FAREWELL TO REGISTRAR WILLIAMS

NEW REGULATIONS TO THE DRUG AND PHARMACIES REGULATION ACT

FOCUSBING ON CONTINUING EDUCATION COORDINATORS
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• Executive
• Accreditation
• Discipline
• Fitness to Practice
• Inquires Complaints & Reports
• Patient Relations
• Quality Assurance
• Registration

Standing Committees
• Communications
• Finance
• Professional Practice

MISSION STATEMENT
The mission of the Ontario College of Pharmacists is to regulate the practice of pharmacy, through the participation of the public and the profession, in accordance with standards of practice which ensure that our members provide the public with quality pharmaceutical service and care.
The objectives of Pharmacy Connection are to communicate information about College activities and policies as well as provincial and federal initiatives affecting the profession; to encourage dialogue and discuss issues of interest to pharmacists, pharmacy technicians and applicants; to promote interprofessional collaboration of members with other allied health care professionals; and to communicate our role to members and stakeholders as regulator of the profession in the public interest.

We publish four times a year, in the Fall, Winter, Spring and Summer.

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.

Bonnie Hauser, R.Ph., B.Sc.Phm.
President

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

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

Anjali Baichwal
Associate Editor
abachwall@ocpinfo.com

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

Neil Hamilton
Distribution
nhamilton@ocpinfo.com

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EDITOR’S MESSAGE

YOUR MANY QUESTIONS HAVE HELPED TO CLARIFY ISSUES AS WE MOVE FORWARD

Thank you to all members who joined us for the webcasts regarding the new regulations to the Drug and Pharmacies Regulation Act. We had an overwhelming response to the webcasts and your many questions have helped to clarify issues as we move forward.

The changes to the Drug and Pharmacies Regulation Act were approved and came into effect in mid-March, just a week after our March Council meeting. Through the webcast technology, the College was able to quickly plan and hold a series of webcasts to inform members of the implications of these changes. Following the webcasts, College staff developed a robust set of frequently asked questions that we hope will serve as an excellent reference for both practitioners and pharmacy operators. Inside this issue of Pharmacy Connection, we have published the highlights of the new regulations, as well as the Frequently Asked Questions – I urge you to take a look through and contact the College if there is any further clarification required.

As we roll out the new regulations to the DPRA, we are also anticipating new regulations under the Pharmacy Act which will provide an enhanced scope of practice for pharmacists in Ontario. We hope soon to be able to join our colleagues across the country who are at various stages of practising and implementing an enhanced scope. The long awaited changes in legislation are now becoming reality and pharmacists and pharmacy technicians have an opportunity to build new practice models to provide new levels of care to patients in Ontario.

Our new quarterly publication schedule for Pharmacy Connection allows us to print some more extensive articles such as the ones on social media and continuing education coordinators. As usual, we have published our Council report from March in this issue, but we now also publish Council reports on our website as soon as they are approved (so you don’t need to wait for the publication to find out what Council discussed). We also communicate by email and fax anything of an urgent nature to keep members informed between issues of Pharmacy Connection.

As we reported in the last issue of Pharmacy Connection, Deanna Williams will be leaving us at the end of May after 11 years as College Registrar and six years as Director of Programs and Deputy Registrar before that. On behalf of the staff of the College, we wish Deanna all the best in her future. We will miss her warmth, enthusiasm and her passion for regulating the profession in the public interest. Take a look at page 20 for a tribute to Deanna.

Della Croteau, R.Ph., B.S.P., M.C.Ed.
Deputy Registrar/Director of Professional Development
THERE HAVE BEEN MANY CHANGES AND THE NEXT FEW MONTHS WILL CONTINUE IN THAT DIRECTION

Bonnie Hauser, R.Ph., B.Sc. Phm. President

One constant in life is change. Over the last four months there have been many changes at the College and the next few months will continue in that direction. We are dealing with the retirement of our registrar and the search for her replacement. The council has had the addition of two newly elected pharmacy technicians. We have just received the new DPRA and all that that entails. As well we are moving towards the new scope of practice.

At March Council, I had the pleasure of welcoming our first two pharmacy technician members to their inaugural meeting. Amber Walker and Tracy Wills were acclaimed to these positions in a recent election for a two and a half year term expiring in the fall of 2013. Along with their place at the Council table, our two pharmacy technician members were placed on various College committees where they will take an active and important role. I know I speak on behalf of all of our Council members when I say that I will ensure that both of them are fully integrated into Council so that together we can work effectively to develop policies that are in the best interest of the public.

There are now over 200 pharmacy technicians on our register, and many more who are in the process of registering. The timing is great as we have just received the regulations to the Drug and Pharmacies Regulation Act, which further clarify the technician role.

The new regulation also provided for pharmacists authority to refill a prescription, and for pharmacies to have an acoustically private area for patient education. It is time for us to begin to consider how pharmacists and pharmacy technicians can work together to have pharmacy technicians take on more of the technical role, so that pharmacists can be freed up to carry out their new authority, as well as to provide enhanced pharmacy services such as Medscheck.

At March Council, the regulation to enable an enhanced scope of practice for pharmacists was also ratified and sent to government. We anticipate that this new scope will also soon be available to pharmacists, again prompting us to revise our practice models.

As we move ahead with the new scope for pharmacists and pharmacy technicians, Deanna Williams steps down this spring as College Registrar after eleven years of service. She steered the College through a most remarkable era and I want to thank her for her dedication and hard work. Much of the change and enhancement to our profession has been made possible thanks to her leadership. On behalf of Council I want to again thank her and wish her the very best.

We’ve been saying it over and over again, but these are some very exciting times for pharmacists in Ontario. We have much work to do together to implement these new roles over the next year, and I look forward to working with you and our Council to enhance our profession in the best interest of patient care in Ontario.
THE COLLEGE WELCOMES FIRST ELECTED PHARMACY TECHNICIANS TO THE COUNCIL TABLE

College Council welcomed Ms. Amber Walker (District T) and Ms. Tracy Wills (District TH) to their inaugural meeting as elected members of Council. Both pharmacy technician members were acclaimed in recent elections for a two year term expiring in fall 2013. Since the proclamation of the Registration Regulation in December 2010, the College has been working towards integrating this new class of registrant into all areas of College operations.

Also welcomed to the Council table was Mr. William Cornet, Public Member from Ottawa. Mr. Cornet was appointed to the College Council on January 4, 2011 for a period of three years.

REGULATION TO ENABLE AN EXPANDED SCOPE OF PRACTICE RATIFIED

Council ratified the draft regulation to the Pharmacy Act to enable an enhanced scope of pharmacy practice.

The proposed regulation outlines the duties of pharmacists, pharmacy technicians, interns and students with respect to prescribing a drug, administering a substance by injection or inhalation and performing a procedure.

COUNCIL APPROVES AUDITED STATEMENTS FOR COLLEGE OPERATIONS IN 2010

<table>
<thead>
<tr>
<th>Statement of Operations</th>
<th>Budget</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Year Ending December 31, 2010</td>
<td></td>
</tr>
<tr>
<td><strong>Revenues</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Member fees – Pharmacists</td>
<td>$6,963,500</td>
<td>$7,192,382</td>
</tr>
<tr>
<td>Member fees – Pharmacy Technicians</td>
<td>260,000</td>
<td>52,400</td>
</tr>
<tr>
<td>Pharmacy fees</td>
<td>3,056,450</td>
<td>3,261,005</td>
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<tr>
<td>Registration fees and income</td>
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<tr>
<td>Investment Income</td>
<td>10,000</td>
<td>45,268</td>
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<tr>
<td><strong>Total Revenues</strong></td>
<td><strong>$11,855,200</strong></td>
<td><strong>$11,801,182</strong></td>
</tr>
<tr>
<td><strong>Expenses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Council and committees</td>
<td>2,959,866</td>
<td>2,259,055</td>
</tr>
<tr>
<td>Administration</td>
<td>8,864,805</td>
<td>7,914,112</td>
</tr>
<tr>
<td>Property</td>
<td>182,244</td>
<td>241,161</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td><strong>$12,006,915</strong></td>
<td><strong>$10,414,328</strong></td>
</tr>
<tr>
<td><strong>Excess (deficiency) of revenues over expenses from operations for year, before depreciation</strong></td>
<td>(151,715)</td>
<td>1,386,854</td>
</tr>
<tr>
<td><strong>Depreciation</strong></td>
<td>-</td>
<td>507,825</td>
</tr>
<tr>
<td><strong>Excess (deficiency) of revenues over expenses for the year</strong></td>
<td>(151,715)</td>
<td>$879,029</td>
</tr>
</tbody>
</table>

The audit and resulting financial statements were prepared in accordance with Canadian generally accepted accounting principles. The statements reflect an excess of revenue over expenditure of $879,029 after depreciation vs. a budgeted deficit of $151,715, and unrestricted cash reserves of approximately $3.5 million.
on tissue below the dermis as permitted by the Pharmacy Act. The regulation also includes requirements that must be met in order to practice the expanded scope and the circumstances in which a member may adapt or extend a prescription or administer a substance. The proposed regulation, together with a list of drugs proposed for initiating therapy and a list of substances proposed for administration by injection or inhalation, can be found here (add link here).

Although Council complied with the Ministry’s request that the College submit a regulatory proposal at this time that is substantively consistent with that circulated to members and stakeholders, Council unanimously agreed that the matter of pharmacists being able to provide immunizations is important and as such, should continue to be explored and further discussed at the Council meeting in September.

**Drug and Pharmacies Regulations Act - Regulation Update**

Council was advised that the College’s new regulation made under the Drug and Pharmacies Regulation Act (DPRA) previously circulated and replacing the former regulations 545/90, 551/90 and 297/96, had been sealed and was signed by President Hauser and Registrar Williams. It was expected to receive final approval in the very near future.

In keeping with Council’s position that the College must retain the right of approval for all technology which enables the transmission of paper-based prescriptions through an automated pharmacy system located in a remote dispensing location, and based on results of extensive pilot testing conducted in the fall by the College’s technology expert, Council passed a motion approving the technology that is currently acceptable in meeting the expectations set out in sections 40 (4) and 29(d) of the new DPRA regulation. Certificates of Accreditation that permit the operation of a remote dispensing location by an accredited pharmacy in Ontario will only be issued where the College is satisfied that the technology employed has been approved by Council and that all other standards have been demonstrated to be in place.

All members of the College, and all pharmacy owners and operators will be notified when the regulatory changes made under the DPRA and the Pharmacy Act (advertising) come into effect. Highlights reported to Council include:

**Pharmacist Authorization of Prescription Extensions (PAPE)**
- Subject to the conditions set out in the regulation, pharmacists practicing in accredited pharmacies only will immediately be able to refill existing prescriptions for patients (note – no narcotic or controlled drugs may be refilled). Also of note is that these provisions currently apply only to accredited pharmacy practice and not to pharmacists practicing in other settings – these will be revoked once the new proposed regulation under the Pharmacy Act is approved and which will give effect to the new and enhanced scope of practice for all pharmacists in Ontario.

**Issuance and Renewal of Certificates of Accreditation** – The Accreditation Committee will now have the authority to renew, renew with terms, conditions or limitations, or not to renew a Certificate of Accreditation.

**Standards of Accreditation and Operation** – The standards have been updated and reflect current practice and technology. Included in the changes are minimum size requirements, mandated area affording acoustical privacy, requirements for document and record scanning and retention, and the point of care signage.

**Proprietary Misconduct** – ALL owners and operators of accredited pharmacies, whether or not they are members, will now be held equally accountable.

**Remote Dispensing** – The principles respecting remote dispensing (safety and security,
valid and authentic prescriptions, and accountability) have been maintained in these amendments. Accordingly, as previously approved by Council, remote dispensing may occur through a remote dispensing location or an automated pharmacy system located in a remote dispensing location provided that the pharmacy that operates the remote location has been approved and granted a certificate of accreditation permitting it to operate that remote dispensing location. Remote dispensing locations are operated by a pharmacy but are not located in or at the same location as the pharmacy.

The Regulation came into effect on March 14, 2011 and webcasts were held to explain the new law and to help members understand its implications on pharmacy practice in Ontario. A copy of the webcast and frequently asked questions are available on the website.

**BY-LAW AMENDMENTS APPROVED FOR CIRCULATION**

Council approved for circulation a by-law to require members to pay a fee of $1,000 for every subsequent reassessment attempt at the Peer Review beyond the first reassessment. In the spirit of maintaining the long standing “educational and non-punitive” position with regard to Quality Assurance and the practice review, Council was in agreement that the current practice of covering incurred expenses for the initial Peer Review and first re-assessment is reasonable and should be maintained.

The College has always maintained that it is the personal and professional responsibility for all pharmacists to maintain their own competence. Those who do not, have difficulty meeting the standards for the Peer Review and can require multiple reassessments. Council considered this to be the most equitable and appropriate way to encourage members to commit to remediation and ultimately improve their practice.

The membership is invited to provide written comments regarding these bylaws by May 30, 2011 to ccampbell@ocpinfo.com in order to be considered by Council in June prior to ratification.

Furthermore, given the likelihood that the consolidated regulations under the Drug and Pharmacies Regulation Act would come into force shortly, the immediate implications of implementation were also given consideration. Accordingly, Council agreed to the establishment of a fee of $500 to be paid by a pharmacy to open a Remote Dispensing location as provided for in the proposed Regulations made under the Drug and Pharmacies Regulation Act.

Article 14 of OCP By-law No. 2 (Pharmacy Fees) will now read as follows:

14.1 **Application Fee.** Every person who submits an Application for a Certificate of Accreditation shall pay an Application Fee of $1,000 plus applicable taxes. (no change)

14.2 **Issuance Fee**

14.2.1 The additional fee for the issuance of a certificate of accreditation that permits the operation of remote dispensing locations, shall be $500.00 plus applicable taxes for each remote dispensing location that is to be operated.

14.2.2 The fee for the issuance of an amended certificate of accreditation that permits the operation of remote dispensing locations, or additional remote dispensing locations, shall be $500.00 plus applicable taxes for each remote dispensing location or additional remote dispensing location that is to be operated.

There was recognition that a complete re-write of by-law sections 12.2 through 12.4 and Article 14 in its entirety will be required in the near future, but approval of this by-law
amendment formalizes the College’s authority to charge the fee to operators seeking to open a remote dispensing location until then. The College will monitor patterns over the next six months to determine implications to both the by-laws and the budget. The Remote Dispensing Fee will be effective the date the DPRA Regulations come into force.

QUALITY ASSURANCE PROGRAM – INITIAL PHASE FOR PHARMACY TECHNICIANS APPROVED

Now that pharmacy technicians have become a regulated profession in Ontario, and in keeping with the Regulated Health Professions Act (RHPA) and its requirements, College Council considered the various components that must be included in a quality assurance program for pharmacy technicians – i.e. continuing education or professional development, self-assessment and peer/practice assessment. For each component, consideration was given to what could reasonably be achieved and the cost implications for the College. As an initial phase, Council approved a recommendation that pharmacy technicians be encouraged, starting upon registration, to document their educational activities in the form of a learning portfolio (to be retained for five years), and to complete a self-assessment tool, once in each five-year cycle. The College will be implementing these components on a voluntary basis until the Quality Assurance regulations are updated to include pharmacy technicians.

A focus group, comprising pharmacy technicians and other stakeholders, will be convened to discuss potential options for a peer and practice assessment and recommendations will be brought for Council approval at a later date.

GRANTS APPROVED

Council endorsed the Executive Committee’s recommendation that the College provide sponsorship in the sum of $1,000 to the University of Toronto’s Institute for Health Care Improvement for their inaugural conference to be held in April 2011. The conference, which is organized by students from various disciplines, will address topics such as inter-professional collaboration, patient safety, and public health/health policy.

HEALTH CANADA GRANTS A FURTHER EXTENSION OF S. 56 CLASS EXEMPTION

Health Canada has granted a further extension to the Section 56 Class exemption which permits pharmacists to dispense methadone and to transfer custody of such doses in a secure manner to physicians or their delegates, until December 31, 2013. Conditions for exemptions can be found on the College’s website.

OFFICE OF THE FAIRNESS COMMISSIONER

The College, in response to her request for feedback, has written to the Hon. Dr. Augustine, Ontario’s Fairness Commissioner on the Draft Strategy for Continuous Improvement of Registration Practices for Health Regulatory Colleges.

In essence, Council was pleased to note that the continuous improvement cycle is a satisfactory model and is consistent with this College’s own approach to quality assurance for both pharmacies and pharmacists and was reassured to know that the OFC will acknowledge the unique culture, resources and legislative context that each regulatory authority is operating within, and the related challenges and opportunities that these characteristics present.

