



Ontario College  
of Pharmacists  
Putting patients first since 1871

# PHARMACY CONNECTION

SPRING/SUMMER 2020 • VOLUME 27 NUMBER 2  
PHARMACYCONNECTION.CA

THE OFFICIAL PUBLICATION OF  
THE ONTARIO COLLEGE OF PHARMACISTS

## PHARMACY PRACTICE IN A PANDEMIC

*Making Mental Health A Priority* **19**

*Using Professional Judgment* **14**

*Adapting Practice to Meet  
Unique Challenges* **16**

*Working Together to Protect Patients  
and Support Pharmacy Practice* **12**

## ALSO IN THIS ISSUE:

A Shared Responsibility to  
Reflect, to Learn and to Act **5**

An Important Step Towards  
Minor Ailment Prescribing for  
Ontario Pharmacists **22**

AIMS: Identifying Areas  
of Risk with the PSSA **26**

New Designated Manager  
E-Learning Module **48**



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## BOARD OF DIRECTORS

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- Patient Relations
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- Drug Preparation Premises
- Elections
- Finance & Audit
- Professional Practice



(2019-2021)

# OCP STRATEGIC FRAMEWORK

## VISION

A trusted, collaborative leader that protects the public and drives quality and safe pharmacy care and improved patient outcomes.



## MISSION

The Ontario College of Pharmacists regulates pharmacy practice to serve the interests, health and wellbeing of the public.



## VALUES

**ACCOUNTABILITY**

**INTEGRITY**

**TRANSPARENCY**



## STRATEGIC PRIORITIES

Enhance system and patient outcomes through collaboration and optimization of current scope of practice

Strengthen trust and confidence in the College's role and value as a patients-first regulator

Enhance the College's capacity to address emerging opportunities and advance quality and safe pharmacy practice and regulatory excellence



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 registrants with other allied health care professionals; and to communicate our role to registrants 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 feedback 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.

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## CONTENTS

Message from the Board Chair . . . . .	4
A Shared Responsibility to Reflect, to Learn and to Act . . . . .	5
The Code of Ethics: Respect For Persons/Justice. . . . .	6
Practice Insight: Providing Respectful, Patient-Focused Care . . . . .	7
Registrar's Reflection . . . . .	10
Working Together to Protect Patients and Support Pharmacy Practice . . . . .	12
Pharmacy Practice During the Pandemic . . . . .	14
Adapting Practice to Meet the Unique Challenges of the COVID-19 Pandemic . . . . .	16
Making Mental Health a Priority for Pharmacy Professionals . . . . .	19
College Board Approval of Regulations an Important Step Towards Minor Ailment Prescribing for Ontario Pharmacists. . . . .	22
AIMS: Identifying Areas of Risk with the PSSA . . . . .	26
Board of Directors Update . . . . .	30
March Council Report. . . . .	32
June Board Meeting. . . . .	34
Quality Indicators Update. . . . .	36
Staying On Track for Full Implementation of Non-Sterile Compounding Standards . . . . .	38
College Introducing Practice Assessments for Pharmacists in Hospital and Other Healthcare Facilities . . . . .	40
Buprenorphine for Opioid Use Disorder Treatment: Focus on New Formulations and Alternative Induction Protocols. . . . .	42
Prepare for Change: Q&A with Kelly Grindrod . . . . .	48
Upcoming Changes to the College's Registration and Quality Assurance Regulations . . . . .	50
Discipline Decisions . . . . .	51
New Designated Manager e-Learning Module . . . . .	52
Focus on Error Prevention . . . . .	53



Dear Colleagues,

**Thank you.** Thank you for stepping up during this ongoing pandemic and doing everything you can to protect the public, keep your colleagues safe, and facilitate ongoing access to essential medications and services. Thank you for working so collaboratively with other healthcare providers and stakeholders to adapt to an ever changing landscape. You are there for our patients in the most necessary way during an incredibly challenging time.

COVID-19 has tested the profession in unprecedented ways. There have been many challenges, including a severe lack of personal protective equipment, panic-buying of medications, critical drug shortages, colleagues falling ill, and the quickly changing regulatory and legislative landscape. And yet through all of that, what I saw every day was a profession rising to the challenge and ensuring that the public's health and interests are protected. This edition of *Pharmacy Connection* includes articles to reflect on this experience thus far and help prepare for the coming months, including highlighting how the College has responded as a regulator, emphasizing important resources and practice reminders, and sharing how some pharmacies have adjusted their practice to ensure they can continue to provide care to patients.

I also recognize that the burdens have been heavy on many of you in your professional and personal lives. This edition includes an article on mental health resources for pharmacy professionals,

including the Ontario Pharmacy Health Program. I encourage anyone who is in need of support to reach out – we can't take care of our patients if we are not also taking good care of ourselves.

While the pandemic has transformed the healthcare system, it has also highlighted new opportunities for innovation and collaboration, including potential ways that pharmacy can play a larger role. This past June the Board of Directors approved draft amendments that would permit pharmacist prescribing for certain minor ailments. This expansion of scope, once approved by government, will enable pharmacists to take on a greater role in improving patient health outcomes. Through maximizing your knowledge and skills as medication experts to initiate, manage and optimize drug therapy, you can work with your patients to ensure that the care they receive is effective, appropriate and meets their individual needs.

As we move into the summer and look ahead to the fall in anticipation of continued challenges due to COVID-19 and seasonal influenza, the College will continue to monitor emerging issues, address barriers to practice, develop resources and guidance as necessary, and engage with pharmacy and health system stakeholders regularly. We are committed to working within our regulatory mandate to protect patients and support pharmacy professionals.

Part of our commitment as healthcare professionals, and as a College that exists to serve and protect the public,



Laura Weyland,  
R.Ph., B.Sc.Pharm  
**Board Chair**

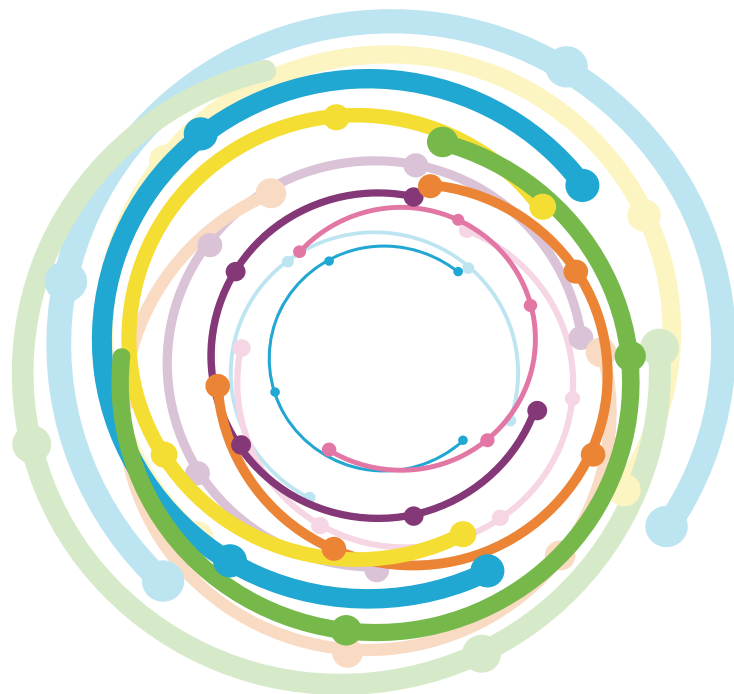
is to work towards making our society and health system more equitable for everyone. At its June meeting, the Board of Directors acknowledged the impact of systemic racism and discrimination in our society and committed to working collaboratively with stakeholders and the profession to ensure that pharmacy reflects the patient population it serves. Please read the joint letter from Nancy and me in this edition to learn more.

To all pharmacists and pharmacy technicians – thank you for your tremendous effort during these challenging times. Please stay safe.

A handwritten signature in black ink, appearing to read 'Laura Weyland'.

Sincerely,  
Laura Weyland

# A Shared Responsibility to Reflect, to Learn and to Act



The Ontario College of Pharmacists recognizes and honours the inherent worth and dignity of all human beings and we believe that there is no room in our society for racism and discrimination in any form—whether an overt act of hate and violence or a covert act of micro-aggression. And it is with sadness that we are witnessing history-making demonstrations south of the border and here in Canada that reveal the hurt, anguish, anger and frustration felt by victims of racism, discrimination and violence in our communities.

As a society, we must do better. The first step is to acknowledge that racism and discrimination exist. We must do our part as an employer, a regulator, and a health profession to speak up when we see injustice, to advocate for the equal rights of all members of the community, and to commit to removing barriers that prevent this.

We have known for some time that racism contributes to inequitable access to health care and in 2018, the Canadian Public Health Association called racism a public health crisis. Pharmacy professionals have contributed to the exceptional public health

response to the COVID-19 pandemic, and we strongly believe they can, together, play an important role in responding to this challenge as well.

It starts with making a commitment.

At its June 15th meeting, the College's Board of Directors acknowledged the impact of systemic racism and discrimination in our society. It subsequently approved a recommendation to work collaboratively with our academic partners to better understand how the student body in our professional schools represents our population, specifically as it relates to Black and Indigenous communities.

Educating ourselves is an important first step toward determining what strategies are required to ensure that pharmacy reflects the patient population it serves. Doing so will require a thoughtful and collaborative effort between the College, the province's pharmacy schools and pharmacy technician programs, and the profession as a whole. We have now started these conversations and expect to have more to share later this year.

We all must continue to listen, reflect and act on how we can contribute to the elimination of social injustice, from anti-Black and anti-Indigenous racism and racism against all people of colour, to discrimination against vulnerable populations and those who identify as LGBTQ2S+. Our [Code of Ethics](#) of the profession articulates the principles of beneficence and non-maleficence, fidelity and respect. As such, every pharmacy professional commits to upholding the principle of Respect for Persons/Justice, our "*dual obligations to respect and honour the intrinsic worth and dignity of every patient as a human being and to treat every patient fairly and equitably.*"

As health care professionals, we all must do better to work together to make our society and our health system more equitable and safer for everyone. 📺

Sincerely,

Laura Weyland,  
R.Ph., B.Sc.Pharm  
**Chair, OCP Board of Directors**

Nancy Lum-Wilson,  
R.Ph., B.Sc.Pharm., MBA  
**CEO and Registrar**

# THE CODE OF ETHICS:



## *Respect For Persons/Justice*

All persons are worthy of respect, compassion and consideration, which is demonstrated when there is respect for patients' vulnerability, autonomy, values, beliefs and right to be self-governing decision makers in their own healthcare. The principle of "Justice" requires that all patients are treated fairly and equitably. Key ethical standards, among others, require pharmacy professionals to:



*Practice patient-centered care and treat patients with sensitivity, caring, consideration and respect*



*Ensure that their views about a patient's personal life, religious beliefs, and other morally irrelevant factors such as race, gender, identity, sexual orientation, age, disability, marital status and any other factor(s), do not prejudice their opinion of the patient and affect the quality of service that they provide to the patient*



*Respect the patient's right to accept or refuse treatment and/or services offered, without prejudice*




*Advocate for the fair treatment and fair distribution of resources for those in their care*



*Provide fair and equitable access to pharmacy services and deliver consistent quality of care to all patients regardless of socio-economic status, culture, disease state or any other related factor that might unfairly bias patient care*

### LEARN MORE ABOUT RESPECT FOR PERSONS/JUSTICE

- [Read the Code of Ethics](#)
- [Watch the e-Learning Module for Respect for Persons/Justice](#)
- [Review the Framework for Ethical Decision Making](#)

The [Code of Ethics](#) articulates the ethical principles and standards that must guide the practice of pharmacists and pharmacy technicians. In recognition that it has been almost five years since the Board (Council) of the College approved the Code, one ethical principle will be featured in each upcoming edition of *Pharmacy Connection*. 

