



Ontario College  
of Pharmacists  
Putting patients first since 1871

# PHARMACY CONNECTION

WINTER 2011 • VOLUME 18 NUMBER 1

THE OFFICIAL PUBLICATION OF  
THE ONTARIO COLLEGE OF PHARMACISTS

**CELEBRATING  
REGULATION  
OF PHARMACY  
TECHNICIANS**

**THANKING  
OUR 2010  
PRECEPTORS**

**MORPHINE FOR  
PAIN RELIEF IN  
CHILDREN**

**ANNUAL RENEWALS DUE**





# Ontario College of Pharmacists

Putting patients first since 1871

## 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.

Ontario College of Pharmacists  
483 Huron Street  
Toronto, Ontario M5R 2R4

T 416-962-4861  
F 416-847-8200  
www.ocpinfo.com

## COUNCIL MEMBERS

Council Members for Districts are listed below according to District number. PM indicates a public member appointed by the Lieutenant-Governor-in-Council. U of T indicates the Dean of the Leslie Dan Faculty of Pharmacy, University of Toronto. U of W indicates the Director, School of Pharmacy, University of Waterloo.

|                                      |   |
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| H Kelly Randell                      | PM Javaid Khan                                  |
| K Mark Scanlon                       | PM Lewis Lederman                               |
| K Esmail Merani                      | PM Aladdin Mohaghegh                            |
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| L Elizabeth Ivey                     | U of T Henry Mann                               |
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| PM Babek Ebrahimzadeh                | • Communications                                |
| PM James Fyfe                        | • Finance                                       |
| PM David Hoff                        | • Professional Practice                         |

## COLLEGE STAFF

Office of the Registrar x 2244, jaddesi@ocpinfo.com

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

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

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

Registration Programs x 2250,  
jsantiago@ocpinfo.com

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

Investigations and Resolutions x 2274  
kspadafore@ocpinfo.com

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

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

Registration and Membership Information:  
occlientservices@ocpinfo.com

Pharmacy Technician Programs  
occlientservices@ocpinfo.com

Publications x 2229, mlee@ocpinfo.com

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.Pharm.  
President

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

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

Anjali Baichwal  
Associate Editor  
abaichwal@ocpinfo.com

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

Neil Hamilton  
Distribution  
nhamilton@ocpinfo.com

ISSN 1198-354X

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**On the Cover:**

Aarefa Kazi joined more than 100 fellow pharmacy technician candidates to celebrate the regulation of this new class of health professional on December 6. For the full story on technician regulation and what's next, see page 13.

# PHARMACY CONNECTION

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

## A NEW LEVEL OF COLLABORATION WILL BE NEEDED WITHIN THE DISPENSARY AND NEW MODELS OF PRACTICE NEED TO BE DEVELOPED

We have a new look! As reported in our last issue, in September, OCP Council unanimously approved a new brand identity for the College that we're rolling out across all of our print and electronic materials. You can read about this on page 7.

As well as a change in our look, we begin the year with many changes under way in the practice of pharmacy and much to consider. Pharmacy finds itself at a crossroads where the traditional payment for dispensing of drugs is changing drastically. And no one is sure what payment models for other services will look like, or if in fact, payment for other professional services will happen.

On the other hand, pharmacists, and now, pharmacy technicians are being given the ability to take on greater roles in patient care. Over the last few months pharmacists in Ontario have been engaged in focus groups and webcasts about an enhanced scope of practice for pharmacists. We have received a lot of feedback from practitioners in various practice settings about how an enhanced scope could be implemented for the benefit

of patients with whom they are working. All of this input has been invaluable, not only in helping to draft the regulations but to provide examples from practice as we prepare submissions to government. The proposed new regulations and the ability to monitor medication therapy with lab tests will provide pharmacists with the opportunity to provide a greater level of care to their patients. And pharmacists will also be called upon to collaborate with other health professionals to a greater extent in order to provide continuity of care in this new role.

In the first few weeks of pharmacy technician regulation, more than 140 technicians have become registered with the College and can now begin to take on new roles to assist the pharmacist in providing patient care. A new level of collaboration will be needed within the dispensary, and new models of practice need to be developed to best optimize the role of the pharmacy technician and the role of the pharmacist, with the ultimate goal being enhanced patient care. We do have some work to do, not only in developing legislation,

guidelines and policies to aid in implementing these new roles, but also in innovation and creativity as each workplace adjusts to these different levels of professional care.

The legislation is just one factor that enables pharmacists and pharmacy technicians to move forward with their new roles. Most of it is up to the individual practitioner to embrace the opportunities in each workplace for enhancing patient care. You can make the difference!

As this edition goes print, we have also been informed of yet another change — the resignation of our Registrar, Deanna Williams. We acknowledge her leadership and dedication to moving the profession forward in the best interest of the public. We wish her the best as she moves on, and we are eager to begin to implement the legacy of development that she has contributed to the College and the profession. 📧



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

## MAKING THE DECISION TO STEP DOWN IS NEVER AN EASY ONE AND LIKE ALL OF MY DECISIONS, IT WAS MADE AFTER A GREAT DEAL OF THOUGHT AND CONSIDERATION

Another year is upon us — as always, a time for reflection and this year, a time for a change. I will be stepping down as Registrar after 11 years in the position effective May 31, 2011. As I prepare to do so, I reflect with much pride on all that we have accomplished together during my time at the College.

Most recently, we realized our goal to regulate pharmacy technicians as a new and separate class of registered professional within our profession! The recent passage of the College's new registration regulation made Ontario the first jurisdiction in Canada to formally recognize and register pharmacy technicians as new regulated health professionals and we are very proud of that. When the College started this process back in 1996, we really were 'going it alone' — there was little or no support for pursuing pharmacy technician regulation across Canada and support amongst the profession was lukewarm at best. Today, regulating pharmacy technicians is widely viewed as a necessary step in enabling pharmacists to work within their enhanced scope of practice and a number of provinces

— Alberta, British Columbia, Nova Scotia and Saskatchewan are now pursuing regulated Pharmacy Technicians as well. By the end of 2010 — just a few weeks after the passage of the new registration regulation, over 100 new pharmacy technicians were already registered by the College! More than 6,000 applicants are either eligible for or already enrolled in the educational bridging program required for registration — numbers that surpass initial expectations.

The International Pharmacy Graduate (IPG) program was developed in partnership with Ontario's Ministry of Training, Colleges and Universities, the Faculty of Pharmacy at U of T, and the College in 1998 and is now recognized as a leading bridging education program for internationally trained professionals. Graduates of the IPG program report similar levels of success as North American graduates in achieving licensure and in all areas of practice. We are extremely proud of the College's role in establishing this program.

Over the past two years, the

College has transitioned completely to a telecommuting platform with much success, and I am pleased that OCP is the first health regulatory body in Ontario to do so. Council's vision and leadership in embracing the move to the telecommuting platform enabled us to remain in our flagship building on Huron Street but more importantly, allows us to attract and retain talented team members who do not necessarily reside in the Greater Toronto Area.

While I was Director of Programs in 1997, the College implemented its Quality Assurance (QA) program to meet obligations under the Regulated Health Professions Act, 1993. While not very popular at the time, today the College's QA program — which demonstrates the clear linkages between Continuous Professional Development (CPD) and professional competency — has evolved into the Continuing Competency and Practice Review process that is cited nationally and internationally as a model for pharmacists and other health professionals. Most recently, College Council was very pleased to learn

that the Pharmaceutical Society of Ireland (PSI) has modeled its CPD/continuing competency process after Ontario's program — all of us who have contributed to the success of this program over the years can be extremely proud.

Finally, if you have yet to see our new brand, take a look at the article on the next page. While for many years there has been some resistance to changing or modernizing our existing crest and overall look at OCP, the time for change was upon us. The modern look is built on our rich OCP traditions — the original colour blue; blending in green from the “point of care” symbol; keeping the shield to carry through our mandate for public protection; and including the bowl of Hygeia and the serpent, whose body cleverly curls into our moniker “OCP”. The positive feedback and support for our new brand has been overwhelming, and I acknowledge the outstanding vision and leadership shown by members of the College's Communications Committee, our staff Anjali Baichwal and Connie Campbell, and the creative team at Zulu Alpha Kilo in the development and ultimate approval of our new and exciting brand.

Making the decision to step down is never an easy one and like all of my decisions, it was made after a great deal of thought and consideration. While there is never really a “right time” to leave, I know that for me, it

is time for a change. Time for me to change direction and explore new opportunities but also time for new leadership at the College. Being Registrar has been much more than a job — it has been my life and I have loved every minute of it. I have had the opportunity to work with so many wonderful people over the years, Council members past and present and the tremendously talented and dedicated staff members who have joined our team over the years — many of whom continue with us to this day.

It is particularly difficult to say goodbye to those with whom I work so very closely. My senior management team: Della Croteau, our Deputy Registrar/Director of Professional Development, Connie Campbell, our Director of Finance and Administration and Anne Resnick, our Director of

Professional Practice. Over the years we have been much more than team members to each other — we have become friends. I too will miss Ushma Rajdev, Louise Todd and Joanne Addesi, all of whom have provided me with competent and much appreciated Executive and Administrative support over the years — you all have been my confidantes and friends and I look forward very much to continuing our friendship in the years to come.

I am proud of the legacy I leave behind. Our College is viewed as a regulatory leader and recognized for excellence in regulation both nationally and internationally. It truly has been an honour and a privilege to serve as the Registrar of the Ontario College of Pharmacists and I wish Council, staff and all of you the very best in the years to come. 📧

## REGISTRAR SEARCH UNDERWAY

The College has engaged the services of executive search consultants Kinley & Connelly to recruit for a new registrar. Members will be sent more information as it becomes available.

# THE NEW LOOK OF OCP

AS YOU MAY HAVE NOTICED ON OUR WEBSITE AND WITH THIS ISSUE OF PHARMACY CONNECTION, THE ONTARIO COLLEGE OF PHARMACISTS HAS UNVEILED A NEW BRAND TO REFLECT A MORE DYNAMIC AND CONTEMPORARY LOOK FOR ITS PRINT AND ELECTRONIC MATERIALS.



## Ontario College of Pharmacists

Putting patients first since 1871



Over the next several months, you will see changes to all of our materials. From stationery and receipts to the pharmacist and pharmacy technician certificates, we are applying our new look across the College.

The brand redevelopment includes a new slogan, "Putting Patients First Since 1871," conveying the College's role to regulate pharmacy practice in Ontario and to ensure patient safety and well-being always come first.

OCP's new logo features a stylized "OCP" and a shield as a natural symbol of protection. It

also incorporates elements of the caduceus as an icon of healthcare, and a bowl of hygieia to symbolize pharmacy. The logo works to consolidate key elements of the Point of Care logo that appears in every accredited Ontario pharmacy. The Point of Care logo remains the same and all pharmacies will continue to display the existing signage on their premises.

"OCP Council agreed that we needed to refresh the logo to reflect our distinctiveness and to provide a consistent visual vocabulary to all of our materials," said Deanna Williams, OCP Registrar. "This new brand promotes

the leading edge identity of the College and conveys the high standards we set for the profession of pharmacy. It also connects our past and our future, reflecting our proud legacy and forward-looking organization."

The new brand, which was unanimously approved by OCP Council in September, is the result of several months of analysis and research. The previous logo was last modified in 1992 from the original OCP crest. The rebranding exercise was carried out by Toronto agency, Zulu Alpha Kilo. 

OCP's new brand identity was created to complement the Point of Care symbol that appears in every accredited Ontario pharmacy. Pharmacies are not required to change this signage.



# DECEMBER 2010 COUNCIL MEETING

## REGULATION OF PHARMACY TECHNICIANS IS HERE!

This College's Registration Regulation, (Ontario Regulation 451/10) made under the *Pharmacy Act*, was proclaimed on December 3rd, 2010, the passing of which authorizes the College to register qualified pharmacy technicians making Ontario the first jurisdiction in Canada to do so! A celebration to mark this event was held on Monday, December 6th and was attended by invited pharmacy technicians, College Council, Ministry representatives, as well as other stakeholders.

All areas of the College have already commenced the process to integrate the technician members into the College and their new profession. An election will be held in the New Year that will welcome two pharmacy technician members to the Council table.

The new Registration regulation also contains many other significant changes, including provisions needed for the College to meet its obligations respecting labour mobility. In addition, the International Pharmacy Graduate (IPG) Bridging Program is now a mandatory requirement for international applicants who are unsuccessful on the PEBC Qualifying Examination on their first attempt.

\*\*PLEASE NOTE that "Pharmacy Technician" is now a protected title and 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 other designations, such as dispensary, or pharmacy assistants.



## PROPOSED AMENDMENTS TO THE GENERAL OPERATING BY-LAW 2 RATIFIED

As previously reported, in accordance with Bill 179, section 13.1 of the *Health Professional Procedural Code (HPPC)*, which will require all members of a health regulatory college in Ontario who engage in the practice of a health profession to be personally insured against professional liability under a professional liability insurance policy, Council, in September, approved amendments to College by-laws which were circulated to the membership for comment.

At its December meeting, Council ratified these by-law amendments, which mandate the insurance requirements for pharmacy technician members immediately now that the regulations have been

proclaimed. However, in view of the significant number of comments received from the student body, Council has agreed that the matter respecting mandatory insurance for students should be deferred pending further review by the Registration Committee. Since "registration" is what will trigger the mandatory insurance requirement, the Committee will, among other things, review the current training process to determine when individuals should actually register as members of the College.

## PROPOSED REGULATION TO THE PHARMACY ACT – APPROVED FOR CIRCULATION

College Council approved for circulation a draft regulation to the *Pharmacy Act* that will enable the enhanced scope of pharmacy practice as permitted by Bill 179. This proposed regulation sets out the conditions under which pharmacists, interns and registered

pharmacy students may prescribe a drug, administer a substance by injection or inhalation and perform a procedure on tissue below the dermis as permitted by the *Pharmacy Act*. The proposed regulation includes requirements that must be met in order to practice within the enhanced scope and the circumstances under which a prescription may be adapted or extended or a substance administered.

Links to this draft regulation, together with a list of drugs proposed for initiating therapy and substances proposed for administration by injection or inhalation, are posted on the College's website. A link to those laboratory tests which would support medication therapy management by pharmacists is also available.

The membership is invited to provide written comments regarding these regulations by February 4, 2011 to Barbara Cadotte, Senior Policy Advisor, at [bcadotte@ocpinfo.com](mailto:bcadotte@ocpinfo.com) in order to be considered by Council in March 2011 after which the proposed regulation and lists will be submitted to government.

#### **UPDATED METHADONE MAINTENANCE TREATMENT AND DISPENSING POLICY APPROVED BY COUNCIL**

Over the past several years, in conjunction with the College

of Physicians and Surgeons of Ontario (CPSO), the College has been working towards consolidating the two separate documents on its website which provide advice and direction to members engaged in the practice of dispensing methadone.

The "Methadone Maintenance Treatment and Dispensing Policy" (see page 26), in addition to reorganizing the information in a more accessible format, incorporates several new provisions and includes the following recommendations:

- That pharmacies stock only one concentration of methadone solution;
- That stock solutions be stored in light-resistant glass containers for no more than two weeks and that an appropriate device, such as a measuring pump, be used to draw up doses of stock solution for further dilution; and
- That the Designated Manager be required to complete the *Opioid Dependence Treatment Certification* program, or another approved course, within six months of beginning a methadone practice and at that least one staff pharmacist be required to complete the training program within one year.

Methadone for Pain, including the categorization of patients, is now an appendix to the policy. The policy has an effective date of June 1, 2011 so as to allow pharmacists

engaged in the practice of dispensing methadone to commence taking the necessary steps to come into compliance with this policy.

#### **PROPOSED AMENDMENTS TO REGULATIONS TO THE DRUG AND PHARMACIES REGULATION ACT – UPDATE**

Following ratification by Council at its meeting in September 2010, the consolidation of various regulations under the *Drug and Pharmacies Regulation Act* (DPRA), which include provisions respecting the issuance and renewals of certificates of accreditation, standards for accreditation and operation of pharmacies in Ontario, refills and transfers of prescriptions, advertising, proprietary misconduct, conflict of interest, record-keeping, as well as the necessary safeguards and accountabilities to enable remote dispensing through accredited pharmacies in Ontario, were submitted to Ontario's Ministry of Health and Long-Term Care in late September.

At the same time, discussions were ongoing with Ministry staff to see how the College could help support the Ministry's commitment to its recent Narcotic Strategy while also making remote dispensing a viable reality in the province of Ontario and continuing to assure public safety. The College commissioned Mr. Ross Fraser of Sextant Solutions, to provide the College



with a report on computer-based or electronic means for remote dispensing of prescriptions in a secure and privacy-protected manner. Mr. Fraser's findings followed comprehensive analysis of various ways and means of ensuring prescription authenticity in both traditional pharmacy as well as remote dispensing environments. In light of these findings, (which were shared with the College of Physicians and Surgeons of Ontario, the Ministry of Health and Long-Term Care and stakeholders such as Ontario MD), the Minister requested College Council review and revise the draft DPRA regulation. Accordingly, College Council, upon discussion, unanimously agreed with the Minister's request to amend section 39(4) such that it will now read:

*"A drug shall not be dispensed in a pharmacy pursuant to a prescription given by signature that has been transmitted by means of facsimile transmission, electronic mail or other form of electronic transmission, except where a member who is engaged in practice at the pharmacy either,*

*(a) has received the prescription directly from the prescriber and the dispensing pursuant to such prescription is in accordance with all applicable policies and guidelines of the College, or*

*(b) has received the prescription through an automated pharmacy system in a form, and using technology, that have been approved by the College."*

Council was satisfied that the addition of subsection (b) will ensure that the College continues to meet its regulatory obligations and its public protection mandate and provide the necessary flexibility for the College to adapt its requirements and policies as new technologies and initiatives, such as electronic prescribing, arise.

#### **INCREASED EXEMPTIONS FOR PEER REVIEW RANDOM SELECTION**

The College's Quality Assurance Program was developed, as required by the *Regulated Health Professions Act*, to support practicing pharmacists in maintaining competency. The Program includes two phases. Phase I, the Self-Assessment and Learning Portfolio and Phase II, the Peer Review.

The Peer Review is a comprehensive assessment including a clinical knowledge multiple choice examination and an objective structured clinical evaluation (OSCE). Over the past 13 years, over 2700 pharmacists have been assessed through the Peer Review. Based

on statistical analysis, the findings strongly indicate that pharmacists who have been in practice greater than 25 years have more difficulty with the Peer Review and that those 45 years or more away from graduation are more likely to fall below standard on the assessment and to benefit from subsequent remediation.

Currently, a pharmacist is exempted from the Peer Review if he/she has undergone the Pharmacy Examining Board of Canada (PEBC) OSCE within the past five years. Following a comprehensive review of statistics and recent findings, which show that pharmacists who have undergone the PEBC OSCE within the past ten years also met the Peer Review standards, Council approved an exemption from random selection for the Peer Review (Phase II of the Practice Review) for pharmacists who have successfully completed the PEBC OSCE or OCP Peer Review within the past ten years.

With these increased exemptions, the College will be able to optimize the random selection of pharmacists for the Peer Review while being sensitive to resource allocation. The proposed changes will be implemented for the April 2011 Peer Review.



### ADVERTISING BREACHES

Over the past several months, the College has received an increasing number of queries and potential complaints from members regarding perceived or potential breaches of the legislation and regulations governing advertising. While violations most commonly result from print advertising, a number of reports concern portable road signs and in-store signs.

Accordingly, an advisory notice has been sent to members and pharmacy owners and operators reminding them of their responsibility to ensure compliance with all pertinent legislation and policies, particularly in this regard, the *Drug and Pharmacies Regulations Act*, the *Pharmacy Act*, and the Policy on Loyalty Points Programs. For further clarification, please see the College's website.

### INTERNATIONAL PHARMACY GRADUATES' GATEWAY TO CANADA PROJECT

The National Association of Pharmacy Regulatory Authorities (NAPRA) has secured funding of \$3.7M over three and a half years from the Government of Canada's Foreign Credential Recognition program to establish and maintain

a plain language website in addition to developing new tools which will provide international pharmacy graduates (IPGs) with a single point of access to information they need to become licensed to practice pharmacy in Canada.

The IPG project will assist all provincial and territorial regulatory authorities (PRAs) to streamline and standardize licensing requirements as much as possible and will create a single point of access. In addition, NAPRA will develop a website that will not only provide plain language information, it will also provide access to a tool to help international pharmacy graduates determine their preparedness and readiness to proceed with a request for licensure to practice in Canada. A second assessment tool will help foreign graduates review their practice, identify any gaps and prepare a learning plan. The applications received will feed into a national shared database which will collect general information on international applicants, provide statistical reports and be accessible to all PRAs.

