has spent more than four decades as a pharmacy scholar, researcher and dean. Prior to becoming the founding director of Waterloo’s pharmacy school, Jake was associate dean at the Leslie Dan Faculty of Pharmacy at the University of Toronto. We thank Jake for his leadership and service on Council and wish him well in his retirement.
Q I’ve heard there is something more I have to do after completing the four bridging courses. What is it and when can I start?

For pharmacy assistants required to complete the Bridging Program, there is a structured practical evaluation (SPE) component of the program that is designed to meet the practical training requirement for registration. It is to be completed following the Management of Drug Distribution course in a pharmacy practice setting.

The purpose of this evaluation is to ensure each individual can accurately perform “product release” of 500 prescriptions in the work environment, over a minimum of 10 days. Once registered with the College, pharmacy technicians working in collaboration with pharmacists, will be authorized to sign-off on the final product release, after completing an independent double check. Accurate and sustained performance of this task provides demonstration of the individual’s ability to support a safe drug distribution system.

This portion of the registration requirements will be completed in a pharmacy practice setting, preferably your current workplace. Pharmacy technician applicants will complete their SPE Evaluation under the supervision of an evaluator (Part A Pharmacist or in the future a registered pharmacy technician) who is responsible for validating accuracy of the double check. An online orientation to SPE is available for you and your evaluator to view prior to beginning the process.

Before starting the SPE, you will need to pre-register with OCP. Details about pre-registration and access to the SPE will be available on the website. Pharmacy Technicians are reminded that this authority is granted upon registration.

Q What is Structured Practical Training and who has to do it? Is it the same as Structured Practical Evaluation?

Structured Practical Training (SPT) is a competency based training program that runs over a minimum of 12 weeks. It is completed under the direct supervision, guidance and regular assessment of a trained preceptor. SPT can be completed in the PTA’s current workplace provided the site and the preceptor meet the criteria approved by the Registration Committee.

SPT involves the completion of activities that have been designed to develop and demonstrate the Professional Competencies for Canadian Pharmacy Technicians at Entry-to-Practice (NAPRA, 2007). All of the activities relate to the practical application of the knowledge, skill and ability required to meet the entry-to-practice competencies with the objective of providing standardized opportunities to demonstrate performance of these competencies in the practice setting.

One of the activities in the SPT program is an evaluation of the new scope of practice for pharmacy technicians involving the Independent Double Check of 500 prescriptions. This is the same activity, called Structured Practical Evaluation (SPE) that pharmacy assistants in the Bridging Program will complete after the Management of Drug Distribution course.

SPT provides the unique opportunity for pharmacy technician applicants (PTA) to practice and assess their performance in areas that are difficult to recreate in classrooms, labs or test settings.

The PTA and their preceptor work closely together to ensure that appropriate learning opportunities are created in order to meet each competency outlined in the program. Most of the activities will coincide with the regular duties of the pharmacy assistant during their usual daily activities, however, some of the activities that relate to the proposed scope of practice for pharmacy technicians will involve some creative scheduling to ensure that these areas can be practically applied.

In an effort to facilitate learning and to help understand this relatively new concept, we are offering Orientation Workshops to both preceptors and pharmacy technician applicants who must meet this requirement. Please contact regprograms@ocpinfo.com for more information or about registering for one of these workshops.

Note: Pharmacy Technician applicants can now access their learning portfolio through the Continuing Professional Development portal at www.ocpinfo.com
Compliance packaging helps address the need for patients to adhere to their medication schedule and is a practice that’s been in place in long term care pharmacies for years. It is also becoming more common in community practice. This article is the first of two in a series focusing on compliance issues facing a community practice.

The basic objective behind dispensing medications in compliance packs is to assist patients (or their agents) in maintaining an administration schedule and thus optimizing the effectiveness of treatment.