# Practice Insight:

## PROVIDING RESPECTFUL, PATIENT- FOCUSED CARE



*Practice Insight explores incidents reported to the College that present learning opportunities for pharmacists and pharmacy technicians. This **close up on a complaint** highlighted below encourages registrants and the broader pharmacy system to reflect on how they provide care to transgender patients.*

### A PROBLEMATIC ENCOUNTER AT THE PHARMACY

A patient, who is a transgender male, attended a pharmacy for a prescription for Vagifem®. The patient (who uses the pronoun "they") reported that the pharmacist, who was not a regular pharmacist at the pharmacy, stated that he could not dispense the medication as the patient's insurance company would not approve the claim, or would somehow hold him accountable for dispensing the prescription when he should not have, because the patient had a typically male name and the medication was for intravaginal use. The pharmacist also indicated that he wanted to ensure that the medication was appropriate for the patient and preferred to double check if there is any uncertainty. The patient asked whether the pharmacist could just speak to their prescriber

instead; but the pharmacist refused and instead gave them the choice of either paying out of pocket for now or waiting for the pharmacist to call the insurance company in three days (as it was a long weekend). The patient chose to wait.

When the patient was notified that the prescription was ready three days later, they spoke to the Designated Manager, who said that she did not know what the problem was and that the insurance company did not need to be contacted. The patient was confused about why they were denied the prescription in the first place and felt that the pharmacist was inappropriate in making a determination about whether the medication was appropriate for them based on their name or gender. The patient was upset that they had to disclose that they are transgender, when they had

previously received intravaginal prescriptions without incident. They felt that their dignity and access to medication was compromised.

### OUTCOME FROM THE INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE

Upon reviewing the complaint, a panel of the College's Inquiries, Complaints and Reports Committee noted that pharmacists have a professional responsibility to ensure that a prescription is correct and therapeutically appropriate. Therefore, the panel felt it was appropriate for the pharmacist to use his professional judgment by asking the patient about the suitability of the medication for their needs.

However, while the panel noted the patient's comments that they believed the pharmacist intended to be respectful in his

communications with the patient, there was a missed opportunity for the pharmacist to ensure that the patient fully understood why he was asking these questions and to be clearer about the course of action he was taking. Ultimately, this resulted in the patient feeling uncomfortable and vulnerable, as well as having access to their medication delayed.

The panel did recognize that systemic discrimination may have played a role in this incident, particularly in the limitations or conditions imposed by insurance companies on access to intravaginal medications for male patients. They noted that one option for the pharmacist was to dispense the prescription as written and ensure he documented his decision-making process in case there were any issues in the future.

In this case, the pharmacist, upon his own initiative after the incident, sought out additional education regarding caring for transgender patients and apologized to the patient. The panel also reminded the pharmacist of his obligations under the Standards of Practice related to communication and ethics.

The panel felt that the complaint was an opportunity to remind the profession as a whole of the importance of having appropriate education and knowledge to provide care to transgender patients and the importance of effective communication that speaks to potential patient concerns.

## LEARNINGS FOR PHARMACY PROFESSIONALS

The Code of Ethics requires pharmacy professionals to embody the principle of respect for persons/justice, actively and positively serve

and benefit patients and society, and prevent harm. In reflecting on the scenario above, pharmacists and pharmacy technicians can consider how they work to respect patients, how to improve their own knowledge and when to seek more information, and how to ensure they are communicating clearly and listening thoughtfully.

Pharmacy professionals must practise patient-centred care and treat patients with sensitivity, caring, consideration and respect. They should look for, and be aware of, their own potential biases that may impact how they communicate or care for patients. The Code of Ethics requires pharmacists and pharmacy technicians to ensure that their views about a patient's gender, identity, sexual orientation, personal life, religious beliefs or other morally irrelevant factors do not prejudice their opinion of the patient and affect the quality of service they provide.

Pharmacists must apply their cognitive skills to ensure that the patient receives the correct and appropriate prescription – this can include asking questions to clarify the purpose of the prescription and its appropriateness for the patient. However, pharmacists must also be aware that the purpose or need for these questions may not be obvious to the patient. Careful communication must be used to ensure that the patient understands the purpose of these inquiries and how they impact the care provided.


Pharmacy professionals should also be aware of potential sensitivities and vulnerabilities for patients when discussing issues related to sexuality and identity, and ensure that these conversations are happening in a confidential, private manner, with appropriate language.

The focus should be on seeking only information that is considered reasonably necessary for making informed decisions about the patient's health and treatment.

When providing care to transgender patients, healthcare providers are encouraged to follow the patient's lead on terminology and to ask open ended questions (see the [University of Toronto Faculty of Medicine – Infographic on providing care to LGBTQ+ patients](#) for examples). Pharmacy professionals may need to engage in further professional development and education to provide care that is reflective of the concerns and needs of the diverse patient population.

While individual pharmacists and pharmacy technicians may apply these learnings to their own practice, they can also look for opportunities to advocate for the fair treatment of their patients on a broader level, such as working with all members of the pharmacy team to ensure that the pharmacy as a whole is welcoming to transgender patients.

When possible, pharmacy professionals can also work collaboratively (with other healthcare providers, insurance providers etc.) to address incidents of systemic discrimination that affect their patient's access to appropriate care.

Ultimately, pharmacists and pharmacy technicians are expected to demonstrate professionalism and apply ethical principles in their daily practice, maintaining the patient's best interest as the core of all activities. 



## SELECTED RESOURCES ON PROVIDING CARE TO TRANSGENDER PATIENTS

- [Ontario Pharmacists Association – An Introduction to Caring for Trans Patients in the Pharmacy](#)
- [Canadian Pharmacists Association – Smashing Stigma: Practice Tools and More to Help Your LGBT2SQ Patients](#)
- [University of Toronto Faculty of Medicine – Infographic on providing care to LGBTQ+ patients](#)
- [Ontario Human Rights Commission: Policy on Preventing Discrimination because of gender identity and gender expression](#)
  - [Appendix C: Best practices checklist](#)
- [Rainbow Health Ontario](#)
  - [Guidelines for gender-affirming primary care with trans and non-binary patients](#)
- [The 519's Glossary of Terms](#)
- [Human Rights Campaign – Providing LGBTQ-Inclusive Care and Services at Your Pharmacy](#)
- [World Professional Association for Transgender Health – Standards of Care](#)



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# REGISTRAR'S

## Reflection

Reflection

REGISTRAR'S

### *The Opportunity of a Changing World*

*The world around us has changed dramatically over the past several months. It is impossible to go about our professional and personal lives without being immersed in the realities of the COVID-19 global pandemic, and the impact it has had on us, our health system and our economy, or the harsh reminders of systemic racism and discrimination in our society.*

But with change comes opportunity – for a vaccine in the near term, for society to finally hear the suffering of our racialized communities and push for action, for better patient outcomes and a more sustainable healthcare system with the acceleration of technology use to support care, and for better access to care with the expansion in scope of practice for pharmacists.

How will the profession respond to the opportunity? One of the true tests of the strength of a profession is how it responds to change and contributes to meaningful and lasting solutions that make our society better for everyone – for patients, the health system and the community at large.

#### **COVID-19: a collective rise to the challenge**

Pharmacy professionals respond by rising up to the challenge. As Premier Ford acknowledged in one of his daily media briefings in late June, pharmacy professionals are making a tremendous contribution to the province's ability to respond to the pandemic and deserve our collective gratitude.

There is no question that our collective experience with our current public health crisis has caused great strain, anxiety and frustration for everyone in our community. As it became clear in February that we were on the precipice of a global pandemic, there was a realization that despite preparedness efforts that many organizations, including the College, have implemented over the years, a public health crisis of this scale and significance was, and still is, unprecedented in our lifetime. New strategies needed to be conceived, new policies created, new solutions developed and implemented – all while learning from the rapidly evolving challenges that this public health crisis has thrown at all of us every day.

For all healthcare professionals, including pharmacies and pharmacy professionals, this was an immense challenge and also an opportunity to rethink our propensity to cling to “the way things are done.” The shift to virtual care, finding new ways to deliver care, and the collaboration across health professions have resulted in a better appreciation for what each of us brings to the table and the start of a stronger foundation on which to build for the future.

## Building momentum towards shared accountability principles

A stronger foundation also means addressing the challenges within the pharmacy profession to support the change to broader scope, strengthened professionalism and improved quality and safe patient care. We have heard through our many consultations and Regional Meetings that we need to work together to address the challenges in the community pharmacy practice environment. We have a shared accountability to make change in the practice environment and sustain it, but we need the commitment of all partners, including our front line professionals. The College has a role to play in laying the foundation by leading the development of shared principles and ensuring they are upheld.

**“One of the true tests of the strength of a profession is how it responds to change and contributes to meaningful and lasting solutions that make our society better for everyone”**

Industry leaders, owners and front line pharmacy professionals build on the foundation by participating in the development of shared principles and committing to working together to uphold and act on them, holding each other accountable for implementation and seizing opportunities that support professionalism. Patients and the public support the foundation by holding us all accountable to ensuring we continue to nurture a positive practice environment, understanding the role of the profession, communicating their expectations in the level of care and giving the profession the time to provide that care.

These are early days and we look forward to continuing the work with our Community Practice Environment Advisory Group (CPEAG) to develop a set of shared accountability principles. Please watch for more updates as this work moves forward over the coming months. More information is available on our website under [Key Initiatives](#).

We owe it to ourselves and each other to enable an environment that supports optimal care from the profession to improve quality and safe patient care. The alternative is a profession that becomes irrelevant, and in the end, it is the public that loses the benefit of the knowledge and access to care that the profession brings.

## Embracing change for a better society

In this issue of *Pharmacy Connection* you will see a statement published jointly by myself and Laura Weyland, Board Chair, which emphasizes that we all must take the time to reflect, learn and act when it comes to the elimination of systemic racism and discrimination in our society. Doing so is not the responsibility of a single group or institution, but is a collective duty that everyone in our society shares.