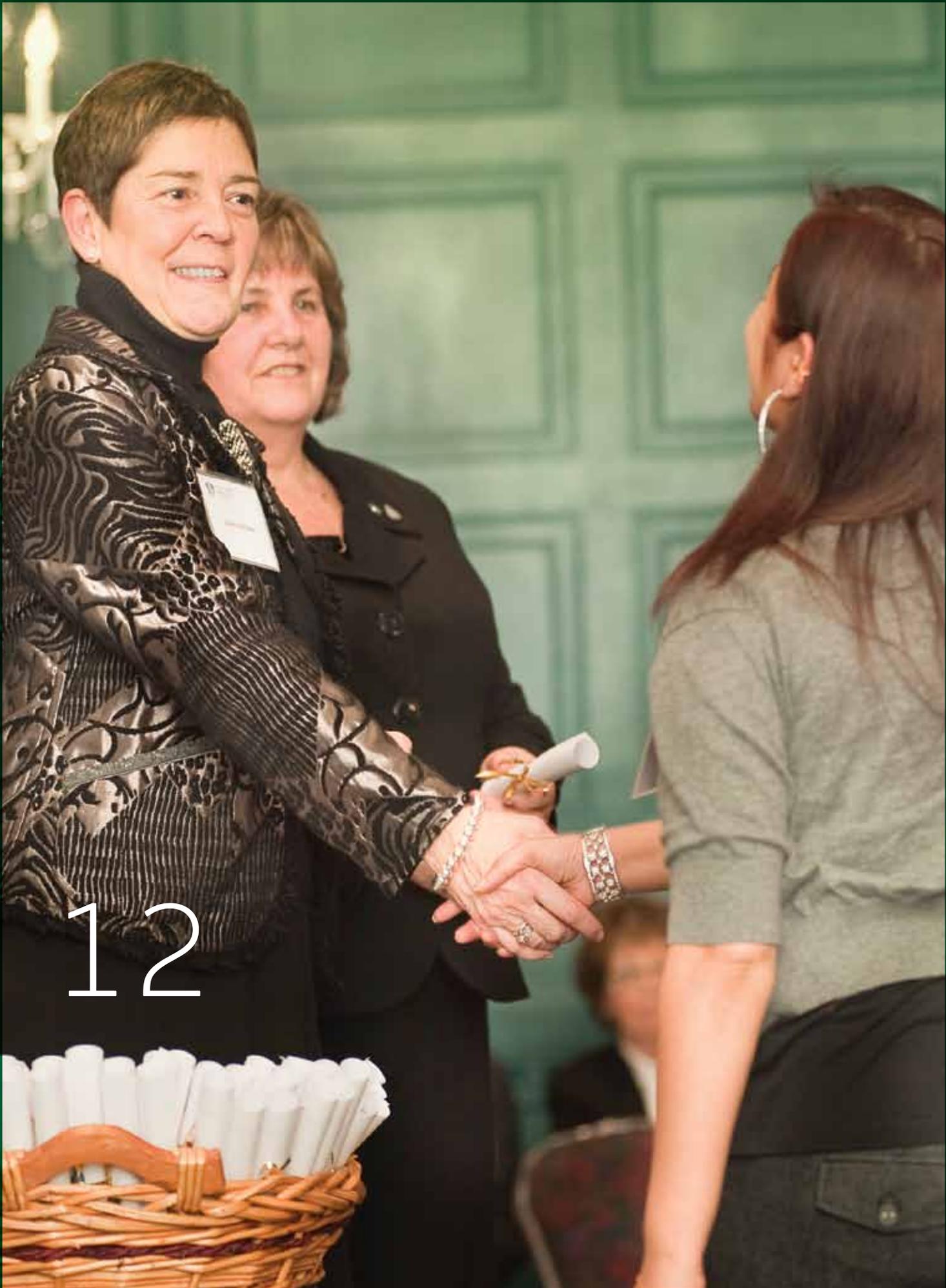
This College is actively involved in this project through the appointment of Registrar Williams on the Steering Committee and the Deputy Registrar, Ms. Croteau, on the Advisory Working Group and it is anticipated that as the project

picks up momentum, further information will be made available to the PRAs.

### CENTRE FOR CANADIAN LANGUAGE BENCHMARKS (CCLB) – INAUGURAL MEETING MATERIAL

Also related, but not part of the same IPG project, is a study currently being undertaken by the CCLB, in consultation with NAPRA. With funding from the Foreign Credential Recognition Program of HRSDC, the CCLB will benchmark the language demands (both French and English) of pharmacy occupations in Canada.

This project will unfold over a one year period which began in late June 2010. The aim is for a benchmarking team to collect qualitative data through job shadowing and on-site workplace observations of authentic language use. Benchmark findings arising from the analysis of this data will be validated through focus group sessions with practitioners and experts. The final report, expected to be issued in June 2011, will provide research information on the benchmarks of speaking, listening, reading and writing tasks performed by pharmacists in Canada. 



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# CELEBRATING PHARMACY TECHNICIAN REGULATION

**IT WAS A CELEBRATION YEARS IN THE MAKING AS PHARMACY TECHNICIANS OFFICIALLY BECAME RECOGNIZED AS A NEW CLASS OF REGISTRANT WITH THE ONTARIO COLLEGE OF PHARMACISTS (OCP).**

The new Registration Regulation (Ontario Regulation 451/10) made under the Pharmacy Act was proclaimed on December 3, 2010 and on the following Monday, OCP celebrated with its partners and more than 100 pharmacy technician candidates.

“The passing of this regulation, which authorizes our College to register qualified Pharmacy technicians as a new and separate class of registrant, signifies a major milestone for Ontario and the entire pharmacy profession,” said Bonnie Hauser, OCP President. “The regulation of pharmacy technicians will enable pharmacists to take on an enhanced role in the provision of comprehensive patient care services to the public.”

At the celebration, President Hauser and OCP Registrar Deanna Williams were joined by representatives from the Ontario Ministry of Health and Long Term Care and other organizations who have been involved in the process of regulating pharmacy technicians. That process began in 1998, after Council agreed that creating this class of member with the appropriate training could enable registered technicians to take responsibility for certain dispensing activities within the pharmacy, and allow pharmacists to

**LEFT: Registrar Deanna Williams and President Bonnie Hauser congratulate pharmacy technician candidates**



OCP President Bonnie Hauser addresses pharmacy technician candidates

expand their services and scope of practice to improve patient care

“As Registrar, I am very proud of the leadership demonstrated by both the College and the Ontario government in making Ontario the first jurisdiction in Canada to formally regulate Pharmacy Technicians as a new health profession,” said Registrar Williams. “The regulation of pharmacy technicians comes after many years of hard work and careful consideration about how they could support the provision of optimal pharmacy services.” In their remarks at the celebratory event, both Williams and Hauser praised the pharmacists, technicians and other stakeholders who participated in task forces and working groups over the years. “There are so many individuals involved in the profession who committed to identify how a technician’s role could evolve

into a regulated position, with the same rights, responsibilities to the public, and accountabilities as other regulated health professionals,” said Williams.

The event also recognized the many stakeholder organizations who collaborated with OCP to develop appropriate bridging education, accreditation of educational programs for technicians and a national licensing examination. And of course, there was a warm welcome and recognition of all of the pharmacy technicians who completed all the necessary requirements needed to officially register as a pharmacy technician. At the event, President Hauser called them “the courageous ones who stepped up, provided leadership and assisted in the piloting of the coursework and exams.” Registrar Williams too remarked how these individuals piloted the

courses, demonstrating leadership in “helping to achieve the recognition and privilege that is afforded to self-regulated professions.”

Mary Bozoian, president of the Canadian Association of Pharmacy Technicians, thanked the College for its commitment to realizing the regulation of technicians. “It’s hard to believe this day has arrived,” said Bozoian. “I must commend the work of Registrar Williams and OCP Council members who, over the past several years have worked to see this milestone achieved. And I applaud my fellow technicians for their hard work and commitment along the way to registration.” This is truly a great day for pharmacy technicians! Just days after the event, OCP formally began registering pharmacy technicians. At the time of printing, there were over 140 individuals registered as pharmacy technicians. 📷

# PHARMACY TECHNICIAN REGULATION WHAT'S NEXT?

THE MOST SIGNIFICANT AND IMMEDIATE CHANGE IS THAT PHARMACY TECHNICIANS CAN NOW TAKE ON THE ACCOUNTABILITY FOR THE INDEPENDENT DOUBLE CHECK AND THE RELEASE OF ALL (NEW, REPEAT, NARCOTIC) PRESCRIPTIONS.

Now that pharmacy technicians are actually registered, they are asking what they can do, how their role changes and what documents are relevant to their scope of practice. While the College can provide some answers, the full role and added value of a pharmacy technician is only now able to be fully developed, as the first group of pharmacy technicians, pharmacists and pharmacy managers begin to explore their new working relationships and models of practice – something that couldn't be accomplished until all the players were in place.

The most significant and immediate change is that pharmacy technicians can now take on the accountability for 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. In order to fully realize the potential of this change, it is expected that new practice models and business operations will need to be tested and adapted to suit the needs of the different practice settings. The College looks forward to working with all of the stakeholders involved to help identify the challenges and successes they discover, and to share the information with others.

Once further legislative changes to the *Drug and Pharmacies Regulation Act* and *Food and Drug Act* regulations are in place, pharmacy technicians will also be able to complete transfers and accept verbal prescriptions. These legislative changes are in process and updates will be communicated when available.

Further details about the scope of practice for pharmacy technicians can be found in the *Professional Competencies for Pharmacy Technicians at Entry-to-Practice in Canada* (NAPRA, 2007). These competencies serve as the foundation for the curriculum and accreditation of education programs as well as the



entry-to-practice evaluations (e.g. PEBC Qualifying Exam, Structured Practical Training). National Standards of Practice for Pharmacy Technicians are also in the early stages of development and the National Association of Pharmacy Regulatory Authorities (NAPRA) expects to initiate stakeholder consultation in the early part of 2011.

**OVER 140 PHARMACY TECHNICIANS ON THE OCP REGISTER!**

The College was able to open the final step of the registration process for pharmacy technician applicants as soon as the new Registration Regulation (O.Reg 451/10) took effect. In no time our client services department was receiving on-line applications from eager technicians who had been helping to pilot each of the processes along the way – the final step being no exception. With thanks to everyone who has assisted in developing, testing and helping improve our processes, all the components of registration for pharmacy technicians are now fully available. Details of the whole process can be found on the website under the fast track menu at Pharmacy Technician>The

Registration Process. All pharmacy technician members of the College can also be found on the Public Register under the Member Search.

**COUNCIL ELECTIONS FOR PHARMACY TECHNICIAN MEMBERS**

With the December 3, 2010 proclamation of the *Pharmacy Act* changes that enabled regulation of pharmacy technicians, the College was not only able to initiate registration of eligible candidates, but also able to proceed with the election process that will allow two pharmacy technicians to become full voting members on Council. There are two seats at the table reserved for elected pharmacy technician members. Pharmacy technicians who work in hospital practice will be registered in District TH and pharmacy technician members in all other practice settings will be in District T. Each district will elect one member to the Council. Under the College bylaw the election must be held within 90 and 120 days of the proclamation of the *Pharmacy Act*, which means that our newest Council members will be able to take their place at the Council table for the June meeting.

In addition, the College is now able to invite pharmacy technicians to participate as full non-council committee members on each of the statutory and standing committees and working groups at the College. The existing Pharmacy Technician Council Observers, who have become registered members of the College, have been appointed to represent pharmacy technicians on several of these committees immediately. Many more representatives are needed however and all members are encouraged to consider if they would like to put their name forward to be become involved as a non-council committee member. For further details please see the next edition of *Pharmacy Connection* which will have a call for non-council committee members to be appointed following the September 2011 Council meeting.

**THE NEW REGISTRATION REGULATION IS NOW IN EFFECT**

The new Registration Regulation includes several changes that impact all new applicants and current members (e.g. reinstatement provisions, administrative suspensions and clarification on the terms, conditions and

limitations on each registration category). More details about these changes are available on the OCP website.

**THANK YOU TO THE EVALUATORS FOR OUR STRUCTURED PRACTICAL EVALUATION (SPE)**

We currently have 345 pharmacy technician applicants who have completed their SPE and 150 more in the process. Thank you to the 385 pharmacists who have served as evaluators and assisted these applicants in completing this important entry-to-practice requirement!

This component of the bridging program is administered by OCP following the applicant's completion of the Management of Drug Distribution bridging course. It is an evaluation of their ability to accurately complete an *Independent Double Check* on a minimum of 500 prescriptions/orders in their current workplace. A detailed web-based overview of the Structured Practical Evaluation may be viewed on the website for anyone interested in learning more about this evaluation process.

**HERE'S WHAT EVALUATORS AND TECHNICIAN APPLICANTS HAVE TOLD US ABOUT SPE:**

"The process allowed pharmacist and technician to both stand in each other "shoes".

"The technician gained an appreciation for the detail of which the pharmacist must check and the pharmacist likewise, in the role of the technician in supporting her work. It allowed the technician to

actually become a better technician in the sense that she will be inputting perscriptions with more accuracy after having completed the checking process."

"The SPE- Structured Practical Evaluation allowed a Pharmacy Technician to experience the actual pressure on his shoulders in the whole process of dispensing, and also strengthened the co-operation among pharmacists, pharmacy technicians and assistants."

"It set up a clear pathway for both the pharmacist and technician to

follow so that they both knew what was expected of them."

"I feel that the requirements were easy to follow and complete. Being able to complete this task in our current workplace made the process manageable and allowed us to complete it within a relatively short amount of time."

"It was a good way to confirm the ability and professionalism of the prospective registered pharmacy technicians regarding independent double-checks." 🇺🇸



**Registrar Deanna Williams and Mary Bozoian of the Canadian Association of Pharmacy Technicians**



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# MORPHINE FOR PAIN RELIEF IN CHILDREN

## **NOW, MORE THAN EVER, CONTINUED CARE IS NEEDED FOR HIGH RISK MEDICATIONS, ESPECIALLY FOR USE IN PEDIATRIC PATIENTS**

Jennifer Chen, R.Ph., BSc.Ph., ACPR

Cecile Wong, R.Ph., BSc.Ph., ACPR

Elaine Lau, R.Ph., BSc.Ph., ACPR, Pharm.D, M.Sc.

Codeine is the most frequently used opiate in the world. It is commonly recommended in children to treat pain or relieve coughs and in breastfeeding mothers for post-partum pain relief. Codeine's popularity in pediatrics is due to the perception that it has a lower incidence of adverse events compared to other opioids.

However, there is little evidence to support this when codeine is used in equipotent doses or when repeated doses of codeine are given. On the contrary, it is known that the efficacy and safety of codeine can be unpredictable and mounting evidence shows this unpredictability is substantial enough to cause clinically significant treatment failures and serious adverse drug reactions, including death. As a result, there has been a shift in practice to avoid using codeine in children for pain and to use morphine instead.

Codeine is a prodrug that has little to no analgesic effects of its own. To exert analgesia, codeine must be converted into morphine by the enzyme cytochrome P450 2D6 (CYP2D6) (11). The amount of morphine produced from codeine varies widely between individuals because there is a high degree of genetic polymorphism in the CYP2D6 enzyme with polymorphisms varying across different ethnicities and geographical regions (Table 1). Some individuals, called ultrarapid metabolizers (UM), have multiple copies of active CYP2D6 genes, resulting in higher than expected serum concentrations of morphine from codeine while others, called poor metabolizers (PM), form negligible amounts of morphine from codeine because they lack functional alleles of the CYP2D6 gene.

These inter-individual differences can influence a child's response to codeine and their risk of having an adverse event. UMs, for example, experience analgesia with codeine but are at risk of developing opioid intoxication. In 2006, a breastfed neonate died of morphine toxicity after his mother was given codeine for post-partum pain relief. Genotyping revealed that the mother was

an UM of codeine, which likely resulted in higher than expected morphine levels crossing into the breast milk and morphine intoxication in the neonate. Because other reports have also described cases of bradycardia, cyanosis, apnea and life-threatening central nervous system depression in breastfed infants who were exposed to codeine and morphine through breast milk, there is compelling evidence to suggest that codeine is not safe during breastfeeding for all infants.

## Recently, additional genetic factors that may influence codeine's disposition in the body have also been identified.

Being an UM has also been implicated in the death and anoxic brain injury of two children, aged 2 years and 2.4 years respectively, who were prescribed codeine for postoperative pain after undergoing tonsillectomies for sleep apnea and recurrent tonsillitis. In both cases, conventional doses of codeine were administered but because the children were UMs, there was an increased conversion of codeine to morphine, resulting in a toxic accumulation of morphine.

In contrast, PMs experience inadequate pain control with codeine resulting in therapeutic failure and increased healthcare utilization. For instance, children with sickle cell disease are frequently prescribed codeine to relieve pain from sickle cell pain crises. A recent study found that children with severe SCD who presented to the emergency room with pain that could not be relieved by codeine at home were significantly more likely to possess reduced CYP2D6 activity. These hospitalizations might have been minimized if non-CYP2D6

dependent analgesics had been used. In addition to experiencing therapeutic failure with codeine, PMs still encounter the same incidence of codeine-related adverse effects (e.g. sedation, headache, dizziness, dry mouth) as individuals who can metabolize codeine. This occurs because at higher doses, codeine exerts its own adverse effects in addition to those already exerted by its metabolite, morphine. Additionally, some PMs exhibit atypical adverse drug reactions to codeine (e.g. nausea, vomiting, agitation, jitteriness), which

appear to occur by an unknown mechanism.

Recently, additional genetic factors that may influence codeine's disposition in the body have also been identified. These include genetic polymorphisms in: (i) other enzymes involved in the metabolism of codeine and morphine (e.g. UGT2B7); (ii) transporters for morphine in the blood brain barrier (e.g. P-glycoprotein) and; (iii) the  $\mu$ -opioid receptor through which morphine exercises its analgesia. Investigations of the impact of these genetic variants on the variability of codeine efficacy and safety are currently underway.

Because genetic polymorphisms are not routinely assessed, it is difficult to mitigate the risks associated with giving codeine to children. Since giving codeine is just an indirect way of administering morphine, it is preferable to simply avoid codeine in children and give morphine instead for the treatment of pain. As such, codeine and codeine-containing combination products

have been removed from formulary at The Hospital for Children in Toronto, and community pharmacies may see an increased number of prescriptions for oral morphine for children.

To ensure the safe use of morphine in children, the following suggestions are recommended during the processing of morphine prescriptions:

### CHECKING PRESCRIPTIONS FOR MORPHINE

- Low doses of morphine are a suitable alternative to codeine for the management of moderate pain. "Low doses" refers to doses closer to the lower end of the dosing range of morphine.
- Usual guidelines suggest a dosing range for morphine of 0.2 to 0.5 mg/kg/dose by mouth every 4 to 6 hours as needed. This applies when morphine will be given to opiate-naïve children as an immediate-release preparation.
- A higher initial oral dose of 0.3 mg/kg/dose is recommended for children with severe pain.
- Doses should be titrated to pain relief/prevention.
- A usual maximum oral dose for morphine is 15 mg/dose, but this may vary with different clinical situations, so professional judgment should be exercised.
- When converting patients from codeine to morphine, a general rule-of-thumb is that an equipotent dose of morphine is approximately one-tenth the dose of codeine after chronic dosing. For example, 10 mg of codeine is approximately 1 mg of morphine.

### DISPENSING MORPHINE TO CHILDREN

- Use pediatric dosing guidelines to double check prescriptions for appropriateness. Obtain the patient's current age and weight and use these to confirm that the correct dose has been prescribed.

- Examine the patient's medication profile for other analgesics or sedatives and communicate with the prescriber, as needed, to verify that these should be continued.
- Be alert for the potential of prescribers to inadvertently interchange "m g" and "ml" when prescribing morphine syrup.
- Stock only one concentration of morphine in the pharmacy if possible. Use warning labels if more than one concentration is required in stock.
- Oral syringes, with instructions for use, should be provided when morphine syrup is dispensed for children. These are designed to resist breaking off in a child's mouth and have plungers that ensure the measured dose is delivered in its entirety. Never use parenteral syringes to administer morphine syrup.

- Ensure a mark is placed on the syringe to clearly identify the volume of syrup to be administered.

#### EDUCATION

- Assure parents or caregivers that morphine can be given safely to children of all ages, including infants, when appropriate doses and dosing intervals are used. Examples of resources that parents or caregivers may find helpful are provided below.
- Ensure parents or caregivers are aware of the appropriate morphine dose and dosing interval for their child.
- Common adverse effects associated with morphine (e.g. nausea, vomiting, constipation and pruritus) can be anticipated, so preventative strategies should be recommended. Most side effects

of morphine can be easily treated with simple interventions such as stool softeners or laxatives to prevent constipation, and anti-emetics or anti-pruritics as needed.

#### SUGGESTED RESOURCES

- Drug Information Resources from The Hospital for Sick Children [www.sickkids.ca](http://www.sickkids.ca)
- Morphine for Pain Relief in Children [www.aboutkidshealth.ca](http://www.aboutkidshealth.ca)

NOTE: References to this story have been removed for space. If you would like a copy of this story including all references, please contact [pconline@ocpinfoc.com](mailto:pconline@ocpinfoc.com) 

## TABLE 1 – DISTRIBUTION OF CYP2D6 ULTRAMETABOLIZERS

| ETHNIC BACKGROUND:                       | APPROXIMATE FREQUENCY OF ULTRAMETABOLIZERS: |
|--|---|
| North African, Ethiopian, Saudi Arabians | 16-28%                                      |
| Caucasian                                | 1-10% (depending on country of origin)      |
| African American                         | 3%  |
| Chinese, Japanese, Hispanic              | 0.5-1%                                      |

#### REFERENCES FOR TABLE 1:

1. Codeine, Codeine Phosphate, Codeine Sulfate (Analgesic). In AHFS Drug Information® (2010); McEvoy GK, ed; American Society of Health-System Pharmacists, Inc.: Bethesda, 2010. Available at: <http://online.statref.com/document.aspx?fxid=1&doid=580>. Accessed: November 1, 2010.
2. Codeine: Pediatric Drug Information; Lexi-Comp Inc., 2010. Available online at: [www.uptodate.com](http://www.uptodate.com). Accessed: November 8, 2010.

#### ABOUT THE AUTHORS:

Jennifer Chen, Cecile Wong and Elaine Lau are pediatric pharmacists at The Hospital for Sick Children (SickKids) where they serve on the Pain Matters Task Force, an interdisciplinary group of health care professionals who have been charged by the hospital to optimize the prevention, assessment and management

of pain in children at SickKids in accordance with the hospital's Pain Management Clinical Practice Guideline and the Registered Nurses Association of Ontario's best practice guidelines for pain assessment and management. Codeine was removed from the SickKids' formulary in 2010.

# NARCOTIC REPORTING

Greg Ujiye, R.Ph., Practice Advisor and Inspector

## REPORTING OF LOSS

Under the Narcotic Control Regulations, section 42, any loss or theft of narcotics must be reported to the Office of Controlled Substances (OCS) within 10 days of the discovery. There are separate forms used for *Loss and Theft and for Forgeries*, available on the Health Canada website at [www.hc-sc.gc.ca](http://www.hc-sc.gc.ca). OCP's website also contains valuable information in this area in the professional practice section under "Frequently Requested Practice Articles."

## NARCOTIC REGISTER

The narcotic register or purchase record in Ontario pharmacies is also known as a "book" as the original register was in the form of a book supplied to pharmacies at the time they opened. (Over the years the book was discontinued, however, template pages can be

downloaded from the College website.) The Narcotic Control Regulations (NCR) requires that purchases of narcotics (controlled drugs, benzodiazepines and targeted substances) be maintained in a "book, register or other record maintained for such purposes". In recent years, some pharmacists have kept this register by filing copies of the receipts for their narcotic and controlled substances purchases. This is an acceptable method provided that the receipts are maintained in a chronological order and receipts for any emergency purchases are kept in this file. Returns and records of destruction must also be maintained as part of the file. The regulation stipulates that the information in this register contain the following information:

- (a) the name and quantity of the narcotic received;
- (b) the date the narcotic was received; and
- (c) the name and address of the person from whom the narcotic was received. 