Compliance packaging is one option that can be introduced when treating certain disease states, addressing cognitive impairment, managing a large number of medications, improving ease/efficiency of administration and convenience. Compliance packaging is available in various formats: single medication blisters cards, multi-medication blister cards, hard packs and strip packaging. Each device is designed with compartments representing day of week and administration time; typically morning, noon, dinner and evening. It is important to note that, when...
dispensing in compliance packs, the pharmacist assumes the responsibility and accountability for organizing the patient’s medications in addition to dispensing and counselling functions associated with traditional prescriptions.

**Another form of packaging**

Compliance packaging is considered another form of packaging and, like the use of vials, must meet the minimum labelling requirements of the *Drug and Pharmacies Regulation Act* (DPRA). All compliance packs must therefore be labelled with the information that would appear if each drug had been dispensed in individual vials. However, when dispensing medications in compliance aids, OCP policies specify additional labelling and operational requirements, above and beyond those involved with the dispensing of traditional prescriptions. One purpose of this article is to promote adherence with all the labelling and record keeping requirements in an efficient, consistent and functional manner.

The decision to initiate dispensing medications in compliance packaging is usually made by the patient and/or family members/care giver in consultation with the primary treating physician. The circumstances prompting the need for compliance packaging must be established when initiating this treatment option or subsequently confirmed for patients currently receiving compliance packs. The reason(s) for introducing compliance aids will determine treatment objectives, quantities to dispense and whether compliance monitoring is necessary. The additional labelling requirements apply to all dispensed compliance packs, regardless of type or the condition(s) necessitating their use.

**Labelling**

While the traditional prescription label can be used, most dispensing software systems offer the option to generate a chart or grid prescription label. The chart label is designed to meet regulatory requirements as well as the added information requirements of the OCP policy. Associated with the chart label, most software systems also offer the option to generate a hardcopy report that records multiple prescriptions on a single page while satisfying the DPRA hardcopy requirements. Advantages to utilizing these options include condensing and simplifying labelling and record keeping requirements while reducing waste and meeting legal obligations.

OCP policy requires that each drug be labelled with an identifier or descriptor. The identifiers should describe the shape, colour, relative size and unique markings of the tablet or capsule. The identifiers can be abbreviated to address the space constraints encountered with various label configurations provided the abbreviations provide enough detail that would enable the patient or caregiver to differentiate between medications contained in the compliance aid. Further, each drug should be labelled with the generic drug name. To facilitate adherence with the labelling requirements, most software systems have the identifiers and generic labelling programmed into the drug files. It is recommended that the pharmacy contact their software vendor for direction with selecting the correct format.

**Other considerations**

The dispensing of compliance packs introduces some operational considerations related to the filling of the packs, facilitating dose changes and managing medications that, due to dosage form or administration requirements, cannot be dispensed in the compliance pack. OCP policy requires that the pharmacy employ sanitary procedures when filling the compliance packs to prevent staff from having direct contact with the drugs. The main concern with direct contact is the potential risk to staff from absorption of drugs through the skin. The use of gloves is the most common solution to this requirement.

When dispensing compliance aids, “PRN” or “when needed” medications present special consideration. PRN medications must be dispensed in a separate container as they cannot be placed in the compliance pack. The quantities of PRN medications to dispense will be influenced by the patient’s needs and should best be established up front, in collaboration with the physician. In some circumstances, there is a greater potential for misuse of the PRN medications by the patient simply because they are not placed in the pack. Similar concerns apply to the dispensing of creams and liquids.

**Patient-specific filing system**

To simplify record keeping, promote consistency and improve access to related documents, it is advantageous to
create a patient specific filing system for compliance pack patients. Each patient file would contain all documentation related to the patient (with the exception of the hardcopy which should be filed with the other prescription hardcopies). To improve ease of access to the patient information, consider organizing patient files alphabetically in a three ring binder(s). To improve functionality, the compliance pack binder(s) can be further organized by day the packs are processed and consulted when filling the compliance packs. A typical patient file could include, among other things, the current content of the compliance pack, authorizations for reductions in quantity, limited use forms, progress notes, lab test results, etc. In future, it may be possible to adopt a fully electronic filing system. However, as some physical documents are still required in some instances, it is advisable, at present, to maintain a physical file.