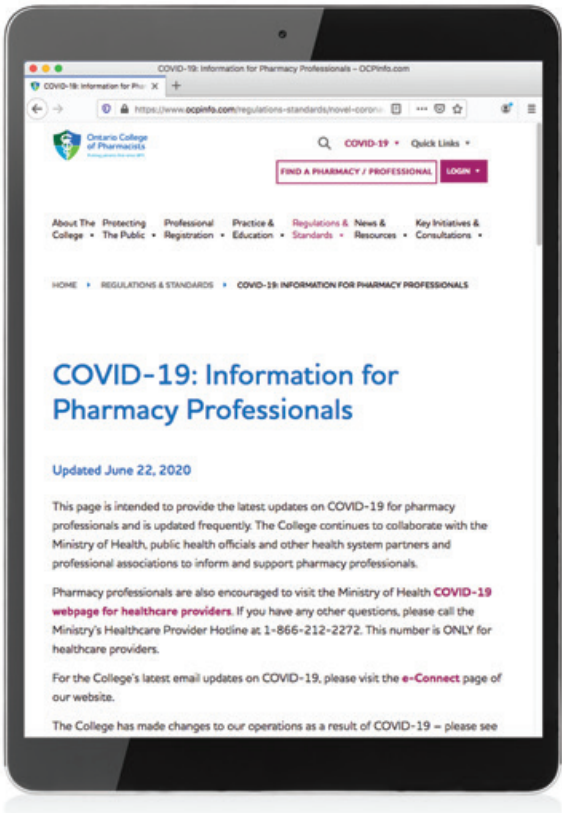
As pharmacy professionals, we must continue to hold ourselves and each other accountable to the Code of Ethics that clearly states expectations of our profession and emphasizes just how important a role those who work in pharmacy can play in contributing to safer, more inclusiveness and fair communities for all. Please take time to reflect on your obligations as a pharmacy professional, including reacquainting yourselves with each of the e-learning modules we've developed on the Code of Ethics to support your own reflection as well as the discussions that we encourage all of you to have with your colleagues and teams on how we can collectively contribute to the elimination of racism and discrimination in all its forms in our health system and society. **PC**

Sincerely,  
Nancy



# WORKING TOGETHER

## to Protect Patients and Support Pharmacy Practice



*Throughout the COVID-19 pandemic, the College shifted its focus to support the profession’s response to the pandemic in line with its legislated role and duty as a regulator committed to protecting the interests, health and wellbeing of the public. In providing support for the profession, OCP has worked collaboratively with health system partners, including regulators, pharmacy associations, government and others, to monitor and identify needs and issues and develop needed practice and policy-related resources and communication.*

In particular the College has focused on:

- **Developing, informing and updating practice guidance and policies** to address questions from registrants and emerging issues in practice. External resources were regularly reviewed to identify those that would be of value to registrants.
- **Addressing barriers to practice** as identified through registrant communication to the College and engagement with stakeholders, such as difficulties in providing continuity of care for patients when prescribers were working remotely, by developing new guidance to registrants.
- **Amending regulations** once Health Canada issued temporary amendments to the CDSA regarding pharmacist ability to transfer, refill, renew and adapt controlled substances prescriptions to enable these changes to take effect in Ontario, once approved by government.
- **Monitoring and responding to inquiries and emerging priorities** related to COVID through regular stakeholder meetings and discussions with professional associations, other regulators and government to understand emerging issues and share resources and knowledge within a rapidly evolving public health crisis.
- **Maximizing our communication channels** by developing COVID hubs on the OCP website that allowed quick access to topics of interest to registrants and the public, and using e-Connect as



the primary method of quickly sharing new information with pharmacy professionals.


COVID-19 remains a constantly evolving public health concern for everyone and the College continues to closely monitor the latest developments in the health system's response to the pandemic. This includes anticipating challenges associated with a potential second wave of the pandemic later this fall when annual influenza season also becomes a reality. As it does, the College will apply learnings from the experiences with the pandemic to date and will

continue to engage stakeholders as part of a collaborative approach to supporting the profession during the pandemic to provide care to their communities safely and effectively.





## ADJUSTING COLLEGE OPERATIONS

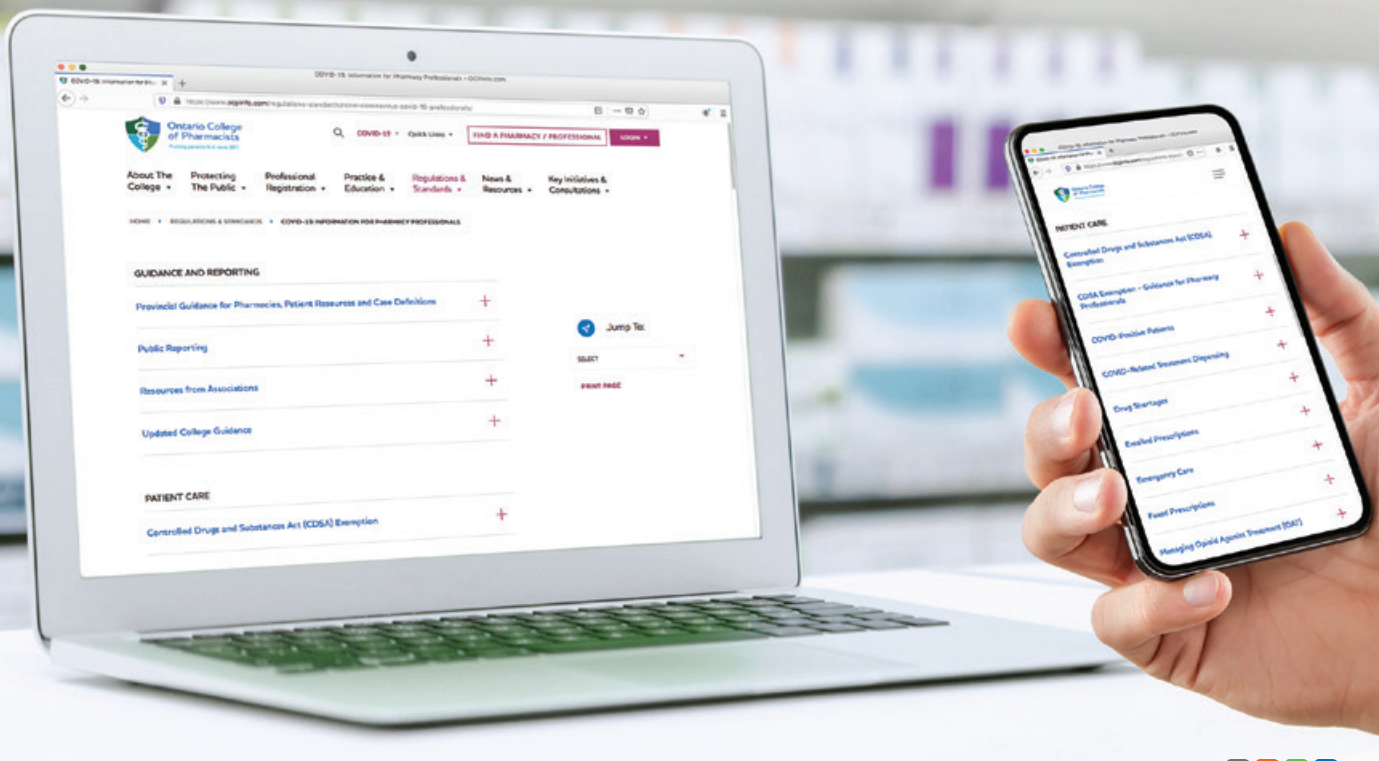
In response to the public health concerns related to the emergence of COVID-19 in Ontario and as we concentrated our efforts on supporting pharmacy during the pandemic, the College has made a number of adjustments to its operations. This included shifting to virtual office operations, hosting

virtual Board and Committee meetings, and, starting this summer, facilitating comprehensive remote video practice and pharmacy operational assessments, among other changes as the College maintains its regulatory responsibilities in consideration of current public health measures. Be sure to watch for updates in e-Connect and visit the website for additional updates regarding College activities and program adjustments.

For the latest updates from the College, please visit the [COVID-19 webpage for Pharmacy Professionals](#). 

## AVAILABLE ON THE COLLEGE WEBSITE

-  Links to expert resources from public health, the government of Ontario and pharmacy associations.
-  Guidance on COVID-specific practice issues.
-  Information to support the health and safety of pharmacy professionals.
-  Resources for pharmacy operations to help maintain safe and quality care.





# Pharmacy Practice

# DURING THE PANDEMIC

*The COVID-19 pandemic has presented new and unprecedented challenges for pharmacy professionals over the past few months. The College acknowledges the significant efforts put forth by pharmacists and pharmacy technicians to support patients and the public throughout the pandemic and recognizes that certain adjustments to practice have been required in order to protect staff and patients.*

As pharmacy professionals adapt to the changing needs and realities of practicing in a pandemic, it is vital that registrants continue to adhere to the Code of Ethics and Standards of Practice. The College has provided guidance addressing many specific questions on the [COVID-19 for Pharmacy Professionals webpage](#) and through e-Connect.

## UTILIZING PROFESSIONAL JUDGMENT

Pharmacists and pharmacy technicians are relied upon to use their knowledge, skills and judgment to make decisions that positively enhance health outcomes for patients and provide patient-focused care. This professional judgment is founded on always having the best interests of patients in mind, taking into consideration the unique circumstances of each situation.

The College often receives questions from registrants asking for a solution to a specific scenario.

Pharmacists and pharmacy technicians know their patient and the situation best and must ultimately use the resources they have, including the Standards of Practice, the Code of Ethics, policies and guidance, and consultations with colleagues, to make an informed decision that they feel optimizes the health outcomes of their patient. One helpful resource for this is the [Framework for Ethical Decision Making](#).

When providing patient care throughout the pandemic, pharmacy professionals are encouraged to use their professional judgment within the overall intent of the legislation, standard or policy. For example, where delivery of a prescription directly to a patient and obtaining a signature is not possible due to a health status (such as being COVID-positive), pharmacy professionals can use their professional judgment to ensure that the prescription has been dispensed to the right patient and that opportunity for loss/theft is minimized. This could occur through a phone call or virtual check-in.


During public health emergencies, pharmacy professionals may also be more likely to encounter situations where patients require emergency care in order to prevent or reduce risk of imminent severe harm. In such circumstances, pharmacists may apply professional judgement to address the patient's immediate needs and provide care, such as prescribing a rescue/reliever inhaler for a patient suffering from an acute asthmatic reaction or rendering other temporary assistance, in addition to what is currently permitted within the current scope of practice related to adapting and renewing prescriptions (see the College's [Initiating, Adapting and Renewing Prescriptions guideline](#)).

Additional examples, such as receiving prescriptions by email, managing drug shortages and dispensing limits, establishing virtual care, enabling access to opioid agonist treatment and avoiding close contact with COVID-patients, have been significant challenges for pharmacy professionals. While the College has provided guidance and resources where possible on the [COVID-19 for Pharmacy Professionals webpage](#), it is fundamentally up to the registrant to use their professional judgment to determine the best course of action, while ensuring that the patient's best interest comes first.

## THE IMPORTANCE OF DOCUMENTATION

Appropriate documentation of actions and decisions throughout the pandemic is important, especially where they may vary from established processes, such as making modifications to sterile compounding due to PPE shortages or not obtaining a signature for a prescription delivery.

Depending on the situation, documentation should include, but is not limited to, decisions made, the rationale for doing so and what, if anything, has been done to mitigate any risk to patients and staff. This documentation can demonstrate accountability for decisions and actions, address questions or concerns that may be raised later, enable collaboration and consistency among colleagues at the pharmacy and support continuity of care for patients.

For more resources related to documentation, visit the [Documentation Practice Tool](#) on the OCP website. 