Council Meeting Dates for 2011
June 13 & 14, 2011 and
September 12 & 13, 2011

For more information regarding Council meetings, please contact Ms. Ushma Rajdev at urajdev@ocpinfo.com.
REGULATIONS TO THE DRUG AND PHARMACIES REGULATION ACT
The passing of the new regulations to the Drug and Pharmacies Regulation Act (DPRA) into law this past March signifies important and exciting changes for pharmacy. OCP has long recognized the need for the DPRA to be updated to reflect modern practice within the College’s mandate of public protection and the changes that were passed in March allow this to happen while providing for key changes to the operation of pharmacies in Ontario.

The College is committed to ensuring that all members know and understand the implications of this new law and assist them in complying with any new requirements. To this end, in late March, OCP held webcasts to inform members of the changes to the regulation. More than 1,500 members logged in to the webcasts and posed a number of important questions. College staff have researched and responded to many of these questions and we are pleased to offer them here and on our website as a reference.

**DPRA REGULATIONS ARE NOT EXPANDED SCOPE LEGISLATION**

It is important to note that the new DPRA Regulations affect pharmacies and not pharmacists, though certain acts performed by a pharmacist in a pharmacy are included. The new DPRA Regulations are not the expanded scope legislation. That draft regulation to the Pharmacy Act (Bill 179) was recently approved by Council and it will enable an expanded scope of pharmacy practice; however, this regulation is not yet approved by government. Once the new regulation is passed, pharmacists in all practice settings, not just accredited pharmacies, will have the authority to extend, adapt and initiate prescriptions and the provisions outlined in the DPRA Regulations, which allow for prescription refills, will be revoked.

The proposed Pharmacy Act regulation will specify requirements that must be met in order to practice the expanded scope. At the appropriate time, OCP will provide more details on those requirements, including policies and guidelines to assist members in their practice. Right now, it is unknown when the Pharmacy Act regulation will be passed by government. In the meantime, under the authority of the DPRA regulation pharmacists in accredited pharmacies may refill prescriptions without authorization from a physician under the specified conditions.
HIGHLIGHTS OF CHANGES TO THE NEW DPRA REGULATION

CERTIFICATE OF ACCREDITATION FOR PHARMACY

ISSUANCE OF A CERTIFICATE OF ACCREDITATION
Any new owner of a pharmacy, or new pharmacy location will receive a new Certificate of Accreditation with a new number. The College is able to request information to ensure that the pharmacy will be operated with decency, honesty and integrity. There will be additional requirements if application is being made to operate a remote dispensing location (see section under Remote Dispensing for details).

RENEWAL OF A CERTIFICATE OF ACCREDITATION
Certificates of Accreditation will continue to be renewed on an annual basis. However, if there is a repeated and serious non-compliance with standards of operation by a pharmacy, the College will not automatically renew the certificate until it is satisfied that all issues have been resolved. Further, terms, conditions and limitations can be applied to Certificate of Accreditation. This process moves non-compliance issues out of the discipline process.

STANDARDS OF ACCREDITATION AND OPERATION
Standards of Accreditation and operation have been updated to reflect current practice. For example, wording covering modern technology required in a pharmacy has been incorporated. This wording includes terms such as computer system, electronic resources and internet access, and equipment to scan and store documents electronically.

The standards also set out certain physical requirements that need to be met, including that each pharmacy’s floor area be not less than 18.6 square metres and that each pharmacy have an acoustically private area for patient consultation. Existing pharmacies have until May 11, 2012 to comply with the 18.6 square metre floor area requirement, and implementation of scanning technology. All new pharmacies must meet these requirements at the time of opening. All lock and leave operations already in place may continue to operate, however any new operations must make an application for inspection and approval.

Library requirements have also been updated and the Library Reference Guide is posted on the OCP website.

RECORD KEEPING
Patient records are comprised of more than just the prescription record. Any information regarding the clinical decision making process must be included in the record for continuity of care. Patient records must be maintained for a period of 10 years from the last recorded professional service provided, or until 10 years after the date
the patient reached 18 years, whichever is longer. While original prescriptions are only required to be kept for two years, scanned copies are also required as part of the patient record. Safeguards must also be in place to ensure privacy and adequate storage.

**PRESCRIPTION REFILL AUTHORIZATION BY PHARMACISTS**

It is important to note that this authorization differs from the proposed regulations to enhance the scope of practice under the Pharmacy Act. The intent in the DPRA is to continue medication therapy for patients under all of the following conditions:

- Reasonable efforts to contact the prescriber have been made but the pharmacist has been unsuccessful
- The Pharmacist believes that the prescriber would have authorized the continuing medication therapy
- The patient has chronic or long term condition
- The patient has a stable history with drug
- The medication is not a narcotic, controlled drug or targeted substance
- The total amount of the refill does not exceed the amount previously dispensed or is a three-month supply, whichever is less
- The pharmacist must provide notification of the date, drug, quantity to the prescriber or primary health care provider within seven days of refilling the prescription

In terms of record-keeping and documentation, a refill prescription authorized by the pharmacist must have a unique prescription identification number. Further, the prescription identification number, the name of the authorizing pharmacist and the original prescriber must be recorded in the patient record. In short, there must be sufficient documentation within the patient record to support the decision-making process. The name of the authorizing pharmacist should also appear on the prescription label as the prescriber.

**REGISTERED PHARMACY TECHNICIANS**

These changes to the DPRA Regulations allow for registered pharmacy technicians to accept and record a verbal prescription, except for narcotic and controlled substances. However, they may not transfer and accept a transfer until changes are made to the Food and Drug Act, which is under federal jurisdiction.

**REMOTE DISPENSING**

The DPRA Regulations make remote dispensing locations (RDL) legal in Ontario, effective immediately.

**DEFINITIONS:**

Remote Dispensing Location means a premises where drugs are dispensed or sold by retail to the public and that is operated by, but is not at the same location as, a pharmacy whose certificate of accreditation permits its operation.

Automated Pharmacy System means a mechanical system that performs operations or activities with respect to the storage and packaging of

**CONFLICT OF INTEREST**

Conflict of interest is declared when any arrangement or agreement that is likely to adversely influence member’s professional judgment or ethical care of the patient is in question. There must be full disclosure prior to patient choice.

**ADVERTISING REGULATIONS**

The language has been updated to be more applicable to current practice. The language is parallel to that under the Pharmacy Act which refers to member responsibility.
THE FOLLOWING FREQUENTLY ASKED QUESTIONS (FAQs) ABOUT THE NEW DPRA REGULATION WERE DEVELOPED IN RESPONSE TO THE MANY QUESTIONS THE COLLEGE RECEIVED FOLLOWING OUR WEBCASTS. THEY ARE INTENDED TO HELP MEMBERS UNDERSTAND AND COMPLY WITH THE NEW LAW. THESE FAQs AS WELL AS CHECKLISTS FOR OPENING A NEW PHARMACY AND REMOTE DISPENSING LOCATION ARE ALSO AVAILABLE ON OUR WEBSITE AT WWW.OCPINFO.COM

PHARMACISTS’ AUTHORITY TO REFILL PRESCRIPTIONS

1. Does this authority only apply to pharmacists practicing in community pharmacies?

Yes, only pharmacists in community pharmacies have the authority to authorize refills of existing prescriptions under specific criteria. This authority is contained in the Drug and Pharmacies Regulation Act (DPRA) which regulates pharmacies in Ontario.

2. What is the intent of this new legislation which allows pharmacists to refill an existing prescription?

The intent of the legislation is to prevent delay in refilling prescriptions for patients on chronic medication. In 2008, the College of Physicians and Surgeons (CPSO), the Ontario Medical Association (OMA), the Ontario Pharmacists Association (OPA) and the Ontario College of Pharmacists (OCP) developed the principles for pharmacist’s authority to refill existing prescriptions. These principles ensure consistency in practice across the province and continuity of care for patients.

3. What are the criteria that must be met in order for a pharmacist to authorize a refill of an existing prescription without further authorization from a prescriber?

All of the following criteria must be met:

a) reasonable efforts to contact the prescriber have been made and were unsuccessful;

b) the prescriber of the prescription to be refilled, if available, would have authorized the refill;

c) the patient for whom the drug is to be refilled has been prescribed the drug for a chronic or long term condition; AND

d) the patient for whom the drug is to be refilled has a stable history with that drug.

4. Can a refill of a prescription for a narcotic drug be authorized by a pharmacist?

No, pharmacists do not have the authority to authorize refills of prescriptions for narcotic or controlled drug or targeted substances. Although targeted substances are not referred to specifically in this regulation, the new anticipated expanded scope legislation does indicate that pharmacists cannot extend prescriptions for targeted substances. Therefore for continuity of care, a prudent course of action is for the prescriber to fill the prescription for a new patient via an automated pharmacy system approved by Council.

SAFETY AND SECURITY

For safety and security purposes, the RDL must be located indoors, in a place that is appropriate for healthcare that is well lit and ventilated. RDLs cannot contain narcotics, controlled drugs or targeted substances. They must be designed, constructed and maintained to prevent unauthorized access.

ACCOUNTABILITY

RDLs must meet additional accreditation standards. Every pharmacy that operates a RDL is required to hold a certificate of accreditation that permits the RDL to exist. The designated manager (DM) is responsible and accountable for the operation of the RDL. There must be clear labeling and signage at the RDL to identify who is operating it. For the RDL to work, there must be a working audio-visual link. The RDL must be able to accept valid and authentic prescriptions as set out under Section 29(d) of the DPRA Regulations which state that the prescription can be transmitted through an automated pharmacy system using technology approved by Council.
of care and management of patient expectations, it is recommended that refills for targeted substances not be authorized.

5. Are pharmacy interns allowed to authorize refills?

No. The Regulation specifically makes reference to pharmacists.

6. Can a pharmacist authorize a refill of a prescription from an out-of-province prescriber?

Yes, if all four criteria have been met and the prescriber is notified.

7. What quantity can be refilled and how often?

The total amount of the drug dispensed cannot be more than the amount previously dispensed or a three month supply, whichever is less. The pharmacist may use their professional judgment to determine if further refills at future dates should be authorized; however, the pharmacist must apply the required criteria each time s/he considers authorizing a refill authorization.

8. Can a prescription be refilled for less than three months or less than the original amount dispensed?

Yes, the pharmacist should also use their professional judgment on the quantity. For example, a pharmacist may choose to refill for one month if the physician cannot be reached for authorization and the patient can see their physician in the next few weeks. In cases where there is prolonged physician absence, two or three months may be more appropriate. Remember that all four criteria must be met.

9. How is the prescription processed and what name is entered in the prescriber field?

What prescriber name should appear on the prescription label?

A unique prescription identification number must be assigned to the authorized refill and the name of the original prescriber must be recorded in the patient record as well as the name of the authorizing pharmacist. The Ontario Pharmacists Association is working with private and public payors regarding their acknowledgment of the pharmacist identification in the prescriber field. The prescription label must indicate the name of the authorizing pharmacist.

Further information about submitting a claim for reimbursement under the ODB program can be found in OPDP Notice No.11026 posted March 18, 2011.

10. A unique prescription identification number must be assigned to the authorized refill. Does this mean a third set of prescription numbers are to be created besides narcotic and regular prescriptions?

No this simply means that the prescription must be generated as “new” or “reauthorized” (depending on the software system) with a new number so that the audit trail clearly identifies when the authorization occurred. The refill cannot be “piggy backed” onto the original prescription.

11. Must the pharmacist notify the prescriber?

Yes, within seven days, the prescriber and the patient’s primary health care provider, if known, must be notified of the authorization/dispensing date, name of drug and quantity dispensed. This is important for the maintenance of patient records with all health care providers.

12. How much and what documentation is needed to indicate that the pharmacist attempted to contact the prescriber?

The pharmacist, using their professional judgment, can determine how much and what information is appropriate to document considering that they may need to refer back to this documentation in future. You should consider third party payor documentation requirements as well.

13. What if the prescriber does not respond to pharmacist’s faxes? How can the pharmacist “confirm the refill authorization” with the prescriber?

The obligation of the pharmacist is to apply the required criteria and make reasonable efforts to contact the prescriber. The pharmacist is not responsible for ensuring receipt of the notification and approval from the prescriber is not required.

14. If a physician has retired and closed their practice or he/she has died and the patient does not have a new physician, for how long can the pharmacist authorize a refill and who is to be notified?

The refill may be authorized each time all the criteria are met. Professional judgement must always be applied and demonstrated considering the patient’s specific situation and to ensure continued patient care. Proper documentation to describe the specific situation is important for completeness of the patient record.

15. What happens if after notifying the prescriber, the prescriber indicates that the pharmacist should not have authorized the prescription refill?

Although the pharmacist is notifying the prescriber of the
FAQS

16. Can this process be used to circumvent a scenario where a prescriber charges for prescription refills?

The intent of this authority is to ensure continuity of care when the prescriber is not available to the patient or to the pharmacist who is requesting refill authorization on behalf of the patient. It is not intended to circumvent other arrangements/processes in place between the prescriber and the patient. The pharmacist can only authorize the prescription refill if the patient is in need of the medication and prescriber cannot be reached for authorization, providing the required criteria are met.

17. Do oral contraceptives meet criteria (c) “the patient for whom the drug is to be refilled has been prescribed the drug for long term condition”?

Yes, and remember that the other three criteria have to be met as well.

18. Will there be communication to prescribers?

The College of Physicians and Surgeons of Ontario and the College of Nurses of Ontario have communicated information regarding this new pharmacist authority to their members. (see the CPSO website home page). However since this legislation is new and prescribers may not be aware, the College recommends that pharmacists communicate with their local physicians and nurse practitioners to ensure clear understanding of the process and intent of the regulation.

19. What if the patient presents in the evening or during the weekend and the pharmacist cannot reach the doctor? If the prescriber’s office is closed on Friday, may the pharmacist authorize a full refill or should they wait until Monday when the physician is back in the office?

If all four criteria are met, the pharmacist may authorize the refill. In the past, many pharmacists would “advance” a few days supply until the prescriber could be reached. This regulation provides the pharmacist with the authority to dispense a quantity appropriate to the situation.

The pharmacist can authorize the refill if the patient requires the medication immediately and the criteria have been met.

20. In the case of a visiting patient who is not a regular patient of a pharmacy but requires a refill, can the pharmacist accept a transfer of prescription authorized by another pharmacist who has a complete patient record?

There is no prescription to transfer. This would be a copy of a prescription. A pharmacist can only refill the prescription if all criteria have been met. As always, complete documentation is required, describing the situation and how the decision was made.

21. Are pharmacists covered under personal professional liability insurance?

Yes, all pharmacists are required to maintain personal professional liability insurance which covers the practice of pharmacy as regulated by the College.

22. Is it the responsibility of the Designated Manager (DM) to ensure that prescription refills authorized by all pharmacists in the dispensary meet the requirements as set out in the regulation?

No, the DM is not responsible for the individual clinical and professional decisions of other pharmacists.

23. How can I learn more about all aspects of the new regulation?

The webcasts which were held March 24 and March 29th are now posted on the OCP website.

24. Is this the expanded scope legislation we have been hearing about?

No the draft regulation to the Pharmacy Act (Bill 179) was recently approved by Council and it will enable an expanded scope of pharmacy practice; however, this regulation is not yet approved by government. Once the new regulation is passed, pharmacists in all practice settings, not just accredited pharmacies, will have the authority to extend, adapt and initiate prescriptions and the provisions outlined in the DPRA Regulation will be revoked.

The proposed Pharmacy Act regulation will specify requirements that must be met in order to practice the expanded scope. At the appropriate time, the OCP will provide more details on those requirements, including policies and guidelines to assist members in their practice. Right now, it is unknown when the Pharmacy Act regulation will be passed by government. In the meantime, under the authority of the DPRA regulation pharmacists in accredited pharmacies may refill prescriptions without authorization from a physician under the specified conditions.
**REMOTE DISPENSING**

1. **What is the definition of “remote dispensing location” (RDL)?**

A premises where drugs are dispensed or sold by retail to the public and that is operated by, but not at the same location as, a pharmacy whose certificate of accreditation permits its operation. A RDL can either be an automated pharmacy system or a place staffed by a regulated pharmacy technician supervised remotely by a pharmacist who is present at the accredited pharmacy.

2. **Does a pharmacist need to be present when the remote location is open?**

Yes, the pharmacist must be physically present in the pharmacy that operates the remote dispensing location.