## Practice Q&A

Shakti Sawh, R.Ph.T., Practice Advisory Officer

### IF A FORGERY IS IDENTIFIED ON A STOLEN PRESCRIPTION PAD, WHAT IS THE BEST WAY TO REPORT THIS, ESPECIALLY SO THAT LOCAL PHARMACIES ARE INFORMED?

The ministry may be notified that prescription forgeries have been identified at pharmacies in the particular area. The information is published and distributed via the "OPDP Notice", formerly the BBS. The following information can be sent to Carol Tint, the Administrative Assistant of the Pharmaceutical Services Coordination Unit at the Ontario Public Drug Programs.

**Attention: Senior Manager  
Pharmaceutical Services Coordination Unit  
Ontario Public Drug Programs  
Phone: 416-327-8106  
Fax: 416-327-8123**

Include the following information:

1. Which area were the forgeries identified
2. Name of drug
3. Reporting physician
4. Name of clinic, hospital or family health team
5. Phone/fax number of clinic, hospital or family health team
6. Attach sample

**Reminder:** Filled forgeries must be reported to the Office of Controlled Substances within 10 days of discovery. The "Forgery Report Form" is accessible at [www.hc-sc.gc.ca](http://www.hc-sc.gc.ca) It is recommended that all unfilled forgeries also be reported to the Office of Controlled substances, and the Ontario College of Pharmacists by fax at 416-847-8292. 



Ontario College  
of Pharmacists

Putting patients first since 1871

# ANNUAL RENEWAL 2011

**Pharmacists' annual membership renewal  
is due March 10, 2011.**

**For pharmacies, accreditation renewal  
is due May 10, 2011.**

*continued*



# PHARMACISTS' ANNUAL RENEWAL

## Due March 10, 2011

Your pharmacists' fee is due **no later than March 10, 2011**. You may complete your renewal and pay your fee online at any time. No form will be mailed to you, however email reminders will be sent. Please ensure the College has your current email address.

### PHARMACISTS FEES FOR 2011 ARE:

**Part A pharmacists' fee \$678.00** (\$600.00 + \$78.00 HST)

**Part B pharmacists' fee \$339.00** (\$300.00 + \$39.00 HST)

### INFORMATION RENEWAL

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

Go to [www.ocpinfo.com](http://www.ocpinfo.com), click on Member Login. Enter your User ID (your OCP number) and your password.

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

### PAYING ON-LINE

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

### PAYING BY MAIL WITH A CHEQUE

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

### LATE PAYMENTS

Late payments are subject to a late fee of \$113.00 (\$100 + \$13 HST) if paid within 30 days after the due date or \$169.50 (\$150.00 + 19.50 HST) if paid more than 30 days after the due date. This includes cheques that are received early but postdated after March 10, 2011. Late payments are not processed until the late payment fee has been received.

### MOVING TO PART B OF THE COLLEGE REGISTER

To move to Part B of the College register please send an email to [ocpclientservices@ocpinfo.com](mailto:ocpclientservices@ocpinfo.com). Pharmacists in

Part B of the register cannot practice pharmacy and therefore are not required to obtain personal professional liability insurance or participate in practice review. The renewal fee for a Part B pharmacist is \$339.00.

### RECEIPTS AND WALLET CARDS

Once you have submitted your CONFIRMATION of INFORMATION RENEWAL and your payment has been processed, you will be able to print an electronic tax receipt and 2011 Wallet Card.

### PERSONAL PROFESSIONAL LIABILITY INSURANCE – MANDATORY FOR PART A PHARMACISTS

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

You will be able to update your insurance information while completing your online renewal. A list of insurance products and broker organizations that satisfy the criteria prescribed in College by-law is available in the online renewal and on our website.

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

### MEMBER EMERITUS

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

# PHARMACY ACCREDITATION RENEWALS

Due May 10, 2011

## NEW FOR 2011: ONLINE RENEWAL

Pharmacy Accreditation Renewals have moved exclusively online for 2011. The first step of this initiative was for each pharmacy to establish an owner representative for each pharmacy to act as the director liaison on matters relating to the College. **Renewal forms will be e-mailed to the director liaison this Spring.**

The director liaison will have access to the business profile of the accredited pharmacy, allowing him or her to conduct business related to the accredited pharmacy online, including:

- verifying the members (pharmacists and regulated technicians) practicing at the pharmacy
- completing and paying for the pharmacy's annual accreditation renewal

Moving the pharmacy renewal process on-line supports OCP's effort to improve efficiency through technology and innovation.

## FEE PAYMENTS

Pharmacy fees of \$971.80 (\$860.00 + \$111.80 HST) must be received and/or postmarked **no later than May 10 2011.**

## PAYING ONLINE

Payment by credit card or INTERAC can be made online in a secure environment digitally protected by MONERIS™.

Once payment has been made and processed, the certificate of accreditation will be mailed to the pharmacy. Income tax receipts will be generated electronically for printing at the time of renewal.

## LATE PAYMENTS

Late payments are subject to a fee of \$113.00 (\$100.00 + \$13.00 HST) if paid within 30 days after the due date or \$169.50 (\$150.00 + \$19.50 HST) if paid more than 30 days after the due date. Late payments are not processed until the late payment fee has been received.

## RECORDS UPDATE

Updates are required for the following:

- Members (with and without signing authority) who practice at the pharmacy
- Lock and leave practices
- Methadone dispensing
- Pharmacy website information
- Drug Information Services the pharmacy subscribes to

Prior to submitting the renewal, the director liaison must ensure that each director and designated manager understands the standards of the profession and their respective roles and responsibilities.

For further information contact Client Services at: 416-962-4861 ext. 3300, toll free 1-800-220-1921 ext. 3300, or email: [ocpclientservices@ocpinfo.com](mailto:ocpclientservices@ocpinfo.com)

# POLICY

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# METHADONE MAINTENANCE TREATMENT AND DISPENSING POLICY

Revised and Approved by Council:  
September 2010

**PURPOSE:** TO PROVIDE GUIDANCE TO MEMBERS WHO DISPENSE METHADONE FOR THE TREATMENT OF OPIOID DEPENDENCE, AND TO OUTLINE THE COLLEGE'S EXPECTATION IN THIS REGARD.

## SCOPE

This policy applies to members participating in methadone maintenance treatment (MMT) programs and who employ any of the models of dispensing methadone for MMT. This policy consolidates the Interim Policy for Methadone (2006) and the Policy for Dispensing Methadone (2006). An appendix is attached which addresses methadone dispensing for pain management.

## BACKGROUND

The College recognizes MMT as an effective form of treatment for opioid dependence and is committed to ensuring that Ontarians receive this treatment in a safe manner. The best MMT programs are done in partnership recognizing the unique role of the patient, physician, pharmacist and other health care providers in ensuring patient and public safety.

Methadone for the treatment of opioid dependence is regulated by Health Canada in partnership with the Ministry of Health and Long Term Care, the College of Physicians and Surgeons of Ontario (CPSO) and the Ontario College of Pharmacists (OCP).

Physicians who wish to prescribe methadone must apply through Health Canada for exemption under section 56 of the *Controlled Drugs and Substances Act* (CDSA). Exemptions can apply to either methadone maintenance treatment (MMT) for opioid dependence or to the treatment of malignant and chronic non-malignant pain. Physicians who wish to provide methadone for both MMT and pain must obtain separate exemptions. Physicians may also seek authorization through CPSO to delegate the

administration component of MMT in a medical office or clinic to qualified health care professionals under a "delegation exemption". *CPSO's Policy: Methadone Maintenance Treatment for Opioid Dependence.*

Pharmacists in an accredited pharmacy are permitted to dispense methadone in individually labeled and fully diluted daily doses for the treatment of opioid dependence pursuant to a written prescription from an exempted physician. In order to enable the administration of methadone in a medical office or clinic, Health Canada has issued an exemption allowing pharmacists in Ontario to transfer custody of such doses, in a secure manner, to a physician or their delegate at the treatment location according to the policies and guidelines developed by both CPSO and OCP.

## PRINCIPLES

Both OCP and CPSO concur with the following:

The ideal model for methadone maintenance treatment is one which supports the integration of the patient, physician and pharmacist within the community to ensure the availability of local and accessible solutions for patients requiring methadone maintenance treatment for opioid dependence.

The pharmacist practices in accordance with the provisions of the *Drug and Pharmacies Regulations Act* (DPRA), the Standards of Practice of the profession of pharmacy, the Code of Ethics for Pharmacists, OCP policies and guidelines, federal legislation, in particular the CDSA and the Narcotic Control Regulations.

The physician practices in accordance with CPSO policies and guidelines and meets the

requirements of other relevant legislation for the prescribing, dispensing and storage of methadone in Ontario.

The pharmacist and the physician play an important and complementary role in the interdisciplinary model of methadone maintenance treatment. This includes joint development of written policies and procedures to ensure continuity of patient care and secure custody and storage of methadone.

According to the Narcotic Control Regulations, the pharmacist, physician and his/her delegate must take all reasonable steps necessary to protect any quantities of methadone on the premises or under their control against loss or theft. When dispensing methadone, pharmacists are responsible for the safety and integrity of the drug until such time as they have dispensed directly to the patient or transferred its custody to an exempted physician or his/her delegate. When the provision of methadone has been entrusted to a delegate, the accountability and responsibility for the administration of methadone doses continues to rest with the physician.

The role of the pharmacist is to optimize the patient's drug therapy and establish a therapeutic pharmacist-patient relationship with all patients for whom s/he dispenses drugs. The pharmacist must be responsive to prescribed changes in the patient's methadone treatment and able to provide methadone in a timely manner.

The Designated Manager (DM) and all pharmacy staff employ the same respectful, professional approaches and attitudes towards MMT patients as they would toward any other patient of the pharmacy.

## MODELS FOR DISPENSING METHADONE TO PATIENTS FOR THE TREATMENT OF OPIOID DEPENDENCE

The pharmacist prepares individually labeled doses of methadone pursuant to a prescription and diluted in approximately 100mls of a vehicle which does not lend itself to injection (e.g. Tang®) and then the pharmacist either:

1. Dispenses to patients in a pharmacy accredited by OCP pursuant to the DPRA;
2. Transfers doses in a secure manner to a physician or his/her delegate for custody of and administration to patients; or
3. Takes the doses to the patient at the treatment location and observes the ingestion by the patient.

For the purposes of dispensing methadone in a pharmacy, the pharmacy may be physically located in the treatment location. If the pharmacy is not open seven days a week, pharmacists may open the pharmacy for a restricted time or collaborate with a hospital or another pharmacy to provide weekend access to patients requiring daily doses.

## COLLABORATION AND SEAMLESS CARE

Collaboration and regular communication between pharmacists and prescribers and other members of the MMT team have an important positive impact on patient care and safety. In order to ensure safe and uninterrupted treatment, pharmacists must communicate and collaborate intra-professionally with other pharmacists during their patients' transitions into or out of institutions and when patients change pharmacies.

## PATIENT AGREEMENT

A pharmacy – patient agreement is required for patients treated for MMT. Template agreements may be found in “Methadone Maintenance: A Pharmacist’s Guide to Treatment” from the Centre for Addiction and Mental Health (CAMH). Issues to be addressed in agreement may include:

- Expectations of all parties (i.e. pharmacy/clinic hours of operation, consequences of inappropriate behaviour of patient);
- Patient’s consent to access and share personal health information with other health professionals involved in their care;
- Notice to the patient that methadone dose will be withheld if the patient appears to be intoxicated or under the influence of other substances;
- Patient’s consent to provide identification, if requested, when picking up their medication; and
- Notice to the patient that missed, lost, stolen or wasted doses will not be replaced without a prescription.

The agreement should be in place for the duration of treatment unless circumstances require a re-evaluation of the document. The agreement must be re-signed where a pharmacy makes substantial changes to policies or procedures regarding methadone.

## REQUIREMENTS FOR DISPENSING METHADONE IN A PHARMACY

### 1. WRITTEN PRESCRIPTION FOR METHADONE

A prescription written by an exempted prescriber is required. The CPSO or Office of Controlled Substances (Health Canada) can confirm that the prescriber has the

appropriate methadone exemption (i.e. MMT or pain).

### 2. PREPARATION OF METHADONE

The methadone is prepared in a manner and form required for dispensing to a patient in accordance with the:

- CAMH guidelines: *Methadone Maintenance: A Pharmacist’s Guide to Treatment*;
- Prescriber’s instructions;
- Standards of Practice;
- *Drug and Pharmacies Regulations Act and Regulations*; and
- Narcotic Control Regulations.

#### 2.1 PREPARATION OF STOCK SOLUTION

When preparing a methadone stock solution, a bulk-compounding log file must be maintained which includes:

- The date prepared;
- Name (printed) and signature of pharmacist and technician responsible for preparing the stock solution;
- The concentration of stock solution;
- Quantity and lot number of methadone used; and
- Final quantity of stock solution prepared.

The label on stock solution bottles must be distinct and easily identified from other bottles. For safety reasons, it is recommended that whenever possible, the pharmacy stocks only one concentration of methadone solution. To prevent bacterial growth, stock solutions made without preservatives should be refrigerated and stored in light-resistant glass containers for no longer than 2 weeks.

#### 2.2 PREPARATION OF FINAL DOSAGE FORM

Daily doses of methadone (drink and carries) must be diluted and

dispensed in approximately 100 mL of a vehicle that does not lend itself to injection such as orange flavoured Tang® or another suitable drink.

The use of an appropriate measuring device, such as a measuring pump, to ensure accuracy of dilution is strongly recommended. Syringes may have an error rate of up to 10%. The use of graduated cylinders is not recommended.

Methadone solution for carries must be dispensed with child-proof safety caps.

### 2.3 LABELING

Labels on all dispensed methadone must be in accordance with the DPR, section 156. In addition the label of each unit dose of methadone, i.e. drink or carry, must include:

- The total dose in mg of methadone contained in the bottle;
- The date for ingestion for carries;
- “Keep refrigerated” auxiliary label for carries
- A notation: “Drink entire contents of bottle” and
- One of the following auxiliary labels must be used:
  - Methadone may cause serious harm to someone other than the intended patient. Not to be used by anyone other than the patient for whom it was intended. MAY BE FATAL TO CHILD OR ADULT.
  - Methadone may cause serious harm to someone other than the intended patient. MAY BE FATAL TO CHILD OR ADULT.

### 3. TRANSFERRING CUSTODY

When pharmacists transfer custody of individually labeled doses of methadone, to a physician or his/her delegate, the physician or delegate must sign the patient manifest on a daily basis to confirm that they have received each correct dose.

Pharmacists must either directly hand the doses of methadone to the physician or his/her delegate, or use a method of transportation that ensures they are aware of and can track who has had custody of the drug at any given time to ensure safekeeping of the methadone while in transit (i.e. a chain-of-signatures and tamper proof boxes). All methadone must be transported in an accountable and secure manner, as described above, and in such a manner as to avoid extremes in temperature or delays in transport which could compromise the drug.

#### 4. ADMINISTRATION OF METHADONE DOSE

**Refer to *Methadone Maintenance: A Pharmacist's Guide to Treatment (CAMH)***

In all instances, the patient must be positively identified prior to observing the ingestion of methadone. After the daily dose of methadone is prepared, the pharmacist does one of the following:

- Observes the ingestion by the patient in the pharmacy;
- Observes the ingestion of the first dose of the maintenance prescription by the patient in the pharmacy and provides authorized carries to the patient;
- Takes the dose to the patient and observes the ingestion of the dose; or
- Takes the doses to the patient and observes the ingestion of the first dose of the maintenance prescription by the patient and provides authorized carries.

#### 5. DOCUMENTATION

The observation of methadone ingestion is documented daily in the patient record so that it can be determined where each dose of methadone went, for both patient care and auditing purposes. Documentation of methadone

ingestion must include the patient's name, daily dose, date, time and place where the administration was observed. When a physician or delegate administers the methadone, the dispensing pharmacist must be provided with copies of such records daily.

All documentation pertaining to methadone must provide an audit trail and be readily retrievable. This includes but is not limited to, records of compounding, dispensing with a cross-reference to stock solution used, administration, dates, storage conditions and handling.

#### 6. CHANGES IN DOSING

Any new doses or changes of methadone dose require a new prescription.

#### 7. UNUSED DOSES OF METHADONE

Unused individually labeled doses of methadone:

- Remain in the pharmacy and are managed in accordance with applicable laws, standards of practice, and OCP policy (where the patient did not attend the pharmacy for his dose, or where the patient was refused the dose because of safety concerns); or
- Are returned to the pharmacy by the physician or his/her delegate, preferably on a daily basis, signed for upon receipt, entered into the appropriate record, and destroyed in the pharmacy in accordance with applicable laws, standards of practice and OCP policy.

#### 8. DAILY RECONCILIATION (PERTAINS TO TRANSFER OF CUSTODY ONLY)

A daily reconciliation of the methadone dispensed to and received from a treatment location is conducted in such a manner that would allow for immediate detection of any losses or diverted quantities.

#### 9. MAINTAINING PATIENT CONFIDENTIALITY AND PRIVACY

Patient administration of methadone in a pharmacy must be done in an area and manner which ensures patient confidentiality and privacy.

#### INSTITUTIONAL SERVICES

In those instances where a pharmacy provides methadone services to institutions such as long term care facilities, correctional institutions or hospitals, specific policies and procedures consistent with all of the above criteria must be established outlining how methadone is dispensed.

#### REPORTING TO THE COLLEGE

The owner/designated manager of a pharmacy that dispenses methadone for MMT must provide the College with the following information within seven days:

- Notification of the intention to dispense methadone for MMT;
- Whether they are accepting new patients;
- The names of pharmacists who are trained to dispense methadone;
- Hours of operation and days of the week the pharmacy is open, including holidays; and
- Any changes in this status.

#### EDUCATION AND TRAINING

Pharmacists dispensing methadone must be familiar with the principles and guidelines outlined in both the CAMH publication, *Methadone Maintenance: A Pharmacist's Guide to Treatment* and the CPSO Methadone Maintenance Guidelines. The DM must be trained in methadone via the CAMH

Opioid Dependence Treatment (ODT) Course or approved course within six months of beginning a methadone practice. In addition to the DM, within one year, at least one staff pharmacist must complete these training requirements. Training must be updated at a minimum of every 5 years. Ideally all pharmacists providing methadone services should participate in educational training in MMT. It is the DM's responsibility to inform all pharmacists working in a pharmacy, including relief and casual pharmacists, if that pharmacy provides methadone services.

## REQUIRED REFERENCES

Pharmacies dispensing methadone for MMT must maintain as a required reference the most recent edition of:

- Methadone Maintenance: A Pharmacist's Guide to Treatment (CAMH)
- Methadone Maintenance Treatment Standards and Guidelines (CPSO)  
www.cpso.on.ca
- CPSO Policy: Methadone Maintenance Treatment for Opioid Dependence  
www.cpso.on.ca

## OTHER REFERENCES:

- Canadian guideline for safe and effective use of opioids for chronic non-cancer pain <http://national-paincentre.mcmaster.ca/opioid/>
- OPA Pharmacy toolkit for Methadone Dispensing

## APPENDIX

### METHADONE DISPENSING FOR PAIN MANAGEMENT

Patients treated with methadone for pain are categorized in the

following three groups by the College of Physicians and Surgeons of Ontario (CPSO):

1. Group I: Pain patients with no identified risk factors for dependence beyond that found in the general population.
2. Group II: Pain patients with a past or active history of non-opioid drug or alcohol dependence.
3. Group III: Pain patients with concurrent opioid dependence and their pain management should follow as closely as possible to Methadone Maintenance Treatment (MMT) guidelines.

While policy and guidelines for dispensing of methadone for MMT must be strictly adhered to, the treatment of patients categorized as either Group I or II may present unique clinical situations where, for individual patients, with appropriate documentation, practice may vary according to professional judgment. The treatment of Group III patients should follow as closely as possible to MMT policy.

Although, there is no formal training, i.e. CAMH, ODT certification, required for dispensing methadone for pain, pharmacists need to be aware of the requirements regarding methadone. Pharmacists are expected to be familiar with the current Methadone for Pain Guidelines from CPSO. Pharmacists in all practice settings shall verify whether a prescriber holds an exemption to prescribe methadone for either MMT, Pain or both.

The owner/designated manager of a pharmacy that dispenses methadone for either MMT or Pain shall inform the College within seven days. (see MMT Policy)

With the exception of the differences outlined below, the same

principles and policies apply to the compounding and documentation, dispensing, administration and labelling of methadone for both MMT and Pain management.

### FOR GROUPS I AND II:

- Methadone may be dispensed in an aqueous form or as tablets rather than diluted in flavoured drink.
- Observed doses usually will not be necessary and to facilitate self administration, the pharmacist will provide the patient with appropriate measuring device (i.e. oral syringe) with capacity and accuracy to deliver prescribed doses and provide instructions on the use of such devices.
- Labels shall include directions for the frequency of the dosing as prescribed
- When methadone solution is dispensed, pharmacist shall label with expiry date and concentration.

It is important to note that a patient may move from Group II to Group III and back again, over time. Pharmacists may be the first to recognize such a change in status and should document and communicate any evidence or concerns to the physician.

### REQUIRED REFERENCES

- CPSO Methadone for Pain Guidelines  
www.cpso.on.ca

### OTHER REFERENCES

- Canadian Guideline for safe and effective use of opioids for chronic non-cancer pain  
<http://nationalpaincentre.mcmaster.ca> 

# HEALTH CANADA NOTICES

## January 13, 2011

With the United States Food and Drug Administration (FDA) deciding to change dosage requirements for prescription acetaminophen combination products, Health Canada is updating Canadians on steps it is taking to determine if any new action may be needed to protect health and safety in addition to the recent updating of its acetaminophen labelling standard.

Following our communication regarding the Shandex Sales Group's voluntary recall of alcohol swabs manufactured by Triad from the Canadian market, Health Canada is informing Canadians that the drug, COPAXONE®, used in the treatment of Multiple Sclerosis, has been co-packaged in a kit produced by Teva with recalled alcohol prep pads manufactured by Triad.

Health Canada is informing Canadians that the Shandex Sales Group has initiated a voluntary recall of alcohol swabs from the Canadian market. Alcohol swabs are an antiseptic skin cleanser for use prior to injection. The Shandex Sales Group is requesting that wholesalers, pharmacies and other retail locations immediately stop sale of these products.