# RESOURCES

## for Pharmacists and Pharmacy Technicians

The College has received many questions from registrants throughout the pandemic. Many of these have been addressed on the [COVID-19 for Pharmacy Professionals webpage](#), including:

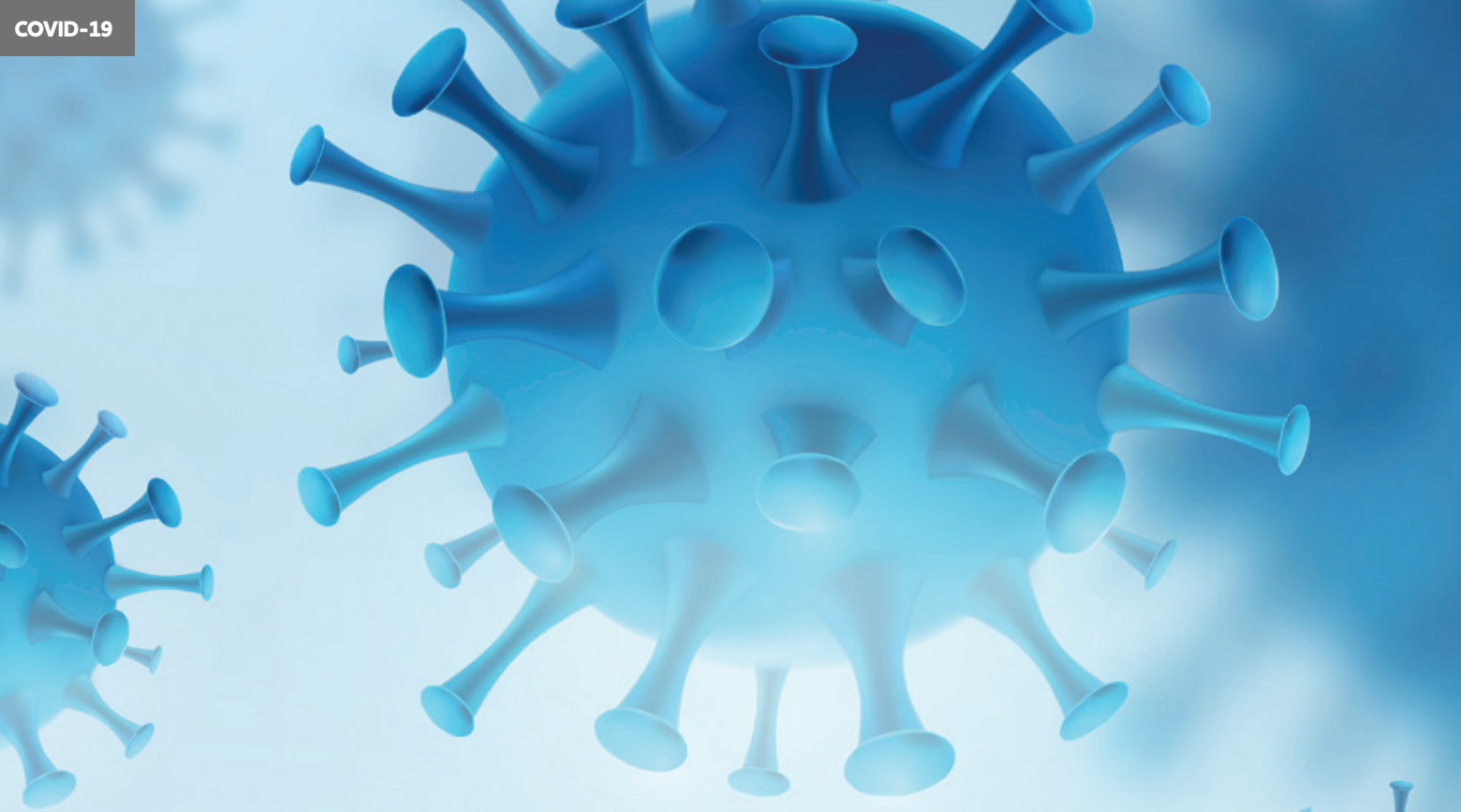
- What can I do under the CDSA Section 56 exemption?
- How do I safely serve COVID-positive patients?
- Can I receive emailed prescriptions from a prescriber?
- Can I deliver prescriptions without getting a signature from the patient?
- Can I compound hand sanitizer?
- How do I receive post-consumer returns?
- How do I temporarily close my pharmacy?

The College has also created and updated many fact sheets, guidance documents and policies to support registrants in providing patient care during COVID. These include:

- [Policy – Centralized Prescription Processing \(Central Fill\)](#) – temporary addendum allowing for prescriptions to be delivered directly to patients if necessary
- [Guidance – Prescribing and Providing Controlled Substances During the Coronavirus Pandemic](#)
- [Temporary Method for Transmitting Prescriptions via Unsecure Email During COVID-19](#)
- [Fact Sheet – Delivery of Prescriptions](#)
- [Guidance – Shortages of Personal Protective Equipment \(PPE\) for Sterile Compounding During Coronavirus Pandemic](#)

Pharmacy professionals should continue to read [e-Connect](#) regularly to remain informed about new resources and guidance from the College.





# ADAPTING PRACTICE

*to Meet the Unique Challenges  
of the COVID-19 Pandemic*

By Stuart Foxman

*The COVID-19 pandemic has meant that pharmacy professionals in all settings have had to pivot quickly to ensure that they can continue to provide safe and quality care to patients. This includes using professional judgement to make decisions in the best interests of their patients, optimizing their scope of practice to address*

*specific needs, and working collaboratively with colleagues and other healthcare professionals to support access to care. In this article, two pharmacists offer insight into how they adapted their practice to support their patients' healthcare needs.*



When the Queensway Carleton Hospital in Ottawa decided to transform a hotel floor into a temporary patient ward in late April, the pharmacy team had to act quickly.

The hospital wanted to free up beds for COVID-19 patients, so they relocated some non-COVID patients to a floor at the Fairfield Inn & Suites, about 10 minutes away. That was in alignment with the government's emergency order, under the *Public Hospitals Act*, to use additional premises for the purposes of a hospital. The hotel was closed to guests because of the pandemic. Among the logistics to consider: providing medications to patients.

Joe Dagenais, R.Ph., Pharmacy Director at Queensway Carleton, had an automated dispensing cabinet (ADC) installed in the hotel. ADCs aren't new, but he had never used one offsite. Medication orders written at the hotel were faxed to the hospital for timely review by the pharmacy.

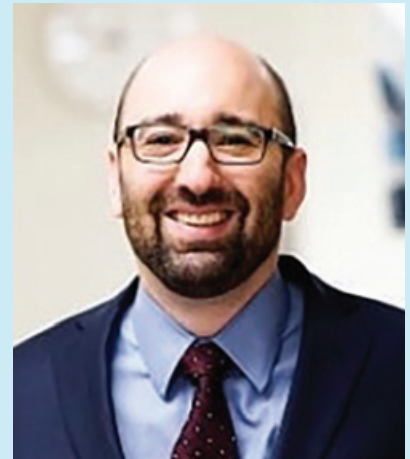
Orders were entered in the electronic health record system. Queensway Carleton's IT team linked up the ADC so that pharmacy-reviewed orders could be profiled on the cabinet. When nurses withdrew meds, they were taking them out against these orders, says Dagenais.

Pharmacy shipped meds to the hotel via courier, using numbered and sealed tags to avoid tampering. For narcotics, the pharmacy technicians went to the hotel to load the ADC. Everything was done with a patient safety lens, says Dagenais.

He wasn't the only one having to pivot quickly and safely. So was Kristen Watt, R.Ph., across the province in Saugeen Shores, a



**Kristen Watt, Owner,**  
Kristen's Pharmacy, Saugeen Shores



**Joe Dagenais, Pharmacy Director,**  
Queensway Carleton Hospital, Ottawa

small town nestled against Lake Huron in southwestern Ontario. Within a week, she went from active screening of patients, to transacting through a giant plastic sheet at the door of Kristen's Pharmacy.

Watt found herself doing high volumes of phone consultations – so many that she installed another line. "At that point in the early days of the pandemic, the only things open were the gas station, grocery store and pharmacies," she says.

The pandemic required many changes to community and hospital pharmacy practices to continue serving and protecting patients.

Everything happened fast. Patients began asking Watt about COVID-19 in January. She wasn't especially concerned then. Why would she be? Canada didn't even have a case yet. "The flu was more important," says Watt.

She urged her patients to get the flu shot and practice good hand hygiene. The scale of what was to come with COVID-19 was hard to fathom. "It didn't hit me yet," Watt says.

Nor did it for Dagenais. When he heard reports about COVID-19 spreading in China, then into Europe, he worried about containment. Still, it wasn't until Canada closed its borders that he felt how huge this might become. Even then, "we had no way of knowing," he says.

COVID-19 has tested pharmacists' abilities to respond to changing circumstances. Like others, Queensway Carleton and Kristen's Pharmacy had to ramp up new ways to work amidst the uncertainty.

Watt was already providing free medication delivery, and asked the local emergency department to fax all prescriptions. She collaborated with other healthcare providers to ensure continuity of care. For instance, after a patient called with a suspected UTI, Watt contacted the patient's doctor. The doctor, comfortable with Watt's assessment and knowing the patient's history of UTIs, gave a verbal order for an antibiotic.

Kristen's Pharmacy became a healthcare hub. Many patients were worried about stepping foot

CHALLENGES OF THE COVID-19 PANDEMIC

in a hospital, so they called Watt for advice. "I was triaging," she says.

One patient was afraid to travel to Toronto to get an Eligard<sup>®</sup> injection for his prostate cancer. He asked if Watt could do it. While she has the scope to handle subcutaneous injections, Watt had never administered this particular drug. She did research, looked over the product monograph and talked to the patient's physician.

"I said I feel confident I could do this with your approval," says Watt.

She got a direct order from the physician authorizing her to administer the injection, and has injected Eligard<sup>®</sup> twice now, the last time in PPE (goggles, mask, gloves and lab coat) at the patient's home. Watt was able to help the patient maintain his cancer treatment and eliminate his fears about leaving town.

To ease community concerns, Watt constantly posted information on

"In any crisis, you have to ensure people have authority to do what needs to be done," he says.

The team looked at which practices were essential, and which didn't have to happen face-to-face. "We wanted to maintain PPE supplies, and keep staff and patients safe," says Dagenais.

Some services changed. Instead of taking best possible medication histories at the bedside, pharmacy technicians performed them by phone. Some did them from home too, when they were quarantined after contact with a COVID-19 positive individual.

Dagenais didn't want to stockpile certain drugs, but worried about being caught short. "We heard horror stories out of Italy, about hospitals running out of critical ICU medications," he says. A flood of patients could have exhausted a three-week supply in a matter of days.


"Remaining calm with the swirl of confusion going on," he says. To Watt, it's managing the anxiety of staff and patients, and the information flow.

Both cite unintended benefits too. The experience at the hotel is helping Dagenais to optimize medication distribution practices. "We're trying to ensure patient safety while improving nurses' access to meds," he says.

As Queensway Carleton resumes many surgeries, he also hopes to tweak pharmacy's role in pre-operation assessment clinics. COVID-19 forced more virtual interactions, and Dagenais feels many can continue. With pre-op, pharmacy technicians did a best possible medication history in an assembly line format, 15 minutes per patient. Dagenais is looking to make that step virtual, perhaps on a separate day prior to the scheduled operation date.

"Patients need to be in the hospital for the least amount of time. This is one way pharmacy can contribute," he says.

Watt says COVID-19 shed a light on the multi-dimensional role of the pharmacist, as she became a go-to resource.

"Our visibility in the community was in terms of being a healthcare provider, not just a medication distributor," she says. "We've always promoted ourselves as being the most accessible healthcare provider. Suddenly, we were exactly that. I had a call from a patient who didn't have a family doctor but said 'I heard you can get stuff done.' It's true. We use our full scope of practice to get stuff done." 

“COVID-19 shed a light on the multi-dimensional role of the pharmacist”

her social media feeds from local public health departments, and shared guidance on masks and other safety measures. Internally, the College bulletins were useful too. "There's no such thing as too much good information," she says.

In the early days of the pandemic, Dagenais focused on workflow and drug supplies. He doubled his inventory staff to track medications, and created a senior pharmacist position to handle many day-to-day decisions.

The regional directors of hospital pharmacies talked daily, then twice weekly, and pooled their data on medications. If one hospital needed a supply and another had it, they'd connect. For example, Queensway Carleton supplied a smaller site with Propofol, used for intubated patients.

"We decided as a region that we're not in this alone," says Dagenais.

What are the biggest challenges associated with COVID-19?