3. **What drugs can be sold in a remote dispensing location?**

Drugs in Schedule I, II and III may be sold in a remote dispensing location. Schedule III drugs may be available either from an automated pharmacy system or from an area in the remote dispensing location to which the public does not have access. No narcotic and controlled drugs and targeted substances can be located at or available from the RDL.

4. **Who can apply for a Certificate of Accreditation for an RDL?**

A holder of a certificate of accreditation to operate a pharmacy can apply for an amended certificate of accreditation that permits the operation of remote dispensing location(s).

5. **Can a physician or non-pharmacist business person apply for a certificate of accreditation for a RDL?**

No only the holder of a certificate of accreditation can apply for an amended certificate to allow for the operation of a RDL.

Under the DPRA 142 (1) no corporation shall own or operate a pharmacy unless the majority of the directors of the corporation are pharmacists.

6. **Can a pharmacy operate more than one RDL?**

A pharmacy can operate multiple RDL’s but each RDL will have a specific accreditation number. Additional fees for each RDL application will be required and specific standards of accreditation must be met. As with any new store opening, an inspection will take place to ensure the standards are met prior to accreditation approval.

7. **Who can operate a RDL?**

Only the pharmacy whose certificate of accreditation permits the operation of the RDL can operate it at the specific location referred to in the certificate of accreditation. The operation cannot be contracted out to another pharmacy.

8. **Where can a RDL be located?**

A RDL must be located in a well-lit and well-ventilated area that is appropriate for the provision of health care services and accessible to the public only during the hours that a pharmacist is physically present in the accredited pharmacy that operates the RDL. There is no restriction regarding proximity to another pharmacy.

9. **What are some of the additional safety and security requirements that must be met?**

- Every RDL must be designed, constructed and maintained so as to prevent unauthorized access.
- RDLs must have an alarm system that provides immediate notification to the DM or his or her delegate of any theft or attempted theft of drugs, tampering or attempted tampering of RDL or its equipment and alteration in refrigeration temperature outside of standards.

As well, if the RDL has an automated dispensing system, it must:

- Be locked at all times to prevent unauthorized access and be sufficiently affixed within the RDL so that it cannot be moved by unauthorized persons.
- Use technology that ensures that drugs are accurately loaded and verifies that the correct drugs are selected robotically during the dispensing process and correct labels affixed to vials.
- Employ College approved technology for the creation of from an automated pharmacy system is not required to have a dispensary or meet the pharmacy size requirements.
10. How can the authenticity of a prescription inserted into the automated pharmacy system be established?

In the case of an automated pharmacy system, the technology used to transmit the prescription must be approved by the College. Methods to ensure verification of physician signature and authenticity of prescriptions remain consistent with all pharmacy practices.

11. What are the audio-visual link requirements?

Every RDL where a pharmacist is not physically present must be equipped with a live, two-way audio-visual link that permits dialogue and communication between the patient and a pharmacist who is physically present in the accredited pharmacy. In the event of a disruption in this link, all dispensing at the RDL must cease immediately and cannot resume until the link is restored.

12. What are the requirements for marking of containers at RDL’s?

In addition to what is required on all prescription labels, the container in which a drug is dispensed from a RDL must indicate both the name, address and telephone number of the accredited pharmacy as well as the address of the RDL including a toll-free number at which a patient may contact the accredited pharmacy. The label must include a unique identifier, attached to the prescription number that identifies that the drug was dispensed from the RDL vs. the accredited pharmacy.

RECORD KEEPING

1. What is a Patient Record?

A patient record is a complete reference of all documentation related to the care of a patient. It will include prescription information, scanned copy of the original prescription and patient profile but also any documentation or information about the patient. This is consistent with patient records maintained by other health care providers. Examples of records and documents include:

• MedsCheck documentation
• Pharmacist refill authorization information
• Pharmaceutical Opinion
• Medication Management
• Identified drug related problems
• Consent forms
• Dialogue with patients or
• Any other information essential for continuity of care and
• Any future record keeping requirements under the new expanded scope of practice.

2. Where are the records described in the previous question to be filed and how long are they to be retained?

The content of all patient records is to be maintained in a computer system where possible and where that is not possible, in a systematic manner that allows for easy retrieval. Other than the original prescription (see question #3), all records are to be retained for a period of at least 10 years from the last recorded professional pharmacy service provided to the patient or until 10 years after the day on which the patient reached (or would have reached) 18 years whichever is longer.

3. How long are prescription records to be retained?

Original prescriptions are to be retained for 2 years as outlined in section 156 (2) of the DRPA. However scanned electronic copies of original prescriptions will become part of the patient record which must be retained for a period of at least 10 years from the last recorded professional pharmacy service provided to the patient or until 10 years after the day on which the patient reached (or would have reached) 18 years whichever is longer. (see #2)

4. When do I have to start scanning all original prescriptions?

Effective immediately all new pharmacies must have equipment to allow for scanning of original prescriptions and documents and maintaining those scanned copies in the patient record. All existing pharmacies have until May 11, 2012 to comply. It is recommended that all pharmacies plan how these records will be kept and begin scanning prescriptions as soon as possible.

5. What type of scanners are recommended?

Please contact your software vendor for direction on scanners and how to integrate into your computer system.

6. Do the records have to be retained on site?

The records must be readily retrievable and stored securely to ensure that confidentiality and privacy of the personal health information in the records is protected.
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STANDARDS OF OPERATION

1. What are the new pharmacy size requirements?

Every pharmacy must have a floor area sufficient for the safe and orderly operation of the pharmacy and not less than 18.6 square metres (200 square feet). Existing pharmacies have until May 11, 2012 to comply however all new pharmacies must meet this size requirement.

2. Do all pharmacies require a patient consultation room?

For some time now the College has been recommending members to have a separate and distinct patient consultation area in the pharmacy offering acoustical privacy. With the passing of the DPRA Regulation, this is now a requirement for all new and existing pharmacies. Although it is not necessary at this time to have a “room” it is recommended that members consider the inclusion of a visually and acoustically private area in which pharmacists can deliver the professional services outlined in the draft regulation for expanded scope of practice.

3. What are the new refrigeration requirements?

A refrigerator which stores drugs and other medications requiring refrigeration must have the facility to accurately display the temperature inside the refrigerator. Temperature must be maintained between 2–8°C. Anything other than drugs or medications requiring refrigeration should not be stored in the refrigerator (no food) as this can negatively affect the stability of drug product.

4. Our head office prohibits full access to the internet. How will we comply with the Regulation requirement to have internet access?

Although full access to the internet may not be necessary, sufficient access is necessary to allow members practising at the pharmacy to meet the profession’s standards of practice including access to library requirements as outlined in the Regulation.

5. What are the new library requirements?

The required reference guide is available on the OCP website. It is no longer a requirement for every pharmacy to have a medical dictionary, dispensatory, paediatric dosing reference guide or handbook of non-prescription drugs. However in addition to the required list, members are expected to have any other publication that is reasonably required to meet the standards of practice of the profession for their specific practice. Example: geriatric, paediatric, natural health products, compounding resource.

6. What type of scanners are recommended and when must we begin using them?

Please contact your software vendor for direction on scanners and how to integrate into your computer system. Effective immediately all new pharmacies must have equipment to allow for scanning of original prescriptions and documents and maintaining those scanned copies in the patient record. All existing pharmacies have until May 11, 2012 to comply. See Record Keeping FAQ for more information.

7. Are electronically transmitted prescriptions now acceptable?

No, there has been no change in e-prescribing in Ontario due to this regulation.

Members Emeritus

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

For more information, contact Client Services at 416-962-4861 ext 3300 or email ocpcclientservices@ocpinfo.com
Council members, colleagues, friends and family joined to honour Deanna Williams on March 9th as she announced her decision to retire after more than a decade as OCP Registrar. When she closes the door behind her at 483 Huron on May 31, she can do so knowing that her leadership and vision have left a lasting legacy on the profession of Pharmacy, the College and the public.

While Williams steps down after 11 years as OCP Registrar, her career at the OCP began some six years prior to that when she was hired as Director of Programs. She was named Deputy Registrar in 1998 and then Registrar in May, 2000.

Before joining OCP, Williams was working for the Ontario Ministry of Health’s Drug Programs Reform Secretariat, first as a policy coordinator and then as Acting Director, developing new policy programs for the Ontario Drug Benefit Plan, a position that she says gave her an inside working knowledge of government that has proved invaluable in her work at the College. Prior to that, she was a teaching assistant for the University of Toronto’s Faculty of Pharmacy, an independent pharmacist owner in Oakville and a clinical pharmacist in a number of hospital settings in Hamilton, Kingston and the Greater Toronto Area.

Under her leadership as OCP Registrar, Williams has been instrumental in managing a changing landscape of issues facing the profession, all the while maintaining the College’s most important responsibility to protect the public. “We have seen more changes in pharmacy in the past 11 years than in the last 50 years and we are thankful that Deanna has provided the vision and leadership to help us navigate it,” says OCP President Bonnie Hauser. “As Registrar, she did not just maintain the status quo, she spearheaded many of the changes.”
Those accomplishments have gained Williams the respect of not only OCP members but her colleagues in Canada and worldwide. One of the most significant of those accomplishments has been how, under Williams’ leadership, the College developed a robust Quality Assurance Program that engaged members to embrace continuous professional development and continuing competency. OCP now has a QA program that is viewed as a model for other professions worldwide. In fact, Williams was acknowledged in Ireland last fall for her leadership in this area when the Pharmaceutical Society of Ireland decided to adopt the OCP Quality Assurance model.

Also within the area of competency, Williams helped develop the initial competency statements for newly registered pharmacists, which were adopted nationally in 1998. In fact, much of Williams’ work has helped give effect to the initiatives set out in Canada’s National Blueprint for Pharmacy.

One of the most significant milestones reached under Williams’ accomplishments is the regulation of Pharmacy Technicians. In 1996 the seed was planted to register a new class of accountable pharmacy professionals. In 1998 the matter was placed on the government agenda and Deanna worked tirelessly with staff and Council to make Pharmacy Technician Regulation a reality in Ontario. In December 2010, upon the passage of the Registration Regulation, the College officially welcomed the first Pharmacy Technicians as members. “It was a long journey but under Deanna’s guidance and perseverance, the College now has a new class of member,” says Hauser.

Williams can also count among her accomplishments, the drafting and passing of significant new legislation affecting the profession, including the new regulation under the Drug and Pharmacies Regulation Act (DPRA) which is now law and the proposed regulation that will give effect to an Enhanced Scope of Practice for pharmacists which is expected to be approved later this summer.

Throughout her tenure at the College, Deanna has also been an ambassador for the profession. She is respected internationally for her work in pharmacy and professional regulation, and acknowledged last year when she received the Regulatory Excellence Award from the international organization: Council on Licensing Enforcement and Regulation (CLEAR).

As Tom Baulke, a public member of the OCP Council says, “Although I am a registered member of a non-health regulated profession, it wasn’t until my involvement with OCP that I had a true understanding of both the privilege and responsibility of self-regulation and the concept of professional regulation in the public interest. I can say without hesitation that Deanna is a torchbearer for that fundamental precept.”

Baulke and other colleagues commented that the changes that have taken place under Williams’ tenure have been nothing short of dramatic and that all of this had to be managed in addition to the day to day regulation and oversight responsibilities of the College. “None of these things would have been possible without the tireless, optimistic, visionary, respectful and stable leadership of Deanna Williams,” says Baulke.

No doubt her colleagues within the profession, at the College, the council table, in government or those behind the pharmacy counter will agree that Deanna’s efforts and dedication have been nothing short of remarkable and that she leaves a legacy of leadership and vision that will have a lasting impact on the College and on the pharmacy profession.
REGULATING THE USE OF SOCIAL MEDIA

The Proliferation of Social Media Today Warrants the Engagement of Health Professionals on What Standards Should Prevail in Regulating Its Use

By Barbara Cadotte, Senior Policy Advisor

Employees are discovering that they may face consequences to their employment as a result of their use of social media such as Facebook while outside of working hours, if it relates to their employment. The parallel in the regulatory field is that health professionals have a well-established tradition of upholding standards of professional behaviour, which may or may not include 'off-duty' activities. This article will briefly outline the methods through which the behaviour of both employees and professionals is circumscribed, examine parallels between employee and professional conduct and present a framework that has been used to create a ‘reasonable standard’ to evaluate off-duty behaviour. The proliferation of social media today warrants the engagement of health professionals on what standards should prevail in regulating its use. The question to be asked is whether it is time for Web 2.0 to meet Regulation 2.0?

Regulating Employee Off-Duty Conduct

The ability of an employer to discipline off-duty behaviour is dependent upon establishing a standard of proof that the behaviour has a direct impact on the employer and its operations. Jurisprudence with respect to employee use of Web 2.0 (e.g. MySpace, Facebook, blogs) is an emerging area of employment law. The onus is on the employer to prove harm, demonstrate the degree of the impact and establish a causal connection. Grounds for dismissal are present where it can be proved that a post by an identified employee, whose image is important to their ability to execute their duties, has seriously damaged a company’s reputation. In 2007, the College of Nurses of Ontario reminded members to investigate whether their employer had a policy on what is acceptable for staff to discuss.
on social-networking sites. While the focus was the responsibility to keep health information confidential, the issue of conduct outside the work place was also raised.

REGULATING HEALTH PROFESSIONALS

In Ontario, the authority of health regulatory colleges to govern the ethical behaviour of health professionals is found within the Health Professions Procedural Code. The Code, which is automatically deemed to be part of each health profession Act, enables colleges to set and enforce standards of professional conduct and practice. Standards of practice, guidelines, codes, practice parameters and/or position statements provide informal assistance to members in the areas of practice, ethics and regulator expectations. Standards of practice guide and reflect generally accepted professional behaviour; guidelines are suggested protocols; advisory statements alert members to new legislation and may make suggestions for compliance; and, position or policy statements identify how a regulator will address various situations. These documents, while not legally binding, are effectively used to address complex and rapidly changing issues.

REGULATING PROFESSIONAL OFF-DUTY CONDUCT

Both the on and off-duty behaviour of a regulated professional may be subject to investigation. Professional misconduct applies to on-duty behaviour while ‘conduct unbecoming’ generally refers to off-duty behaviour. If it is accepted that off-duty conduct can and should be regulated, then where does one draw the line? Where standards for off-duty conduct are not well defined, a framework for analyzing misconduct must be defined instead. In a relevant case, the BC Supreme Court extrapolated an ‘ideal’ framework that a hearing panel might use to make a decision on ‘conduct unbecoming’ including establishing the principles that:

• Some, but not all, off-duty conduct can give rise to discipline for professional misconduct or conduct unbecoming;
• A panel should consider whether the conduct evidences direct impairment of the ability to function in the professional capacity, or impairment in the wider sense as described in the case law (essentially that it would damage the integrity or standing of the profession), and
• In the absence of direct evidence of impairment, a Panel would need to consider whether it is appropriate to draw an inference of impairment in the circumstances.

Accordingly, in order to apply this framework a panel would need to: a) identify the standard of proof to be used and determine whether there is enough evidence to prove misconduct; b) consider what the standard of conduct is (that of a reasonable member of the profession) and whether the conduct falls below that standard; and c) if the conduct falls below the standard of what is expected, decide whether the off-duty conduct directly or indirectly impairs the professional’s ability to do his or job and/or impairs the standing of the profession in the community at large.

DISCUSSION

Health professionals have a well-established tradition of upholding standards of professional conduct and it is common for regulatory bodies to publish guidelines, standards of practice, policies and procedures to signal the behaviour expected from a member of the profession. These tools provide guidance about how to behave in the context of complex and changing circumstances and are also utilized to stimulate discussion within a profession about the role of the professional within society.

Professionals are clear about meeting standards of conduct while practicing their profession, but what about off-duty conduct? Rules governing ethical behaviour have, for the most part, lagged behind
the proliferation of social networking technologies.

The use of sites, such as Facebook, is leading to a ‘legal grey area’ with respect to free speech and the right to privacy and any potential standard for off-duty behaviour must be weighed against broader rights. Even where there is an ethical standard relating to off-duty behaviour, it is not a guarantee that it can be enforced.

Health professionals are embracing the use of social media to communicate with one another and discuss issues of importance to their profession.

A new wave of professionals graduating today has been raised on the use of e-tools, including social media. There is currently no formal guidance in Ontario about the potential impacts of using social media on one’s standing within a profession, although many health professions have encoded an obligation to uphold the honour and dignity of the profession within their Codes of Ethics.

While it would be unreasonable to expect highly educated individuals to trade free speech rights for a right to practice a profession, it would be prudent to engage professionals in a discussion about their obligations in representing their profession when off-duty.