Authorization letters
The dispensing of compliance packs often requires direction from either the patient or the physician to authorize a reduction in the quantities of drugs dispensed. While it is a common practice to have the patient sign a letter for the reductions in quantities there are additional issues that can be incorporated into the letter. To condense record keeping requirements and promote collaboration and transparency, consider developing a three section letter that would be signed by the patient/agent, the primary treating physician and the Designated Manager; each section covering topics relevant to each signatory. A three part letter could be customized to each patient’s circumstances and could include the following:

Patient/agent section:
• Direction with respect to reduction in quantity
• Direction with respect to who can accept delivery of prescriptions
• Acknowledgement that prescriptions are being dispensed in non-child safe packaging
• Patient consent for pharmacist to access test results ordered by the physician related to prescribed drug therapy
• Acknowledgement/outline of the pharmacy’s “take back” program (to monitor compliance)
• Provision emergency contact numbers (family, caregiver, etc)
• Approval/acknowledgement of pharmacy adding non-prescription drugs into compliance aid
• Issuance of receipts and other billing details including clear information about billing to third-party plans (if applicable)

Prescriber section:
• Acknowledgement/direction for the reductions in quantities dispensed and the condition necessitating dispensing medications in a compliance aid
• Acknowledgement of pharmacist’s need to access relevant test results
• Define the number of doses to provide for PRN drugs (eg. analgesics, sleep aids, etc), creams and liquids

Pharmacist section:
This section should outline what the patient can expect from the pharmacist
• Pick-up and delivery times
• Destruction of drugs and personal health information
• Quality assurance procedures, use of gloves, checking of meds, review of program
• Meds-Check evaluations, how many or how often
• Consultation with physicians
• Any reports that pharmacist could provide (if applicable)

While obtaining authorizations from the prescriber for weekly quantities is an acceptable and legal approach to dispensing reduced quantities, the approach has one major drawback. If (when) the pharmacy is required by a third party payer to justify dispensing the reduced quantities, the pharmacy will be required to retrieve every authorization for the patient for potentially the last two years. Not only will this be labour intensive, the pharmacy will not be compensated for the time spent to retrieve each authorization. Using the three section letter detailed above will provide the necessary authorization(s) in one document that should be transparent and readily accessible.

The second part of this article will appear in the next Pharmacy Connection. It will show how the information and procedures discussed here can form the basis of a comprehensive compliance and monitoring program.
A recent study found that medication incidents are under reported in community pharmacy practice relative to other health care settings (Kelly, 2004). Although many pharmacists have recommended steps to rectify medication incidents once they occur, very few may have looked at preventing these incidents from recurring. A possible solution is to create a centralized, national portal to track medication incidents from the community setting and allow health care practitioners to analyze and review medication incidents. Through anonymous reporting, pharmacists can analyze medication incidents and learn about the possible causes of the incidents. By understanding the contributing factors and supporting an open, blame-free discussion of the incidents among team members, health care practitioners may change their practice by implementing new system-based safeguards and consequently prevent similar incidents from happening in the future.

ISMP Canada has developed the Community Pharmacy Incident Reporting (CPhIR) Program (www.cphir.ca), with support from the Ontario Ministry of Health and Long-Term Care, to allow community pharmacies to document and analyze contributing factors that may lead to errors in the medication-use system (ISMP Canada, 2010). The authors would like to acknowledge contributions to the development of CPhIR by various pharmacists, pharmacy technicians, pharmacy students, members from provincial regulatory bodies, members from professional associations, and researchers from academic institutions in Ontario and Nova Scotia (the latter through the SafetyNET-Rx research project, available at www.safetynetrx.ca/). The CPhIR Program also contributes to the Canadian Medication Incident Reporting and Prevention System (CMIRPS) (www.ismpcanada.org/cmirps.htm). A goal of CMIRPS is to analyze medication incident reports and develop recommendations for enhancing medication safety in all healthcare settings (ISMP Canada, 2010).