## January 7, 2011

The product Synerate, manufactured for Strive and distributed by Upper 49th, is being voluntarily recalled from the Canadian market because of the risk of serious, potentially fatal adverse effects from the combination of the ingredients in the product.

## December 20, 2010

Pfizer Canada is voluntarily withdrawing THELIN (siltaxsentan sodium) tablets from the Canadian market due to hepatotoxicity. Prescribers should not issue prescriptions to new patients. Existing THELIN patients should be transitioned safely to appropriate alternative therapy as soon as possible.

## December 17, 2010

Health Canada is advising consumers not to use the following foreign health products due to concerns about possible adverse reactions: Slimming Beauty Bitter Orange Slimming Capsule (Slimming Beauty), Shaguar, Signature Signergy, VIGRX (green capsule), VIGRX (white capsule), VigRx, VigRX Plus, ArimaDex and Clomed.

## December 13, 2010

Certain lots (listed below) of two health products promoted for male sexual enhancement, "Durazest for Men" and "Once More," have been voluntarily recalled by Natural Performance Products Ltd. Health Canada laboratory tests identified the presence of a chemical similar to tadalafil (nortadalafil) in one lot of each product.

## December 10, 2010

Health Canada has been advised that "Flat Stomach Concept Extra" is being voluntarily recalled by Les Produits Naturels Leblanc Inc due to missing label statements related to duration of use, risks and contraindications. Information missing from the label of Flat Stomach, a product contained within the Flat Stomach Concept Extra kit, may result in potential chronic use of aloe, which can lead to bowel dependence, and electrolyte imbalance.

Health Canada is informing Canadians that McNeil Consumer Healthcare (Canada) is voluntarily recalling all lots of ROLAIDS® Ultra Strength SoftChews® and ROLAIDS® Ultra Strength SoftChews® plus Gas Relief from the Canadian market. McNeil is requesting that wholesalers, pharmacies and other retail locations immediately stop sale of this product.

## December 7, 2010

Two separate natural health products labelled as non-dairy, "Probiophilus" and "Cultures de Yogourt 5 Milliards", are being voluntarily recalled from the Canadian market by Les Importations Herbasanté Inc. and Bio-Dis Inc. respectively because they may contain trace amounts of milk protein from dairy ingredients used in the production process.

## December 1, 2010

"Fat Burner No. 1" (labelled in Chinese characters translated as "Qian Mei Yin Zi", an unauthorized Chinese herbal weight loss medicine, is being voluntarily recalled by Ying Tai TCM Supplying Ltd. after Health Canada lab tests revealed the product contains two pharmaceutical ingredients that are not declared on the label and that may pose serious health risks: a chemical similar to sibutramine (N,N- didesmethylsibutramine), and sildenafil. Sibutramine is no longer authorized for sale in Canada while sildenafil is a prescription drug and should only be used under the supervision of a healthcare practitioner.

Paladin Labs Inc. in collaboration with Health Canada would like to inform healthcare professionals of the voluntary recall and withdrawal of the opioid analgesic Darvon-N (dextropropoxyphene) in Canada.

Health Canada is advising consumers not to use the following foreign health products due to concerns about possible adverse reactions: Goya-Bitter Melon - Miyura Fit'x Capsules, MasXtreme, Mr. Magic Male Enhancer from Don Wands, So Hard for Men - Pulse8 for Women - The Rock - Tonic 66, Solo Slim Extra Strength - Revivexxx Extra Strength and TimeOut.

## November 24, 2010

Health Canada is informing Canadians that McNeil Consumer Healthcare (Canada) is conducting a voluntary recall of

Children's Benadryl Allergy Meltaways tablets sold in Canada. McNeil is requesting that wholesalers and pharmacies immediately stop sale of this product.

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#### November 23, 2010

Health Canada is advising consumers not to use the following foreign health products due to concerns about possible adverse reactions: Amana Care Seven Slim Herbal Capsules, Arrow Brand Medicated Oil & Embrocation, Beijing 101 Hair Consultants: Hair Growth Formula D-2653-Band Hair Growth Tonic E-0583-D and 101 Zhangguang: Gold 101 Super Effective Hair Growth Agent, Fabao 101D Doctor Zhao's Chinese Traditional Herbal Hair Care Formula.

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#### November 19, 2010

Further to a Health Canada assessment of recent data collected from the literature suggesting an elevated risk of cardiovascular events in patients with type 2 diabetes treated with AVANDIA, there are new usage restrictions on rosiglitazone-containing products.

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#### November 4, 2010

Health Canada is informing Canadians about the potential dangers of buying prescription drugs online from the following websites: [www.northdrugmart.com](http://www.northdrugmart.com), [www.northdrugstore.com](http://www.northdrugstore.com) and [www.pharmacyrxworld.com](http://www.pharmacyrxworld.com). Health Canada has identified prescription drugs for sale on these websites that have not been authorized for sale in Canada.

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#### November 2, 2010

This risk communication informs health care professionals and the Canadian public about the need for health care professionals to perform electrocardiogram monitoring of patients during treatment with ritonavir-boosted INVIRASE, an antiretroviral agent.

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#### November 1, 2010

Emo-Cort (hydrocortisone) 2.5% Lotion (Lot 5R6), indicated for the treatment of skin irritations such as eczema, was recalled as it was found to contain the mould, *Paecilomyces variotii*. Recall to the consumer level was initiated for the affected lot of this product.

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Hyland's Homeopathic Canada (Hyland's), a division of Standard Homeopathic Company, in consultation with Health Canada, is voluntarily recalling its Hyland's Teething Tablets from the Canadian market because they may pose a risk to children, according to U.S. Food and Drug Administration (FDA) testing.

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#### October 22, 2010

Smiths Medical is conducting a voluntary recall of a limited number of Level 1 Normothermic IV Fluid Administration Sets (Product Codes D-60 HL and DI-60 HL). Some of the heat exchanger assemblies in these sets may not fit into Level 1 Fast Flow Fluid Warmers, making the sets unusable. This could potentially result in serious injury.

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#### October 18, 2010

The Canadian Product Monograph for Innohep (tinzaparin sodium) has been updated to include the results of the IRIS (Innohep in Renal Insufficiency Study) study which showed an increased risk of death in elderly patients with kidney impairment receiving Innohep.

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#### October 17, 2010

Novartis in collaboration with Health Canada, is notifying healthcare professionals and the public of reports of renal impairment and renal failure requiring dialysis or with fatal outcome that occurred in patients with history of renal impairment or other risk factors receiving ACLASTA (zoledronic acid).

.....  
Health Canada is informing healthcare professionals and Canadians of an ongoing safety review of a group of drugs known as bisphosphonates and a possible increased risk of a rare but serious type of thigh bone fracture.

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#### October 13 2010

A rare manufacturing defect involving Pegetron Redipen has the potential to compromise sterility and lead to injection site infection. This creates a supply shortage. The risk of stopping therapy is considered more serious than that of an injection site infection.

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#### October 8, 2010

Health Canada is informing healthcare practitioners and Canadians that Abbott Laboratories is voluntarily withdrawing the prescription weight-loss drug sibutramine, which is marketed under the brand name Meridia®, from the Canadian market.

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#### October 5, 2010

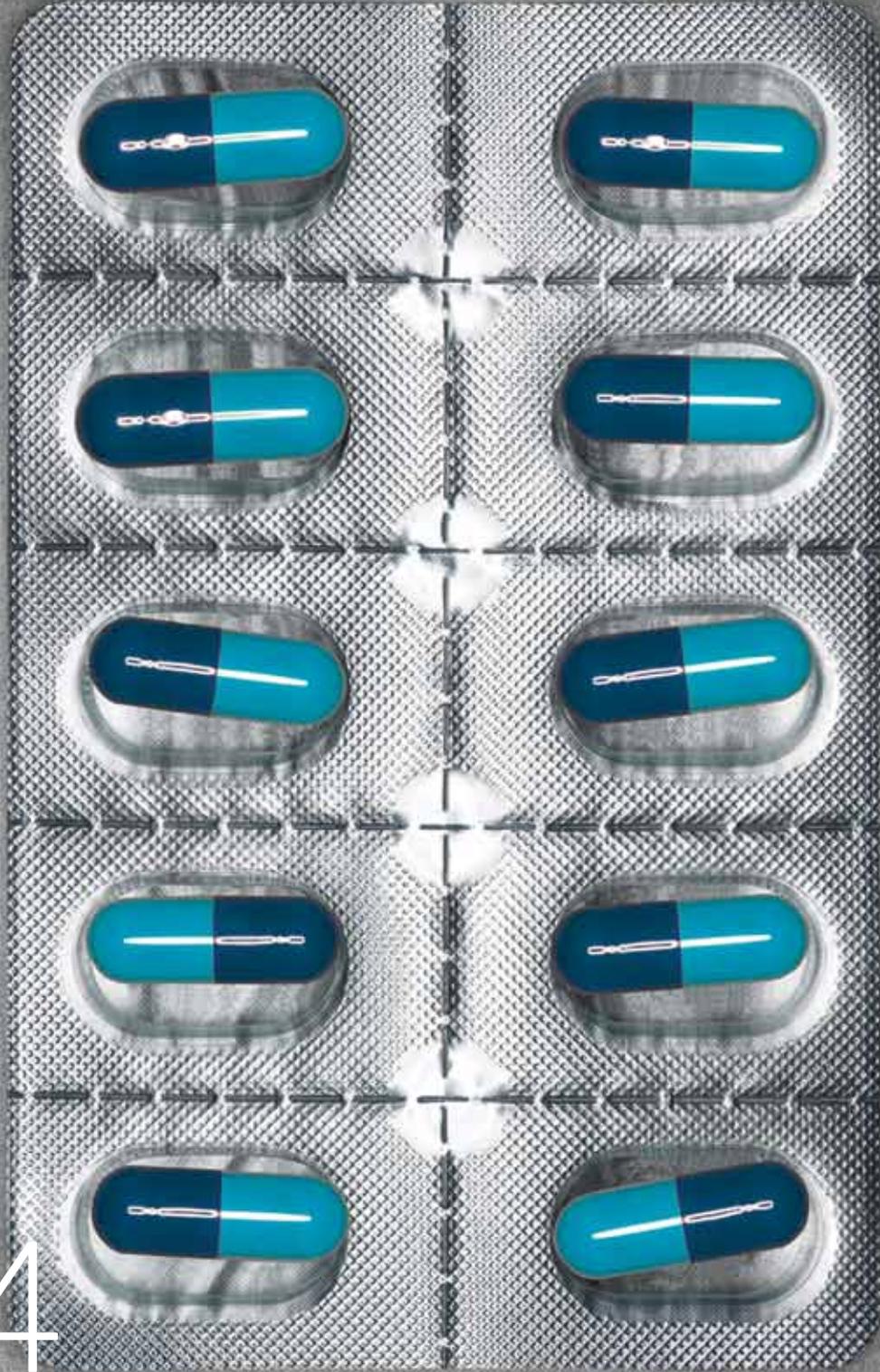
Health Canada is informing Canadians that it is conducting an ongoing review of the benefits and risks associated with taking calcium supplements.

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

MedEffect e-Notice is the new name which replaces Health Canada's Health\_Prod\_Info mailing list. The content of the e-notices you receive will remain the same and are now part of MedEffect, a new Health Canada Web site dedicated to adverse reaction information. MedEffect can be visited at [www.hc-sc.gc.ca/dhp-mps/medeff/index\\_e.html](http://www.hc-sc.gc.ca/dhp-mps/medeff/index_e.html)

Health Canada Notices are also linked under "Notices" on the OCP website: [www.ocpinfo.com](http://www.ocpinfo.com)

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# COMPLIANCE PACKAGING

## ISSUES AND CONSIDERATIONS PART II

By Brian Hack, BSc., Compliance Officer  
and Jessie Dufour, R.Ph., Inspector

**IN THE JULY-AUGUST ISSUE OF PHARMACY CONNECTION, WE PUBLISHED AN ARTICLE DISCUSSING THE ADHERENCE TO LABELLING AND RECORD KEEPING REQUIREMENTS ASSOCIATED WITH DISPENSING MEDICATION IN COMPLIANCE PACKAGING.**

This article focuses on developing a comprehensive compliance program that utilizes defined treatment objectives, professional collaboration and compliance monitoring to achieve and document positive patient outcomes.

The rationale behind dispensing medications in compliance packaging is to assist patients with self administration of their medication. Compliance packaging is one tool that can be used in treating certain disease states, addressing cognitive impairment and/or managing a large number of medications. In all cases, the basic objective is to achieve adherence to a prescribed administration schedule. Meeting this objective will benefit patient well-being and reduce costs to the health care system. The pharmacist as an effective, front line health care provider, has an important role to play.

The potential benefits of development and implementation of a compliance program include:

- effective treatment of a condition(s)
- establishing optimal dosing
- incorporation of all medications (prescription and non-prescription)
- more effective communications between health professionals and patients
- providing clarity and transparency of treatment expectations and objectives of the program. Opportunity to define and document outcome indicators and benefits

- maximizing drug utilization while minimizing waste
- simplifying compliance with labelling and record keeping requirements
- minimizing need to consult physician for routine administrative matters
- appropriate handling and disposal of confidential material

**DEFINING OBJECTIVES AND INDICATORS OF THE COMPLIANCE PROGRAM:**

It is important to define the program objectives and indicators to enable the pharmacy to demonstrate the impact on the patient's condition(s), document the value and effectiveness of the compliance program and decide whether other actions are indicated. Program objectives and related indicators can be determined based on the circumstances that prompted the need for compliance packaging.

**INTRODUCING A PATIENT TO A COMPLIANCE PROGRAM:**

When first introducing compliance packaging as an option, it is beneficial to have a discussion with the patient/agent about the potential benefits and to explain some of the safety concerns. This discussion may be initiated at the time of a medication review (e.g. Meds-Check).

Two items which should be discussed are:

- Some medications may require dosage adjustment as the dose originally prescribed was based on inconsistent ingestion. Discuss potential signs and symptoms that indicate that a dose adjustment may be needed, when/how to notify the pharmacist of any problems and how any dose modifications or new medications will be managed.
- As compliance packs are not considered "child safe", it is

advisable to store them in a secure location (to children, some packs may look like candy).

A "take back" component may be started in which the pharmacy collects the old pack when providing the new one. This will allow the pharmacist an opportunity to assess compliance as well as control over the safe disposal of unused medication and confidential health records.

The dispensing of medications in compliance packs, by itself, does not ensure adherence. An effective program also requires regular communication with the primary treating physician, the patient and any agents to ensure that treatment indicators are being met and outcomes achieved. Evaluate your compliance program regularly. It should be comprehensive yet easy to follow for everyone involved. **R**

| OBJECTIVE                       | POTENTIAL INDICATOR  |
|---------------------------------|--|
| Assisting with non-compliance   | <ul style="list-style-type: none"> <li>• number of weeks with stabilized dosage</li> <li>• time frame required for patient to achieve a stabilized dose</li> <li>• patient/agent or physician feedback</li> </ul>  |
| Managing a disease state        | <ul style="list-style-type: none"> <li>• control/stabilization of disease state</li> <li>• number of dose changes made</li> <li>• feedback from MD and patient/agent</li> </ul>  |
| Addressing cognitive impairment | <ul style="list-style-type: none"> <li>• frequency of refills of prn meds</li> <li>• time that patient remains independent</li> <li>• time spent or frequency of necessary communication with patient/agent</li> <li>• number of interventions due to compliance monitoring</li> <li>• change to number of days supply provided</li> <li>• patient/agent feedback</li> </ul> |
| Documenting collaboration       | <ul style="list-style-type: none"> <li>• attaining access to patient test results from physician</li> <li>• number of instances requiring contact with physician</li> </ul>  |

# A STUDENT'S PERSPECTIVE

## UNIVERSITY OF WATERLOO STUDENT DIANA MOURAO SHARES HER EXPERIENCE OF WORKING AT THE COLLEGE LAST FALL.

### WHAT KIND OF PROJECT(S) DID YOU WORK ON AT THE COLLEGE DURING YOUR TERM?

I had the opportunity to work on several projects in different departments of the College. My main project was within Professional Practice where I helped in developing documents to support the regulations for the expanded scope of practice. I assisted in developing lists of proposed laboratory tests that pharmacists may order and proposed substances to be administered by injection or inhalation for the purposes of education and demonstration. This involved researching the different laboratory tests and drugs as well as reviewing member feedback and developing rationale to support these lists. I also worked on smaller projects that consisted of researching legislation and policies from different regulated health professions in Ontario as well as other pharmacy colleges in Canada. I have also been involved in categorizing queries for a Knowledge Base that is being developed by the Pharmacy Practice department. I also helped in developing a database for the Investigations and Resolutions department and analyzed data for the Quality Assurance department.

### WHAT WAS YOUR FAVOURITE PART ABOUT WORKING AT THE COLLEGE?

With the practice of pharmacy undergoing many changes at the

moment, I have enjoyed having the opportunity to contribute to the immense work that the College is undertaking to realize these changes. It was also a pleasure to be part of a team with such welcoming and encouraging people. They have made my term thoroughly enjoyable.

### WHAT WAS THE MOST IMPORTANT THING YOU LEARNED DURING YOUR TERM?

Through this experience I have been able to see how the College functions in regulating the profession of pharmacy. Working at the College, I have been able to see firsthand the amount of work that is required in moving the profession forward. I have also come to understand the role OCP plays in providing support for its members. This experience has taught me that the role of the College is to regulate the profession and provide guidance to pharmacists while keeping public safety in mind.

### DID ANYTHING SURPRISE YOU ABOUT WORKING AT THE COLLEGE?

I was surprised by the highly collaborative environment. It was really interesting to see how each of the different departments worked together and how the College works in partnership with other regulatory colleges. It was also very interesting to see the degree to which members are involved with the College.



Diana Mourao

### HOW DO YOU THINK YOUR EXPERIENCE WILL HELP YOU IN YOUR STUDIES?

The knowledge that I have gained over my term at the College is invaluable. I feel that this experience has instilled in me a deeper understanding of pharmacy practice. During my term, I had the opportunity to shadow an inspector for a day and attend a discipline hearing. This has furthered my knowledge of the legislation and Standards of Practice which will be necessary in my studies and my future practice as a pharmacist and has certainly prepared me for the jurisprudence exam. I also think the work I have done on the expanded scope of practice has allowed me the advantage of being one step ahead of the class. I am very grateful for having had the opportunity to work at the College and I am looking forward to being involved with the College in the future. **PE**

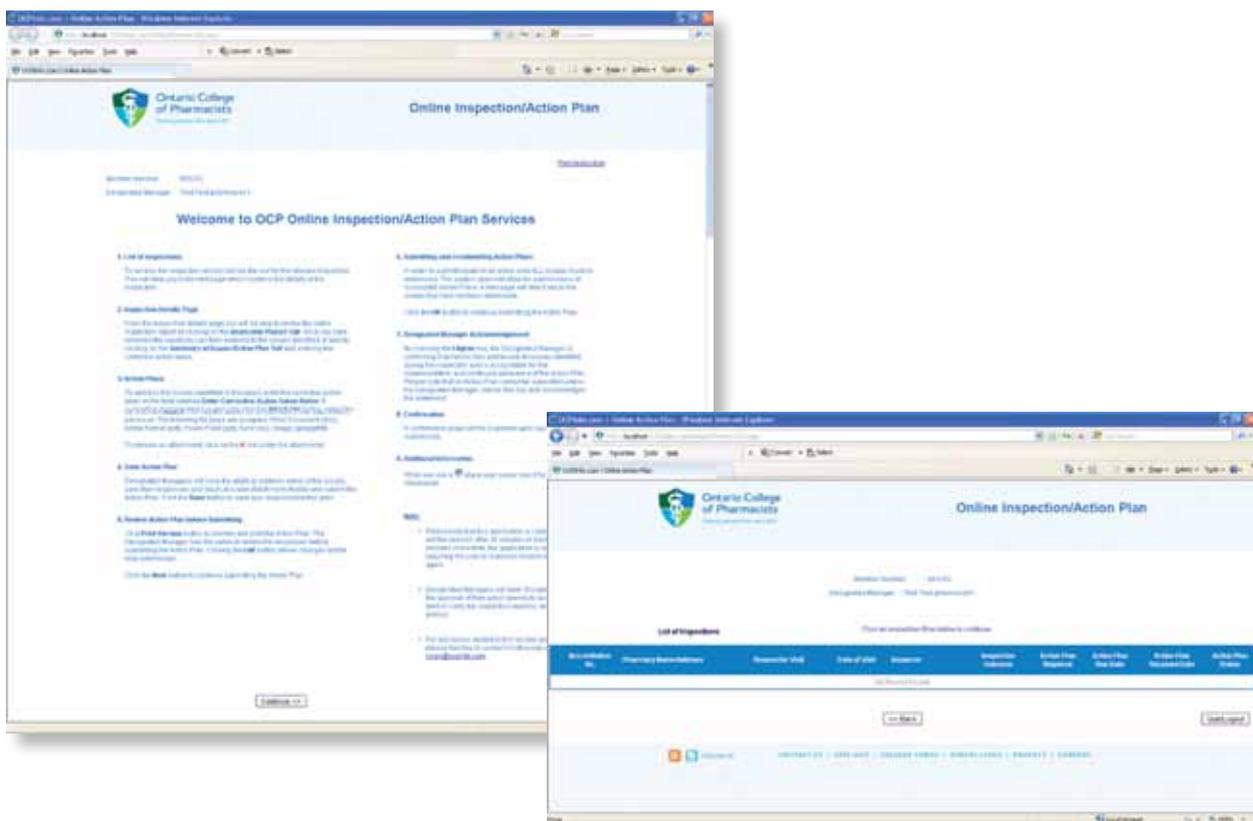
# ACTION PLANS MOVE ONLINE

## WEB-BASED SYSTEM IMPROVES EFFICIENCY AND CONSISTENCY

By Nadia Sutcliffe, R.Ph., Inspector

The rapid pace of technology has had an effect on virtually every aspect of pharmacy practice. Where once patient records were kept manually they are now stored in sophisticated databases; where labels were hand typed, they are now computer generated. In fact, virtually all of the pharmacist's work, from record keeping to claims submissions, is done online. OCP has been a leader among regulatory health colleges in using technology to improve online processes, from online membership and pharmacy accreditation renewal, to web-based professional development.