# MAKING MENTAL HEALTH A PRIORITY

## *for Pharmacy Professionals*

*The last few months have been an exceedingly challenging time for healthcare professionals - including pharmacy professionals - who have been coping with the many disruptions and hardships that COVID-19 has created while also trying to provide their patients with safe and quality care. The following article is intended to provide registrants with resources to help address concerns they have about their mental health or substance use.*





*When pharmacists and pharmacy technicians are dealing with mental health and substance use challenges, including addiction, stress, anxiety, depression or other conditions, the College’s goal is to recognize those challenges and support individuals to access the resources they need so that they can practise in a safe manner.*

*One of the ways that the College has facilitated this support is through a partnership with Lifemark Health to establish a program specifically for pharmacy professionals called the **Ontario Pharmacy Health Program**. This program can be accessed directly by pharmacy professionals in a confidential manner without involvement from the College.*

## ONTARIO PHARMACY HEALTH PROGRAM (OPHP) COMMON QUESTIONS FROM REGISTRANTS

OPHP is an assistance program administered by Lifemark Health offering assessment, case management, and monitoring services on behalf of the College. The program ensures that registrants receive appropriate health recovery and monitoring services and remain in stable recovery thereby allowing them to practise safely. Below are some common questions that pharmacy professionals have about the program.

### What services are offered to me?

OPHP offers a variety of services, including information and referrals to specific resources and services, case management services (for example, working with an individual’s healthcare professionals to facilitate treatment programs) and coordination of necessary assessments and monitoring.

### When should I consider contacting the program?

There are many reasons you might reach out to the OPHP, including:

- You or a family member are struggling with mental health or substance problems. Although the OPHP does not provide case management services for family members directly, they may be able to assist you in finding resources that could help your family member.
- Your normal mental health supports are not as effective or you need new supports.
- You need help navigating the mental health system.
- Your mental health or substance use is affecting your relationships, work or ability to engage in day to day activities.

Ultimately, it is when you feel that you are overwhelmed, struggling or just need help.

### Is a referral needed and what does the intake process look like?

No referral is needed. Once you reach out, you will speak with the OPHP intake team to triage your particular needs and will be directed to appropriate resources. If you need more assistance than a referral to information or resources, then an OPHP case manager will be assigned, and they will speak to you about the services available through the program that may be appropriate for your circumstance. The program is voluntary. Once you receive information from the case manager about the program you may choose to formally enroll in the program.

### What are the goals in working with the program?

The goal is to help you to recover to optimal function, including managing your illness and engaging in your home life, family, community and practice in positive ways.

### Is participation in the program confidential?

You may access this program directly and remain anonymous to the College. Access may also be facilitated by the College in limited circumstances (i.e. as part of a formal health inquiry). Information is only shared with the College by OPHP with your consent.

### Can the service be accessed anywhere in Ontario?

Yes. The OPHP has a network that includes resources throughout the province as well as virtual options. If there is not an established relationship in your location, then the OPHP will work with you to locate appropriate services.

### How do I access the OPHP?

Visit the [Ontario Pharmacy Health Program website](#), call 1-844-931-0007 or email [ophp@lifemark.ca](mailto:ophp@lifemark.ca).



## THE COLLEGE'S APPROACH TO SUPPORTING REGISTRANTS

Registrants may be concerned that if they (or others, such as employers) inform the College that they are experiencing health challenges that may be affecting their practice, they will experience disciplinary consequences. However, the College's inquiries into a registrant's health are conducted differently from the way the College investigates competence or conduct, recognizing the need for a supportive approach while protecting the public.

If the College starts a health inquiry (i.e. an investigation where the College has reason to believe that a registrant may be incapacitated), it may involve an independent medical examination, but may be resolved without resorting to a full fitness to practise hearing (where the Fitness to Practise Committee holds a hearing to determine whether a registrant is incapacitated and whether any limitations should be imposed on their certificate of registration). For example, the College may be satisfied if the registrant enrolls in an appropriate monitoring program with Lifemark Health, or a suitable alternative agreement involving ongoing treatment and monitoring, to ensure that the registrant's recovery is supported and the public is protected.

Employers must also support employees to practise in a safe manner, which could include referring employees to appropriate resources, such as the Ontario Pharmacy Health Program. Employers are also reminded that they have a mandatory duty to report to the College any termination of employment or revocation, suspension or imposition of restrictions on the privileges of a registrant due to incapacity. This reporting is intended to protect patients, but also identify pharmacy professionals who may benefit from additional support.

Registrants or employers who are unsure about reporting potential incapacity due to mental health or substance use can reach out to the College's Intakes team to discuss their obligations and options at 1-800-220-1921.

Ultimately, the College encourages pharmacists and pharmacy technicians to reach out for support early, so as to take good care of themselves and their families, while also upholding their commitment to provide safe and quality care for their patients. **Pc**

## COVID-19 SPECIFIC MENTAL HEALTH RESOURCES

- [Ontario Shores Centre for Mental Health Sciences – Healthcare Worker Assist](#)
- [CAMH – Mental Health Resources and Referrals for Healthcare Workers](#)
- [Mental Health Commission of Canada – COVID-19 Resources](#)
- [Canadian Mental Health Association – COVID-19 and Mental Health](#)

## GENERAL MENTAL HEALTH RESOURCES

- [Crisis Services Canada](#) – 1-833-456-4566. Suicide prevention and support
- [Distress and Crisis Ontario](#) Locate a local distress centre
- [Addictions and Mental Health Ontario](#) 1-866-531-2600. Information and support with a mental health or addiction crisis
- [BounceBack Ontario](#) – Free skill-building program to manage depression, anxiety, stress and worry
- [Wellness Together Canada](#) – Toolkit providing mental health and substance use support.



*College Board Approval of  
Regulations an Important  
Step Towards*

# **MINOR AILMENT PRESCRIBING FOR ONTARIO PHARMACISTS**



*In 2019, the Minister of Health asked the College to submit regulations to enable an expanded scope of practice for pharmacists that, among other things, would allow for prescribing of drugs for certain minor ailments. This expanded scope is intended to help ease the burden on the healthcare system, support streamlined care pathways, improve access to routine care in the community and support better patient outcomes.*

At the June 15, 2020 meeting, the OCP Board of Directors approved amendments to Regulation 202/94 of the *Pharmacy Act* Part VII.3 (Controlled Acts) that would enable pharmacists to prescribe medications in the American Hospital Formulary Service (AHFS) Pharmacologic–Therapeutic Classification system categories for 12 minor ailments (see table below for list.)

The regulatory requirements for prescribing were informed by extensive stakeholder engagement and anchored in the existing provisions for prescribing

for smoking cessation, which pharmacists have been authorized to do since 2012. The regulatory requirements include patient assessment, documentation and sharing information with the patient's primary care provider in support of continuity of care and inter-professional collaboration. In addition, pharmacists are required to provide the patient with the prescription and inform them of their right to fill the prescription at another pharmacy. **Please note that the government must approve the regulations before they come into effect.**

	CONDITION	AHFS CLASSIFICATION
1.	Urinary tract infection (uncomplicated)	<ul style="list-style-type: none"> <li>• Anti-infective Agents: Antibacterials. Sulfonamides (8:12.20)</li> <li>• Anti-infective Agents: Urinary Anti-infectives (8:36)</li> </ul>
2.	Dermatitis (atopic/eczema, allergic and contact skin rashes)	<ul style="list-style-type: none"> <li>• Skin and Mucous Membrane Agents: Anti-inflammatory Agents. Corticosteroids (84:06.08)</li> </ul>
3.	Insect bites (including tick bites) and urticaria (hives)	<ul style="list-style-type: none"> <li>• Skin and Mucous Membrane Agents: Anti-inflammatory Agents. Corticosteroids (84:06.08)</li> <li>• Antibiotic Tetracyclines (8:12.24)</li> </ul>
4.	Conjunctivitis (bacterial, allergic, viral)	<ul style="list-style-type: none"> <li>• Eye, Ear, Nose, and Throat Preparations: Anti-infectives. Antibacterials (52:04.04)</li> <li>• Eye, Ear, Nose, and Throat Preparations: Antiallergic Agents (52:02)</li> </ul>
5.	Allergic rhinitis (nasal symptoms from allergies)	<ul style="list-style-type: none"> <li>• Eye, Ear, Nose and Throat Preparations: Anti-inflammatory Agents. Corticosteroids (52:08.08)</li> <li>• Eye, Ear, Nose and Throat Preparations: Antiallergic Agents (52:02)</li> </ul>
6.	Candidal stomatitis (oral thrush)	<ul style="list-style-type: none"> <li>• Skin and Mucous Membrane Agents: Anti-infectives. Antifungals. Polyenes (84:04.08.28)</li> </ul>
7.	Herpes labialis (cold sores)	<ul style="list-style-type: none"> <li>• Anti-infective Agents: Antivirals. Nucleosides and Nucleotides (8:18.32)</li> <li>• Skin and Mucous Membrane Agents: Anti-infectives. Antivirals (84:04.06)</li> <li>• Skin and Mucous Membrane Agents: Anti-inflammatory Agents. Corticosteroids (84:06.08)</li> </ul>
8.	Hemorrhoids	<ul style="list-style-type: none"> <li>• Skin and Mucous Membrane Agents: Anti-inflammatory Agents. Corticosteroids (84:06.08)</li> <li>• Skin and Mucous Membrane Agents: Antipruritics and Local Anesthetics (84:08)</li> <li>• Skin and Mucous Membrane Agents: Miscellaneous Skin and Mucous Membrane Agents (84:36)</li> </ul>
9.	Gastroesophageal reflux disease (GERD)	<ul style="list-style-type: none"> <li>• Gastrointestinal Drugs: Antiulcer Agents and Acid Suppressants. Histamine H2-Antagonists (56:28.12)</li> </ul>
10.	Dysmenorrhea (menstrual cramps)	<ul style="list-style-type: none"> <li>• Central Nervous System Agents: Analgesics and Antipyretics. Nonsteroidal Anti-inflammatory Agents. Other Nonsteroidal Anti-inflammatory Agents (28:08.04.92)</li> </ul>
11.	Musculoskeletal sprains and strains	<ul style="list-style-type: none"> <li>• Central Nervous System agents: Analgesics and Antipyretics. Nonsteroidal Anti-inflammatory Agents. COX-2 inhibitors (28:08.04.08)</li> <li>• Central Nervous System agents: Analgesics and Antipyretics. Nonsteroidal Anti-inflammatory Agents. Other Nonsteroidal Anti-inflammatory Agents (28:08.04.92)</li> </ul>
12.	Impetigo (bacterial skin infection common in children)	<ul style="list-style-type: none"> <li>• Skin and Mucous Membrane Agents: Anti-infectives. Antibacterials (84:04.04)</li> <li>• Skin and Mucous Membrane Agents: Anti-inflammatory Agents. Corticosteroids (84:06.08)</li> </ul>





## APPROVAL OF MANDATORY EDUCATION REQUIREMENT TO SUPPORT PHARMACIST MINOR AILMENT PRESCRIBING

As the College proposed regulatory amendments to enable pharmacists to prescribe for certain minor ailments, it committed to identifying the appropriate parameters that optimize the knowledge and skills of pharmacists in support of performance of this act and overall delivery of safe, high quality patient care.

The OCP Board reviewed proposed education requirements to support this expanded scope of practice once regulations are formally approved by government. In consideration of the need to ensure pharmacists fully understand their ethical, legal and professional obligations of prescribing for minor ailments while meeting standards of practice, the Board approved the requirement for all Part A pharmacists to complete mandatory education – free to registrants and not to exceed two hours in length – on prescribing for minor ailments and that the education be completed within one year of its availability and before engaging in such practice.

The mandatory education will be focused on ensuring pharmacists fully understand their ethical, legal and professional obligations of prescribing for minor ailments while meeting established standards and providing safe, quality care to their patients. The mandatory education requirement **does not relate to clinical training**; the College will continue to expect that pharmacists who engage in this new authority, once approved by government, will have the required knowledge, skills and judgement to do so safely and ethically and in accordance with the Standards of Practice, Code of Ethics, and current clinical guidelines.

For complete details on the education requirement, please review the [materials from the June 15, 2020 Board meeting](#).

It is important to note that while other pieces of legislation, such as the *Public Hospitals Act*, may impact the ability of some pharmacists to practice to the full extent of this new authority, the regulations apply to the profession as a whole and are not specific to practice settings.