References on this article are available upon request.

Elections of members to serve on the College Council for districts M and P will take place this summer. The workplace currently recorded as your Declared Place of Practice (for Elections) will be used for election purposes. **If your information is up to date, you do not need to contact the College.** If the information is incorrect, or you are unclear as to which postal code you will be voting in, please access the College website (www.ocpinfo.com), click on the Member Login icon, login in using your User ID (OCP number) and password, and you will be able to verify and/or change your information for voting purposes.

**IMPORTANT DATES:**
- Nominations open: June 1, 2011
- Nominations close: June 15, 2011
- Voting closes: August 3, 2011

For further information, contact **Ms. Ushma Rajdev**, Council and Executive Liaison
At 416-962-4861, ext. 2243; Email: urajdev@ocpinfo.com
CE COORDINATORS:
AT THE HEART OF LIFELONG LEARNING
CONTINUING EDUCATION COORDINATORS PLAY A VITAL ROLE IN LIFELONG LEARNING

By Stuart Foxman

She has been a pharmacist for almost 20 years, but Karen Riley knows that the job, fundamentally, is about being a teacher and learner.

“That’s what will take pharmacy to a whole new level, and push the profession forward,” she says.

It’s why Riley is so proud to be a Regional Continuing Education (CE) Coordinator for the Ontario College of Pharmacists. In the volunteer role, members of the College work to identify the CE needs of local pharmacists in their region (in Riley’s case, Region 29, Sarnia), and organize live CE seminars and events.

“I wanted to give back to the College in some way, and lifelong learning is such an important component of what we do,” says Riley.

What motivates the CE Coordinators, and what do they get out of the experience?

To Riley – Clinical Pharmacy Manager of Education and Quality at Windsor Regional Hospital and Hôtel-Dieu Grace Hospital – taking on the role was just a logical extension.

So much of the profession, she notes, is about sharing information and raising awareness with others (whether patients, clients or colleagues) regarding health care practices and issues. Riley is also a teacher in a more formal sense, as an adjunct professor of pharmacy students at Wayne State University in Detroit, and at the University of Florida (via distance learning).

It has always been just as important for Riley to be a learner herself. She earned a Doctorate of Pharmacy in 2002, almost 20 years into her career, and has taken countless CE courses over the years.

“Everything I do,” says Riley, “revolves around education.”

That’s the essence of the profession, and what keeps it forever interesting too, says Perveen Gulati, a pharmacist at the Shoppers Drug Mart in Blackburn Hamlet in Ottawa, and a CE Coordinator for Region 1, Ottawa.

“Pharmacy is such a dynamic profession, so CE is crucial,” says Gulati. “There’s always something to learn, always something new, and you have a responsibility to keep up. You’re never done.”
That’s a huge part of what’s appealing about the profession to Gulati, providing those learning opportunities for others is also what has drawn her to the CE Coordinator role.

**VOLUNTEERS GAIN SATISFACTION, BROADEN OWN KNOWLEDGE**

“That Continuing Professional Development is absolutely vital for our profession because of the fast pace of change,” says Shirin Jetha, the College’s Professional Development Advisor, Continuing Competency Programs.

Jetha commends the CE Coordinators for their dedication, but many say that they are the ones who are deeply fulfilled by the opportunity.

“Sometimes, I think I get more out of it than anyone else does,” says Gulati. “I love to learn from other people’s experiences outside of the retail pharmacy, in hospitals or industry, for instance. When you’re organizing events like this, you have the opportunity to sit down with the pharmacy company reps and gain a better understanding of their policies and objectives. This is also a leadership role. So being a CE Coordinator is a great experience for me personally and professionally.”

Lilly Ing, who works for Shoppers Drug Mart in Markham (a retail location and also in their corporate office), has been a CE Coordinator since 1997. “I never expected to be doing it as long as I have, but I’m always learning as well.”

Providing the vehicle to help fellow pharmacists learn is rewarding in itself, says Riley, but she herself has grown in the profession because of her work as a CE Coordinator. “I always learn something that I can put into practice, and hope that other people are feeling the same.”

**TWO EVENTS A YEAR**

CE Coordinators are responsible for planning at least two events a year. The main duties:

- Through direct contact with pharmacists in their region, identifying and prioritizing their learning needs.
- Seeking out local specialists to provide education for your members, or working with CE Coordinators from other regions to provide leads for topics and speakers.
- Organizing presentations.

The time involved can vary, around 10 hours per program, plus one full-day meeting per year to network with other CE Coordinators.

The CE Coordinators agree that the experience is among their most gratifying professionally. Riley says that her attitude as a university instructor and as a CE Coordinator is similar. “If you can touch the lives of someone and make them better as a health care professional, push them to their level of maximum achievement, that’s really important. That’s my drive.”

For her part, Gulati appreciates the opportunity to take on a role that extends the impact of her day-to-day work as a retail pharmacist.

“Bringing quality events to peers,” says Gulati, “makes you feel good that you’ve had an impact on their capacity to provide better patient care in the future – that you’ve had an impact on the profession as a whole.”

Visit www.ocpinfo.com for a complete listing of upcoming CE events and the regional CE Coordinators. If you’re interested in becoming a CE Coordinator, please contact Rahila Ovais at rovais@ocpinfo.com.
OCP acknowledges our current and past CE coordinators and associates for their tireless dedication. More than half of them have served five years or more (indicated with an asterisk).

**THANK YOU**

Ravinder Banait*, Coordinator
Hilary Blackburn*, Associate
Carolyn Bornstein*, Coordinator
Michelle Cain*, Coordinator
Danielle Caron*, Coordinator
Christina Ciancio-Roach, Associate
Christopher Dalseg, Associate
Antonietta Forrester*, Coordinator
Nancy Franklin, Associate
Tim Gregorian, Coordinator
Perveen Gulati, Coordinator
Shannon Hinton*, Associate
Lilly Ing*, Coordinator
Vinay Kapoor*, Coordinator
Martin Keeping*, Associate
Carolyn Khan, Associate
Mauri Kuyper*, Associate
Lisa MacEachern, Coordinator
Karen Matwijec*, Associate
Kristin McCulloch, Coordinator
Debbie Moffatt*, Coordinator
Kelly Ouitet*, Associate
Jennifer Palmer, Coordinator
Sherry Peister*, Coordinator
Heather Philpott, Coordinator
Cindy Piquette, Coordinator
Bozica Popovic, Coordinator
Murielle Renaud, Coordinator
Mireille Riad, Associate
Karen Riley*, Coordinator
Stella Rupert*, Coordinator
Ramnik Sachania, Coordinator
Dinesh Shah*, Coordinator
Sean Simpson*, Coordinator
Wilfred Steer*, Associate
Penny Tsang, Coordinator
Alexander Vuong, Coordinator
Johnny Wong*, Coordinator

**RECENTLY RETIRED**

Aldo Anzil*
Rehan Azeem*
Kalvin Brown*
Steven Bural*
Joanne Labelle*
Rupert Muggoo*
Janet Shore*

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**REPORT ON TECHNOLOGY:**

In each issue, we report on how the College embraces innovation in technology, resulting in improved efficiency and cost savings, as well as better access to College services and resources for members.

We are pleased to report the following:

**REVISED PUBLIC REGISTER**

The College’s Public Register is the definitive source for public information about members and pharmacies. Anyone, from the general public to employers, ODB, wholesalers, or members of other professions, wishing to find or verify the most up-to-date public information about members (Student, Intern, Pharmacist Part A, Pharmacist Part B, Pharmacy Technician) or pharmacies should be directed to it. It is located on the College website homepage under “Member/Pharmacy Search.”

New enhancements to the register provide easier navigation and clearer information display and the addition of Pharmacy Technician as a new class of member. Please note that Member e-mail addresses are not considered public information and therefore not included in the public register.

**MORE FEATURES ADDED TO ONLINE ACTION PLANS**

Online Action Plans, which were piloted in August 2010 and launched earlier this year, allow Designated Managers (DMs) to use a web-based system to complete their post-inspection reports. They are proving to be a useful resource that saves time and cuts down on unnecessary faxes and other paper transactions. Now the process has been enhanced to include a handy reminder system. This system will send the Designated Manager an e-mail reminder five days prior to the Action Plan due date. If the Action Plan hasn’t been sent by that time, the system will send another reminder one day after the due date.

**ON-LINE PHARMACY RENEWALS.**

We are nearing the completion of our first on-line renewal process for pharmacy accreditation. Feedback to date has been positive although, as with any new process, we have identified several ways to make the reporting of information relating to corporate information and pharmacy operations easier. The College is grateful to have a group of eager and forward thinking members who offer to pilot this and other new processes. It gives us valuable feedback in how best to increase the clarity and usability of any new on-line application.

To ensure that on-line notification is as complete as possible members are encouraged to notify the College of changes to their preferred email address. At this time we are pleased to report that we are able to reach 98% of our members by email.
Get ready to say ‘adieu’ to the endless piles of paper that make up the assessments and activities as part of the Structured Practical Training (SPT) program. Over the past year, an online training portal has been developed as a documentation tool for the SPT program to streamline the way information is created, managed and shared between the preceptee, preceptor and the College.

The training portal has been piloted as part of the SPT program for pharmacy technicians since January 2010 and more recently this past March for students and interns. It has been met with overwhelmingly positive reviews.

The use of the training portal allows both the preceptees and the preceptors to complete online assessments every four weeks and allow the preceptee to upload their various activities and reflections of their learning experiences. The preceptor will have access to all of the documentation in real-time and can review and comment on material from any location, simply by logging into the training portal. Also, the Registration Programs team will be able to access the materials from the training portal thereby eliminating the need to email, fax or drop off any documentation.

This summer will see a large scale roll-out of the online training portal for anyone who is proceeding through SPT training. In preparation for this change, both preceptors and preceptees should ensure that they are aware of the move to the online training portal. Also, if you have restricted internet access at your practice, you should speak to your designated manager or system administrator to permit access to the training portal.

This is an exciting time at the College as this has been a long-awaited initiative. We are confident that you will find this to be a positive change to the SPT program.

Upcoming orientation workshops will be held in Toronto on:

- Thursday June 2nd, 2011
- Tuesday June 21st, 2011
- Wednesday July 13th, 2011

More will be added – check the website for details.

(* After 1 year of practice, registered pharmacy technicians can be preceptors for applicants engaging in SPT to meet the registration requirements as a pharmacy technician.)
GET INVOLVED!

All members, including Pharmacy Technicians are encouraged to consider participating on Council committees

There are many ways to get involved with the College. Members with particular expertise or experience may, for example, be invited to serve on special committees, task forces or working groups. Another way to become involved is by participating on College committees as a non-council member.

In fact, under the Regulated Health Professions Act, the College requires the appointment of members who are not elected members of Council to its various committees. Sitting on committees as a non-council member provides tremendous learning and insight about the College and its role in regulating the profession in the public interest, providing an excellent education in self-regulation. The College encourages all members to become involved, including Pharmacy Technicians. The number of days required by members to serve on each committee varies according to the frequency of meetings and agenda.

The committees that require participation by a non-council member are described below.

The Accreditation Committee is a statutory committee that considers matters relating to the operation of pharmacies in Ontario. These matters include operational requirements, ownership, supervision and the distribution of drugs in the pharmacy. The Committee also reviews issues relating to pharmacy inspections conducted by field staff where the pharmacy has failed to comply with the requirements for maintenance, record keeping and ownership.

The Communications Committee is a standing committee of the College. It is charged with dealing with all matters supporting public education and outreach.

The Discipline Committee*, through selected panels, hears allegations of professional misconduct against members as referred by various Committees of the College. Upon finding the member guilty of professional misconduct, the panel has the authority to revoke, suspend or limit a member’s registration, impose a fine, or reprimand the member.

The Fitness to Practise Committee considers incapacity matters referred by the ICRC.

The Inquiries, Complaints and Reports Committee* (ICRC) screens matters related to public complaints or information the College receives through reports. The Committee reviews written materials and determines whether a hearing is required, or if some other action would address the public interest.

The Patient Relations Committee’s legislative requirements are to develop and monitor a Sexual Abuse Prevention Plan as well as to monitor the College’s Patient Relations Program and make recommendations to Council on ways to enhance relations between members and patients.

The Quality Assurance Committee is responsible for developing and maintaining the College’s Quality Assurance Program, which includes such components as continuing education, a two-part register, minimum practice requirements and a practice review process. The goal of the Quality Assurance Program is to support continued competence and to encourage continuing professional development of registered pharmacists and pharmacy technicians.
PHARMACY TECHNICIANS UPDATE

Pharmacy Technicians from Lakeridge Health, Oshawa
As reported by OCP President Bonnie Hauser, pharmacy technicians Ms. Tracy Wills from Windsor (District TH – Hospital) and Ms. Amber Walker from St. Catharine’s (District T – all other areas including community) won by acclamation the elections in those districts. They attended the March Council meeting as full voting members and will serve on the Discipline, Inquiries, Complaints and Reports, Professional Practice, Quality Assurance and Registration Committees as full Council members. Opportunities for other pharmacy technicians to sit on these committees as non-Council members are also available. Please see page 31 for details.

DPRA Regulation Passed – Pharmacy Technician Scope Enabled

- Proclamation of the DPRA regulation allows pharmacy technicians to accept verbal prescriptions (with the exception of narcotic and controlled substances). Before engaging in this activity pharmacy technicians should have a discussion with the pharmacist/manager to ensure they understand related policies and procedures of the workplace and standards associated with this task.
- The new DPRA regulations also enable pharmacy technicians to dispense, sell and compound drugs in a remote dispensing location (with the exception of narcotic, controlled and targetted substances) in collaboration with a pharmacist who is not physically present, but is supervising through the use of audio visual technology.
- The new DPRA regulations also pave the way for pharmacy technicians to complete transfers, but not until the Food and Drug Act

AT THE TIME OF PRINTING, THE COLLEGE HAD REGISTERED MORE THAN 220 PHARMACY TECHNICIANS!

AS THIS NEW CLASS OF MEMBER BECOME INTEGRATED INTO PRACTICE SETTINGS ACROSS THE PROVINCE, COLLEGE STAFF ARE COMMITTED TO ANSWERING QUESTIONS TO HELP IN THE TRANSITION. HERE, WE HAVE OUTLINED SOME OF THE LATEST DEVELOPMENTS REGARDING TECHNICIAN REGULATION AND PRESENTED SOME OF THE MOST FREQUENTLY ASKED QUESTIONS ON THE ROLE OF TECHNICIANS IN THE DISPENSARY.
PHARMACY TECHNICIANS

regulations are changed. These legislative changes are in process and updates will be communicated when available.

STANDARDS OF PRACTICE IN DEVELOPMENT

The College is working with the National Association of Pharmacy Regulatory Authorities (NAPRA) on development of national Standards of Practice for pharmacy technicians, which will apply to technicians in Ontario once approved. More information and consultation regarding the development of the Standards will be provided, once available. The Professional Competencies for Canadian Pharmacy Technicians at Entry to Practice (NAPRA, 2007) continues to be a good resource to understand the expected scope of a technician.

Regulation of pharmacy technicians allows them to assume the accountability for the technical aspects of dispensing, compounding and selling a drug, including the independent double check and the release of all (new, repeat, narcotic) prescriptions. Since dispensing of any prescription has both therapeutic and technical aspects, pharmacy technicians will need to perform their new technical functions in collaboration with the pharmacist, who remains accountable for ensuring the therapeutic appropriateness of every prescription.

For more information of pharmacy technician regulation, go to www.ocpinfo.com and click on the pharmacy technician fast track tab to learn about the requirements for registration.

“PHARMACY TECHNICIAN” IS A PROTECTED TITLE

Under the Pharmacy Act, it is an offence for anyone other than those who are registered with OCP as pharmacy technicians to call or present themselves as pharmacy technicians. Other non-registered dispensary personnel must now use another designation, such as dispensary or pharmacy assistant. While we appreciate that a period of transition is needed, it is expected that the title used with the public is changed as required by law. A discussion in your place of practice about where the title is being used, displayed and the steps for implementing the changes in the near future should take place.

The College is aware that some employers may not be ready to fully utilize a registered pharmacy technician and may therefore delay the use of the pharmacy technician title until they have established the appropriate role. It is important to discuss these issues within your workplace.

If you have any further questions about the above information, or regulation of pharmacy technicians in general please contact: phrm-tech@ocpinfo.com
RELATIONSHIP BUILDING

Some tips on fostering healthy working relationships between pharmacists and technicians

Now that pharmacy technicians have been regulated, it is vital for them and their pharmacist colleagues to understand which activities can be performed by each individual. Below we have outlined some tips on establishing these relationships. Both pharmacists and technicians are encouraged to review their scope of practice for more information.