CPhIR offers community pharmacies a systematic incident reporting tool, an analytical interface which allows users to compare their incident statistics with the national aggregate incident data, and a continuing professional development section dedicated to medication safety. If you would like more information about CPhIR, please contact ISMP Canada at cphir@ismp-canada.org.

Quality improvement in current practices is motivated by lessons learned from past mistakes. The goal of CPhIR is to create a national platform for community pharmacy practitioners to document and analyze medication incidents and stimulate a learning culture through anonymous incident reporting. By identifying the contributing factors and recognizing potential flaws in the medication-use system, safeguards can be employed to prevent future occurrences of medication incidents.

Reference:
Illegible Prescriptions

Illegible prescriptions continue to be a common source of medication errors. As illustrated in Case 1 below, the potential for error is increased when the drug prescribed is unknown to the pharmacist.

Case 1:

The above prescription was presented to a pharmacy technician for processing. The technician could not determine the prescriber’s intent and therefore consulted with the pharmacist. The pharmacist considered the directions for use and the ophthalmic drops with which he was familiar and determined that the drug being prescribed was Vigamox®. However, the technician felt uncertain of the pharmacist’s interpretation of the prescription. She therefore suggested that the prescriber be contacted to confirm his intention. The pharmacist was sure that his interpretation was correct, but reluctantly agreed to contact the prescriber for clarification. Upon contacting the prescriber, he confirmed that the prescription was written for Lotemax®.

Case 2:

The above prescription was interpreted as Lasix® 20 mg. Furosemide 20 mg was therefore prepared and dispensed to the patient. The patient indicated that she had taken the medication previously and as a result, patient counseling did not take place.

The next day, the patient opened the package to take her medication and noticed that she did not receive omeprazole as before. She therefore contacted the pharmacist to report the error. On rechecking the prescription, the pharmacist confirmed the dispensing error.

Possible Contributing factors:

• Illegible physician handwriting.
• Look-alike drug names.
• The pharmacist was unfamiliar with the drug Lotemax® and therefore did not consider it as a possibility. On the other hand, Vigamox® ophthalmic drops were often dispensed. As a result, the pharmacist likely saw what was familiar.

Recommendations:

• Whenever possible, have a second pharmacy team member independently read and interpret poorly written prescriptions.
• Contact the prescriber to confirm/clarify all prescriptions that are ambiguous.
• The patient medication history may also be used as a tool to assist in the interpretation of the prescriber’s intent.
• Patient counseling is often the last opportunity to detect a potential dispensing error. If the patient indicates that counseling is not required because of previous use of the medication, at a minimum provide key reminders. This may often highlight the error.
• Ensure that all pharmacy team members are aware of look-alike, sound-alike drug pairs often involved in medication errors. An extensive list may be accessed at: http://www.ismp.org/Tools/confuseddrugnames.pdf

Please continue to send reports of medication errors in confidence to Ian Stewart at: ian.stewart2@rogers.com.
In every issue of Pharmacy Connection, we report to you some of the ways the College embraces technology to improve and refine our everyday processes, eliminating unnecessary paper-based transactions.

Here is the latest update on OCP technology projects:

**Pharmacy Accreditation Renewals Going Online**
The Pharmacy Accreditation Renewals are going online in 2011. The first step of this initiative is to establish one owner representative for each pharmacy to act as liaison on matters relating to the College. Those pharmacies who did not list a representative or listed more than one representative on their 2010 accreditation renewal form will be contacted by the College to confirm the pharmacist director who will act as liaison.

**Reminder: add us to your e-mail list**
As we continue to grow our e-mail based communications to members, it is important to add OCP as a trusted mail recipient. This will ensure that correspondence we send—especially time-sensitive material such as fee notices—does not end up in your junk e-mail, costing you unnecessary late penalties. Simply add Ontario_College_of_Pharmacists@xmr3.com to your address book.