## A COLLABORATIVE, SYSTEMS-BASED APPROACH TO CONSULTATION

Recognizing that the ability to achieve sustainable, system-wide effects in the health system involves strengthening coordination of care and collaboration, the College has taken a collaborative approach to expanding scope of practice, engaging different parts of the healthcare system – patients, registrants, physicians, nurse practitioners and other healthcare providers, public health experts, professional associations, regulators and others – to gain valuable insights that have and will continue to inform the work to enable expanded scope of practice.

In order to achieve an understanding of where pharmacist prescribing for minor ailments could have the greatest impact on improving system and patient outcomes, the College engaged with key groups extensively over the regulatory development process.

These engagements included a formal open consultation, the establishment of the [Minor Ailments Advisory Group](#) (MAAG), a survey sent to all registrants, consultation with the public and patients through a series of facilitated focus groups, including the Citizen Advisory Group, consultation with pharmacy associations, and consultation with health professional associations and regulators. In total, the College received feedback from more than 1,000 stakeholders and individuals.

## GOVERNMENT MUST APPROVE REGULATIONS BEFORE PHARMACISTS CAN PRACTICE EXPANDED SCOPE

Board approval of the regulations for submission to government is the latest in a series of steps that are required before pharmacists can prescribe for minor ailments in Ontario. Now that the regulations have been submitted to the Ministry of Health, the government will review the submission and post the regulations on the provincial Regulation Registry prior to any

final government approval. No timeline has been established for final government approval.

In the meantime, the College is developing a comprehensive implementation plan aimed at supporting and informing the profession as well as the public and other health system stakeholders once regulations are approved. This will include exploring the availability of resources and tools to support the profession, updating policies and guidelines, developing a communications plan to inform the public and stakeholders, and creating an evaluation plan to monitor and assess the impact of these changes on the healthcare system and patient outcomes.

Further details regarding implementation and the mandatory education requirement for minor ailment prescribing will be communicated in the coming months as the College prepares for government approval of the related regulations. Please stay tuned to [e-Connect](#) and the [College website](#) for updates.


## UPDATE ON THE COLLEGE'S FALL 2019 REGULATORY SUBMISSION TO GOVERNMENT

Last November, at the request of the Minister of Health, the College submitted regulations to the Ministry aimed at allowing pharmacists to administer the influenza vaccine to children as young as two years old, renew prescriptions in quantities of up to a year's supply, and administer certain substances by injection and/or inhalation for purposes that are in addition to patient education and

demonstration. These regulations were [posted on the provincial regulatory registry](#) on June 12, 2020 as part of the government's regulation consultation period.

In addition, the College was asked to work with the Ministry to authorize pharmacists to perform certain point of care tests for certain chronic conditions. To enable this, changes need to be made to regulations under the *Laboratory and Specimen Collection Centre Licensing Act*. These [regulations have been posted](#) on the provincial regulatory registry as well.

The posting on the registry is a positive development and is an important step in the regulatory approval process. As a reminder, government approval is required before the regulations come into effect and no timelines for approval have been announced at this time.

Please stay tuned for all the latest updates regarding expanded scope of practice for pharmacists in e-Connect and on the OCP website. 

# *AIMS: Identifying Areas of Risk with the PSSA*

*The Pharmacy Safety Self-Assessment (PSSA)  
is now available on the AIMS Pharmapod  
platform and must be completed by community  
pharmacies by December 31, 2021.*



The PSSA is an informative quality improvement tool that acts as a baseline of the pharmacy's efforts to enhance patient safety over time. It can be used to proactively identify areas of potential risk, enabling pharmacy teams to plan improvement activities effectively and demonstrate system improvements.

The PSSA consists of six domains and is constructed with a focus on continuous quality improvement and implementation of concrete and tangible medication safety strategies. Under each domain are a series of statements that pharmacy teams can reflect on and determine the level of alignment of the pharmacy with the statement (i.e. always, sometimes, never). Where there is opportunity for improvement, actions should be created to address these opportunities.

## **THE SIX DOMAINS OF THE PSSA**

1. Comprehensive patient information
2. Communication
3. Medication storage, preparation and equipment
4. Training and education
5. Medication safety event management
6. Pharmacy processes and continuing quality improvement (CQI)

Once the assessment is complete, the actions, with defined delivery dates, will be summarized within the "Action Plan" in the AIMS platform for easy internal tracking. The PSSA takes a systems approach to patient safety rather than focusing on individual performance.

Under the AIMS Program, as required under the supplemental Standards of Practice and Standards of Operations, the PSSA must be completed within the first year it is available and then at least once every two or three years. It can be done more frequently if desired.

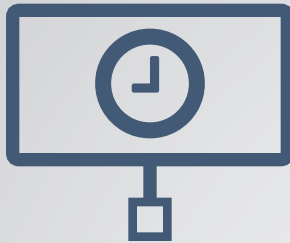
The College recently completed a preliminary rollout of the PSSA with selected community pharmacies in order to test it and collect feedback. The participants had very positive experiences with the PSSA, finding that it did not take them long and was easy to complete.

The College expects that community pharmacies will have completed the PSSA by **December 31, 2021**. This extended timeline, which is six months longer than the requirement in the supplemental Standard of Practice requiring completion of the PSSA in the first

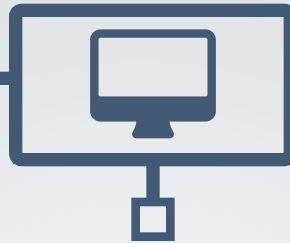
year of the program, recognizes that pharmacy professionals are currently dealing with many issues as a result of the ongoing COVID-19 pandemic.

While the Designated Manager is responsible for ensuring that the PSSA is completed, the whole pharmacy team should be involved with both the process and the implementation of ensuing improvements and actions. A user guide to support implementation of the PSSA is available in the platform.

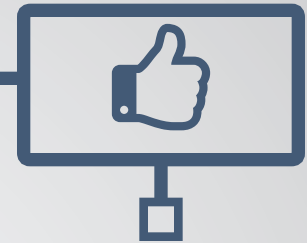
## What We Heard from the **PSSA PILOT GROUP**



**ALL** pharmacies were able to complete the PSSA in less than three hours



**MOST** pharmacies completed the PSSA in one session



Participants **STRONGLY AGREED** that the PSSA is useful in supporting medication safety

“Questions were very easy to understand and very specific.”

“User-friendly.”

“The assessment definitely allows for reflection and a critical evaluation of current practices.”

“Reviewed all the questions with various members of the team, specifically other pharmacists that I do not regularly observe in practice.”

“The PSSA module simplifies the process of reporting and makes the reporting easier by improving operational efficiencies.”

# Committing to Continuous Quality Improvement



**Record medication incidents and near misses in the AIMS platform**



**Identify learnings and actions to implement in the pharmacy**



**Reduce the risk of harm to patients and enhance patient safety**

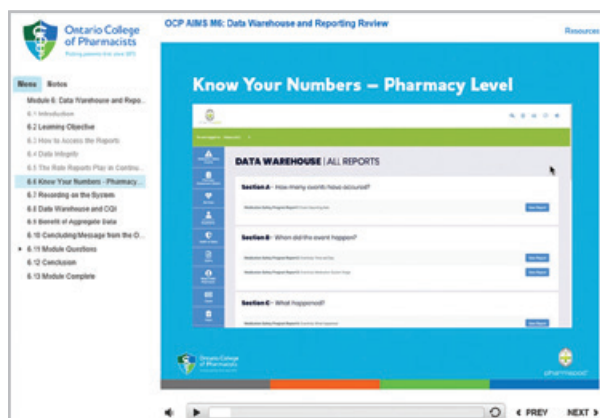
The success of the AIMS Program in improving patient safety in pharmacies, and across the province, depends on recording medication incidents and near misses promptly to the AIMS Pharmapod platform. Pharmacy professionals should actively participate in facilitating the integration of the AIMS Program in the pharmacy and supporting ongoing use of the platform as part of their collaborative work to improve the care provided to patients.

Designated Managers, owners and directors must enable and support pharmacy professionals in meeting the requirements of the AIMS Program, including ensuring access to the recording platform and associated tools and resources, and confirming that the mandatory AIMS Program web-based training has been completed. These e-training modules are available on the AIMS platform.

For more information about the requirements under the AIMS Program, please visit the [AIMS Standards and Expectations page on the OCP website](#)

## SETTING THE FOUNDATION FOR SUCCESS THROUGH TRAINING

Effective use of the AIMS platform requires pharmacy staff to have a full understanding of the medication safety program and how to use the tools available on the platform. To facilitate this understanding, the platform contains training modules for all users.





The six **mandatory** e-training modules focus on:

- Describing the difference between a medication incident and a near miss and identifying specific information required to ensure good quality recording of medication incidents and near misses
- Understanding the importance of using standardized terminology as part of the AIMS Program and locating these definitions
- Submitting a medication incident and near miss using the platform
- Describing what Continuous Quality Improvement is and how it can be implemented within the pharmacy
- Applying a root-cause analysis of medication incidents and near misses
- Generating reports and reviewing data from medication incidents and near misses

The modules together take less than an hour to do, with visual slides and a few questions to test understanding. They do not need to be completed at one time – the system will automatically save the place where the user was last.

All staff at the pharmacy are expected to complete the e-training.

### COMMONLY ASKED QUESTIONS ABOUT THE AIMS PROGRAM

The College recently updated the [Frequently Asked Questions on the AIMS Program on the OCP website](#). Here are a few of the most commonly asked questions about using the event-recording platform:

#### What if I am the Designated Manager at more than one pharmacy?

Each accredited community pharmacy requires a unique AIMS platform account. Designated Managers have the responsibility to onboard and activate the pharmacy account for each of their pharmacies.

If you are the Designated Manager at multiple pharmacies you will use your email address (the email address provided to the College under the registrant profile) to set up accounts for each of the pharmacies. Once you click the link and set up a password in ONE of the invitation emails received, you will be able to see each of your pharmacies on the 'Select Facility or Organization' page on the

AIMS platform. Please make sure to click into each of the pharmacy accounts on this page to activate each pharmacy.

#### What if there is a change in the Designated Manager at the pharmacy?

The Change of Designated Manager Form must be completed and submitted to the College. The change will be reflected on the College's pharmacy record upon the College receiving the completed and signed form. Once it is updated on the pharmacy record Pharmapod will be notified of the change and will contact the new Designated Manager to facilitate the transition.

#### How do I access each pharmacy where I work in the AIMS platform?


The Designated Manager is responsible for adding each pharmacy team member at each pharmacy. If you do not have access, notify your Designated Manager. Users can then log in to all of their pharmacies with the same email address and password. These pharmacies will appear on the 'Select Facility or Organization' page.

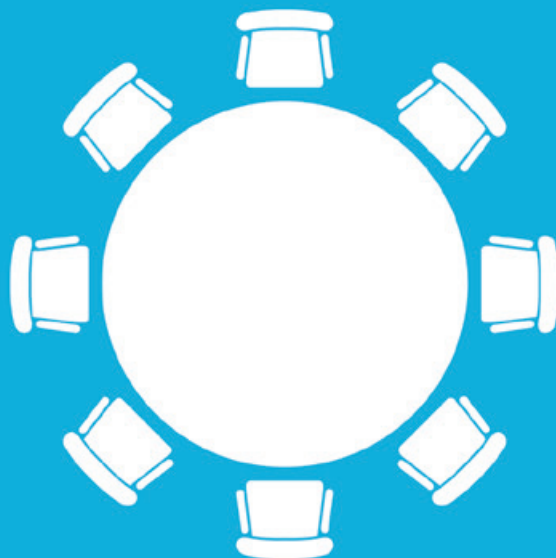


### TAKE TIME TO REVIEW THE EXPERT RECOMMENDATIONS TO PROMOTE PATIENT SAFETY

Released last year, the [Taking AIMS Bulletin](#) provided a preliminary analysis of medication event data collected by onboarded community pharmacies from Feb. 1, 2018 to May 31, 2019.