1. DISPENSING, COMPOUNDING AND SELLING A DRUG

Regulation of pharmacy technicians allows them to assume the accountability for the technical aspects of the controlled act of dispensing, compounding and selling a drug, including the independent double check and the release of all (new, repeat, narcotic) prescriptions. Since dispensing of any prescription has both therapeutic and technical aspects, pharmacy technicians will need to perform their new technical functions in collaboration with the pharmacist, who remains accountable for ensuring the therapeutic appropriateness of every prescription.

Proclamation of the DPRA regulation allows pharmacy technicians to accept verbal prescriptions (with the exception of narcotic and controlled substances). Before engaging in this activity pharmacy technicians should have a discussion with the pharmacist/manager to ensure they understand related policies and procedures of the work place and standards associated with this task.

2. CLARIFYING ACCOUNTABILITY

Like all regulated health professionals, registered pharmacy technicians are expected to meet their standards and scope of practice and are accountable for their actions. If, for example, a technician has verified or signed off the technical component of a prescription, they are in fact accountable for that aspect of the prescription. In terms of liability, the College does not assign or determine liability or blame. In the case of determining responsibility for an adverse event, an investigation would be required to determine the circumstances leading to the event. An error may be the result of many factors, and depending on the results of the investigation, an individual or any number of people may be held responsible.

3. PROVIDING INFORMATION TO PATIENTS

The scope of practice for regulated technicians says that technicians "shall not provide information or education relating to drug use, either to or for a patient, where the provision of the information requires therapeutic knowledge, clinical analysis or clinical assessment." Teaching or providing education may be performed by a technician provided that it is limited to the technical or operational aspects of the product or device. For example, a technician could provide information on the technical usage of an inhaler or glucometer, but any therapeutic or clinical questions about these devices, must be referred to the pharmacist.

4. COMMUNICATING EXPECTATIONS

Initially, working with another regulated health professional may present some challenges for both parties. The key to the working relationship will be establishing and communicating expectations of both technicians and pharmacists. The limitations of an activity will be dependent on the technician’s knowledge and expertise and the pharmacist’s confidence in the technician meeting their expectations. The College recommends that pharmacists develop a formal policy and procedure manual to outline any protocols and documentation that must be followed for procedures performed by the technician. These protocols should also be communicated to other dispensary staff to ensure everyone is aware of the technicians’ responsibilities.
Registration Q&A

INTERNATIONAL PHARMACY GRADUATES

I AM AN INTERNATIONAL PHARMACY GRADUATE AND I HAVE HEARD THAT WITH THE PASSING OF THE NEW REGISTRATION REGULATION IN DECEMBER 2010 I CAN NO LONGER REQUEST AN EXEMPTION FROM THE INTERNATIONAL PHARMACY GRADUATE PROGRAM. IS THAT TRUE?

This is partially true. One of the more significant changes in the new regulation is the requirement for international pharmacy graduates, in addition to their university degree in pharmacy, to complete an education program approved by Council that produces graduates possessing the knowledge, skill and judgment at least equivalent to those of graduates from a pharmacist program accredited by the Canadian Council of Accreditation of Pharmacy Programs. Currently, the International Pharmacy Graduate Program offered by the University of Toronto is approved as such a program.

This requirement is non-exemptible (i.e. a panel of the Registration Committee may not exempt an applicant from completing it) and applies to all international pharmacy graduates except under the following 2 conditions:

1. The individual has successfully completed both parts of the PEBC Qualifying Examination for Pharmacists on their first attempt or,

2. The individual was registered on December 3, 2010 or becomes registered by December 3, 2011, as a pharmacy student or intern.

In each of these situations the individual must complete the additional training and/or education, if any, as specified by a panel of the Registration Committee. The panel will determine the need for further training and/or education on the basis of the unique characteristics of the applicant, and to the extent necessary to serve as evidence that the individual possesses knowledge, skill and judgment at least equal to current graduates from a pharmacist program accredited by the Canadian Council of Accreditation of Pharmacy Programs.

Despite the ability for a panel to determine if other education and/or training is appropriate, the IPG program is recognized as a benefit for international graduates to help them gain an understanding of Canadian pharmacy practice, therapeutics, the pharmaceutical care process, communication skills and professional and ethical practice issues. Evaluation of the program has shown that graduates are more successful in not only completing other entry to practice requirements (such as the PEBC Qualifying Exam), but also in integrating into the practice community.

In the case of the two exceptions above, a panel of the Registration Committee may still require individuals to complete one or more education courses designed to enhance their knowledge in specific areas of practice (e.g. Pharmacy Practice in the Canadian Healthcare System or the Pharmaceutical Care Model) or may require completion of some portion of the IPG program. In some cases, they may also determine that no additional education or training* is required. These decisions are made following consideration of the individual’s educational background, nature and extent of their work experience and the cultural context of these experiences (e.g. similarity to Canadian practice). Further information about the panel process may be found on the College website (Licensing>Member Registration>Panel Requests).

*Note that all applicants must complete the Structured Practical Training Requirements for studentship and internship. Completion of the IPG program or any other education and/or training specified by a panel of the Registration Committee, as noted above, is separate from the SPT program requirements, which are also non-exemptible. Details of the SPT requirements are also on the website (Licensing>Training and Assessments>Student/Intern SPT).
I AM A REGISTERED PHARMACY TECHNICIAN AND WOULD LIKE TO SUPPORT OTHERS AT MY WORKPLACE WITH THE REGISTRATION PROCESS. CAN I BE AN EVALUATOR FOR THEIR SPE?

Yes, upon registration with OCP, you are allowed to participate in the role of an evaluator for the purpose of Structured Practical Evaluation (SPE). However, as the independent double check is new to your scope of practice and your workplace duties, you may be more comfortable taking on the evaluator role after practicing for a period of time. It may be helpful to both you and the SPE candidate to wait while you gain confidence in your new role before evaluating the skill of another individual.

Please see our website to review the evaluator criteria and site criteria to ensure that you and your practice site will be eligible for SPE. As a refresher, please review the online orientation to SPE for applicants and evaluators found at www.ocpinfo.com under Pharmacy Technicians in the fast track menu.

A PHARMACIST AT MY WORKPLACE ATTENDED A PRECEPTOR WORKSHOP AND SAID THAT BECAUSE I’M REGISTERED NOW, I CAN BE A PRECEPTOR TOO. IS THIS TRUE?

After one year of practice as a registered pharmacy technician, you may be eligible to be a preceptor. As with pharmacists wanting to assist in a preceptor role, you would be required to attend an Orientation to Structured Practical Training (SPT) Workshop for preceptors, as well as to meet the other criteria outlined for both the site and SPT preceptors. This information can be found on our website at www.ocpinfo.com.

HOW MANY PHARMACY TECHNICIAN APPLICANTS CAN ONE EVALUATOR HAVE FOR SPE? WHAT ABOUT SPT?

The decision to take on this responsibility is up to the evaluator. During Structured Practical Evaluation (SPE), the pharmacy technician applicant is required to perform an independent double check of 500 prescriptions with 100% accuracy. This evaluation should cause minimal interruption to your normal duties, but could take more time if you choose to supervise additional applicants.

For Structured Practical Training (SPT), the preceptor is restricted to performing this role for one preceptee at a time. This is because SPT involves more focus and attention on the applicant and requires active participation from the preceptor throughout the minimum 12 weeks of the training rotation.

The preceptor is also involved in planning the activities and providing learning opportunities for the applicant to encourage the practical application of pharmacy throughout the training rotation, and ultimately assessing the individual’s competency for entry to practice.

THE LATEST HEALTH CANADA NOTICES ARE AVAILABLE ON THE COLLEGE’S HOME PAGE AT WWW.OCPINFO.COM

Previously, up to date Health Canada notices were printed in each edition of Pharmacy Connection. As this information is updated frequently, it is best to consult our website which provides an up to the minute feed of the latest notices from Health Canada.

You can also go directly to the Health Canada website to receive automatic updates.
**Practice Q&A**

**THE STANDARD OF PRACTICE, COLLABORATION 2.10 STATES THAT A PHARMACIST MAINTAINS CERTIFICATION IN FIRST AID AND CPR AT THE EQUIVALENT OF THE RED CROSS WORKPLACE STANDARD FIRST AID AND CPR COURSE LEVEL. CAN YOU PLEASE CLARIFY IF HAVING STANDARD FIRST AID AND LEVEL C CPR TRAINING IS A PRACTICE REQUIREMENT FOR PART A PHARMACISTS?**

This is a Standard of Practice, not a legislated requirement. Standards are the expectations for acceptable practices as determined by members of a profession. As a standard, if a situation arises where a pharmacist needs to apply first aid, and cannot, then it may be considered that the pharmacist is falling below the standard of practice. The first aid requirement is something all pharmacists should have certification in to ensure patient safety, especially as the scope of pharmacy practice expands with the future passing of the Bill 179 Regulation. The Canadian Red Cross offers first aid courses. The information can be found on their website at www.redcross.ca

**IT WOULD BE HANDY TO HAVE A REFERENCE TO DETERMINE WHICH PROFESSIONS CAN PRESCRIBE WHICH DRUGS. IS SUCH A REFERENCE AVAILABLE?**

All professions must practice within their scope. Pharmacists can check with the respective College regarding scopes of practice and lists of drugs approved for prescribing or drugs that the professional is entitled to purchase for office or emergency use by going to the website of the regulated health professions www.regulatedhealth-professions.on.ca which lists all the Colleges and their contact information.

To be eligible for consideration for appointment, you must:

- hold a valid Certificate of Registration as a pharmacist or as a pharmacy technician
- either practise or reside in Ontario
- not be in default of payment of any fees prescribed in the By-Laws
- not be the subject of any disciplinary or incapacity proceeding
- not have your Certificate of Registration revoked or suspended in the six (6) years preceding the date of the appointment
- not have your Certificate of Registration subject to a term, condition or limitation other than one prescribed by regulation and
- not have a conflict of interest in respect of the Committee to which you are to be appointed

The Registration Committee* establishes the conditions and qualifications for registration. The Committee reviews, through panels, the eligibility of applicants when the registrar has doubts about their ability to meet the requirements. A panel of the Registration Committee may exempt an applicant from a portion of the entry-to-practice requirements when the applicant provides sufficient assurance to the committee that they have the appropriate level of knowledge and skills.

To be considered for a position, please submit a letter of interest stating the committee(s) on which you would like to serve, along with a brief resume and any other information you deem useful. Non-council committee members are required to serve a one-year term and the President, in conjunction with the chairs of the committees, makes committee appointments at the beginning of each Council year. You will be contacted after the Council meeting has taken place (September 12 and 13, 2011) if you have been appointed to serve on a Committee.

If you are interested in being considered for an appointment to a committee, or for more information on non-Council Committee representation, contact Ms. Ushma Rajdev, Council & Executive Liaison, at 416–962–4861, ext. 243; email urajdev@ocpinfo.com.

* The Discipline, ICRC and Registration Committees all operate using panels comprised of alternating committee members. Members of the committee will be selected to serve on panels to consider the matters presented and panels are convened approximately once a month.
**PHARMACY PRACTICE NOTICES**

_April 6, 2011_

**ALERT FOR ONTARIO PHARMACISTS RE: OXYCONTIN FORMULATION CHANGE IN THE U.S.**

In correspondence received from Purdue Pharma, the College has been made aware of a recent formulation change for all strengths of OxyContin in the United States. The new U.S. formulation is bioequivalent to the original formulation but has properties to make the tablets more difficult to manipulate for the purpose of intentional abuse and misuse. While approval for the new formulation in Canada is currently being pursued, the original formulation remains on the market in Canada and may be sought after for purposes of illicit use in the United States.

Purdue Pharma has been monitoring sales in Ontario pharmacies close to the U.S. border since August 2010 and has seen substantial increases in orders for the 80mg tablet in the Windsor market. Other Ontario pharmacies may also be seeing similar increases.

The College urges members to remain vigilant for situations when American residents are seeking to fill OxyContin prescriptions from U.S. based prescribers who are also licensed in Ontario. As always, members should also remain vigilant for fraudulent prescriptions, especially those written for the higher strengths of OxyContin tablets.

_April 1, 2011_

**VERIFICATION OF PHYSICIANS’ METHADONE PRESCRIBING EXEMPTIONS**

Pharmacists are reminded of the requirement to verify with Health Canada that a prescribing physician holds a current/valid exemption which applies to either methadone maintenance treatment (MMT) for opioid dependence or for the treatment of malignant and chronic non-malignant pain. Physicians who wish to prescribe methadone for both MMT and Pain, must obtain separate exemptions.

These exemptions do expire therefore pharmacists should document the verification of the exemption status of methadone prescribing physicians to ensure uninterrupted patient access to methadone and proper payment from third party payors.

Methadone exemptions are issued in the following ways:

- A temporary exemption for treating one patient in a defined institution for a defined period of time (normally two months)
- A first time exemption of one year duration which is generally followed by a three year exemption
- A three year exemption (ongoing exemption) which is renewed every three years

To verify exemption status contact:
Contact Health Canada
613-946-5139 or 1-866-358-0453
Press 1 – Temporary applications
Press 2 – Pain or MMT exemptions
Press 3 – Other inquiries

_March 18, 2011_

**STEPS TO FOLLOW BEFORE DISPENSING METHADONE**

1. Go to the College’s website, www.ocpinfo.com
2. Scroll down to the bottom of the home page, click on “College Forms”
3. Print and complete the form entitled, “Methadone Dispensing Form – Reporting to the College”
4. Fax form to College (number on the form)
5. When the pharmacy’s profile is updated at the College, a letter (via email) will be forwarded to the DM of that practice site which outlines the following:
   - Adherence to OCP MMT Policy and Dispensing Policy
   - Importance of Physician–Pharmacist collaboration
   - Need to verify that the prescribing physician’s exemption is valid
   - Contact information for Health Canada
   - Training requirements of both DM and staff pharmacists
   - References – OCP, CPSO, CAMH and OPA
DISCIPLINE DECISIONS
Member: Samuel Shek  
Hearing Date: February 3, 2011

FACTS

This case proceeded by way of Agreed Statement of Facts and Joint Submission on Penalty. The allegations of professional misconduct against Mr. Shek (the “Member”) were set out in a Notice of Hearing dated August 11, 2010 and related to dispensing without authorization, falsifying records and submitting false claims to the Ontario Drug Benefit (“ODB”) Program. The Member pled guilty to seven allegations of professional misconduct against him as follows:

• Failing to maintain the standards of practice of the profession;

• Falsifying a record relating to his practice;

• Signing or issuing, in his professional capacity, a document that he knew contained a false or misleading statement;

• Submitting an account or charge for services that he knew was false or misleading;

• Contravening the Pharmacy Act, the Drug and Pharmacies Regulation Act, the Regulated Health Professions Act, 1991, or the regulations under those Acts, and in particular, sections 155 and/or 156 of the Drug and Pharmacies Regulation Act, R.S.O. 1990, c. H-4, as amended;

• Contravening, while engaged in the practice of pharmacy, a federal or provincial law or municipal by-law with respect to the distribution, sale or dispensing of any drug or mixture of drugs, and in particular, section C.01.041 of the Food and Drug Regulations, C.R.C., c. 870, as amended, to the Food and Drugs Act, R.S.C. 1985, c.F-27, as amended;
Engaging in conduct or performing an act relevant to the practice of pharmacy that, having regard to all the circumstances, would reasonably be regarded by members of the profession as disgraceful, dishonourable or unprofessional.

The Member has been registered as a pharmacist with the College since March 1969. At the time of the incidents resulting in his referral to Discipline, the Member was the owner-designated manager and a dispensing pharmacist at K. Pharmacy (the “Pharmacy”), which is located in Toronto.

The Member was referred to the Discipline Committee on two previous occasions. On April 13, 1987, the Discipline Committee found the Member guilty of professional misconduct in relation to operating the Pharmacy in contravention of the requirements of the Health Disciplines Act and for having expired drugs available for sale in the dispensary area. The Member was fined $300.00 in relation to the expired drugs.

Additionally, on November 25, 1998, the Discipline Committee found the Member guilty of professional misconduct for having expired drugs in the dispensary, dispensing or allowing drugs to be dispensed without the signature of the dispensing pharmacist and failing to properly label prescription drugs. The Member received a reprimand, a fine of $1,000.00, four further inspections, to be conducted at his own expense, and a one month suspension, to be remitted in full if he successfully completed remedial training specified by the Committee.