Now, the College can add Online Action Plans to these initiatives. In August 2010, OCP began piloting a web-based format in which designated managers (DMs ) could view recommendations and complete action plans online. Prior to this new system, OCP would send a notice to the pharmacy informing the DM that an inspection would take place within six months. Now, the inspector sends an e-mail directly to the DM instead of a letter. At the inspection, a report is completed on the inspector's computer, for the pharmacist on site to review. At the conclusion of the inspection, an e-mail is sent to the DM informing him or her that the inspection has taken place. The e-mail contains a link where the report can be accessed.



The DM will be able to access a 'Summary of Issues/Action Plan' within the report and provide responses to specific action items. Supportive documents can be scanned and included in this section. The action plan does not have to be completed in one session. It can be saved and the DM can log out and come back to complete it at another time. It is important that the DM save the entry periodically as the session automatically times out after one hour of inactivity.

The online Action Plan provides

many opportunities for editing and review before submission. At the conclusion of the report, the DM will be asked to acknowledge that all the issues identified have been addressed and to accept responsibility for the implementation and continued adherence to the Action Plan. This acknowledgement replaces the 'signature' which was previously required when submitting the plan by fax or mail.

The DM will be informed by e-mail if the submission is not satisfactory and given links to complete the

report as necessary. Once the inspector is satisfied that all the issues are adequately addressed, the report will be concluded and a confirmation will be sent. The report will be available for viewing or printing for 30 days following the conclusion of the report.

Inspectors look forward to working with DMs on this new process for Action Plans and OCP would like to thank everyone who helped pilot and test this new initiative. 

# DISCIPLINE DECISIONS

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## PHARMACY PRACTICE AND DISPENSING ISSUES, INCLUDING MANAGEMENT OF A PHARMACY OPERATION.

**Member:** Sangita Sharma  
**Pharmacy:** Torbram Pharmacy  
**Hearing Date:** October 25, 2010

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### FACTS

This case proceeded by way of Agreed Statement of Facts and Joint Submission on Penalty. The allegations of professional misconduct against Ms. Sharma (the "Member") and Torbram Pharmacy (the "Pharmacy") were set out in two separate Notices of Hearing and related to pharmacy practice and dispensing issues, including the management of a pharmacy operation. The Member pled guilty to one allegation of professional misconduct against the Pharmacy as follows:

- Establishing and operating a pharmacy (of which the Member was a director and to which Certificate of Accreditation No. 40948 was issued) in contravention of the Act or the regulations, and in particular, sections 150 and/or 156 of the Drug and Pharmacies Regulation Act, R.S.O. 1990, c.H.4, as amended, and/or section 59 of Regulation 551, R.R.O. 1990, as amended.

The Member pled guilty to four allegations of professional misconduct against her personally as follows:

- Failing to maintain a standard of practice of the profession;
- Failing to keep records as required respecting the Member's patients;
- Contravening the Act, the *Drug and Pharmacies Regulation Act*, the *Regulated Health Professions Act, 1991*, or the regulations under those Acts, and in particular, sections 150 and/or 156 of the *Drug and Pharmacies Regulation Act*, R.S.O. 1990, c. H-4, as amended, and/or section 59 of *Regulation 551*. R.R.O. 1990, 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 July 7, 1992. At the time of the incidents resulting in her and the Pharmacy's referral to Discipline, she was the sole director and a joint shareholder of the numbered company that owns the Pharmacy. During the periods June 2003 to December 2005 and December 2007 to February 2009, the Member was the Pharmacy's Designated Manager. After naming a replacement Designated Manager in February 2009, she resumed the position of Designated Manager in April 2009.

The Member was referred to the Discipline Committee on two previous occasions. In April 1999, the Discipline Committee found the Member (then known as Yesica Shewakramani) guilty of professional misconduct in relation to dispensing an expired product and a drug product whose brand and strength were not accurately documented. The Discipline Committee issued a penalty order comprised of a recorded reprimand, a fine of \$2,000.00 and two inspections of her practice to be conducted within 18 months.

Additionally, at a hearing on February 28, 2006, the Discipline Committee found the Member guilty of professional misconduct

in both her personal capacity and in her capacity as shareholder of the corporation to which the Pharmacy's Certificate of Accreditation had been issued. The penalty order of the Discipline Committee included, amongst other things, an unannounced inspection of the Pharmacy within 24 months.

The facts that formed the basis of the allegations of professional misconduct in the current case initially came to the attention of the College through information that emerged during inspections and re-inspections of the Pharmacy that were conducted in 2007 and 2008 pursuant to the Order of the Discipline Committee dated February 28, 2006. Deficiencies in the Member's practice were noted during the inspection process, resulting in a referral of allegations of misconduct in the operation of a pharmacy to the Discipline Committee by the Accreditation Committee ("AC Referral"). A subsequent investigation by the College gave rise to additional allegations of professional misconduct against the Member that were referred to the Discipline Committee by the Executive Committee ("EC Referral").

### CURRENT ACCREDITATION COMMITTEE REFERRAL

On August 1, 2007, a College inspector attended at the Pharmacy to conduct an unannounced inspection, in accordance with the Discipline Committee's penalty order dated February 28, 2006. A review of the Pharmacy's records indicated that the Member had

dispensed five prescriptions, each of which contained instructions for use that were not consistent with the prescribed instructions for use. On January 2, 2008, a College inspector attended at the Pharmacy to conduct a Level II inspection. A review of the Pharmacy's records indicated that the Member had dispensed nine prescriptions, each of which contained instructions for use that were not consistent with the prescribed instructions for use.

On March 19, 2008, the Accreditation Committee met to review the results of the Level I and II inspections. As a result of the Committee's concerns that labelling errors continued to be an issue in the Pharmacy's practice, it directed that a Level III inspection be conducted. On April 21, 2008, a College inspector attended at the Pharmacy to conduct a Level III inspection. In his report to the Accreditation Committee, the inspector noted that while prescription labelling had improved, two labelling deficiencies had remained.

On June 2, 2008, the Accreditation Committee referred the matters to the Discipline Committee based on its concerns about the Pharmacy's inspection history and its continuing failure to comply with the provisions of the *Drug and Pharmacies Regulation Act*.

### CURRENT EXECUTIVE COMMITTEE REFERRAL

On July 23, 2008, the Executive Committee approved the appointment of College investigators to inquire into and examine the Member's practice. The investigator

attended at the Pharmacy on December 8, 2008 to review pharmacy records and to retrieve additional records, including prescriptions and prescription hardcopies, for off-site review. The following three practice issues were identified during the investigation: labelling errors; prescription discrepancies; and, documentation of dialogue on initial prescriptions.

With respect to the labelling errors, the investigator examined 10 prescriptions that were filled and available for pickup by patients. One of these prescriptions bore a label identifying Apo-Fluoxetine 20mg, but the vial actually contained the Ratio brand of fluoxetine 20mg. The Member told the investigator that the Ratio brand had been dispensed because Apo-Fluoxetine was on back order and that staff filled prescriptions with an interchangeable product as a time-saving measure that, according to her, did not give rise to patient harm.

With respect to the prescription discrepancies, the investigator also reviewed 730 prescriptions and prescription hardcopies that had been processed in November and December 2008. Discrepancies were identified in relation to 41 prescriptions that had been dispensed by the Member, including errors concerning the medication dispensed, the quantity dispensed, the instructions for use, the physician information, as well as unsigned prescription hardcopies. The investigator also identified 15 prescription hardcopies containing handwritten corrections to the instructions for use or the physician

information. The Member explained that prescription records for medications she already dispensed to patients are checked prior to filing. The Member was unable to adequately explain how these errors, detected and corrected after patients had picked up their prescriptions, were communicated to the patients.

Finally, with respect to the Member's failure to document dialogue on initial prescriptions, the investigator examined 256 initial prescriptions and noted 64 instances of incomplete or otherwise inadequate documentation of dialogue that failed to meet the requirements of Operational Component 4.3 of the Standards of Practice. A number of the prescription hardcopies that documented counselling to the patient were associated with medications that had been dispensed for young children. Numerous prescription hardcopies failed to identify the date the dialogue had occurred and the identity of the pharmacist who provided the dialogue.

## DECISION AND REASONS

The Panel noted that in isolation the case would appear as a straightforward one involving administrative issues such as labelling and record keeping. However, the Panel was of the view that when one inserted this case along a timeline that dated back to 1999, it was clear that the allegations of professional misconduct against the Member illustrated a persistent pattern of serious pharmacy practice issues that have been continually repeated over a prolonged period of time.

Notably, this pattern included a prior discipline order (February 28, 2006) for substantially similar misconduct.

The Panel went on to observe that the Member's past practice revealed that she had been unable or incapable of correcting her prior efforts. This led the Panel to question why it should believe her standard of practice was going to improve following this disciplinary finding and this penalty Order. The Panel could not comprehend how the Member failed to improve her pharmacy practice following the 2006 Order, noting that the consequences of her prior behaviour could have been incredibly detrimental to her clients. While the facts supporting the allegations of professional misconduct could be dismissed by some as 'administrative' in nature without any real risk of harm, the Panel underscored that it did not see the facts that way as the risk of harm to the public in this case was enormous and highlighted a number of scenarios which could have resulted because of the Member's misconduct.

The Panel queried, given all of the above, why the Member should be given an additional chance, observing that the Member had notice of her pharmacy practice issues since 1999. The Panel noted that there had been no marked improvement of the Member's practice from what the record reflected. While the Member's counsel had submitted that the Member has a very busy and growing practice and that this contributed to the problems experienced by the Member, and while the Panel accepted that the

Member was not using this as an excuse, the Panel believed the dynamic nature of her practice only underscored how important and critical pharmacy management initiatives were to catch the types of problems that led the Member to be before the Discipline Committee once again.

In accepting the Joint Submission on Penalty, the Panel noted it had been hard on the Member in light of the fact that the Panel intended to send a direct message to the profession to never take the mechanical aspects of pharmacy practice for granted. The Panel concluded by stating that procedures and protocol are in place for a very serious and preventative purpose, and this must never be lost on practicing pharmacists in Ontario.

## ORDER

The Panel imposed a penalty which included:

- a reprimand;
- terms, conditions and limitations on the Member's certificate of registration as follows:
  - that the Member successfully completes, at her own expense, the Root Cause Analysis seminar offered by the Institute for Safe Medication Practices;
  - that the Member retain Ms. Vivian Maxwell no later than February 23, 2011 to act as
- that the Member's practice be monitored by the College by way of inspections as deemed appropriate by the College during the 24 month period following the end of the suspension, with the Member to reimburse the College \$600.00 for each visit to a maximum of 4 visits in total; and
- that the Member is prohibited from acting as a Designated Manager in any pharmacy for a period of 5 years, with any pharmacy she owns or operates to be managed only by a Designated Manager approved by the College.
- The Member is to serve a 6 month suspension, with two months to be remitted upon successful completion of the remedial training and mentoring program noted above;

a practice mentor (or other person acceptable to the College, if Ms. Maxwell is unable to act) to attend her place of practice for the purpose of reviewing the Member's practice with her, identifying areas in the Member's practice that require remediation, developing a learning plan to address these areas, monitoring the Member's progress in meeting the goals established in the learning plan, and reporting the results to the Manager, Investigations and Resolutions at the College, at the completion of the mentoring program;

- The Member is to pay costs to the College in the amount of \$10,000.

## REPRIMAND

The Panel opened by stating that it was very concerned that the Member was once again before the Discipline Committee; moreover, it was even more concerning and disappointing that the Member continued to fail to meet the very basic standards of practice, despite all previous remedial measures. The Panel reminded the Member that as a designated manager, her responsibility was to uphold College regulations and standards, which are put in place to ensure patient safety and protection. The Panel noted that to say that none of the errors resulted in harm to patients was an irresponsible statement that was only cause for more concern as any of the Member's errors could have resulted in serious harm and danger. The Panel concluded the Reprimand by expressing the hope that the Member would take this chance very seriously as the public and profession would expect revocation of the Member's license should the misconduct happen again. 📄

# REPORT ON TECHNOLOGY:

IN EVERY ISSUE OF PHARMACY CONNECTION, WE REPORT TO YOU SOME OF THE WAYS THE COLLEGE EMBRACES TECHNOLOGY AND INNOVATION IN OUR EVERY DAY WORK.

## PHARMACY ACCREDITATION MOVES ONLINE

As reported on page 25, beginning in 2011, Pharmacy Accreditation is offered exclusively online. This web-based process is similar to that for member renewal and is the first step in bringing many pharmacy transactions online.

## ONLINE ACTION PLAN

This issue of Pharmacy Connection describes the College's new online action plans for pharmacies, developed in response to requests from members for a more streamlined process that allows for consistency of information. See page 38 for details.

## PHARMACY TECHNICIAN REGISTRATION – NOW OPEN

From application to registration, all processes for our newest class of member are offered online. If you are a pharmacy technician ready to be registered, log on today and join the more than 140 individuals who have already registered.

### REMINDER:

Please ensure the College has your most up-to-date e-mail address and that you add OCP as a trusted recipient in your e-mail program.

# OCP THANKS OUR 2010 PRECEPTORS

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## **VOLUNTEER PRECEPTORS PROVIDE KEY LEARNING FOR NEW PHARMACISTS**

**EACH YEAR, THE COLLEGE INVITES PHARMACISTS TO SERVE AS PRECEPTORS IN THE STRUCTURED PRACTICAL TRAINING (SPT) PROGRAM. THESE PHARMACISTS WELCOME PHARMACY STUDENTS, INTERNS OR PHARMACY TECHNICIAN APPLICANTS (PTA) TO THEIR PHARMACY TEAM, AND IN DOING SO, CONTINUE THE TRADITION OF SHARING TIME, EXPERIENCE AND ENTHUSIASM FOR THE PROFESSION WITH A FUTURE COLLEAGUE.**

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

PTAs found the activities relevant to their practice. Many of their preceptors found the rotation was a learning experience for both of them, and recognized that registering technicians will enable pharmacists to be better prepared for an expanded scope of practice.

### **2010 HIGHLIGHTS**

This year, OCP piloted the SPT program for Pharmacy Technician Applicants (PTAs). Recent graduates of Canadian-accredited pharmacy technician programs were included in the pilot group. Like students and interns, PTAs complete activities at their training site that are based on the NAPRA Entry to Practice competencies. However, PTAs and their preceptors documented and reviewed the activities completed by the PTA, and completed their assessments and evaluations using the entirely paperless, on-line Training Portal. Feedback from the preceptors and PTAs was instrumental in enhancing the Training Portal.

## “I AM EXPOSED TO THE REAL PRACTICE SETTING VS. THE CLASSROOM THEORETICAL APPLICATIONS... I HAVE ENJOYED STUDENTSHIP.”

– PHARMACY STUDENT

Nearly 500 pharmacists attended one of 28 preceptor workshops across the province. The one-day workshops were offered in Burlington, London, Ottawa and Toronto. Fourteen Orientation Workshops were held for both first-time and past preceptors whose eligibility had expired. An OCP registration advisor and an experienced preceptor facilitate these workshops in which the goals of the SPT program, and the role and responsibilities of a preceptor are reviewed. The pharmacists learn how to set expectations, motivate students and interns, facilitate practice opportunities, and provide feedback and assessment.

Seven Advanced Workshops were held for continuing preceptors who last attended a workshop more than three years ago. The Advanced Workshops provide an opportunity for preceptors to enhance their teaching and

assessment skills and to share their experiences with other preceptors. Dr. Zubin Austin introduced a new workshop, “Training Program for Preceptors/Mentors of IPGs” that enabled preceptors to identify their preferred learning style and conflict management style.

The workshop by Dr. Lionel Laroche on “Guiding International Pharmacy Graduates to Practise in a Multicultural Pharmacy,” which provides insight into cultural differences and practical skills to guide the training of a diverse population of students continued to be well received. Dr. Lalitha Raman-Wilms’ workshop, “Past, Present & Future of Pharmaceutical Care Practice,” guided preceptors in their review and assessment of pharmaceutical care practice by students and interns. Based on the positive response from preceptors, OCP will continue to offer these workshops in 2011 and explore other ones.

More than 90 pharmacists attended the new orientation workshop for PTA preceptors that was offered eight times this year in various locations across Ontario. This workshop covered the goals of SPT, and the registration process and scope of practice for pharmacy technicians. The independent double check activity that assesses the PTA’s competency in the final check and release of prescriptions was a key focus in the morning portion of the workshop. The afternoon portion of the PTA preceptor

workshop covered material similar to that of the student and intern preceptor orientation workshop. Preceptors currently eligible to supervise students and interns could choose to participate in the morning session only in order to become eligible to supervise PTAs, and were welcome to stay for the entire day as a refresher course.

The practising pharmacists who assist the registration advisors in reviewing the SPT activities submitted to OCP have continued to provide coaching and individualized feedback to students and interns on their activities in a timely manner.

The SPT Internship Manual was updated to facilitate electronic submission of activities and assessments by interns and preceptors. The submission requirements for the internship activities were significantly reduced so that greater onus was on preceptors to assess their intern’s competency, and feedback provided by the SPT reviewers earlier in the rotation could be applied during the internship. Feedback from interns and preceptors helped to further improve the training materials. The SPT Studentship Manual was updated later in the year.

In summary, OCP is very thankful to all of the preceptors, facilitators, presenters, and reviewers for their valuable contributions to the SPT program and to the future of pharmacy!

The dates and topics for Preceptor Workshops in 2011 are posted on the OCP website. If you would like to become a SPT preceptor, please contact Vicky Clayton-Jones by e-mail at [regprograms@ocpinfo.com](mailto:regprograms@ocpinfo.com) or by phone at (416) 962-4861 x 2297 or 1-800-220-1921 x 2297. 



Kenny Tan, 2010 Preceptor

# 2010 PRECEPTORS

## AGINCOURT

Howard So, Rexall Pharma Plus

## AJAX

Lily Canete, Drug Basics  
Elzy George, Zellers Pharmacy  
Kevin Hsu, Pharma Plus  
Haider Jaffry, Costco Pharmacy  
Emad Khalil, Health-Rite Pharmacy  
Asmita Mavadia, Ajax Pickering Health Centre  
Giovanni Spina, Shoppers Drug Mart  
Kaivan Talachian, Costco Pharmacy  
Dileep Tripuraneni, Drugstore Pharmacy

## ALLISTON

Pauline Ramirez, Zellers Pharmacy

## ANCASTER

Joy Boneo, Zellers Pharmacy  
Nikola Mrksic, Shoppers Drug Mart

## ANGUS

Shiva Rohani, Shoppers Drug Mart

## ARNPRIOR

Linda Murphy, Shoppers Drug Mart

## AURORA

George Gunovski, Pharmasave  
Mary Nasrallah, Zellers Pharmacy  
Robert Tran, Wal-Mart Pharmacy

## AYLMER

Ashley Prangle, Shoppers Drug Mart

## BANCROFT

Myron Li, Shoppers Drug Mart

## BARRHAVEN

Bhupesh Gupta, Wal-Mart Pharmacy

## BARRIE

Geoffrey Bostick, Shoppers Drug Mart  
Roselle Carrigan, Pharmasave Allandale  
Stanley D'Souza, Loblaw Pharmacy  
Alireza Goudarzi, Costco Pharmacy  
Kevin MacCarthy, Pharmasave Simcoe  
Sajjad Malik, Kempenfelt Pharmacy  
Marie Miller, Wal-Mart Pharmacy  
Biserka Mitrovski, Shoppers Drug Mart  
Margaret Momborg, Sobeys Pharmacy  
Shamin Rajan, Shoppers Drug Mart  
Cynthia Silvestre, Zellers Pharmacy  
Tracy Wiersema, Shoppers Drug Mart  
Paula Wright, First Medical Pharmacy

## BELLEVILLE

Laura Heath, Quinte Healthcare Corporation  
Malcolm Jones, Shoppers Drug Mart  
Evan Sullivan, Shoppers Drug Mart

## BOBCAYGEON

Magdy Kamar, Village Gate Pharmacy

## BOLTON

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

## BOWMANVILLE

Thomas Oommen, Lakeridge Health

## BRACEBRIDGE

David Corner, Shoppers Drug Mart  
Leo Krahn, Rexall Pharma Plus

## BRAMPTON

Altaf Bhaidu, Pharmasave  
Julie Boctor, Vital RX Pharmacy  
Mukesh Chaudhry, Bramdale Pharmacy  
Kalpesh Chauhan, Shoppers Drug Mart  
Maria Gracia Faustino, Zellers Pharmacy  
Cosimo Fragomeni, Vodden Medical Arts Pharmacy  
Rakhi Goel, Brampton Civic Hospital  
Rania Hanna, Shoppers Drug Mart  
Emad Henein, Bramdale Pharmacy  
James Hernane, Shoppers Drug Mart  
Carolyn Khan, Queen-Lynch Pharmacy  
Mamta Khera, IDA Gore Pharmacy  
Bhavesh Kothari, Ace Pharmacy  
Samuel Messiha, Shoppers Drug Mart  
Amna Mian, Brampton Civic Hospital  
Zulfikarali Nathoo, Sobeys Pharmacy  
Bimalraj Poudyal, Shoppers Drug Mart  
Emad Ragheb, Loblaw Pharmacy  
Nina Riar, Zellers Pharmacy  
Ethel Rizarri, Shoppers Drug Mart  
Naresh Sehdev, Shoppers Drug Mart  
Parvinder Singh, Shoppers Drug Mart  
Joseph Yousef, Sandalwood Pharmacy

## BRANTFORD

Irene Asad, Brantford Medical Pharmacy  
Christine Battiston, Shoppers Drug Mart  
Bruno Bove, Shoppers Drug Mart  
Jennifer D'Souza, The Brantford General Hospital  
Ashley Gambacort, Avenue Pharmacy  
Rashda Rana, Zellers Pharmacy  
Andrew Shi, The Brantford General Hospital

## BROCKVILLE

Carolyn Burpee, Shoppers Drug Mart

## BROOKLIN

Basem Indrawes, Medical Centre Pharmacy

## BURLINGTON

Dorcas Adeoye, Costco Pharmacy  
Marilyn Cousins, Classic Care Pharmacy  
Henryka Endras, Medical Pharmacy  
Nabil Georges, Plains Medical Pharmacy  
Jason Handa, Smartmeds Pharmacy  
Tauseef Hassan, Smartmeds Pharmacy  
Andrew Kim, Pharmacy  
Hana Latal, Innomar Speciality Pharmacy  
Adora Moloughney, Classic Care Pharmacy  
David Pinkus, Shoppers Drug Mart  
Ludmilla Queiroz, Classic Care Pharmacy  
Chee-Kong Shi, Halton Family Pharmasave