It established a solid foundation from which to further develop and provide information and recommendations for pharmacy and other health system professionals to enhance patient safety and reduce the risk of medication incidents and near misses.

All pharmacy professionals are encouraged to review the [Taking AIMS expert bulletin](#) and evaluate how the recommendations may be applied in their practice to help prevent medication incidents and near misses. 



# BOARD OF DIRECTORS: ELECTIONS UPDATE

*The Board election date has been announced and the application process is now open for those interested in running for election to the 2020-2021 Board of Directors.*


All registrants have been issued a notice from the College announcing that the election for the 2020-2021 Board of Directors will be held on **November 2, 2020**. This date was established following postponement of the original election date earlier this year due to the state of emergency declared by the provincial government in response to the COVID-19 pandemic.

As a result of changes to the College's governance framework and election procedure adopted in the College's [By-Law No. 6](#), a new process will be in place for this year's elections, including increased screening of applications and the elimination of electoral districts.

Registrants are asked to carefully consider the responsibilities, skills, and time commitment required to effectively fulfill a Director role before submitting their application. Prospective candidates are also required to have read the [2020 Director Profile](#), [College By-Law No. 6](#), and [Governance Manual](#) prior to submitting their application via the [OCP Recruitment Website](#).

Once an application has been submitted, candidates will be screened according to the process outlined in the Director Profile. **The deadline for submitting an application is August 14, 2020.**

## TRANSITION TO VIRTUAL MEETINGS

In consideration of provincial directives and social distancing measures recommended by public health authorities due to the COVID-19 pandemic, the College's Board of Directors (Council) meetings are now being held via video and teleconference. Board meetings remain open to the public via virtual viewing options, with access information available in the [Board meeting agenda](#). 

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# MARCH 2020

## COUNCIL MEETING

*As recorded following Council's regularly scheduled meeting held on March 23rd, 2020.*

***This meeting was held via video and teleconference in consideration of provincial directives and social distancing measures recommended by Public Health due to the COVID-19 pandemic.***

### **CONTROLLED DRUGS AND SUBSTANCES ACT (CDSA) EXEMPTION**

In response to the COVID-19 pandemic, Health Canada issued a short-term exemption under Section 56 (1) of the *Controlled Drugs and Substances Act* (CDSA) that authorizes pharmacists to prescribe, sell, or provide controlled substances in limited circumstances, or transfer prescriptions for controlled substances, subject to provincial laws and regulations.

As the provincial government must approve amendments to provincial regulations to enable some of these temporary provisions, the College presented draft regulations under *The Pharmacy Act* to allow pharmacists to renew and adapt prescriptions. Council reviewed and approved the draft regulatory amendments and the open consultation period was waived given the urgency of the matter. The amended regulations were submitted to, and subsequently approved by, the provincial government and are now in force in Ontario.

Please note that the CDSA exemption expires on the earliest of these dates: September 30, 2020, or the date in which it is revoked or replaced by another exemption. The federal Minister of Health may also change the terms and conditions of the exemption or suspend it, if deemed necessary to protect public health, safety or security.

### **REGULATION AMENDMENTS TO ENABLE EXPANDED SCOPE OF PRACTICE FOR PHARMACISTS**

In response to the Minister of Health's [request](#), the College presented Council with the draft regulations that will enable pharmacists to prescribe drugs

for certain minor ailments. Proposed regulatory amendments are due to the Minister on June 30, 2020. Council reviewed and approved the draft amendments to proceed to a 60-day open consultation. Accordingly, the College is now [seeking feedback](#) on the amendments to the General Regulation 202/94 of the *Pharmacy Act*, Part VII.3 (Controlled Acts).

### **DEADLINE FOR PHARMACY NON-STERILE COMPOUNDING STANDARDS**

The College proposed that, due to the evolving COVID-19 pandemic situation and the need for pharmacy professionals to focus on continuity of care and minimizing public risk, the deadlines for pharmacies to meet the NAPRA Model Standards for Pharmacy Compounding of Non-Sterile Preparations should be extended. Council approved the proposed one-year extensions to the original deadlines. The adjusted deadline for phase 2 (Personnel Training and Quality Assurance) is now July 1, 2021 and the adjusted deadline for phase 3 (Facilities and Equipment) is now January 1, 2022.

### **AUDITED FINANCIAL STATEMENTS**

Council reviewed and approved the College's 2019 audited financial statements prepared by management and audited by Tinkham LLP Chartered Professional Accountants. The Chair of the Finance and Audit Committee reported that the Committee reviewed the Auditor's Report and internal controls and met with the auditors via in-camera sessions both before and after the audit, and is satisfied that the financial reporting risks outlined in the audit planning are being appropriately addressed.



## PROPOSED BY-LAW NO. 6

Council ratified By-Law No. 6 effective March 23, 2020 following 60 days of open consultation. Over the last 18 months, Council has deliberated, considered and approved changes related to Council composition, competencies, and selection as well as the composition of statutory committees, which are operationalized in the By-Law. The new By-Law is reflective of governance best practices and will strengthen the ability of the Board to provide oversight that is transparently aligned with the mandate of OCP to serve and protect the public interest. As well, relevant nomenclature will be updated so that Council is now referred to as the Board of Directors, President and Vice President are now referred to as Chair and Vice Chair respectively, and members are now referred to as registrants. By-Law No. 6 also incorporates annual fee increases tied to the published consumer price index starting in 2021.

## REMUNERATION AND EXPENSES POLICY

Council reviewed and approved the proposed policy developed for remuneration and expense reimbursement for professional members of the Board and Committees, and future Lay Committee Appointees. Initially this policy was planned to come into effect on September 19, 2020 just prior to the first meeting of the new Board year. However, given the new environment of videoconferencing and teleconferencing adopted under public health guidance and provincial directives, it was proposed that the policy become effective March 23, 2020 to ensure that the Board and Committee appointees can be compensated for the meetings happening between March and September 2020.

## APPOINTMENT OF THE SCREENING COMMITTEE AND GOVERNANCE COMMITTEE

Council approved the appointments to the Governance and Screening Committees. Refer to the [Council materials](#) to view the composition for the Screening Committee and Governance Committee and a high-level synopsis of the mandate of each committee.

## NEXT COUNCIL MEETING

The next scheduled meeting will be held Monday, June 15, 2020, following a special Board meeting on April 22nd. Board meetings are open to the public and are held in the Board Chambers of the College at 483 Huron Street, Toronto, ON, M5R 2R4 or electronically if necessary. If you plan to attend, or for more information, please contact Ms. Sarah MacDougall, Board and Committee Liaison at [council@ocpinfo.com](mailto:council@ocpinfo.com). You can also follow highlights from the Board meetings via Twitter.

# JUNE 2020 BOARD MEETING

*As recorded following the Board of Directors' regularly scheduled meeting held on June 15th, 2020.*

***This meeting was held via video and teleconference in consideration of provincial directives and social distancing measures recommended by Public Health due to the COVID-19 pandemic.***

## **BOARD RECOGNIZES PHARMACY PROFESSIONALS FOR COVID-19 RESPONSE**

The Board Chair opened the meeting by offering acknowledgment and gratitude on behalf of the Board, Committees and staff to all of the pharmacy professionals of Ontario for their ongoing efforts to provide safe, quality care despite the unprecedented challenges and realities of the COVID-19 pandemic.

## **NEW PUBLIC MEMBER APPOINTED TO BOARD**

The Board welcomed the newest public member, Devinder Walia, to the College. Ms. Walia has been appointed to the Discipline and ICRC Committees.

## **REGULATION AMENDMENTS TO ENABLE EXPANDED SCOPE OF PRACTICE FOR PHARMACISTS**

The Board reviewed the final regulatory amendments to enable pharmacist prescribing for certain minor ailments subsequent to the latest open consultation on the regulations which closed in late May. The consultation gathered input from registrants, health system partners, other health professions and patients throughout the regulatory drafting process.

Following their review of the feedback received through the consultation and the final changes made to the draft regulations, the Board unanimously approved the regulations to move forward for submission to the Ministry of Health by June 30, 2020.

## **MANDATORY EDUCATION REQUIREMENTS FOR PRESCRIBING FOR MINOR AILMENTS**

In order to support the proposed amendments to the regulation to enable pharmacists to prescribe for certain minor ailments, the College is developing a comprehensive implementation plan which includes identifying the appropriate educational requirements to support safe and consistent implementation of the regulatory changes.

The Board approved the development of education to ensure pharmacists fully understand their ethical, legal and professional obligations of prescribing for minor ailments while meeting standards of practice. The education will:

- be mandatory for all part A pharmacists,
- come at no cost to the registrant,
- not exceed two hours in length,
- be required to be completed within one year of its availability, and
- need to be completed before engaging in any prescribing.

The mandatory education requirement **does not apply to clinical training**. The College will continue to expect that pharmacists who engage in this new authority, once approved by government, will have the required knowledge, skills and judgement to do so safely and ethically and in accordance with the Standards of Practice, Code of Ethics, and all relevant regulations. There was also discussion regarding the possible addition of a requirement for an attestation

related to clinical competence. An update on expanded scope will be brought forward to an upcoming Board meeting.

It is important to note that while other pieces of legislation, such as the *Public Hospitals Act*, may impact the ability of some pharmacists to practice to the full extent of this new authority, the regulations apply to the profession as a whole and are not specific to areas of practice.

### **COLLEGE'S REGULATORY ROLE AND RESPONSE TO THE COVID-19 PANDEMIC**

As part of the Registrar's report, the Board received a comprehensive update on the measures the College has taken to maintain its operations and support the profession in response to the COVID-19 pandemic. Full details can be reviewed in the report provided in Appendix 8 of the [Board materials](#).

### **RESPONDING TO SYSTEMIC RACISM AND DISCRIMINATION IN OUR SOCIETY**

At the conclusion of the meeting, the Board acknowledged the impact of systemic racism and discrimination in our society. It subsequently approved a recommendation to work collaboratively with our academic partners to better understand how the student body in our professional schools represents our population, specifically as it relates to Black and Indigenous communities. Read the College's statement, [A Shared Responsibility to Reflect, to Learn and to Act](#).

### **NEXT BOARD MEETING**

The next regularly scheduled meeting will be held Monday, September 21, 2020. Special Board meetings may be called at any time. Please see our website for information on upcoming

Board meetings. Board meetings are open to the public and are typically held in the Board Chambers of the College at 483 Huron Street, Toronto, ON, M5R 2R4. Due to public health measures currently in place, Board meetings are being held virtually until further notice. If you plan to attend an in-person meeting or for more information, please contact Ms. Sarah MacDougall, Board and Committee Liaison at [boardofdirectors@ocpinfo.com](mailto:boardofdirectors@ocpinfo.com). Links for those who wish to observe a virtual meeting will be posted with meeting agendas. You can also follow highlights from the Board meetings via Twitter.



# QUALITY INDICATORS *Update*

*The College is continuing its work on quality indicators for community pharmacy, a tool that supports improvement in pharmacy by providing registrants, health-system stakeholders and the public with a clearer picture of the impact of pharmacy care on patient experience and health outcomes.*

Since the launch of the first set of quality indicators for community pharmacy in Canada, the College has been working internally and engaging various stakeholders as part of the second phase of indicator development. This includes preparing for public reporting of the appropriateness of dispensed medications, medication-related hospital visits and transitions of care measurement areas; data collection on the patient/caregiver-reported experience measures; and, further quality indicator development on provider experience measures. Timelines and sequencing of stakeholder engagement on the quality indicators have been affected by COVID-19, however the College will continue to ensure that stakeholders are engaged throughout the process.