The basis for the allegations of professional misconduct in the current case came to the attention of the College via a complaint received on February 6, 2009 from Dr. PS advising that during a medical appointment with patient C.C. she showed him prescription bottles with Dr. PS’ name that had not been prescribed or authorized by Dr. PS. When Dr. PS subsequently called the Pharmacy and spoke with the Member, he acknowledged that Dr. PS had not written any of the prescriptions for C.C.

After receiving Dr. PS’s complaint, a College investigator contacted the Member to request additional information and documentation. The Member admitted that he had dispensed medication to C.C. without a prescription or authorization. The Member also provided the investigator with the originals of three prescription hardcopies, which identified Dr. PS as the prescriber of the medications. Similarly, the Patient History Report for C.C. that the Member provided identified Dr. PS as the prescribing physician for those three dispensing transactions. The prescription hardcopies also contained information showing that the Member submitted claims to the ODB Program (“ODB Program”) for reimbursement of the cost of the three unauthorized prescriptions.

During the investigation into the complaint, the Member provided the College with what appears to be a partial copy of a typewritten statement in response to the complaint, which alluded to the fact that the Member had refilled the prescriptions for C.C. without authorization from Dr. PS.

Additionally, in his formal e-mail response to the complaint, the Member advised the College that he admitted repeating all three prescriptions without Dr. PS’s authorization; he personally delivered the medication to C.C., a long-time patient, during a hazardous winter storm with 4 feet of snow and abandoned cars; Dr. PS’s office could not be contacted and 3 near-by walk-in clinics were closed; his decision to dispense and provide the drugs to C.C. was not easy or casual and in deciding to do so, he had weighed his ethical and legal responsibilities in respect of C.C. who was “coughing with tears”; it was not his intention to cover up what he had done and he asked C.C. to promise to see her doctor after the holiday, and he is not ashamed of what he did and is willing to accept the penalty.

According to Environment Canada’s online National Climate Data and Information Archive, during the period between December 16 and December 23, 2008, there were frequent snowfalls in Toronto, including conditions characterized as heavy and blowing. The snowfall virtually ended on December 24, 2008 and by December 30, 2008, Environment Canada was reporting only a mix of clear and cloudy conditions in Toronto, although the conditions continued to be cold enough that accumulated snow would not likely have thawed.

The Member acknowledged that he exercised profound poor judgment when he decided to dispense the unauthorized prescription medications to C.C. The Member recognized that apparent obstacles associated with inclement weather and other conditions were not sufficient to justify unauthorized dispensing, the falsification of documents and the submission of false claims. The Member also recognizes that other options were, in fact, available and that he should have exercised those options, including providing C.C. with the telephone numbers of nearby health care facilities or Med-Visit or advising C.C. to call an ambulance to transport her to a nearby hospital for emergency care.
According to the Member, he has repaid the ODBP the amounts that were billed for the prescriptions in question, and has admitted to them that the amounts were billed in error.

**DECISION AND REASONS**

The Panel noted that the overriding message from this case is that one’s professional judgment has to be exercised based on professional practice considerations rooted in the laws and regulations governing pharmacists and not one’s sympathies for the patient. The Panel thought it was noble that the Member felt compassion for C.C. and pointed out that pharmacists are clearly human beings who have elected to dedicate themselves to caring for individuals when they are in need of medical care. However, the Panel was of the view that it is incumbent on the pharmacist to recognize the needs of the patient, but be governed by the rules and regulations, not one’s heartstrings, and make objective judgments in the interest of the patient.

The Panel observed that the Member engaged in the misconduct giving rise to this hearing on two occasions in close proximity and there was no evidence that the Member sought to follow up with the physician. The Panel recognized that it was the holiday season and that many practices may have been closed, but there was no evidence of any efforts after the Member dispensed without authority on the 23rd, and again on the 30th, to contact Dr. P.S. Rather the Member left it up to the infirm, aged patient, C.C., to take on that responsibility. The Panel believed this was where the Member committed one of the most egregious errors in this case.

As a professional, the Panel believed it was incumbent on the Member to contact the physician and explain the circumstances surrounding the dispensing at his earliest opportunity. The Panel surmised from the Agreed Statement of Facts, that any efforts to contact Dr. P.S. were prior to the initial dispensing on the 23rd and not afterwards. The Panel also noted that the Member failed to follow up after the dispensing on the 23rd and then did it again on the 30th without regard to the fact that he was perpetuating unauthorized dispensing. The Panel believed the situation may have been diffused had the Member contacted Dr. P.S., but instead the passage of time between the dispensing events and when he learned of the incidents provoked Dr. P.S. to contact the College. The Panel speculated that Dr. P.S. may have followed a different course of action for the patient’s well being had he known about the two prescriptions during the first week of January.

The Panel noted that the Member’s position was that he struggled with his choice and did not decide to dispense without authority lightly. However, the Panel expected that by the 30th, the Member should have had enough time to reflect on the circumstances and consider options that may not have been apparent to him on the 23rd. The Panel noted that both counsel for the parties recognized that calling an ambulance would have been an obvious solution to the predicament the Member found himself in.

The Panel submitted that there was also a significant breach of trust issue in this case. The Panel held that the Member abused his privileges with the ODBP and in doing so, he tainted the reputation of the profession as a whole. As counsel for the College indicated, ODBP operates on the basis that prescriptions filed by pharmacists are valid. That respect is based on the trust the profession has built up over time. That trust has been diminished as a result of the Member’s actions, which now must be rehabilitated.

On balance, the Panel believed the penalty was strong and appropriate. Notably, the Panel was of the view that the proposed content of the ethics course was encouraging insofar as on its face it seemed to be well suited to address the ethical dilemma that confronted the Member in this case. Accordingly, the Joint Submission on Penalty was accepted by the Panel.

**ORDER**

Mr. Shek’s penalty was as follows:

1. That the Member appear before the Panel of the Discipline Committee to be reprimanded immediately following the hearing on February 3, 2011.

2. That the Registrar impose specified terms, conditions or limitations on the Member’s certificate of registration, and in particular, that the Member complete successfully, at his own expense, within 12 months of the date of this Order, the ProBE Program – Professional/Problem Based Ethics, offered by The Centre for Personalized Education for Physicians, or equivalent program acceptable to the College.

3. That the Registrar suspend the Member’s certificate of registration for a period of three months, with one month of the suspension to be remitted on condition that the Member complete the remedial training specified in subparagraph 2 above. The suspension shall commence on February 3, 2011 and shall continue until April 2,
2011, inclusive. If the balance of the suspension is required to be served by the Member because he fails to complete the remedial training specified in paragraph 2 above, the balance of the suspension shall commence on February 3, 2012 and continue until March 2, 2012, inclusive.

4. That the Member pay costs to the College in the amount of $4,500.00, payable by certified cheque on the date of the Order.

REPRIMAND

The panel felt strongly that the Member had demonstrated a serious lack of judgment and a failure to carry out the standards of the profession by placing the onus on the patient to inform the physician of the unauthorized prescriptions the Member dispensed, rather than notifying the physician himself. In doing this, the Panel felt that the Member had shirked his professional responsibility in his attempt to take care of the patient not once, but on two separate occasions, one week apart.

By dispensing three prescriptions without authorization, and billing to the Ontario Drug Benefit Program, the Panel was of the view that the Member had taken advantage of the trust that is placed on pharmacists by the public and third party payers, which is never justifiable.

The Panel stated that the Member’s actions also reflected a failure to discharge and respect the trust placed in him by the public and expected of the Member by his peers. The incidents in this case reflected a lack of integrity that is inconsistent with a practising Member of 42 years and rather reflected poorly on the profession and affected all pharmacist members in the eyes of the public.

The Panel closed by iterating its expectation that all members of this profession to uphold the high standards that the public expects from the profession. The Panel advised the Member that it trusted that he had learned a valuable lesson here and anticipated the ProBE program will help the Member understand the ethics required to be a member in good standing.

FAILURE TO OBTAIN PROFESSIONAL LIABILITY INSURANCE

BACKGROUND:

The Health Professions Procedural Code authorizes the College to make a by-law requiring members to have personal professional liability insurance. This by-law-making authority is intended to protect the public interest by ensuring that patients who are harmed by the negligent acts of pharmacists have access to a fund for damages, if warranted.

College Council passed a by-law regarding professional liability insurance in By-Law No. 1, Article II, Item 2.2.1. The By-Law requires all pharmacists registered in Part A of the Register to have personal professional liability insurance effective January 1, 2008. Furthermore, the By-Law indicates that members may be required to provide the College with proof that they have the insurance.

The published Standards of Practice of the College that applied at the time these matters were heard, stipulate in Operational Component 2.1 that pharmacists are required to comply with College by-laws, standards of practice, policies and guidelines as well as the federal and provincial legislation governing the sale of drugs and the practice of pharmacy.
The College provided its members, including the members referred to the Discipline Committee as discussed below, with more than five months of advance notice that, effective January 1, 2008, interns and pharmacists registered in Part A of the Register would be required to obtain personal professional liability insurance. The College also provided its membership with periodic reminders of their obligations concerning the new insurance requirements and the requirement to provide confirmation that they had personal professional liability insurance.

These reminders to the College’s members included e-Blast notices as well as notices in the July/August 2007 and November/December 2007 editions of Pharmacy Connection. Furthermore, in January 2008, the College’s online renewal instructions were changed to reflect the new insurance requirements and members renewing their registrations online were asked to provide details about their personal professional liability insurance. When the Annual Fee Form was mailed to members, including the members referred to the Discipline Committee, on January 21, 2008, the Form included instructions that incorporated the new insurance requirements. Finally, on January 28, 2008, the College sent an e-Blast notice to its members which included a reminder about the new insurance requirements.

Mr. Metellus did not respond to any of the College’s communications and he did not provide the College with proof that he had obtained personal professional liability insurance in 2008. If he were to have testified, Mr. Metellus would have stated that he was not actively practising pharmacy in Ontario when he renewed his registration on March 11, 2008. However, after renewing his registration in Part A of the Register, the Member worked as a relief pharmacist three or four days a week in various pharmacies in Ontario in 2008.

The Discipline Panel noted that on the facts alone, this case appeared to be about an administrative oversight on the part of the Member, however this was ultimately an incorrect assumption. The Panel was of the view that the case was really about the paramount goal of self regulation, which was the protection of the public. Furthermore, the Panel reflected that the College required all pharmacists registered in Part A of the Register to have personal professional liability insurance to protect the public interest by ensuring that patients who are harmed by the negligent acts of pharmacists have access to funds for damages, if warranted.

The Panel went on to state that the Member’s case was the first of several cases that were about to come before the Discipline Committee with regard to the failure of certain members to arrange for this insurance. Furthermore, the Panel was of the view that these cases could be divided into two categories. The first included those members who failed to arrange for the appropriate insurance, but who did not provide direct patient care. The second category, and the more serious of the two categories, was where the member failed to arrange for the insurance and did provide direct patient care. The Panel stated that the distinction between the categories and the risk to the public was obvious.

After deliberating each element of the penalty and weighing its consequences to the Member, the Panel believed that the penalty ordered was onerous but respected and reinforced the importance of keeping the College informed about one’s whereabouts, and keeping one’s self informed about the professional requirements of one’s regulatory body.

Mr. Metellus’ penalty consisted of a public reprimand; specified terms, conditions or limitations on the Member’s certificate of registration, and in particular, that the Member complete successfully within six months of the date of the Order, Law Lesson 2 (Regulations of Pharmacy Practice) from the Canadian Pharmacy Skills Program, offered through the Leslie Dan Faculty of Pharmacy at the University of Toronto, that the Registrar suspend Mr. Metellus’ certificate of registration for a period of one month; and, that Mr. Metellus pay costs to the College in the amount of $1,000.
When issuing its public reprimand, the Panel reminded Mr. Metellus that obtaining liability insurance is a professional obligation by operation of the By-Laws and is particularly important as the College enters into an era where the pharmacist’s scope of practice is expanding. The Panel furthermore chastised Mr. Metellus in respect of the consequences that may have resulted had Mr. Metellus injured a patient during the period he had failed to obtain liability insurance.

Member: Raymond Chan, R.Ph
Hearing Date: November 2, 2009

This case proceeded by way of an Agreed Statement of Facts and a Joint Submission on Penalty. Mr. Chan plead guilty to two allegations of professional misconduct, which included the failure to maintain a standard of practice of the profession and engaging in conduct or performing an act relevant to the practice of pharmacy that, having regard to all the circumstances, would reasonably be regarded by members of the profession as disgraceful, dishonourable or unprofessional.

Mr. Chan received the notifications with respect to acquiring and maintaining personal professional liability insurance, as required by the By-Laws of the College, Article II, Item 2.2.1, prior to, and after, renewing his registration in Part A of the Register on March 10, 2008.

Mr. Chan responded to one of the College’s communications but did not provide the College with proof that he had obtained personal professional liability insurance in 2008. If he were to have testified, Mr. Chan would have relayed that he did not actively practise pharmacy in 2008, although he remained in Part A of the Register.

Additionally, when he renewed his registration with the College on March 10, 2008, he was aware of the personal professional liability insurance requirement. In 2008, he received correspondence from the College about the insurance requirement and he advised the College that he had insurance through CMPA (The Canadian Medical Protective Association). The College did not receive any information or documentation to corroborate that a CMPA insurance policy was in place or that the insurance met the requirements of the College. The College requested additional information about the CMPA insurance but he did not respond.

The Discipline Panel found that the facts and allegations of this case were very closely related to the facts and allegations of Mercedieu Metellus’ case heard before a differently constituted panel of the Discipline Committee on October 21, 2009. In that regard, the Panel adopted the reasoning of that panel in deciding this case.

The Panel was of the view that this case fell into the first of the two categories alluded to in the Metellus decision, namely that Mr. Chan did not provide direct patient care as a pharmacist in Ontario. Consequently, the Panel fashioned Mr. Chan’s penalty to address any risk to the public and to be consistent with the reasoning in the Metellus decision.

Mr. Chan’s penalty consisted of a public reprimand and that he pay costs to the College in the amount of $1,000.

In its public reprimand to Mr. Chan, the Panel noted that it did not view this case as that of a mundane administrative oversight and reminded Mr. Chan of his obligation to keep information current with the College.

Member: Fadwa Tayfor R.Ph
Hearing Date: November 2, 2009

This case proceeded by way of an Agreed Statement of Facts and a Joint Submission on Penalty. Ms. Tayfor pled guilty to two allegations of professional misconduct, which included the failure to maintain a standard of practice of the profession and engaging in conduct or performing an act relevant to the practice of pharmacy that, having regard to all the circumstances, would reasonably be regarded by members of the profession as disgraceful, dishonourable or unprofessional.

Ms. Tayfor received the notifications with respect to acquiring and maintaining personal professional liability insurance, as required by the By-Laws of the College, Article II, Item 2.2.1, prior to, and after, renewing her registration in Part A of the Register on April 6, 2008.

Ms. Tayfor did not respond to any of the College’s communications and she did not provide the College with proof that she had obtained personal professional liability insurance in 2008. If she had testified, Ms. Tayfor would have stated that she did not actively practise pharmacy in Ontario in 2008 and 2009, although she remained in Part A of the Register.

The Discipline Panel found that the facts and allegations of this case were very closely related to the facts and allegations of Mercedieu Metellus’ case heard before a differently constituted panel of the Discipline Committee on October 21, 2009. In that regard, the Panel adopted the reasoning of that panel in deciding this case.

The Panel was of the view that this case fell into the first of the two categories alluded to in the Metellus decision, namely that Ms.
Tayfor did not provide direct patient care as a pharmacist in Ontario. Consequently, the Panel fashioned Ms. Tayfor’s penalty to address any risk to the public and to be consistent with the reasoning in the Metellus decision.

Ms. Tayfor’s penalty consisted of a public reprimand and that she pay costs to the College in the amount of $1,000.

In its public reprimand to Ms. Tayfor, the Panel noted that it did not view this case as that of a mundane administrative oversight and reminded Ms. Tayfor of her obligation to keep information current with the College.

**Member:** Souren Agemian Jr, RPh

**Hearing Date:** November 3, 2009

This case proceeded by way of an Agreed Statement of Facts and a Joint Submission on Penalty. Mr. Agemian pled guilty to two allegations of professional misconduct, which included the failure to maintain a standard of practice of pharmacy that, having regard to all the circumstances, would reasonably be regarded by members of the profession as disgraceful, dishonourable or unprofessional.

Mr. Agemian received the notification with respect to acquiring and maintaining personal professional liability insurance, as required by the By-Laws of the College, Article II, Item 2.2.1, prior to, and after, renewing his registration in Part A of the Register on March 8, 2008.