Ashraf Shweitar, Wal-Mart Pharmacy

## CALEDONIA

Tajammal Qureshi, Gateway Drug Mart Inc

## CAMBRIDGE

Gurinder Brar, Zellers Pharmacy  
Philip Dongapar, Shoppers Drug Mart  
Rehana Khan, Pharmasave Monarch Pharmacy  
Tamer Matta, Casey's Pharmacy  
Kuvshan Naidoo, Shoppers Drug Mart  
Neil Nussey, Drugstore Pharmacy  
Sanjay Patel, Drugstore Pharmacy  
Satyajeet Rathi, Shoppers Drug Mart  
Gregory Streppel, Langs Pharmacy  
Nhat Tran, Shoppers Drug Mart  
Heather Watts, Pharmacy

## CARLETON PLACE

Esmail Merani, Carleton Place IDA Drugmart  
Ahmed Zaiton, Shoppers Drug Mart

## CARP

Ishak Hana, West Carleton Drug Mart

## CHATHAM

Anne Broeders, Shoppers Drug Mart  
William Butler, Sobeys Pharmacy  
Michael Collovel, Shoppers Drug Mart  
Randy Krieg, Shoppers Drug Mart  
Christopher Mazaris, Shoppers Drug Mart

## CHELMSFORD

Gregory Cummings, Shoppers Drug Mart

## CONCORD

Theresa Rudakas, Glen Shields Pharmacy

## CORNWALL

Maged Botros, Shoppers Drug Mart  
Eric Chan, Wal-Mart Pharmacy  
Joanne Labelle, Shoppers Drug Mart  
Jae Roh, Shoppers Drug Mart  
Akemi Yoshizawa, Cornwall Medical Pharmacy

## DEEP RIVER

Christine Harding, Harding's Pharmacy

## DOWNSVIEW

Ping-Ching Chan, Zellers Pharmacy  
Safwat Khair, The Medicine Shoppe  
Jaymesh Khetia, Shoppers Drug Mart  
Nelson Leung, Shoppers Drug Mart  
Refat Samuel, Jane Centre Pharmacy

## DUNDAS

Dipakrai Mistry, Lee's Dundas Pharmacy

## ETOBICOKE

Mary Abd El Said, Sherway Pharmasave  
Amany Samuel Abdel-Kodos, Drugstore Pharmacy  
Wassim Abdel-Malek, Pharmasave  
Muhammad Ashraf, Zellers Pharmacy  
Nicu Badulescu, Pharmacy 3 Drug & Food  
Sylvia Der-Sahakian, Shoppers Drug Mart  
Ketankumar Kapadia, Shoppers Drug Mart

Emad Mankaruos, Sav-On Drug Mart  
Tery Mardiana, Wal-Mart Pharmacy  
Paresh Mehta, Pharmacy 3 Drug & Food  
Eman Michael, Costco Pharmacy  
Elena Mikhaelian, Costco Pharmacy  
Karen Paterson, Shoppers Drug Mart  
Marko Yacoub, Main Drug Mart  
Nancy Zaytoon, Kipling Pharmacy

**FERGUS**

Robert Ennis, Drugstore Pharmacy

**FORT ERIE**

Michael El Raheb, Mrs. O's Pharmasave

**FORT FRANCES**

Craig Armstrong, Pharmasave Clinic Pharmacy  
Kevin Nielson, Shoppers Drug Mart

**GANANOQUE**

Jean Tang, Pharmasave

**GLOUCESTER**

John Cameron, Good Health Pharmacy  
Lou Frangian, Blackburn Pharmacy  
Schenneth Padura, Zellers Pharmacy  
Renukanthan Pillay, Shoppers Drug Mart  
Tanya Rodrigues, Costco Pharmacy

**GODERICH**

Mary Fielding, Drugstore Pharmacy  
Gordon Matthews, Shoppers Drug Mart

**GUELPH**

John Elsokkary, Campus Drugmart  
Issac Gergs, Campus Drugmart  
Pervez Jafri, Pharmacy  
Elson Kora, Zellers Pharmacy  
Kenneth Manson, Rexall Pharma Plus  
Kuvshan Naidoo, Shoppers Drug Mart  
Suzy Rouman, Royal City Pharmacy  
Jennifer Smith, Drugstore Pharmacy  
Neil Veridiano, Zellers Pharmacy

**HAMILTON**

Emad Boles, Total Health Pharmacy  
Anna Brooks, Hamilton Health Sciences Corp  
Catherine Burger, St. Joseph's Hospital  
Ezzy Cheriyan, Shoppers Drug Mart  
Walei-el-din El-Sarraf, Shoppers Drug Mart  
Joanna Grabowski, Dell Pharmacy  
Varun Kakkar, Shoppers Drug Mart  
Luay Khaled, Shoppers Drug Mart  
Prabha Kurian, Shoppers Drug Mart  
Maged Labib, West End Pharmacy  
Ayman Mikhael, Wilson Medical Centre Pharmacy  
Lisa Mlynek, Dell Pharmacy  
Youssef Morcos, Gordon's Pharmacy  
Jorge Nowogrodski, Concession Medical Pharmacy  
Janice Nuque, Zellers Pharmacy  
Stephanie Olthof-Gilbreath, Marchese Pharmacy  
Sony Poulouse, Shoppers Drug Mart  
Ehab Sefain, King Medical Pharmacy  
Usama Shamshon, Lopresti Pharmacy  
Mary Thornnewell, Hamilton Health Sciences Corp

**HANMER**

Marie Cyr, Drugstore Pharmacy

**HANOVER**

Yusuf Suida, Wal-Mart Pharmacy

**HAWKESBURY**

Abdel Hakim Ait-Aoudia, Pharmacie Jean Coutu Pharmacy  
Eman Moharib, Zellers Pharmacy

**HUNTSVILLE**

Abdo Hlal, Zellers Pharmacy  
Dana Murdy, Shoppers Drug Mart

**ISLINGTON**

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

**KANATA**

Kathryn Coleman, Shoppers Drug Mart  
Marie Martineau, Rexall Pharma Plus  
Daniela Nitescu, Zellers Pharmacy  
Munaza Wasay, Drugstore Pharmacy

**KAPUSKASING**

Kimberly MacPhee, Shoppers Drug Mart

**KEMPTVILLE**

Jamie Temple, Shoppers Drug Mart

**KINCARDINE**

Robert Rogers, Gordon Pharmasave

**KINGSTON**

Reena Acharya, Shoppers Drug Mart  
Syed Ahmad, Loblaw Pharmacy  
Jennifer Bergeron, Wal-Mart Pharmacy  
Adam Doyle, Shoppers Drug Mart  
Scott Ford, Shoppers Drug Mart  
Selmin Hincer, Rexall Pharma Plus  
George Ho, St. Mary's of the Lake Hospital  
Jennifer Mather, Kingston General Hospital  
Bonnie Ralph, Kingston General Hospital  
Andrea Slack, Shoppers Drug Mart  
Hsuan Wong, Shoppers Drug Mart

**KITCHENER**

Ehab Abdel Sayed, Driftwood Pharmasave Pharmacy  
Shyama Chitale, Drugstore Pharmacy  
Terrance Dean, The Grand River Hospital  
Georgina Donyina, Shoppers Drug Mart  
Amgad Elgamal, Shoppers Drug Mart  
Marie Fortier, Riepert Pharmachoice  
Ligia Grada, Zellers Pharmacy  
Mandeep Kang, Shoppers Drug Mart  
Nusrat Muhammad, Costco Pharmacy  
Sang Nam, Pharma Plus  
Janice Nuque, Zellers Pharmacy  
Klarida Serjani, Shoppers Drug Mart  
Nabil Shaker, Frederick Mall Pharmacy

**LEAMINGTON**

Kimberly Axford, Wal-Mart Pharmacy  
Luigi Di Pierdomenico, Leamington Medical Pharmacy  
Rosa Medica-Ruelland, Shoppers Drug Mart  
Natalie Morse, Zehrs Drugstore Pharmacy

**LINDSAY**

Deborah Bruyns, Rexall Pharma Plus  
Joseph Koty, Pharma Plus  
Winlove Morales, Zellers Pharmacy  
Jenny-Lee Pearson, Pharma Plus  
Teresa Stanavech, Ross Memorial Hospital

**LISTOWEL**

Eunice Ivy Paraiso, Zellers Pharmacy  
Marina Pinder, Drugstore Pharmacy  
Holly Vallis, Shoppers Drug Mart

**LONDON**

Steven Balestrini, London Medical Pharmacy  
Milad Bosta, Zellers Pharmacy  
Colleen Bycraft, London Health Sciences Centre  
Feng Chang, St. Joseph's Hospital  
Natalie Crown, London Health Sciences Centre  
Peter Drodge, Wal-Mart Pharmacy  
Janakkumar Gandhi, Drug Basics  
Stephanie Gracey, Classic Care Pharmacy  
Mammdouh Haddad, Ernest Pharmacy  
Asteir Hanna, Ernest Pharmacy  
John Kehoe, Shoppers Drug Mart  
Claire Knauer, Shoppers Drug Mart  
Sharon Lawrence, London Health Sciences Centre  
Sandford Leung, Drug Basics  
Sophie Mynner-Dhalla, Shoppers Drug Mart  
Siamak Nassori, Costco Pharmacy  
Paulomi Patel, Drugstore Pharmacy  
Ian Saunders, Shoppers Drug Mart  
Munir Suleiman, Shoppers Drug Mart  
Grant Taylor, Shoppers Drug Mart  
Paul Unger, Pharmacy

**LUCKNOW**

Dionne Smith, Lucknow Pharmasave

**MAPLE**

Jack Dalimonte, Shoppers Drug Mart

**MARKHAM**

Amanda D'Souza, Shoppers Drug Mart  
Sarfaraj Degmaster, Bur Oak Discount Pharmacy  
Kinh Huynh, Shoppers Drug Mart  
Hui Jin, Costco Pharmacy  
Mohamed Khan, Shoppers Drug Mart  
Wai Low, Costco Pharmacy  
Shelina Mawani, Rexall  
Mamdouh Menkarios, Main Drug Mart  
Fareeaa Mohammed, Shoppers Drug Mart  
Faisal Motiwala, Fenton Discount Pharmacy  
Souha Mourad, Bayshore Specialty Rx  
Kam-chau Ng, Markham Stouffville Hospital  
Faranak Pashang, Costco Pharmacy  
Albert Tang, Sobeys Pharmacy  
Manizheh Toutounchian, Costco Pharmacy  
Benjamin Yuen, Shoppers Drug Mart  
Salwa Zaki, Main Drug Mart

**MIDLAND**

Michael Tolmie, Shoppers Drug Mart

**MILTON**

Patricia Campbell, Shoppers Drug Mart  
Renu Choudhary, Shoppers Drug Mart  
Anca Eliseli, Loblaw Pharmacy  
David Honglin, Loblaw Pharmacy  
Manpreet Kular, Medicine Shoppe Pharmacy  
Aiman Nada, Glen Eden Pharmacy  
Gehan Nazmy, Total Health Pharmacy  
Dawn Ross, Shoppers Drug Mart  
Vivian Salib, Total Health Pharmacy

**MISSISSAUGA**

Jauher Ahmad, Shoppers Drug Mart  
Adnan Ahmed, Shoppers Drug Mart  
Atul Aundhia, Neilson Pharmacy Ltd  
Marian Awad, City Care Pharmacy  
Andrew Awadalla, Total Health Pharmacy

Ehab Aziz, Marcos Pharmacy  
 Manuela Berbecel, Costco Pharmacy  
 Kamal Bhucher, Drugstore Pharmacy  
 Leonora Cabading, Total Health Pharmacy  
 Kathryn Djordjevic, Shoppers Drug Mart  
 Huong Duong, Costco Pharmacy  
 Sahar El Narekh, Total Health Pharmacy  
 Wael El-Zahabi, Midnite Pharmacy  
 Fatemeh Fazeli, Loblaw Pharmacy  
 Bina Gajjar, Sobeys Pharmacy  
 Tarek Gamaleldin, Shoppers Drug Mart  
 Adel Gergis, Dream Crest Pharmacy  
 Sherif Ghattas, Best Care Huronderry Pharmacy  
 John Girgis, Apple-Hills Medical Pharmacy  
 Chaza Hadaia, Rexall Pharma Plus  
 Marian Hanna, Churchill Meadows Pharmacy  
 Khurram Hussain, Shoppers Drug Mart  
 Aarthi Iyer, The Trillium Health Centre  
 Pervez Jafri, Lisgar Pharmacy  
 Neema Kapadia, The Trillium Health Centre  
 Anwar Khan, Zellers Pharmacy  
 Alaric Kimson, Wal-Mart Pharmacy  
 Marie Lai, Costco Pharmacy  
 Tak Lam, Drugstore Pharmacy  
 Ameesh Lekhi, Shoppers Drug Mart  
 Moheb Maalawy, IDA Sandalwood Drugs  
 Jagjit Maghera, Shoppers Drug Mart  
 Rick Mak, Zellers Pharmacy  
 Nancy Makar, Britannia Medical Pharmacy  
 Shady Mawad, Glenderry Pharmacy  
 Rania Melek, Living Arts Pharmacy (Remedy's Rx)  
 Sameh Mikhaeil, Britannia Medical Pharmacy  
 Mariana Miron, Wal-Mart Pharmacy  
 Sharmil Mithia, Grand Park Pharmacy  
 Nabil Morgan, Cooksville Pharmacy Limited  
 Ricardo Obusan Jr., Zellers Pharmacy  
 Jae-Heung Pak, Shoppers Drug Mart  
 Mehul Panchmatia, Woodland Village Pharmacy  
 Hitesh Pandya, Shoppers Drug Mart  
 Devendra Patel, Zellers Pharmacy  
 Narinder Pharwaha, Shoppers Drug Mart  
 Amal Philemon, Eglinton Churchill Medical Pharmacy  
 Jasbir Rajput, Zellers Pharmacy  
 Ranniklal Sachania, Heritage Hills Pharmacy  
 Anjana Sengar, The Trillium Health Centre  
 Peter Shalvardjian, Shoppers Drug Mart  
 Sameh Sidrak, King Medical Arts Pharmacy  
 Noha Soliman, All Care Pharmacy  
 Anmol Soor, Shoppers Drug Mart  
 Mohammad Subhani, MyCurex Pharmacy Clinic  
 Yousuf Syed, Costco Pharmacy  
 Mirza Taimuri, Lisgar Pharmacy  
 Doddy Teng, Shoppers Drug Mart  
 Alpna Vora, Drugstore Pharmacy  
 Ahmad Waseem, Shoppers Drug Mart

### MORRISBURG

Marielle Renaud, Upper Canada Drug Store

### NAPANEE

Jason Roth, Pharmacy

### NEPEAN

Ghada Farah, Rexall Pharma Plus  
 Leila Ghadianlou, Rexall  
 Kathleen Jordan, Shoppers Drug Mart  
 Sarah Marshall, Drugstore Pharmacy  
 Jennifer Shaw, Drugstore Pharmacy  
 Areti Trigylidas, Pulse Rx LTC Pharmacy

### NEW LISKEARD

Patti McKnight, Drugstore Pharmacy

### NEWMARKET

Eliza Chu, Costco Pharmacy  
 Sofia Massad, Zellers Pharmacy  
 Bryan Pick, Southlake Regional Health Cntr  
 Parinaz Saifi, Costco Pharmacy  
 Sherri Tawfik, Centric Health Pharmacy  
 Janne Yang, Shoppers Drug Mart

### NIAGARA FALLS

Eyad Hindi, Shoppers Drug Mart  
 Ragui Mesiha, Niagara Falls Centre Pharmacy  
 Sanjay Patel, Drugstore Pharmacy

### NORTH BAY

Mary Godreau, Shoppers Drug Mart  
 Biqi He, Shoppers Drug Mart  
 Curtis Latimer, Shoppers Drug Mart  
 Yasser Mohamed, North Bay General Hospital  
 Maria Sermona, Loblaw Pharmacy

### NORTH YORK

Naveed Ahmad, Remedy's Rx Medi-Pharm Pharmacy  
 Bonnie Birken, North York General Hospital  
 Michael Demian, Main Drug Mart  
 Ashraf Faltaous, Shoppers Drug Mart  
 Alexandra Karmiris, Shoppers Drug Mart  
 Bahaa Mehany, Main Drug Mart  
 Laura Murphy, North York General Hospital  
 Yevgeniya Soroka, Shoppers Drug Mart

### OAKVILLE

Ritu Agarwal, Halton Healthcare Services  
 Catherine Conroy, Specialty Care Pharmacy  
 Fabio De Rango, Shoppers Drug Mart  
 Abdel-Messeih Fahmy, Oak Park Community Pharmacy  
 Mena Fanous, Pharma Sense  
 Sherif Gendy, White Oaks Pharmacy  
 Amgad Hakim, River Oaks Medical Pharmacy  
 Bassant Mansour, Total Health Pharmacy  
 Baljinder Srann, Shoppers Drug Mart  
 Ramez Tawfik, Leon Pharmacy  
 Vanessa Wamsley, Pharmacy

### ORANGEVILLE

Beverly Anyon, Shoppers Drug Mart  
 Daniel De Maria, Shoppers Drug Mart  
 Maria Catherine Manalili, Zellers Pharmacy

### ORILLIA

Angela Crichton, Rexall Pharma Plus  
 Rizza Pardillo, Zellers Pharmacy  
 Yash Vashishta, Drugstore Pharmacy

### ORLEANS

Michael Hanna, St. Mary Health Center Pharmacy  
 Raafat Khalil, St. Mary Health Center Pharmacy  
 Cherif Riad, Wal-Mart Pharmacy  
 Essame Thabet, Shoppers Drug Mart

### OSHAWA

Jennifer Chee-Hing, Lakeridge Health  
 Neha Dengre, Loblaw Pharmacy  
 Elizabeth Kozak, Lakeridge Health  
 Carmen Olaru, Shoppers Drug Mart  
 Wynand Van Rooyen, Medical Pharmacy

### OTTAWA

Sameh Abdalla, First Care I.D.A. Pharmacy  
 Shaghik Abdul-Al-Noor, Rexall Pharma Plus  
 Majed Abed, Loblaw Pharmacy

Pedro Barreiro, Shoppers Drug Mart  
 Amanda Blazeovic, Children's Hospital of Eastern Ontario  
 Celine Corman, The Ottawa Hospital  
 Ra'ed Darras, Shoppers Drug Mart  
 Paul Davies, Pharmasave Apothecary  
 Samuel Fleming, Bayshore Pharmacy Limited  
 Rim Hachem, Zellers Pharmacy  
 Suzanne Hamzawi, Drugstore Pharmacy  
 Nabil Hanna, Shoppers Drug Mart  
 Zaineb Hassan, Shoppers Simply Pharmacy  
 Palmerina Howell, Bruyere Continuing Care  
 Narmin Jalaldin, Shoppers Drug Mart  
 Jennifer Mulley, Shoppers Drug Mart  
 Masood Rehman, Loblaw Pharmacy  
 Ishrat Rehmani, Drugstore Pharmacy  
 Adel Rizk, Shoppers Drug Mart  
 Jason Shaw, Shoppers Drug Mart  
 Donald Sin, Shoppers Drug Mart  
 Jimrod Suello, Zellers Pharmacy  
 Joseph Thibault, Shoppers Drug Mart  
 Gillian Wong Sen Chan, Pharma Plus

### OWEN SOUND

Ravinder Gill, Loblaw Pharmacy  
 John Paul Gloria, Zellers Pharmacy  
 Jacqueline Lee, Zellers Pharmacy  
 Peter Struthers, Shoppers Drug Mart

### PEMBROKE

David Foran, Rexall Pharma Plus  
 Joan Weise, Mulvihill Drug Mart

### PENETANGUISHENE

Kelly Randell, Mental Health Centre  
 Lynne Van De Wiele, Mental Health Centre

### PETERBOROUGH

Carolee Awde-Sadler, Peterborough Regional Health Centre  
 John Del Core, Rexall  
 Hani Fam, Charlotte St Shoppers Drug Mrt  
 Caroline Girgis, Rexall  
 Magdy Kamar, Sherbrooke Heights Pharmacy  
 Zebrina Kassam, Shoppers Drug Mart  
 Brenden McReelis, Rexall  
 Philip Smith, Medical Pharmacy  
 El Younis, Westmount Pharmacy

### PICKERING

Jane Mauch, Drugstore Pharmacy  
 Irvin Ng, Zellers Pharmacy  
 Rahim Suleman, Shoppers Drug Mart

### PORT COLBORNE

Donald Edwards, Boggio Pharmacy Ltd

### PORT HOPE

Deochand Bahadur, Shoppers Drug Mart

### PORT PERRY

Nancy Meyer, Shoppers Drug Mart

### RENFREW

Mary Gordon, Wal-Mart Pharmacy

### REXDALE

Jaspreet Bajaj, Shoppers Drug Mart  
 Sherif Ghattas, Best Care Austin Pharmacy  
 Medhat Halawa, Best Care Austin Pharmacy  
 Suhas Nirale, Rexdale Pharmacy  
 Vipulkumar Shah, Rexdale Pharmacy

**RICHMOND HILL**

Maher Abdel Malak, Bayview 16th Medical Pharmacy  
 Anis Abu El Khire, Health Link Pharmacy  
 Vera Avetissov, Shoppers Drug Mart  
 Atossa Babaie-Nami, Richmond Medical Pharmacy  
 Giuseppe Colella, Shoppers Drug Mart  
 Rania El Zoghbi, Total Health Pharmacy  
 Najma Jaffer, Total Health Pharmacy  
 Celine Kuo, Loblaw Pharmacy  
 Simon Lau, Loblaw Pharmacy  
 Francine Liu, Costco Pharmacy  
 Fai Lo, Shoppers Drug Mart  
 Ehab Mekhail, The Medicine Shoppe  
 Massoud Motaahari, Costco Pharmacy  
 Maged Naguib, Procare Pharmacy  
 Minoo Navabi, Pharmasante Remedy's Rx  
 Behzad Peyrovan, Loblaw Pharmacy  
 Samy Saad, Richpoint Pharmacy  
 Richard Sigesmund, Oak Ridges Pharmacy