**SPT Internship Activities Online**
Interns can submit record of their activities online. Electronic submissions reduce waiting times and postage costs. See the Q&A on page 27 for details.

**Pharmacy Connection In Brief and Online**
If the College has your e-mail address, you will have already received Pharmacy Connection In Brief—a preview version that arrives by e-mail, with easy access to the complete publication. Many members have opted to forgo receiving the print copy in favour of the electronic version and we encourage more of you to take on this green initiative. Watch for a notice on how to opt-out of your print copy with the next version of Pharmacy Connection In Brief.

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**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 (Lindsay and area), 17 (Brantford and area), 18 (London and area), 23 (Chatham and area), 25 (Sault Ste. Marie and area).

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 Carol Culhane at cculhane@ocpinfo.com
Visit the College’s website: www.ocpinfo.com for a complete listing of upcoming events and/or available resources. A number of the programs may also be suitable for pharmacy technicians. For local live CE events in your area, contact your regional CE coordinator by going to www.ocpinfo.com and searching on “Regional Coordinators”

CE resources

GTA
July 15, 2010
Jump into MedRec: BPMH Training Across the Continuum
ISMP Canada
Procter and Gamble Building
4711 Yonge Street, Toronto
To register: www.ismp-canada.org/education/bpmhworkshops/20100715/

September 17-19, 2010
Infectious Disease Program
Ontario Pharmacists Association
CNIB: 1929 Bayview Avenue, Toronto
Contact: Penny Young 416-441-0788 ext. 2209, pyoung@dirc.ca
www.opatoday.com/CE_InfectiousDP2010.asp

September 17-19, 2010
Pharmacists’ Association of Newfoundland & Labrador (PANL) Annual Conference
St John’s, NL
www.panl.net

September 20-23
13th Annual Canadian Diabetes Association (CDA)
Canadian Society of Endocrinology and Metabolism
Edmonton, Alberta
diabetes.ca/conference

September 26-30, 2010
23rd Scientific Meeting of the International Society of Hypertension
Vancouver, BC
www.VancouverHypertension2010.com

ON-LINE/ WEBINARS
www.ismp-canada.org/index.htm
July 28, 2010 (12 Noon): VTE prophylaxis
ISMP Canada
Contact: webinars@ismp-canada.org
www.camh.net/education/
Online_courses_webinars/odt_certificate_program.html
On-line courses with live workshops in subjects including mental health, opioid dependence, substance abuse, addiction, withdrawal, legal issues (various dates).
CAMH
www.opatoday.com/web.asp
Vitamin D in Osteoporosis
DIRC
www.opacti.org/
Online Clinical Tobacco Interventions for Health Care Professionals
www.canadianhealthcarenetwork.ca/

INTERNATIONAL
August 7 – 10, 2010
Summer Educational Sessions (formerly AGM)
Canadian Society of Hospital Pharmacists (CSHP)
Marriott Halifax Harbourfront
Halifax, Nova Scotia
www.cshp-ns.com/

August 28-Sep 2
FIP Congrès
Lisbon, Portugal
Contact: 011-31-70-302-1982
www.fip.org

Funding support for professional development

Funding for Continuing Education programs is available through Healthforce Ontario’s Allied Health Professional Development Fund. Registered, practicing pharmacists may be eligible to receive a reimbursement of up to a maximum of $1,500 for professional development courses and/or programs. Go to www.healthforceontario.ca for details.
Drug and Pharmacies Regulation Act (DPRA) * ▲
December 15, 2009
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)
June 15, 2010 (or later)
NDSAC Recommendation: PEG 3350
A meeting of the National Drug Scheduling Advisory Committee (NDSAC) was held on June 7, 2010 followed by a teleconference meeting on June 17, 2010 with the following Initial Recommendation made: Polyethylene glycol 3350 as a single ingredient oral product indicated as a laxative to treat occasional constipation be granted Unscheduled status.