Mr. Agemian did not respond to any of the College’s communications and he did not provide the College with proof that he had obtained personal professional liability insurance in 2008. If he were to have testified, he would have stated that although he was listed as working in 2008, when he renewed his registration in Part A of the Register on March 10, 2008, he actually did not work as a pharmacist in 2008.

The Discipline Panel found that the facts and allegations of this case were very closely related to the facts and allegations of Mercedieu Metellus’ case heard before a differently constituted panel of the Discipline Committee on October 21, 2009. In that regard, the Panel adopted the reasoning of that panel in deciding this case. The Panel was of the view that this case fell into the first of the two categories alluded to in the Metellus decision, namely that Mr. Agemian did not provide direct patient care as a pharmacist in Ontario. Consequently, the Panel fashioned Mr. Agemian’s penalty to address any risk to the public and to be consistent with the reasoning in the Metellus decision.

Mr. Agemian’s penalty consisted of a public reprimand and that he pay costs to the College in the amount of $1,000.

In delivering the public reprimand, the Panel reminded the Member that although he stated that he was not practicing in Part A, the Panel suggested Mr. Agemian think about the potential impact of what could have happened if he had been involved in direct patient care in Ontario and had made an error.

**Member:** Aldona Pundzius-Tallo, RPh

**Hearing Date:** November 3, 2009

This case proceeded by way of an Agreed Statement of Facts and a Joint Submission on Penalty. Ms. Pundzius-Tallo pled guilty to two allegations of professional misconduct, which included the failure to maintain a standard of practice of the profession and engaging in conduct or performing an act relevant to the practice of pharmacy that, having regard to all the circumstances, would reasonably be regarded by members of the profession as disgraceful, dishonourable or unprofessional.

Ms. Pundzius-Tallo received the notifications with respect to acquiring and maintaining personal professional liability insurance, as required by the By-Laws of the College, Article II, Item 2.2.1, prior to, and after, renewing her registration in Part A of the Register on March 8, 2008.

Ms. Pundzius-Tallo did not respond to any of the College’s communications and she did not provide the College with proof that she had obtained personal professional liability insurance in 2008. If she had testified, Ms. Pundzius-Tallo would have stated that she was not actively practising pharmacy in Ontario when she renewed her registration in Part A of the Register on March 8, 2008. More particularly, she had not worked as a pharmacist since 1995 and she did not intend to practise pharmacy in the future.

The Discipline Panel found that the facts and allegations of this case were very closely related to the facts and allegations of Mercedieu Metellus’ case heard before a differently constituted panel of the Discipline Committee on October 21, 2009. In that regard, the Panel adopted the reasoning of that panel in deciding this case. The Panel was of the view that this case fell into the first of the two categories alluded to in the Metellus decision, namely that Ms. Pundzius-Tallo...
Fatima Sunderji, R.Ph.

Member: Fatima Sunderji, R.Ph.
Hearing Date: November 3, 2009

This case proceeded by way of an Agreed Statement of Facts and a Joint Submission on Penalty. Ms. Sunderji pled guilty to two allegations of professional misconduct, which included the failure to maintain a standard of practice of the profession and engaging in conduct or performing an act relevant to the practice of pharmacy that, having regard to all the circumstances, would reasonably be regarded as disgraceful, dishonourable or unprofessional.

Ms. Sunderji did not respond to any of the College’s communications and she did not provide the College with proof that she had obtained personal professional liability insurance in 2008. If she were to have testified, the Member would have stated that she didn’t actively practise pharmacy in Ontario in 2008 or 2009, although she remained in Part A of the Register.

The Discipline Panel found that the facts and allegations of this case were very closely related to the facts and allegations of Mercedieu Metellus’ case heard before a differently constituted panel of the Discipline Committee on October 21, 2009. In that regard, the Panel adopted the reasoning of that panel in deciding this case. The Panel was of the view that this case fell into the first of the two categories alluded to in the Metellus decision, namely that Ms. Sunderji did not provide direct patient care as a pharmacist in Ontario. Consequently, the Panel fashioned Ms. Sunderji’s penalty to address any risk to the public and to be consistent with the reasoning in the Metellus decision.

Ms. Sunderji’s penalty consisted of a public reprimand and that she pay costs to the College in the amount of $1,000.

In its public reprimand to the member, the Panel noted that while the case appeared to be about a mundane administrative oversight, the Panel saw it quite differently and reminded the Member that obtaining liability insurance is a professional obligation at the College for all pharmacists renewing in Part A of the Register.

Spiro Galineas, R.Ph.

Member: Spiro Galineas, R.Ph.
Hearing Date: May 12, 2010

This case proceeded by way of an Agreed Statement of Facts and a Joint Submission on Penalty. Mr. Galineas pled guilty to two allegations of professional misconduct, which included the failure to maintain a standard of practice of the profession and engaging in conduct or performing an act relevant to the practice of pharmacy that, having regard to all the circumstances, would reasonably be regarded by members of the profession as disgraceful, dishonourable or unprofessional.

Mr. Galineas received the notifications with respect to acquiring and maintaining personal professional liability insurance, as required by the By-Laws of the College, Article II, Item 2.2.1, prior to, and after, renewing his registration in Part A of the Register on June 4, 2008.

Mr. Galineas did not respond to the College’s communications and did not provide the College with proof that he had obtained personal professional liability insurance in 2008. Mr. Galineas would have testified that when he renewed his registration in Part A of the Register on June 4, 2008, he was working as a pharmacist. In particular, throughout 2008, he was the Designated Manager of the Pharmacy. During the period January through October 2008, he did not work in the dispensary. In November 2008, he began dispensing drugs and continued to do so in December 2008.

The Discipline Panel found that the facts and allegations of this case were very closely related to the facts and allegations of Mercedieu Metellus’ case heard before a differently constituted panel of the Discipline Committee on October 21, 2009. In that regard, the Panel adopted the reasoning of that panel in deciding this case. The Panel was of the view that this case fell into the second of the two categories alluded to in the Metellus decision,
DISPENSING NARCOTICS TO A SELF-PRESCRIBING PHYSICIAN; FAILURE TO KEEP/MAINTAIN RECORDS; FAILURE TO COUNSEL PATIENTS; IMPROPER STORAGE OF MEDICATION; FAILURE TO CLEARLY IDENTIFY AND DESCRIBE CONTENTS OF COMPLIANCE AIDS

Member: Richard Konop
Hearing Date: September 26, 2010

FACTS

This case proceeded by way of Agreed Statement of Facts. A Joint Submission on Penalty was filed on terms that the College and Mr. Konop (the “Member”) agreed to, but the penalty phase of the hearing was contested on the issue of a suspension. The allegations against the Member related to dispensing narcotics to a self-prescribing physician, failure to keep/maintain records, failure to counsel patients, improper storage of medication, and failure to clearly identify and describe contents of compliance aids. The Member pled guilty to five allegations of professional misconduct against him as follows:

- Failing to maintain a standard of practice of the profession;
- Failing to keep records as required respecting his patients;
- Contravening the Pharmacy Act, the Drug and Pharmacies Regulation Act, the Regulated Health
The May/June 2005 issue of Pharmacy Connection featured an article in its Close Up On Complaints segment entitled “Professional Judgment: Dispensing to Self-Prescribing Physicians or Their Families.” The article described the disposition of a complaint involving a self-prescribing physician, and provided a useful rationale and process to guide pharmacists in the exercise of their professional judgment in such circumstances. Among other things, the article highlighted that pharmacists must use discretion when dealing with self-prescribing physicians, bearing in mind that it is difficult to make impartial professional judgments about oneself or one’s family members, with an even greater need for caution on the part of the prescribing physician and the dispensing pharmacists in the case of addictive drugs.

The Member had known the physician in both a professional and social capacity for many years. The physician had been the Member’s treating physician for the past six years. The Member made enquiries of the physician on several occasions about the medications and dosages being prescribed, and received what he perceived to be a satisfactory explanation in each instance. The Member also had a similar discussion with the physician’s treating doctor on one occasion.

The Member did not document any of these issues or discussions in any way.

Dispensing discrepancies

The College’s investigation revealed 18 instances in which prescriptions had been dispensed with incorrect directions for use, where the directions for use printed on the Pharmacy hard copy and given to patients were different from the directions given by the authorizing pharmacists. The cases involved a variety of medications, including antibiotics, diabetes medications, and antidepressants.

The College also noted that some pharmacists did not follow the standard practice of providing an explanation for any dispensing discrepancies to the patient or the prescriber, leading to potential confusion and errors in patient care.

Drugs dispensed to a Physician

During the period between December 29, 2003 and June 28, 2005, the Pharmacy dispensed benzodiazepines to a physician on 32 occasions. During the period between April 1, 2003 and March 2, 2007, the Pharmacy dispensed large quantities of narcotics to the physician on 170 occasions.

The Pharmacy dispensed narcotics and benzodiazepines to the physician pursuant to 20 prescriptions. Three of the prescriptions were written by the physician for himself on prescriptions which stated “for clinic use.” The remaining 17 prescriptions were prescribed by the physician’s treating doctor who was also the physician’s business partner.

As per the College’s Standards of Practice, pharmacists are expected to exercise professional discretion in dispensing to self-prescribing physicians. At a minimum they are required to review relevant information from the patient profile with each new prescription, change of prescription and repeat prescription. They are further required to recognize and address patterns of inappropriate drug use.

Pharmacists are also expected to take the policies of CPSO into consideration when exercising their professional judgment. The CPSO has released a Policy Statement called “Treating Self and Family Members” which noted the difficulties physicians face in maintaining clinical objectivity when providing medical care for themselves, and stated that physicians should not treat themselves or family members except in circumstances where they are providing episodic care for minor conditions or in emergency situations.

The Member did not document any of these issues or discussions in any way.

Dispensing discrepancies

The College’s investigation revealed 18 instances in which prescriptions had been dispensed with incorrect directions for use, where the directions for use printed on the Pharmacy hard copy and given to patients were different from the directions given by the authorizing pharmacists.
physician. The wrong quantity was dispensed on one additional prescription. The Member was the dispensing pharmacists in all but two of the instances of dispensing discrepancies.

**Failure to counsel patients**

The investigation also revealed 5 instances in which Pharmacy records indicated that counseling had not been provided to patients to whom medication had been dispensed pursuant to prescriptions for medications for which the last fill date was between 130 and 391 days prior.

**Inventory deficiencies**

The investigation also identified 10 instances of medication labels which did not identify the product’s lot number or expiry date. The College investigator also found, in the Pharmacy’s active inventory, seven expired bottles of 100ml Cefzil 125mg/5ml and one expired vial of Anmidex 1mg – Rx #861401.

**Deficiencies in compliance aid packaging**

The investigator noted that inadequately labeled compliance aids had been dispensed to two patients in March 2009.

**Record Keeping Deficiencies**

The investigation also revealed numerous additional deficiencies in relation to the Pharmacy’s records and record-keeping practices, including: 18 cases of misidentified prescribing physicians, inadequate transcription of verbal authorizations, an unsigned prescription hardcopy, no documentation of authorization for dispensing a reduced quantity, failure to document dialogue, failure to cross-reference prescription hardcopies to corresponding prescriptions, unclear labels, and a missing prescription.

**JOINT SUBMISSION ON PENALTY AND CONTESTED SUSPENSION**

In regard to the appropriate penalty, the College and the Member agreed on a public reprimand, remediation, ongoing monitoring of the Pharmacy by way of inspections over 48 months and costs of $5,000 payable to the College. A Joint Submission on Penalty confirming these terms was filed on the hearing. However, the parties could not reach agreement on whether a suspension was warranted, as an element of the penalty. This was a contested issue argued before the panel.

In support of the Joint Submission on Penalty, the parties filed an Agreed Statement of Facts for Sanction, which included, remedial measures the Member had implemented at the Pharmacy to address the issues raised in these proceedings, including:

- new policies and procedures clearly posted in the dispensary area to address certain practice issues like recordkeeping and disposal of expired products, for dispensing narcotics and benzodiazepines, and for tracking inventory for use in compounding
- changes to the Pharmacy’s computer system and software to assist in addressing issues such as inappropriate physician self-prescribing and patient counseling
- introduction of an expired products audit to be performed every two months to identify and dispose of any product nearing its expiration date
- regular practice audits of the Pharmacy, conducted by an independent third party. Such audits were conducted on 8 separate occasions in 2009 and 2010 and resulted in the conclusion by the auditors that the Member had taken appropriate steps to address each of the issues identified by the College
- Arrangement of a series of staff meetings and seminars to educate Pharmacy staff on all aspects of new policies and procedures and to review findings and recommendations from the third party audits. Staff also attended a seminar entitled “Medical error prevention and management”.

In terms of the contested suspension, the College’s position was that the penalty was not complete without a suspension term and sought a three month suspension with one month to be remitted upon successful completion of the remedial coursework. The College argued that the Member's lack of judgment and diligence posed a risk to the physician’s care and a significant risk to the public. The College submitted that a suspension heightens a penalty and draws particular attention to the seriousness of the misconduct, sending a stronger message to the professional that the misconduct would not be tolerated.

In contrast, counsel for the Member argued that in light of the exceptional circumstances of
this case, no further penalty was warranted. Counsel maintained that the dispensing to a self-prescribing physician was a “one-off” event and the pharmacy practice issues were already addressed by the Member in advance of the hearing. Counsel argued that there was no other case where a member has been so proactive and responsible and that the Member in all the actions/steps he took, acted to protect the public, which is the panel’s mandate. The Member’s actions were also said to send an important message to the profession: ‘go out, take proactive steps’. Finally, counsel for the Member argued that a suspension, in addition to the other terms of the joint submission on penalty, would be punitive and unwarranted because the case did not involve malice, fraud, dishonesty or intentional misconduct and because the Member cooperated fully with the College’s investigation and agreed to plead guilty at the earliest opportunity, saving the College the expense of a contested hearing.

**DECISION AND REASONS**

The Panel accepted the guilty pleas with respect to the above-noted acts of misconduct. The Panel considered the evidence filed in support of the “agreed to” terms of the Joint Submission on Penalty and found that they supported the Joint Submission and that the Member acknowledged and took responsibility for his misconduct. The monitoring and coursework also provided the Panel with the comfort that the pharmacy practice issues are not being overshadowed by the dispensing issues related to the physician and were addressed.

The Panel agreed with the Member’s counsel in that the Member did not engage in dishonest, fraudulent or intentional misconduct and that he was cooperative and very forward thinking and acting in how he addressed his practice since the allegations were brought against him. The Panel found the Member’s counsel’s case analysis to be very instructive and highlighted the uniqueness of this case. The Panel agreed that the aggravating factors warranting a three month suspension were not present in this case, but disagreed with the Member that there were no aggravating factors in this case. The Panel believed there was a significant aggravating factor which was critical in assessing the appropriateness of a suspension: the lack of judgment exercised by the Member and failure to recognize the risk not only to the physician, but the extended risk to all of the physician’s patients.

The Panel gave the Member credit for his proactive measures, but agreed with the College in that awarding no suspension would send a message to the profession that if standards of practice and pharmacy regulation were disregarded, the Discipline process could be circumvented if errors are corrected after being brought to the pharmacist’s attention by the College. The Panel did not want even one member of the College to take that message from this case.

The Panel had no concerns about the Member appearing in the future on other disciplinary charges, but thought there was an element of willful blindness that was woven throughout the facts of this case, primarily in regard to the dispensing to the physician, but also in regard to the pharmacy practice issues as well. The Panel felt that the diligence of the Member as a professional pharmacist must be paramount in every aspect of his practice from the dispensing to patients, to the day to day running of the pharmacy as a whole. The Panel felt this was blurred in this case. The Panel thought that critical but administrative pharmacy practice issues were discounted and overlooked without appreciating, at the time, the serious consequences to the public. The Panel believed that in order to address these deficiencies and to ensure that the importance of the professional obligation of pharmacists was not lost, some period of suspension was warranted.

The Panel held that the Member’s case fell within a category of cases similar to that of Susan Bleeman, where another Discipline Committee panel found that the Member knew, or ought to have known, that drugs she was dispensing were unauthorized for sale in Canada, and that she perpetuated documentation errors related to the unauthorized drugs, without making inquiries, and seemed complacent to permit a practice to continue that she should have actively questioned. A suspension of one month was awarded in that case. The Panel saw similarities with this case. The Panel thought the Member should have been more interventionist with respect to the physician and the physician’s treating doctor. The Panel recognized that the situation may have been uncomfortable, but much more was warranted by the Member than the minimal evidence set out in the Agreed Statement of Facts.