**RIDGEWAY**

Wessam Bashta, Brodies Drug Store

**SARNIA**

Abdul Baqi, Drug Basics  
 Cory Belay, Shoppers Drug Mart  
 Danielle Edgar, Hogan Pharmacy  
 Marcel Laporte, Shoppers Drug Mart  
 Susan McQuaid, Shoppers Drug Mart  
 Devotham Thangella, Loblaw Pharmacy  
 Andrea Wist, Bluewater Health - Mitton Site

**SAULT STE MARIE**

Donald Hare, Zellers Pharmacy  
 Jordan Law, Group Health Centre Pharmacy  
 Chau Ma, Zellers Pharmacy  
 Tracy McCoy, Sault Area Hospital  
 Amabelle Perez, Zellers Pharmacy

**SCARBOROUGH**

Reham Abd El Massih, Gateway Pharmacy  
 Amgad Abdel Sayed, Extra Care Pharmacy  
 Ahmad Abdullah, Shoppers Drug Mart  
 Amir Attalla, Zellers Pharmacy  
 Kai-Wing Au, A & W Pharmacy  
 Paul Baui, National Pharmacy  
 Shimon Cabrera, National Pharmacy  
 Chieng Cau, Shoppers Drug Mart  
 Eddy Chan, Shoppers Drug Mart  
 Elizabeth Chau, Drugstore Pharmacy  
 Tazeem Dhalla Sunderji, Shoppers Drug Mart  
 Akil Dhirani, Village Square Pharmacy  
 Irene Diakomanolis, Burnview Drugs  
 Matthew Dune, Rexall Pharma Plus  
 Rochelle Europa, Providence Healthcare  
 Annaflor Feliprada, Drugstore Pharmacy  
 Yvonne Fong, The Scarborough General Hospital  
 Mina Gobrail, M.D.A. Discount Drugs  
 Wassim Guirguis, M.D.A. Discount Drugs  
 Christina Habib, Costco Pharmacy  
 Jerry Ip, Shoppers Drug Mart  
 Maged Iskander, Woburn Medical Pharmacy  
 Ana Marie Kabigting, Rexall  
 Anab Khan, Shoppers Drug Mart  
 Man Liu, Shoppers Drug Mart  
 Walter Lum, Shoppers Drug Mart  
 Tahir Mehmood, Maple Drug Mart  
 Botros Meikhal, Danforth Pharmacy  
 Chimanlal Mistry, Mornelle Drug Mart  
 Leaggy Mwanza, Shoppers Drug Mart  
 Marissa Panganiban, Bay Pharmacy  
 Ramachandran Ramapathy, Pharma Grace Drug

Mart

Nashaat Ramzy, Sheppard Warden Pharmacy  
 Maria Rascu, Shoppers Drug Mart  
 Zahra Rhemtulla, Shoppers Drug Mart  
 Samy Samy, Main Drug Mart  
 Gaurang Shah, Total Care Drug Mart  
 Philip Shing, Cliffside Pharmacy  
 Hany Silwanes, Best Care Pharmacy  
 Nevine Surani, National Pharmacy  
 Ekaterina Takopoulos, Pharmacy  
 Jothica Vattam, Boniface Park Medical Pharmacy  
 Zahir Visram, Henley Gardens Pharmacy  
 Edward Wassef, Lapsley Pharmasave  
 Janet Weber, Price Chopper  
 Victor Wong, Shoppers Drug Mart  
 Xiao Ning Xu, Village Square Pharmacy  
 Safwat Youhana, Mina Drug Mart  
 Paul Yu, Sunrise Pharmacy

**SEELEY'S BAY**

Cynthia Londry, Seeleys Bay Drugmart

**SIMCOE**

Stephen Flexman, Pharmasave  
 Blair Snow, Roulston's Discount Drugs Ltd

**SMITHS FALLS**

Carrie Joyner, Shoppers Drug Mart  
 Akemi Yoshizawa, Pharma Plus

**ST. CATHARINES**

Amir Awadalla, Glenridge Pharmacy  
 Norris Brown, Shoppers Drug Mart  
 David Costiniuk, Shoppers Drug Mart  
 Nagi Hanna, Pharma-Star Medical Pharmacy  
 James Lococo, Shoppers Drug Mart  
 Micheil Morcoux, Shoppers Drug Mart  
 Singaravelu Panneerselvam, Drugstore Pharmacy  
 Tajammal Qureshi, Shoppers Drug Mart  
 Moez Saju, Zellers Pharmacy  
 Eileen Tkachyk, Niagara Health System

**ST. CLAIR BEACH**

Mojisola Gbadamosi, Loblaw Pharmacy

**ST. THOMAS**

Janel DeSilva, Shoppers Drug Mart  
 Jannette Pinson, Zellers Pharmacy  
 Jeffrey Yurek, Yurek Pharmacy Limited

**STONEY CREEK**

Srivardhan Arumugasamy, Supercare Pharmacy/  
 Stoney Creek Pharmasave  
 Rada Corovic, Drugstore Pharmacy  
 Mark Gayowski, Pharmasave  
 Younan Mikhail, Queen Lake Pharmacy

**STRATFORD**

Paul Roulston, Shoppers Drug Mart

**STREETSVILLE**

Berge Shalvardjian, Robinson's IDA Pharmacy  
 Randa Tawfick, Robinson's IDA Pharmacy

**SUDBURY**

Moina Adekanye, Medical Pharmacy  
 Frances Brisebois, Sudbury Regional Hospital  
 Nykolas Krawczuk, Shoppers Drug Mart  
 Luisa Ranger, Shoppers Drug Mart  
 Wilfred Steer, Shoppers Drug Mart

**SUTTON WEST**

Nader Abd El Sayed, Bens Pharmacy

**TECUMSEH**

Gus Spanic, Tecumseh Pharmacy Plus

**TERRACE BAY**

Christopher Stewart, Stewart Pharmacy

**THORNBURY**

Shannon Fry, Thornbury Pharmasave

**THORNDALE**

Wasim Daoud, Thorndale Pharmacy

**THORNHILL**

Maged Hanna, 3M Drug Mart  
 Quang Ly, Wal-Mart Pharmacy  
 Bichoy Maurice, Main Drug Mart  
 Estelle Wolf, Bishops Cross Pharmacy

**THOROLD**

Mohsen Shivafard, Pharma Plus

**THUNDER BAY**

Sean Albanese, Thunder Bay Regional Health Sciences Centre  
 Catherine Druery, Shoppers Drug Mart  
 Vinay Kapoor, Shoppers Drug Mart  
 Chi Luu, Shoppers Drug Mart  
 Catherine Omeljaniuk, Thunder Bay Regional Health Sciences Centre  
 Murray Parker, Shoppers Drug Mart  
 Janet Proctor, Shoppers Drug Mart  
 Murray Salomon, Advantage Pharmacy  
 Hannu Uurainen, Shoppers Drug Mart  
 Edoardo Veneruz, Shoppers Simply Pharmacy  
 Meghan Willmore, Shoppers Simply Pharmacy

**TILBURY**

Yvette Tetzlaff, Shoppers Drug Mart

**TILLSONBURG**

Daniel Cotnam, Shoppers Drug Mart  
 Megan Kelly, Shoppers Drug Mart  
 Gordon Reynolds, Shoppers Drug Mart

**TIMMINS**

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

**TORONTO**

Fady Samir Abdel Messih, Blair Court Pharmacy  
 Shalini Anand, Shoppers Drug Mart  
 Antonetta Bailie, Mount Sinai Hospital  
 Michelle Baltazar, Zellers Pharmacy  
 Tamer Bibawi, Tim's Pharmacy  
 Aleksandra Bjelajac Mejia, The Hospital For Sick Children  
 Brenda Bruinooge, Medisystem Pharmacy  
 Lisa Burry, Mount Sinai Hospital  
 Shimon Cabrera, Pharmacia  
 Karen Cameron, The Toronto Western Hospital  
 Bao Cao, J. C. Pharmacy  
 Yan Chen, Shoppers Drug Mart  
 Michael Cheung, Shoppers Drug Mart  
 Fabrizio Damiani, Shoppers Drug Mart  
 Enaiatreza Daneshvari, St. Joseph Pharmacy  
 Jatinderjit Dhaliwall, Shoppers Drug Mart  
 Leslie Duncan, The Princess Margaret Hospital  
 Lucia Fernandes, Shoppers Drug Mart  
 Neda Foroozannasab, Shoppers Drug Mart  
 Xerez Garcia, Zellers Pharmacy  
 John Georgi, Old Park Pharmacy

Basem Ghatas, Dufferin-Finch Pharmacy  
 Gina Ghoibrial, Supercare Pharmacy  
 Mikhail Girgis, Main Drug Mart  
 Amir Girgis Boktor, College Medical Pharmacy  
 Nabil Gobran, Total Health Pharmacy  
 Henry Halapy, St. Michael's Hospital  
 Magued Hannalah, Smith's Pharmacy  
 Manjit Hansra, Shoppers Drug Mart  
 Brian Hardy, Sunnybrook Health Sciences Centre  
 Jun Higuchi, Pharmacy  
 Rayburn Ho, Shoppers Drug Mart  
 Dolores Iaboni, Sunnybrook & Womens Col H.S.C.  
 Raouf Ibrahim, Stonegate Community Pharmacy (IDA)  
 Robert Siu Lin Ip, Shoppers Drug Mart  
 Rumina Ishani, Remedy's Rx Eglinton Bayview Pharmacy  
 Akeel Jaffer, Shoppers Drug Mart  
 Suhail Javaid, Shoppers Drug Mart  
 Olesya Kaliy, Shoppers Drug Mart  
 Sarah Kam, Shoppers Drug Mart  
 Ragaie Khalil, Ayda Pharmacy  
 Robina Khan, Ambulatory Patient Pharmacy  
 Chrystyna Kolos, Sunnybrook H.S.C.  
 Josephine Kong, Costco Pharmacy  
 Rita Kutti, The Hospital For Sick Children  
 Debora Kwan, The Toronto Western Hospital  
 Ri-feng Lam, Drugstore Pharmacy  
 Lisa Liberatore, St. Michael's Hospital  
 Kai Lui, Medisystem Pharmacy  
 Marvin Malamed, Haber's Compounding Pharmacy  
 Abdoulnaser Mansoubi, Shoppers Drug Mart  
 Maen Mashnuk, Remedy's Rx Harbourfront Pharmacy  
 Kaye Mekawi, Zellers Pharmacy  
 Nermin Michael, Best Care Village Pharmacy  
 Sami Mikhael, Sam's I.D.A. Pharmacy  
 Maher Mikhail, Dufferin Drug Mart  
 Manika Mody, Loblaw Pharmacy  
 Robert Morkos, Main Drug Mart  
 Hanan Nakhla, Christie Pharmacy  
 Morteza Nasr, Dufferin Drug Mart  
 Cristian Neagoe, Shoppers Drug Mart  
 Maria Nenadovich, Shoppers Drug Mart  
 Lesley Neves-Azevedo, Wellcare College Pharmacy  
 Eun-Kyung Om, The Toronto Western Hospital  
 Mohamed Osman, Zellers Pharmacy  
 Sandeep Pabla, Shoppers Drug Mart  
 Parisa Pakbaz, Shoppers Drug Mart  
 Malay Panchal, City Pharmacy  
 John Papastergiou, Shoppers Drug Mart  
 Phoebe Quek, Ambulatory Patient Pharmacy  
 Susan Quinton, St. Michael's Hospital  
 Rohit Rajey, Shoppers Drug Mart  
 Abraam Rofael, Zellers Pharmacy  
 Maria Rofaiei, White's Pharmacy  
 Abraham Rothman, The Medicine Shoppe  
 Samia Sahyone, Pharmasave  
 Sameh Salib, Woodgreen Discount Drugs  
 Pauline Santora, Baycrest Hospital  
 Essam Siha, Procure Pharmacy  
 Shiela Sombilon, Zellers Pharmacy  
 Safwat Sourial, Shoppers Drug Mart  
 Nadia Sourour, Keele & Rogers Pharmacy  
 Beth Sproule, Centre for Addiction and Mental Health (CAMH) Pharmacy  
 Barry St Pierre Jr, Shoppers Drug Mart  
 Kenny Tan, Shoppers Drug Mart  
 Seham Tarzi, Rexall Pharma Plus  
 Adel Towadros, Friendly Care West King Pharmacy  
 Garwin Tse, The Princess Margaret Hospital  
 Md Ullah, Shoppers Drug Mart  
 Caroline Warnock, Queen Street Mental Health Ctr  
 Ossama William, Main Drug Mart

Cindy Wong, Mount Sinai Hospital  
 Rosemarie Yap, Drugstore Pharmacy  
 Kamal Yeganegi, Willowdale Pharmacy  
 Kamal Yousf, Greendale Drugs  
 Roudolph Zaky, Augusta Central Pharmacy

### TRENTON

Emilija Tasevska, Wal-Mart Pharmacy

### VANIER

Sheila Ofori-Nyako, Drugstore Pharmacy  
 Nagui Shawi, Pharmacie La Paix Pharmacy

### VAUGHAN

Pirasteh Adab, Drugstore Pharmacy  
 Naveed Ahmad, Remedy's Rx Medi-Pharm Pharmacy  
 Ahsan Khan, Remedy's Rx Medi-Pharm Pharmacy  
 Pante-A Lahiji, Drugstore Pharmacy  
 Gurpreet Lall, Shoppers Drug Mart  
 Richardo Loduca, Shoppers Drug Mart  
 Ogieriakhi Omozusi, Shoppers Drug Mart

### WALLACEBURG

Thomas Marlatt, Shoppers Drug Mart

### WASAGA BEACH

Marjorie Medley, Major's Guardian Pharmacy

### WATERDOWN

Kristin Duby, Langford Pharmacy  
 Saly Thomas, Zellers Pharmacy

### WATERLOO

Pradeep Acharya, The K-W Pharmacy  
 Veneta Anand, Shoppers Drug Mart  
 Ana Elefteriu, Shoppers Drug Mart  
 Maria Horner, Shoppers Drug Mart  
 Hoa Huynh, Rexall Pharma Plus  
 Olivera Ignjatovic, Sobey's Pharmacy  
 Mukesh Kshatri, Shoppers Drug Mart  
 Dragana Nedeljkovic, Shoppers Drug Mart  
 Nelia Ngo, Zellers Pharmacy  
 Reka Vilcu, Shoppers Drug Mart

### WELLAND

Christopher Bida, Rose City Pharmacie  
 Ronald Bovine, Shoppers Drug Mart  
 Katherine Loth, Dell Pharmacy Lewis & Krall  
 Ali Saif, Shoppers Drug Mart  
 Shawn Severin, Zellers Pharmacy

### WEST HILL

Omehabiba Jamal, Shoppers Drug Mart  
 Hanif Jina, Shoppers Drug Mart

### WESTON

Arlene Chong, Humber River Regional Hospital  
 Thu Luong, Humber River Regional Hospital  
 Byung Ryun Sull, Main Drug Mart

### WHITBY

Asad Baig, Shoppers Drug Mart  
 Vesna Brzovska, Whitby Mental Health Centre  
 Issac Gergs, Pharmasave  
 Phieby Jacob, Whitby Medical Pharmacy

### WILLOWDALE

Fakhry Abd El Sayed, Rainbow Drug Mart  
 Svetlana Aharon, Concourse Pharmacy  
 Meena Bedi, Shoppers Drug Mart  
 Jasvinder Buttoo, Shoppers Drug Mart

Essam El-Arif, Fairview Pharmacy  
 Riad Elsobky, Cliffwood IDA Pharmacy  
 Christos Karapapas, Drug Basics  
 Yong Lin, Shoppers Drug Mart  
 Bethany McMullen, Shoppers Drug Mart  
 Morteza Nasr, Main Drug Mart  
 Ibrahim Saad, Health Drug Mart  
 Uday Pratap Singh, Shoppers Drug Mart  
 Shohreh Torabi, Metro Pharmacy  
 Sau Wong, Shoppers Drug Mart  
 Nagwan Youssef, Pleasant View Pharmacy

### WINCHESTER

Joanne Leclair, Winchester Dist Memorial Hsptl

### WINDSOR

David Babineau, Shoppers Drug Mart  
 Timothy Brady, Shoppers Drug Mart  
 Frank Cappellino, National Pharmacy  
 Carmela Catizzone, Rexall  
 Ghada Cheikh, Sobey's Pharmacy  
 John Dawood, Windsor River Pharmacy  
 Alfred George, Central Mall Drug Mart  
 Sherif Girgis, Ottawa Street Pharmacy  
 Timothy Gregorian, Student Centre Pharmacy  
 Amal Hijazi, Windsor Clinical Pharmacy  
 Brigida Iacono, First Medical Pharmacy  
 Theodore Kummer, Shoppers Drug Mart  
 Tien Leung, Shoppers Drug Mart  
 Sypraseuth Mountryvong, Ottawa Street Pharmacy  
 Karen Riley, Hotel-Dieu Grace Hospital  
 Cristina Thomas, Wal-Mart Pharmacy  
 Sarah Woodworth, Hotel-Dieu Grace Hospital  
 Andreja Zebic, Hotel-Dieu Grace Hospital

### WOODBRIIDGE

Jaison Kuriakose, Shoppers Drug Mart  
 Ying Lau, Costco Pharmacy  
 Hitendra Naik, Pine Valley Pharmacy  
 Ogieriakhi Omozusi, Shoppers Drug Mart

### WOODSTOCK

Stacey Andrecyk, Shoppers Drug Mart  
 Jarikre Efechaobor, Rexall  
 Leigh Heald, Medical Pharmacy  
 Jayantkumar Patel, Zellers Pharmacy

# BULLETIN BOARD



**CONGRATULATIONS** to OCP staff members who completed all of the necessary requirements to officially register as Pharmacy Technicians. They are pictured here, with OCP staff. From left to right: Patti Clayton, R.Ph.T., Investigator, Susan James, Manager Registration Programs, Melody Wardell, R.Ph.T., Registration Advisor, Deanna Williams, Registrar, Julie Koehne, R.Ph.T., Registration Advisor, Della Croteau, Deputy Registrar/Director of Continuing Education, and Shakti Sawh, R.Ph.T., Practice Advisory Officer.

The College bid a fond farewell to **Preeti Khurana**, Accounting Clerk. Preeti had been with the College since 2006 and was most recently on maternity leave. Preeti and her family have moved to China and we wish her the very best with this new chapter in her life.

**Mahmoud Suleiman** joined the College as Registration Advisor – Structured Practical Training Lead in the Registration Program area. Mahmoud spent the last several years working in community practice with Sobeys Pharmacy. He has been involved with the University of Toronto International Pharmacy Graduate Program, assisted as an external reviewer of SPT Activities and is currently the coordinator for the Professional Practice and Pharmacy Management Theory courses. Mahmoud is also currently working on his Masters in Education.

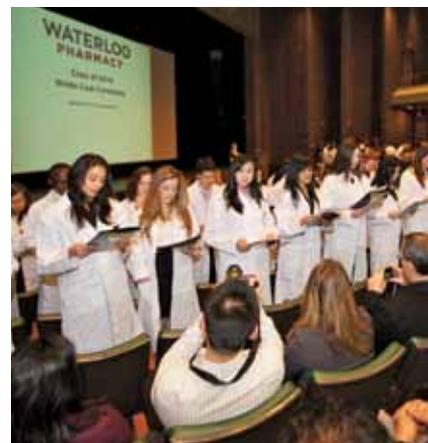
**Anthony (Tony) Smith** has recently been hired as the Client Services Coordinator for the College. Tony spent the last five years as Manager, Client Services with Canada Business Ontario (CBO) leading a team of ten

information officers. Prior to his role with CBO, Tony was the Training and Quality Manager with SiTEL Corporation. During his career, he has held other positions relating to database management and HR. He has a College diploma in Business Administration and holds various certifications relating to Mediation and Training.

**Diana Spizzirri** has transitioned into the role of Registration Advisor – Jurisprudence Lead where she will apply her extensive experience within the Registration Program area on the continued development and evaluation of the jurisprudence exam for both pharmacists and pharmacy technicians.

**Jacquei Fletcher** has transitioned into the role of Business Analyst/Project Manager in the I.T. department. Jacquei has been with the College for the past six years and has tremendous experience in I.T. development, software applications and business processes. Her expertise will be invaluable as she supports the College's commitment to enabling business processes through on-line applications.

**SooJeen Park** who had recently covered a maternity leave in the Accounting department has accepted a permanent position as Accounting Clerk. 📧



## WATERLOO WHITE COAT CEREMONY

The white lab coat is symbolic of the tremendous responsibility that pharmacists have as health care providers. As students embark on their professional journey, this ceremony marks their commitment to ethics and integrity, and serves as a formal welcome into the professional community. On January 6, 2011, students of the University of Waterloo Class of 2014 took part in the ceremony. OCP President Bonnie Hauser brought remarks on behalf of the College.

# FOCUS ON ERROR PREVENTION

## TRAVEL PROPHYLAXIS

Ian Stewart B.Sc.Pharm., R.Ph.

With the arrival of colder temperatures, patients may be travelling south for vacation to developing countries. Before travelling, patients should contact their healthcare provider or travel clinic to discuss prophylaxis against diseases such as Hepatitis A and B, cholera and traveller's diarrhea.

When dispensing these vaccines, pharmacists must be vigilant to identify and prevent common prescribing, dispensing and administration errors.

### CASE 1:

**Rx**  
**Dukoral®**  
**Sig: Use as directed**  
**Mitte: One**

A patient presented the above prescription to a pharmacy technician for processing. The technician prepared one dose of Dukoral® for dispensing. The pharmacist assumed that the patient had previously received the primary immunization and required only a booster dose.

While counseling the patient, the pharmacist asked when he had received the primary immunization. The patient indicated that he had not taken Dukoral® previously.

The prescriber was therefore contacted. The physician indicated that he intended to prescribe the complete primary immunization which included the two doses. The change was therefore made and

the patient counseled appropriately.

### CASE 2:

**Rx**  
**Twinrix®**  
**Sig: To be injected at 0, 1 and 6 months**  
**Mitte: Three doses**

A patient visited his physician to discuss immunization for a planned trip to the Caribbean. The patient received the above prescription which was taken to his local pharmacy for processing.

While patient counseling, the pharmacist enquired about the date of travel. The patient indicated that he will be travelling in approximately three weeks' time. The pharmacist recognized that the three week period would likely be insufficient time to provide adequate protection against both hepatitis A and B if the regular dosing schedule was adhered to. The pharmacist therefore contacted the physician to recommend a change to the rapid dosing schedule, thereby increasing the level of protection. The rapid vaccination schedule consists of three injections given at zero, seven and twenty-one days with a fourth dose at twelve months after the first dose.