Regulated Health Professions Act (RHPA) * ▲
December 15, 2009
Regulations to the RHPA:
- Regulation 39/02 - Amended to O.Reg. 666/05
- Regulation 107/96 – Amended to O.Reg. 97/10
- Regulation 59/94 – Funding for Therapy or Counseling for Patients Sexually Abused by Members

Pharmacy Act (PA) & Regulations * ▲
December 15, 2009
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

Drug Interchangeability and Dispensing Fee Act (DIDFA) & Regulations * ▲
May 18, 2010
Regulations to the DIDFA:
- Regulation 935 Amended to O.Reg. 221/10
- Regulation 936 Amended to O.Reg. 205/96

Ontario Drug Benefit Act (ODBA) & Regulations * ▲
March 15, 2010
Regulations to the ODBA:
- Regulation 201/96 Amended to O.Reg. 104/10

Controlled Drugs and Substances Act (CDSA) & Regulations ** ▲
Act current to June 4, 2010
All regulations current to June 2, 2010
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 June 4, 2010
All regulations current to June 2, 2010
Cosmetic Regulations
Food and Drug Regulations
Marijuana Exemption (FDA) Regulations
Medical Devices Regulations
Natural Health Products Regulations
Processing and Distribution of Semen for Assisted Conception Regulations
Safety of Human Cells, Tissues and organs for transplantation Regulations

To Schedule F: Pre-notifications
Project #1621 Addition of Dirlotapide, Firocoxib, Ibafloxacin and Maripotanot and its salts (Feb 2010)
Project #1624 Addition of Eculizumab, Olmesartan medoxomil, Romiplostim, Ustekinumab (Jan 2010)
Project #1652 Notice of Intent to Amend Schedule F (L-asparaginase)
Dec 2009)
Project #1659 Addition of Doripenem and its salts and derivatives
Dec 2009)
Project #1658 Addition of Besifloxacin and its salts (Dec 2009)
Project #1658 Addition of Alitretinoin and its salts and derivatives
Dec 2009)
Project #1658 Addition of Saxagliptin and its salts (Dec 2009)

OCP By-Law No. 2 – March 2010 ▲
OCP By-Laws – December 2006
Schedule A: Code of Ethics for members
Schedule B: “Code of Conduct” and Procedures for Council and Committee members.

Reference ▲
OCP Required Reference Guide for Pharmacies in Ontario, January 2010

* 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
Support Pharmacy Students and Interns

Students and interns bring energy, enthusiasm, flexibility and broad skills to the workplace, and can help you to manage special projects or staffing fluctuations. Consider bringing a student or intern into your workplace. You will not only receive the benefit of their knowledge and enthusiasm, you will help them fulfill essential requirements for clinical experience.

Opportunities now exist for:

University of Waterloo co-op students
There are approximately 80 students who are actively seeking employment for the fall, including both first and third year students. In the co-op model, position descriptions and pay rates are determined by employers to best meet their needs. Co-op work terms are an essential program component required for graduation, and hiring is taking place now. Contact: Anson Tang, Assistant Director, Experiential Learning at 519-888-4567, ext. 21304 or phrexper@uwaterloo.ca

International Pharmacy Graduates – Studentships and Internships
IPGs who have recently completed the IPG program and PEBC Qualifying Exams require a minimum of 16 weeks of Structured Practical Training (SPT) as a registered student with OCP and 16 weeks of SPT as a registered intern to fulfill their requirements for registration. Contact: Registration Programs at 416-962-4861 ext 2297 or regprograms@ocpinfo.com

University of Toronto students – Structured Practical Experience Program
Fourth-year pharmacy students at the University of Toronto must do an eight-week rotation in hospital pharmacy and an eight-week rotation in community pharmacy under a teaching associate trained by the faculty. Students must successfully pass these rotations to receive their degree. Contact: Leslie Dan Faculty of Pharmacy, University of Toronto 416-946-3258 or scep.phm@utoronto.ca