The Panel stated that a suspension of six weeks was warranted, with four weeks to be remitted upon successful completion of the coursework. The Panel understood that the Member’s completion of coursework was imminent and accordingly, clarified that the practical effect was that they were ordering a two week suspension.


ORDER

• a reprimand;
• terms, conditions and limitations on the Member’s certificate of registration as follows:
  o that he submit evidence within 12 months of the date of the Order that he has successfully completed, at his own expense, the following courses and evaluations:
    o from the Canadian Pharmacy Skills Program (“CPS”), offered through the Leslie Dan Faculty of Pharmacy at the University of Toronto:
      - CPS I Module 3: Basic Professional Practice Laboratories
      - CPS II Module 5: Advanced Professional Practice Labs
    o a course in Applied Ethics for professionals that is acceptable to the Registrar of the College;
    o Jurisprudence seminar and examination given by the College;
  o that his practice, and all activities at the Pharmacy, be monitored by the College, for a period of forty eight (48) months following the date of the Order by means of inspection(s) by a representative(s) of the College at such time(s) as the College may determine;
• costs to the College in the amount of $5,000.00;
• a six (6) week suspension, with one month to be remitted on condition that the Member complete the remedial training courses and evaluations specified above.

REPRIMAND

The reprimand was delivered on December 8, 2010. The Panel began by acknowledging that the Member had taken significant steps in improving his practice and proactively took coursework prior to the Panel’s Order being issued. The Panel also noted that the Member had obvious remorse and had accepted responsibility for his practice deficiencies.

The Panel went on to state that the Member demonstrated a serious lack of judgment, by allowing the volumes and frequency of narcotic drugs to be dispensed to the physician; the lack of judgment was exercised in the Member’s failure to recognize the risk to the physician, and also the extended risk to all of his patients and the harm they could have suffered if the physician was compromised in his ability to medically treat his own patients.

The Panel also told the Member that they felt his relationship with the physician as both his personal physician and a social acquaintance, further obscured his professional judgment, placing the physician’s care at even more risk. The Panel felt that this indicated an element of willful blindness. The Panel expressed to the Member that care should have been taken at the time of the first prescription to question and document why a physician or his business partner should be self-prescribing narcotics, red flags should have gone up with the further frequency and volumes of narcotic drugs being prescribed. The Panel told the Member that more intervention was required on his part with respect to the physician and the physician’s treating doctor; however uncomfortable the situation, yet he chose not to do so. In this, the Panel stated, the Member failed in his duty to the physician as his patient, but even worse, in his duty to the wider public, being the physician’s patients.

The Panel concluded the reprimand by expressing hope that the Member had learned through this experience and would not be before the Discipline Committee again.

Beginning with the next issue of Pharmacy Connection, OCP will print shorter summaries of discipline decisions. The full text is available on www.canlii.org

CanLII is a non-profit organization managed by the Federation of Law Societies of Canada. CanLII’s goal is to make Canadian law accessible for free on the Internet.
As a result of drug shortages, pharmacists often provide an alternative dosage form, such as an oral liquid instead of a capsule. Similarly, a lower strength of a drug may be dispensed with an increase in the number of tablets to be taken. For example, two cephalaxin 250mg tablets may be given in the place of one 500mg cephalaxin tablet.

Pharmacists must, however, be aware of the potential for error when making these substitutions.

**CASE:**

Rx
Clavulin 200mg po bid
Mitte: 7 days

A pediatrician wrote the above prescription for a one year old child. On entering the prescription into the computer, the pharmacy technician intended that the lowest cost therapeutically interchangeable product be dispensed. However, the Ontario Drug Benefit Formulary does not list any generic products that are therapeutically equivalent to Clavulin®-200 oral suspension.

The technician incorrectly assumed that Ratio-Aclavulanate® 250F oral suspension was therapeutically interchangeable with Clavulin®-200 oral suspension. He therefore entered the prescription as Ratio-Aclavulanate® 250F oral suspension with the label instructions “Give four millilitres twice daily”.

However, four millilitres of Ratio-Aclavulanate® 250F oral suspension contain 50mg clavulanic acid while five millilitres of Clavulin®-200 oral suspension contain only 28.5mg clavulanic acid.

On checking the prescription, the pharmacist did not detect the error. Therefore, the child received almost twice the prescribed dose of clavulanic acid. As a result of the excessive dose of clavulanic acid, the child experienced severe diarrhea with an accompanying severe diaper rash. The mother was understandably not pleased after learning of the error.

**POSSIBLE CONTRIBUTING FACTORS:**

- Clavulin® products contain amoxicillin and clavulanic acid at different ratios. See table below.

<table>
<thead>
<tr>
<th>PRODUCT</th>
<th>CONTENT</th>
<th>DRUG RATIO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clavulin®-125F oral suspension</td>
<td>Each 5ml oral suspension contains 125 mg of amoxicillin as the trihydrate and 31.25 mg of clavulanic acid as the potassium salt</td>
<td>4:1</td>
</tr>
<tr>
<td>Clavulin®-250F oral suspension</td>
<td>Each 5ml oral suspension contains 250 mg of amoxicillin as the trihydrate and 62.5 mg of clavulanic acid as the potassium salt</td>
<td>4:1</td>
</tr>
<tr>
<td>Clavulin®-200 oral suspension</td>
<td>Each 5ml oral suspension contains 200 mg of amoxicillin as the trihydrate and 28.5 mg of clavulanic acid as the potassium salt</td>
<td>7:1</td>
</tr>
<tr>
<td>Clavulin®-400 oral suspension</td>
<td>Each 5ml oral suspension contains 400 mg of amoxicillin as the trihydrate and 57 mg of clavulanic acid as the potassium salt</td>
<td>7:1</td>
</tr>
<tr>
<td>Clavulin®-250 tablets</td>
<td>Each tablet contains 250 mg amoxicillin as the trihydrate and 125mg of clavulanic acid as the potassium salt</td>
<td>2:1</td>
</tr>
<tr>
<td>Clavulin®-500F tablets</td>
<td>Each tablet contains 500 mg amoxicillin as the trihydrate and 125 mg of clavulanic acid as the potassium salt</td>
<td>4:1</td>
</tr>
<tr>
<td>Clavulin®-875 tablets</td>
<td>Each tablet contains 875 mg amoxicillin as the trihydrate and 125 mg of clavulanic acid as the potassium salt</td>
<td>7:1</td>
</tr>
</tbody>
</table>
Both the pharmacist and pharmacy technician were unaware of the various drug ratios contained in Clavulin® products.

RECOMMENDATIONS:

- Educate all pharmacy staff about the various drug combinations contained in Clavulin® products and the potential for error when interchanging these products.

- Note that two Clavulin®-250 tablets are not equivalent to one Clavulin®-500F tablet. Similarly, five millilitres of Clavulin®-250F oral suspension is not equivalent to one Clavulin®-250 tablet.

- Be aware that Clavulin®-125F and Clavulin®-250F oral suspensions are stable under refrigeration for ten days after reconstitution. However, Clavulin®-200 and Clavulin®-400 oral suspensions must be used within seven days after reconstitution. As a result, a 10 day supply of Clavulin®-200 and Clavulin®-400 cannot be dispensed at once.

Please continue to send reports of medication errors in confidence to Ian Stewart at: ian.stewart2@rogers.com.

Greg Purchase has recently joined the College as Inspector in the Pharmacy Practice Program area. Greg previously served as a Council Member for four years and as an ICRC Committee Member for the past two years. He graduated with a Bachelor of Science in Pharmacy from Memorial University. Greg brings to the role his experience in community pharmacy practice with Shoppers Drug Mart as well as field experience as a Pharmacy Operations Specialist. Recently he was the Professional Services District Manager for Walmart Canada.

Trish MacDonald has also recently joined the College as Inspector in the Pharmacy Practice Program area. Trish graduated with a Bachelor of Science in Pharmacy from Dalhousie University. She brings hospital practice knowledge from her work at the Orillia Soldiers Memorial Hospital as well as community practice and operational expertise from the various positions she has held in the Shoppers Drug Mart organization and Walmart Canada. During her career, Trish has been a staff pharmacist, Associate/Owner, Recruitment Coordinator and Pharmacy Operations Coordinator.

The College would like to extend their best wishes to the following staff as they move on to new adventures outside of the College: Brian Hack, Compliance Officer, Joanne Addesi, Executive Assistant and Katryna Spadafore, I&R Administrative Assistant.

PHARMACY 9T1 20TH ANNIVERSARY
Please join the University of Toronto’s Class of 1991 to celebrate our 20th anniversary at two events planned for Saturday June 18, 2011.

Leslie L. Dan Pharmacy Building Tour & Cocktail Reception
Saturday, June 18, 2011, 3–5 pm
RSVP to Desiree Chan, by June 1, 2011 at 416–946–3985 or desiree.chan@utoronto.ca

Cocktail Reception and Dinner Celebration
Saturday, June 18, 2011, 6:00 pm onwards
Brant House 522 King St., Toronto 416–703–2800
See www.branthouse.com for information on the venue.
Cost: $80 per person (dinner, gratuity, tax, 1st drink included). Cash bar.
RSVP by June 1, 2011 to cheryl.f.macdiarmid@gsk.com indicating the number of people who will be attending. Cheques are payable to Cheryl MacDiarmid and can be sent, post dated, to Cheryl at 14 Baby Point Road, Toronto, ON M6S 2E6.
PUTTING PATIENTS FIRST

The College has launched a public awareness campaign with a series of print and online ads appearing in spring and summer consumer magazines and select websites and portals. The aim of the advertising is to provide a basic awareness of OCP and the new brand. The College’s communications committee worked with OCP’s advertising agency to develop the ads which feature messages in a mosaic of pills. The online version of the ads bring animation and movement to the same artwork, prompting individuals to “learn more” by clicking on a pill which takes them to the public section of the OCP website.

Full page print ads appear in spring and summer issues of Canadian Living, Reader’s Digest, Today’s Parent, Homemakers, Best Health, Chatelaine, CAA Magazine and Canadian House & Home. Online ads will run through the spring on niche sites aimed the target market.
CONTINUING EDUCATION

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”.

GTA

June 8-10, 2011
OSCE-ology
Leslie Dan Faculty of Pharmacy, University of Toronto
Contact: Ryan Keay
416-978-7562
http://cpd.phm.utoronto.ca/osceology.html

October 1, 2011
7th Annual Infectious Diseases/Critical Care Pharmacotherapy Conference
Leslie Dan Faculty of Pharmacy, University of Toronto
Contact: Ryan Keay
416-978-7562
http://cpd.phm.utoronto.ca

October 14-16, 2011
Infectious Disease Program
Ontario Pharmacists Association (OPA), Toronto, ON
Contact Penny Young: 416-441-0788 ext. 2209, pyoung@dirc.ca

October 25-27, 2011
Certified Geriatric Pharmacist Preparation Program
Ontario Pharmacists Association (OPA), Toronto, ON
Contact Penny Young: 416-441-0788 ext. 2209, pyoung@dirc.ca

November 1, 2011
Nutrition for Pharmacists
Ontario Pharmacists Association (OPA), Toronto, ON
Contact Penny Young: 416-441-0788 ext. 2209, pyoung@dirc.ca

November 4-6, 2011
Men’s Health
Ontario Pharmacists Association (OPA), Toronto, ON
Contact Penny Young: 416-441-0788 ext. 2209, pyoung@dirc.ca

December 2-4, 2011
Psychiatry
Ontario Pharmacists Association (OPA), Toronto, ON
Contact Penny Young: 416-441-0788 ext. 2209, pyoung@dirc.ca

interest in expanding your network and giving back to the profession?

OCP is looking for regional CE coordinators in regions 9 (Lindsay area), 14 (Barrie area), 17 (Brantford area), 18 (London area), 23 (Chatham area), 25 (Sault Ste Marie area), 27 (Timmins area).

A complete list of regions by town/city is available on the College’s website, www.ocpinfo.com, by searching ‘CE Region Assignments’.

As a Regional CE Coordinator, you will identify the CE needs of local pharmacists in your region and organize CE events with fellow team members. Interested pharmacists should submit their resume to Rahila Ovais at rovais@ocpinfo.com.

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REGIONAL

Jun 3, 2011
The St. Joseph’s 2nd Annual Professional Update Day in Rheumatology
London, ON
www.sjhc.london.on.ca/rheumatology

June 9-11, 2011
Ontario Pharmacists Association (OPA) Conference 2011
Deerhurst Resort – Huntsville, ON
www.OPAToday.com

ON-LINE/ WEBINARS/ BLENDED CE

www.camh.net/education/Online_courses_webinars/odt_certificate_program.html
Centre for Addiction and Mental Health (CAMH) on-line courses with live workshops in subjects including mental health, opioid dependence, motivational interviewing and substance abuse.

www.cshp.ca/programs/onlineeducation/index_e.asp
Canadian Society of Hospital Pharmacists (CSHP) online education program accredited by the Canadian Council on Continuing Education in Pharmacy (CCCEP).

ON-LINE/ WEBINARS/ BLENDED CE

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

www.canadianhealthcarenetwork.ca/
On-line CE lessons

www.pharmacisteducation.ca
OPA online certificate and complementary programs in therapeutic areas including pain and palliative care and Diabetes level 1 certificate program
Contact Penny Young: 416-441-0788 ext. 2209, pyoung@dir.c.ca

www.rxbriefcase.com/ and www.rxbriefcase.com/rxpassport/mylan/
On-line CE lessons (clinical and collaborative care series)

CE lessons on the CPhA Home Study Online Learning Centre, including Diabetes Strategy for Pharmacists

The College is incorporating some social media tools into its daily activities. You can now follow OCPinfo on Twitter and through RSS feeds.

WHAT DOES THIS MEAN?

You will be able to receive updates to the latest news, Continuing Education information and Health Canada Advisories directly through our site.

Go to www.ocpinfo.com and click on the Twitter or RSS feed at the bottom left of the page for more information. Please note that this service does not replace your receipt of e-blasts for important member information.
Drug and Pharmacies Regulation Act (DPRA) * ▲
March 14, 2011
Regulations to the DPRA:
Regulation 58/11

Drug Schedules **
Summary of Laws
June 2007 OCP
National Drug Schedules (NAPRA)
April 20, 2011 (or later)

Scheduling Finalized – Naproxen 220mg
Naproxen sodium 220 mg per oral dosage unit (when sold in products labeled with a recommended maximum daily dose of 440 mg, and in package sizes exceeding 6,600 mg) – Schedule III (from Schedule II) was finalized effective April 21, 2011. Final approval of the initial recommendation was made by NAPRA’s Executive Committee, in consideration of comments received during the 30-day review period. The National Drug Schedules will be revised accordingly.

Regulated Health Professions Act (RHPA) * ▲
October 25, 2010
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 3, 2010
Regulations to the PA:
Regulation 202/94 Amended to O.Reg 59/11
Regulation 681/93 Amended to O.Reg 122/97

Standards of Practice ▲
Model Standards of Practice, 2010
Standards for Pharmacists Providing Services to Licensed LTC Facilities, 2007

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 * ▲
July 1, 2010
Regulations to the ODBA:
Regulation 201/96 Amended to O.Reg 220/10

Controlled Drugs and Substances Act (CDSA) & Regulations **▲
Act current to March 24, 2011
All regulations current to March 22, 2011
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 March 24, 2011
All regulations current to March 22, 2011
Cosmetic Regulations
Food and Drug Regulations
Marihuana 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 1670 Addition of Velaglucerase alfa to Schedule F (April 13, 2011)
Project 1670 Addition of Trabectedin, its salts and derivatives to Schedule F (April 13, 2011)
Project 1670 Addition of Roflumilast, its salts and derivatives to Schedule F (April 13, 2011)
Project 1670 Addition of Pazopanib and its salts to Schedule F (April 13, 2011)
Project 1670 Addition of Liraglutide and its salts to Schedule F (April 13, 2011)
Project 1670 Addition of Exenatide and its salts to Schedule F (April 13, 2011)

OCP Bylaw No. 2 – December 2010 ▲
Schedule A: Code of Ethics for members
Schedule B: “Code of Conduct” and Procedures for Council and Committee members

References

* 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
Take a trip back to the beginnings of pharmacy at The Niagara Apothecary this summer. Located in Niagara-on-the-Lake, this mid-Victorian architectural treasure replicates a typical 1864 pharmacy. The National Historic site is operated by the OCP and is open from Mother’s Day to Labour Day. Admission is free; donations welcome.

**Make plans to visit this summer!**
For more information go to www.niagaraapothecary.ca