### RECOMMENDATIONS:

- Ask the patient about prior immunization to determine if the primary immunization or booster is required. For adults and children two years and older

taking Dukoral® for travellers' diarrhea, if the primary immunization was completed between 3 months and 5 years before, only one booster dose is required to renew the protection. If more than 5 years has passed since the primary immunization, then the patient should re-take the primary immunization for adequate protection.

- Enquire about the patient's travel date. For primary immunization, the first dose of Dukoral® should be taken at least two weeks before departure.
- Remind patients that Dukoral® is an oral vaccine and should not be administered parenterally.
- Patients should also be reminded that these vaccines must be stored in the refrigerator. Auxiliary labels should also be attached to the product as a reminder.
- Provide specific instructions regarding administration dates. Recommend that dates be written on a calendar as it is common for patients to forget these dates.
- If possible, implement a call back procedure for follow up with patients to remind them of their next dose.
- The following websites may be accessed for further helpful information.
  - [www.travelhealth.gc.ca](http://www.travelhealth.gc.ca)
  - [www.cdc.gov/travel](http://www.cdc.gov/travel)
  - [www.who.int](http://www.who.int)

Please continue to send reports of medication errors in confidence to Ian Stewart at: [ian.stewart2@rogers.com](mailto:ian.stewart2@rogers.com). 📧

# PART II – CPD PORTAL AND LEARNING PORTFOLIO

## TO ACCESS THE LEARNING PORTFOLIO TOOL:

1. Visit the OCP website at [www.ocpinfo.com](http://www.ocpinfo.com)
2. Click on the CPD Portal button located in the lower left hand corner of the OCP homepage, under FAST TRACK, to bring you to the sign-in page.
3. Your User Name is your OCP number.
4. Your Password is your date of birth in the following format MMDDYY (use numbers only). For example, if your birth date is September 14, 1980 your password would be 091480.
5. Click on Learning Portfolio and follow the instructions provided.

## DOCUMENTING LEARNING

In the last issue of Pharmacy Connection, we reported that Continuing Professional Development (CPD) for Pharmacy Technicians: Part I – Maintaining Competency, documentation of learning, is a requirement of continuing competency. Similar to other healthcare professions, OCP requires the maintenance of a learning portfolio. OCP provides a learning portfolio tool to assist practitioners in this task. The practitioner may choose this or any other format to document their learning.

**Registered pharmacy technicians may now access the on-line Learning Portfolio tool through the Continuing Professional Development (CPD) Portal.**

## LEARNING PORTFOLIO TOOL

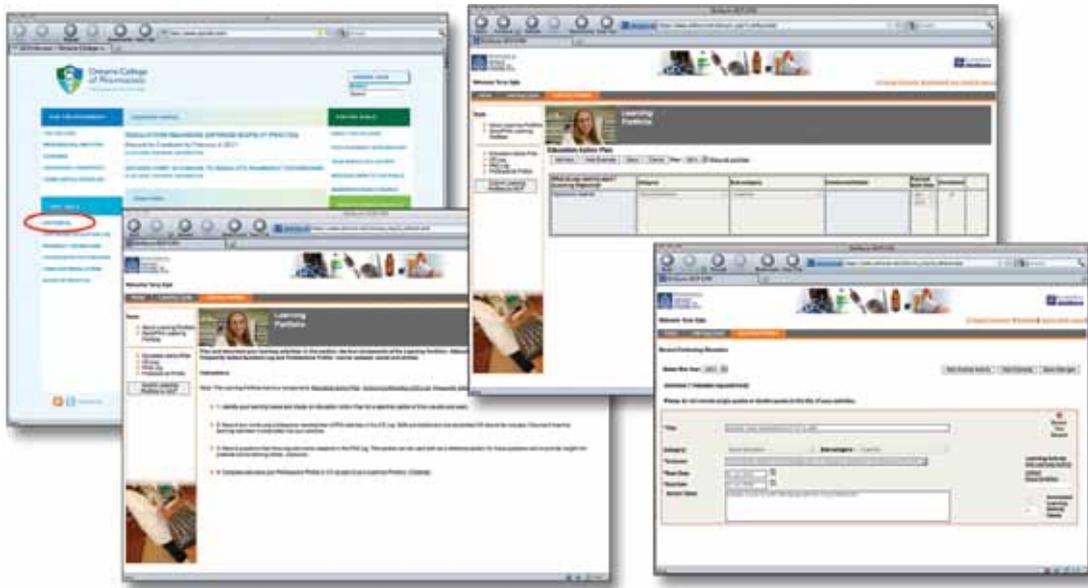
The Learning Portfolio has four sections:

- Education Action Plan
- Continuing Education (CE) Log
- Frequently Asked Questions (FAQ) Log
- Professional Profile

Each of these sections is described in greater detail below.

## CPD PROCESS

In order to gain the greatest benefit from continuing education, the CPD process should be followed.



The CPD process focuses on outcomes in the practitioner's practice rather than the number of hours devoted to learning activities. By having the practitioner self-identify learning needs that relate to his/her practice and by encouraging the practitioner to reflect on how new knowledge can be incorporated into practice, the CPD process makes learning meaningful and more likely to impact that practitioner's practice.

The following steps are included in the CPD process: self-assessing, planning, acting, documenting and evaluating.

#### **STEP 1: SELF-ASSESS**

The initial step in CPD is reflecting on one's practice to identify learning needs. This is a crucial step in the process because learning will only be meaningful and impact practice if it relates to the practitioner's learning needs. Learning needs can be divided into two categories: those required to maintain competency and those required to advance professionally.

#### **STEP 2: PLAN**

Once learning needs have been identified, a plan is created to help

ensure that goals are achieved. In the plan, learning objectives are documented and resources or activities that will help achieve these goals, are identified and, those most appropriate for the practitioner, are chosen. The final step is to set a target date to complete the objectives.

#### **STEP 3: ACT**

At this stage, the practitioner completes the learning outlined in the plan.

#### **STEP 4: DOCUMENT**

At this stage, educational activities are recorded. Sometimes the documentation activity is pictured in the centre of the learning cycle because all stages are recorded.

#### **STEP 5: EVALUATE**

Another critical step in the process is the final stage of evaluation. By reflecting on his / her learning, the practitioner is able to identify what was learned and how it can be incorporated into practice. Without this process, CPD is just traditional CE.

### **EDUCATION ACTION PLAN**

As mentioned, an important step

in the CPD process is planning the continuing education that will be undertaken, ideally after assessing learning needs. Because this step is crucial, the Education Action Plan is the first section of the Learning Portfolio Tool.

In this section, the practitioner documents what he/she plans on learning in the form of a learning objective. The learning objective should be "SMART" – specific, measurable, achievable, realistic and time-bound. In addition to documenting the learning objective, the practitioner is asked to specify the planned start date.

Note that previous years' Education Action Plans can be viewed by selecting the appropriate year at the top of the screen.

### **CONTINUING EDUCATION (CE) LOG**

The second section of the Learning Portfolio Tool is the CE Log. In this section, continuing education activities, both accredited and non-accredited, may be documented. Non-accredited CE activities may include work place learning, giving

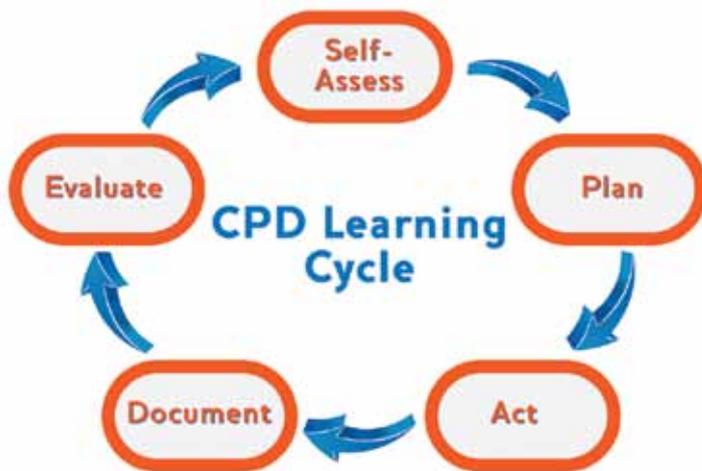


Figure 1 - CPD Process – Learning Cycle

presentations, mentoring, training a student etc.

Note that, similar to the Education Action Plan, previous years' CE Logs can be viewed by selecting the appropriate year at the top of the screen.

Because it is important to focus on outcomes and the impact to practice, the practitioner is asked to specify the outcome / action taken in practice for each CE documented. In addition, a learning activity worksheet is available for each CE entry as a reflective exercise on the CE and its value to the practitioner. Documentation, such as certificates of attendance, PowerPoint presentations or Word documents, can be uploaded for each CE.

### FREQUENTLY ASKED QUESTION (FAQ) LOG

In this section, the practitioner is asked to identify frequently asked questions in his / her practice. Through reflecting on FAQs, one is able to identify areas where one might want to focus learning to

improve practice. Although some practitioners opt to document commonly asked questions, many choose to document questions that required some research and for which they would like to have references documented.

### PROFESSIONAL PROFILE

The final section of the Learning Portfolio is the Professional Profile. The Professional Profile provides the practitioner with a record of education and other professional activities (such as delivering presentations, authoring or contributing to papers, serving as a preceptor, participating in professional committees, etc). The Employment Record provides a place to record past employment positions and reflect upon how these roles helped in developing as a practitioner. This form can serve as a basis for a resumé or CV. A resumé or CV can also be uploaded.

### MAINTAINING RECORDS AND SUBMITTING THE LEARNING PORTFOLIO

Learning Portfolio records, regardless of the format in which they are maintained, must be retained for a period of five years. OCP may request Learning Portfolio records from members at any time; however, generally these records are only requested as part of the peer review process. If Learning Portfolio records are being maintained on the CPD, they can easily be submitted to OCP by clicking on the "Submit Learning Portfolio to OCP" button in the Tools box under the Learning Portfolio tab.

### CONCLUSION

It is important to remember that reflection or evaluation of learning is a crucial part of the learning cycle. Without this part of the process, it is unlikely that new learning will be brought to the practice site to improve patient care. And, ultimately, patient care is the reason that healthcare practitioners engage in learning to maintain competence and improve practice. 

# COMMON THERAPEUTIC ISSUES AND CE TOPICS

In 2004, a list of the 25 most common medical conditions was published in *Pharmaceutical Care Practice: The Clinician's Guide*<sup>1</sup>. (Table 1) This list was based on data from 5,136 American patients that received pharmaceutical care services. Such information is valuable in helping practitioners, especially those new to general practice, to plan their learning. However, because this list is based on American data, it would be useful to know whether the situation is similar in Canada, specifically in Ontario.

**TABLE 1: 25 MOST COMMON MEDICAL CONDITIONS<sup>1</sup>**

1. hypertension
2. hyperlipidemia
3. diabetes
4. arthritis
5. osteoporosis
6. peptic ulcer disease
7. allergic rhinitis
8. depression
9. menopausal symptoms
10. hypothyroidism
11. migraine / headache
12. insomnia
13. asthma
14. pain (general)
15. anxiety
16. cardiac arrhythmias
17. ischemic heart disease
18. myocardial infarction
19. angina pectoris
20. constipation
21. stroke / cardiovascular accident (CVA) prevention
22. back pain
23. congestive heart failure
24. obesity
25. chronic obstructive pulmonary disease (COPD) / emphysema

Comparable information can be derived from the aggregate data from the completion of the

Self-Assessment Tool. The Self-Assessment Tool, which is part of the on-line Continuing Professional Development (CPD) Portal, has been available since 2008. Every year, 20 per cent of Part A pharmacists are required to complete the self-assessment. In 2010, approximately 2,600 pharmacists completed the Tool.

Table 2 provides information on the therapeutic issues most commonly seen by pharmacists in Ontario. This information was obtained from the aggregate data of the Practice Environment section of the Self-Assessment Tool, in which there were a total of 9,303 entries.

**TABLE 2: TWENTY-FIVE MOST COMMON THERAPEUTIC ISSUES REPORTED BY ONTARIO PHARMACISTS**

1. diabetes
2. hypertension
3. dyslipidemias
4. asthma
5. depression
6. vitamins / nutritional supplements\*
7. infectious diseases – other
8. arthritis
9. gastroesophageal reflux disease (GERD)
10. cough / cold
11. herbal remedies / natural products\*
12. constipation
13. chemotherapy\*
14. pneumonia
15. chronic obstructive pulmonary disease (COPD)
16. urinary tract infections
17. cardiovascular disease – other
18. congestive heart failure (CHF)
19. pain
20. cardiac arrhythmias
21. contraception
22. geriatrics
23. Alzheimer's disease / dementia
24. chemotherapy-induced side effects\*
25. allergic rhinitis

(\* medication / therapy - related categories rather than therapeutic issues)

Differences between these two lists (Table 1 and Table 2) could be related to the type of practice from which the information was derived, differences in the patient populations and/or differences in the method of documentation. Importantly, although there are a number of differences, there is also significant overlap indicating that a core group of conditions is prevalent in both jurisdictions.

Do the therapeutic issues that pharmacists encounter influence the continuing education topics that are of interest to pharmacists? The answer to this question can be derived from an aggregation of the learning objective data from the Education Action Plans in the Self-Assessment Tool (Table 3). A total of 8,992 entries were made in the Education Action Plans in 2010.

**TABLE 3: TOP TWENTY-FIVE CONTINUING EDUCATION TOPICS**

1. diabetes
2. herbal remedies / natural products
3. infectious diseases – other
4. cardiopulmonary resuscitation (CPR) / first aid
5. hypertension
6. chemotherapy
7. vitamins / nutritional supplements
8. depression
9. arthritis
10. asthma
11. pain
12. cardiovascular disease - other
13. dyslipidemias
14. bipolar disorder
15. drugs in pregnancy and lactation
16. cardiac arrhythmias
17. geriatrics
18. travel medicines
19. HIV / AIDS
20. angina

21. osteoporosis
22. psychiatric disorders – other
23. Alzheimer's disease / dementia
24. blood disorders – other
25. schizophrenia

Again, although there are some differences between these lists (Table 2 and Table 3), the similarities are quite apparent, indicating that the therapeutic issues that pharmacists commonly encounter do influence the type of continuing education (CE) that is planned. CE in these topic areas provides a means for pharmacists to remain current in treatment guidelines and develop the necessary skills needed in order to play a leading role in health promotion, disease prevention and chronic disease management.

It is interesting to note that many pharmacists identified CPR / first aid as a learning opportunity and it appears in the top five CE topics. The increased interest is most likely due OCP's new standards of practice which requires pharmacists to maintain certification in CPR and emergency first aid.

In addition to the CE topics listed here, growing interest for CE in professional skills was identified. Expanded pharmacy service, pharmaceutical care and communication skills were the top three topics identified in this category. 

<sup>1</sup> Cipolle, R., Strand, L., and Morley, P. (2004). *Pharmaceutical Care Practice: The Clinician's Guide*. 2nd Edition. New York, NY: McGraw-Hill.

# CONTINUING EDUCATION

Visit the College's website: [www.ocpinfo.com](http://www.ocpinfo.com) for a complete listing of upcoming events and/or available resources. A number of the programs 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](http://www.ocpinfo.com) and searching on "Regional Coordinators".

## GTA

**February 7-11, 2011**  
**TEACH Core Course: A Comprehensive Course on Smoking Cessation: Essential Skills and Strategies (Feb 7-9)**  
**TEACH Specialty Course: Integrated Chronic Disease Prevention: Addressing the Risks (Feb 10-11)**

Centre for Addiction and Mental Health (CAMH), Toronto, ON  
 Contact [teach@camh.net](mailto:teach@camh.net) or call 416-535-8501 ext.1600

**February 25-27, 2011**  
**Diabetes Level 1 Program**  
 Ontario Pharmacists Association (OPA)  
 BMO Institute for Learning – 3550 Pharmacy Ave, Toronto, ON  
 Contact Penny Young: 416-441-0788 ext. 2209, [pyoung@dirc.ca](mailto:pyoung@dirc.ca)

**March 25-27, 2011**  
**Diabetes Level 2 Program**  
**Ontario Pharmacists Association (OPA)**  
 The Old Mill Inn – 21 Old Mill Road, Toronto, ON  
 Contact Penny Young: 416-441-0788 ext. 2209, [pyoung@dirc.ca](mailto:pyoung@dirc.ca)

## Spring 2011

- Thrombosis Management
- Advanced Cardiology Pharmacy Practice
- Oncology for Pharmacists

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

**April 1-3, 2011**  
**Certified Geriatric Pharmacist Preparation Course (Part 1)**

**April 29-May 1**  
**Certified Geriatric Pharmacist Preparation Course (Part 2)**  
 Ontario Pharmacists Association (OPA), Toronto, ON  
 Contact Penny Young: 416-441-0788 ext. 2209, [pyoung@dirc.ca](mailto:pyoung@dirc.ca)

**April 7-10**  
**Certified Respiratory Educator Program**  
 Ontario Pharmacists Association (OPA), Toronto, ON  
 Contact Penny Young: 416-441-0788 ext. 2209, [pyoung@dirc.ca](mailto:pyoung@dirc.ca)

## INTERESTED IN EXPANDING YOUR NETWORK AND GIVING BACK TO THE PROFESSION?

### OCP IS LOOKING FOR REGIONAL CE COORDINATORS

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](http://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](mailto:rovais@ocpinfo.com)

**May 13-15, 2011**  
**Cardiovascular Patient Care Program**

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

**REGIONAL**

**February 4 – 5, 2011**  
**3rd Annual Ottawa Conference: State of the Art Clinical Approaches to Smoking Cessation**

University of Ottawa Heart Institute  
 Contact Lisa Mouchet: 613-798-5555 x 17573, lmouchet@ottawaheart.ca

**April 2, 2011**  
**Mise à jour/Update 2011**

The Ottawa Valley Regional Drug Information Service  
 Contact Linda Ahmad email: lahmad@toh.on.ca, tel: 613-737-8344

**June 9-11, 2011**  
**Ontario Pharmacists Association (OPA) Conference 2011**

Deerhurst Resort – Huntsville, ON  
[www.opatoday.com](http://www.opatoday.com)

**NATIONAL**

**April 3-5, 2011**  
**2011 CADTH symposium**

Vancouver, BC  
 Contact Donna Lachance: 613-745-8598 or symposium@cadth.ca

**May 28-31, 2011**  
**CPhA 99th Annual National Conference**

Montreal, QC  
 Contact: ncoll@pharmacists.ca  
[www.pharmacists.ca/conference](http://www.pharmacists.ca/conference)

**ON-LINE/ WEBINARS**

[www.pharmacisteducation.ca](http://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@dirc.ca  
[www.camh.net](http://www.camh.net)

CAMH on-line courses with live workshops in subjects including mental health, opioid dependence, motivational interviewing and substance abuse.

[www.opatoday.com](http://www.opatoday.com)  
 Vitamin D in Osteoporosis Drug Information and Research Centre (DIRC)

[www.opacti.org](http://www.opacti.org)  
 Online Clinical Tobacco Interventions for Health Care Professionals

[www.canadianhealthcarenetwork.ca](http://www.canadianhealthcarenetwork.ca)  
 On-line CE lessons

[www.rxbriefcase.com](http://www.rxbriefcase.com)  
 On-line CE lessons

[http://cpha.learning.mediresource.com/select\\_catalog.asp](http://cpha.learning.mediresource.com/select_catalog.asp)  
 CE lessons on the CPhA Home Study Online Learning Centre



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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](http://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) \* ▲**

December 15, 2009

**Regulations to the DPRA:**

Regulation 545 – Child Resistant Packages  
 Regulation 297/96 Amended to O.Reg. 173/08  
 Regulation 551 Amended to O.Reg. 172/08

**Drug Schedules \*\*****Summary of Laws**

June 2007 OCP  
 National Drug Schedules (NAPRA)  
 November 11, 2010 (or later)

**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 \* ▲**

October 25, 2010

December 3, 2010

**Regulations to the PA:**

Regulation 202/94 Amended to O.Reg. 451/10  
 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 December 2, 2010

All regulations current to November 30, 2010

Benzodiazepines and Other Targeted Substances Regulations  
 Marihuana Medical Access Regulations  
 Narcotic Control Regulations  
 Precursor Control Regulations  
 Regulations Exempting Certain Precursors and Controlled Substances from the Application of the Controlled Drugs and Substances Act

**Food and Drugs Act (FDA) & Regulations \*\* 🚫**

Act current to December 2, 2010

All regulations current to November 30, 2010

Cosmetic Regulations  
 Food and Drug Regulations  
 Marijuana Exemption (FDA) Regulations  
 Medical Devices Regulations  
 Natural Health Products Regulations  
 Processing and Distribution of Semen for Assisted Conception Regulations  
 Safety of Human Cells, Tissues and organs for transplantation Regulations

**To Schedule F: Pre-notifications**

Project 1665 Addition of Sapropterin and its salts (July 27, 2010)  
 Project 1665 Addition of Prasugrel and its salts (July 27, 2010)  
 Project 1665 Addition of Canakinumab (July 27, 2010)  
 Project 1665 Addition of Tocilizumab (July 27, 2010)  
 Project 1621 Addition of Dirlotapide, Firocoxib, Ibfloxacin and Maripotent and its salts (Feb 2, 2010)  
 Project 1624 Addition of Eculizumab, Olmesartan medoxomil, Romiplostim and Ustekinumab (Jan 2010)

**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**

OCP Required Reference Guide for Pharmacies in Ontario, October 2010

\* Information available at Publications Ontario (416) 326-5300 or 1-800-668-9938 [www-laws.govon.ca](http://www-laws.govon.ca)\*\* Information available at [www.napra.org](http://www.napra.org)

🚫 Information available at Federal Publications Inc. Ottawa: 1-888-4FEDPUB (1-888-433-3782)  
 Toronto: Tel: (416) 860-1611 • Fax: (416) 860-1608 • e-mail: [info@fedpubs.com](mailto:info@fedpubs.com)

▲ Information available at [www.ocpinfo.com](http://www.ocpinfo.com)



**PHARMACISTS ANNUAL MEMBERSHIP RENEWAL DUE MARCH 10, 2011**  
**PHARMACY ACCREDITATION RENEWAL DUE MAY 10, 2011**

*See pages 23-25 for details*