## APPROPRIATENESS OF DISPENSED MEDICATIONS, MEDICATION-RELATED HOSPITAL VISITS AND TRANSITIONS OF CARE: MEASUREMENT AREA UPDATE

1. Percentage of patients who were newly dispensed an opioid prescription greater than 50 mg morphine equivalents per day
2. Hospital visits for opioid poisonings among patients that are actively treated with an opioid prescription
3. Percentage of eligible people who have had a medication review within 7 days of discharge home from hospital

In the fall of 2019, the College engaged a technical working group of health system, pharmacy and data experts to develop the technical specifications for these three indicators. The working group successfully finalized the indicator definitions, technical specifications and refined the indicator wording to ensure clarity.

The College has been working with the Ministry of Health and other key stakeholders to obtain the data as outlined in the technical specifications, which will be ready to report publicly in the fall. These indicator data will be available on the College's website in the form of an interactive tool to allow stakeholders to better view and use the data.

By sharing these indicators, the College is continuing its work to help drive improvement in community pharmacy and the impacts these improvements can have on health outcomes, patient experience and patient safety.

## PATIENT/CAREGIVER-REPORTED EXPERIENCE: MEASUREMENT AREA UPDATE


1. My pharmacist helped me understand why I am taking each of my medications.
2. My pharmacist made sure I understood how to take my medication properly.
3. My pharmacist made sure I understood what results I might expect from my medication, including any side effects or drug/food interactions that may occur.
4. My pharmacist helped me understand how to know if my medication is working.

The Patient/Caregiver-Reported Experience Measures were developed for community pharmacy in 2019 using a rigorous process led by an expert panel that incorporated feedback from more than 100 patients, 20 corporate executive leaders and 100 frontline pharmacy professionals. To confirm these indicators measure areas of pharmacy care that are important and relevant to patients and caregivers, they will be validated before a plan for data collection is developed.

This year, work will progress to validate these indicators with a broad base of patients and caregivers. Once the indicators have been validated, the College will undergo user testing and work alongside experts in collecting information from patients and those who own, operate and practice within community pharmacy to develop a data collection plan.

## PROVIDER EXPERIENCE: MEASUREMENT AREA UPDATE

Measuring the experience of pharmacy professionals is an important part of the Quality Indicators for Pharmacy initiative, and developing provider experience measures requires broad engagement with registrants. The start of this process was postponed from the spring to later in 2020 in recognition of the pressures experienced in community pharmacy due to the COVID-19 pandemic response. At this time, the plan is to launch a working group in the fall.

As we move forward with developing these indicators, the College will continue to be mindful of the pressures community pharmacy professionals are experiencing. The involvement of frontline pharmacy professionals throughout this process is crucial to developing meaningful quality indicators. The working group will be comprised primarily of registrants and will endeavor to provide opportunities for all pharmacy professionals to be involved while balancing the ongoing impacts of the pandemic. 

# Staying On Track for Full Implementation of **NON-STERILE COMPOUNDING STANDARDS**

## **EXTENSION OF IMPLEMENTATION DEADLINES**

In recognition of the evolving COVID-19 pandemic situation and the need for pharmacy professionals to focus on continuity of care and minimizing public risk, earlier this year the College Board (Council) approved an extension of the deadlines for pharmacies to meet the [NAPRA Model Standards for Pharmacy Compounding of Non-Sterile Preparations](#). While the College acknowledges that the requirements of the standards may necessitate significant changes in pharmacy processes and facilities, the implementation of and adherence to these standards is an important way to enhance patient safety and protect the health of those engaged in compounding activities. Pharmacy professionals are also encouraged to review the resources provided on the next page to guide decision making on whether to engage in compounding.

The updated timelines for each phase are:

- Phase 2: July 1, 2021 – Personnel Training and Quality Assurance
- Phase 3: January 1, 2022 – Facilities and Equipment

Although the deadlines for Phase 2 and 3 have been extended, it is the College's expectation that pharmacies and pharmacy professionals continue to be engaged in preparing their pharmacy for full implementation of the standards.

## **MOVING FROM RISK ASSESSMENTS TO IMPLEMENTATION**

In Phase 1, which had a deadline of January 1, 2020, pharmacies performing non-sterile compounding must focus on assessing their risks and gaps. This includes:

- reviewing the NAPRA standards and guidance document,
- completing a risk assessment for each preparation compounded by the pharmacy,
- determining whether the pharmacy needs to meet Level A, B or C requirements, and
- performing a gap analysis to compare the pharmacy's current practices to the minimum standards.

**As the January 1, 2020 deadline has now passed, College operations advisors will be looking for completion of Phase 1 activities when performing pharmacy assessments.**

The information from both the risk assessments and gap analysis should roll into identifying priorities for the coming year, including:

- creating Master Formulation Records for each preparation,
- developing policies and procedures, especially those related to personnel,
- completing skills assessments for personnel and developing training,

- developing a quality assurance program for personnel, and
- identifying necessary facility/equipment renovations, repairs or purchases.

It will be important for pharmacy managers to work collaboratively with all pharmacy staff, including pharmacists, pharmacy technicians, and cleaning personnel to divide the workload and support full participation in training and implementation.

## **HELPFUL RESOURCES TO SUPPORT IMPLEMENTATION**

- [Checklist of Activities for Each Phase of Implementation](#)  
A checklist to provide guidance to pharmacies as they work to implement the requirements of each phase.
- [Frequently Asked Questions about Implementation of the Standards](#)  
FAQs regarding implementation, including whether a pharmacy can decide not to prepare compounded medications, clarifications on WHMIS and NIOSH lists and mitigating risk.
- [Non-Sterile Preparations Assessment Criteria](#)  
A document to assist pharmacies in conducting a gap analysis to current processes.
- [Non-Sterile Compounding Key Initiative](#)  
A central hub for all the College's information and resources related to non-sterile compounding.

## CONSIDERING WHETHER TO COMPOUND AT THE PHARMACY

Pharmacists apply their knowledge and expertise when reviewing a prescription to ensure that it is the most appropriate for the patient and condition being treated. Relevant patient information must be gathered and interpreted to determine whether the medication, dose and regimen are suitable, in light of the patient's specific characteristics.

When the prescription is for a compounded non-sterile preparation, the pharmacist's assessment must also take into account the incremental risk inherent to compounding compared to dispensing an approved drug product manufactured under stringent regulations. Although compounding has always been an integral role of the profession, the implementation

of the NAPRA standards has prompted pharmacies to concentrate on – or perhaps renew their focus on – the identification, assessment and mitigation of these potential risks.

The pharmacist or pharmacy technician designated as the non-sterile compounding supervisor must determine that the appropriate resources are available to safely compound a high quality preparation. This includes having trained and competent compounding personnel, a Master Formulation Record or the ability to develop one, and suitable facilities and equipment.

The pharmacist's assessment should determine that the compounded preparation is the most appropriate treatment option and evaluating the therapeutic need for a customized formulation to meet the unique circumstances of a specific patient. **PC**

## Two Resources to Help Guide Decision Making on Whether to Engage in Compounding

### NAPRA Guidance Document for Pharmacy Compounding of Non-Sterile Preparations

*Section 2.1 General guidance on whether to compound a preparation*

- Are the active ingredients already available in a manufactured product?
- Do you have a referenced formulation?
- Do you have the beyond-use date (BUD) and relevant stability data?
- Do you have a dedicated space for compounding that is clean and uncluttered?
- Do you have the appropriate equipment and ingredients to make the compounded preparation?
- Are your pharmacy personnel competent to perform compounding of the preparation?
- Can your pharmacy personnel compound the preparation without interruption?
- Should you refer this compounded preparation to another pharmacy with appropriate facilities, equipment and expertise?

### Health Canada Policy on Manufacturing and Compounding Drug Products in Canada (POL-0051) (2009)\*

*Appendix 1 General Guideline on Compounding and Manufacturing Activities*

Question to Ask	Compounding	Manufacturing
Is there a demonstrated patient-healthcare professional relationship?	Yes	No
Is there third party reselling of the product outside of the patient-healthcare professional relationship?	No	Yes
Is the activity regulated, and facility possibly inspected, by the province/territory?	Yes	No
If producing product in anticipation of a prescription, is the amount produced consistent with the history of prescriptions received?	Yes	No
Is there an inordinate amount of product produced or on a regular basis?	No	Yes
Is an identical product (e.g. dosage form, strength, formulation) commercially available?	No	Yes
Is the product and/or compounding service promoted or advertised to the general public rather than strictly to healthcare professionals?	No	Yes
Does the drug product require only minor modification prior to direct administration when such modification amounts to mere directions for use?	No	Yes

\*Note that this has been adapted from the original to a table format



# *Introducing Practice Assessments for* **PHARMACISTS IN HOSPITAL AND OTHER HEALTHCARE FACILITIES**

*The College is set to begin piloting practice assessments for pharmacists in hospital and other healthcare facilities in the fall of this year, with an official launch anticipated in January 2021. Once launched, OCP will be assessing Part A pharmacists and pharmacy technicians in all practice settings across the province.*

## **Pilot Program Provides an Opportunity to Tailor the Assessment Criteria**

The pilot program, which will be conducted virtually due to the COVID-19 pandemic, will allow OCP to make adjustments and fine-tune the assessment tool and process before launching in 2021. This approach was also used before the successful launch of practice assessments for community and hospital pharmacy technicians in January 2019.

## **A Critical Component of Quality Assurance**

Practice assessments support the role of pharmacists as medication therapy experts and clinical

decision-makers, and are consistent with assessments of other primary healthcare practitioners. They are a critical component of quality assurance, which is a core part of the College's mandate.

The assessments also reflect evolving public and patient expectations that OCP regularly engage with pharmacists and pharmacy technicians in all practice settings to ensure that safe and appropriate care is being provided.

## **Coaching and Feedback Approach**

During a practice assessment, College practice advisors take a collaborative approach, using coaching and feedback to highlight

areas where the pharmacist is doing well and meeting the standards and to identify opportunities for pharmacists to enhance their practice. Assessments are not punitive in nature but are an opportunity for learning and growth.

Routine practice assessments are scheduled every four to six years. The results of an assessment are confidential and are not shared with employers, owners, colleagues or any College committee, other than the Quality Assurance Committee. As with community pharmacist assessments, if a pharmacist does not meet the standards indicated on their first assessment, he or she is given the opportunity to spend time with



a quality assurance coach (peer practitioner) before being reassessed by another practice advisor. For more information on the re-assessment process, visit the [Practice Assessments webpage](#).


### Areas of Focus

During a practice assessment for pharmacists in hospital and other healthcare facilities, practice advisors will focus on four key areas: patient assessment, decision-making, documentation, and communication and education. For each focus area, specific performance indicators – which describe the minimum practice requirement for all pharmacists – are identified.

More information about the focus areas and performance indicators, and how to prepare for an assessment, will be posted to the College's website once the pilot program concludes.

### Pharmacy Professionals Find the Assessments Valuable in Delivering Higher Quality Care

To-date, practice assessments of pharmacists in community, and pharmacy technicians in community and hospital settings, have been very well received, with professionals reporting that they found the assessments helpful in validating the work they are doing and in recognizing areas for improvement and growth. Pharmacy professionals have responded positively to the coaching approach, sharing that the assessments provided an opportunity for self-reflection and have been instrumental in offering valuable practice insights.

More information about practice assessments for pharmacists in hospital and other healthcare facilities will be posted to the website in the coming months. 

#### PRACTICE ASSESSMENTS FOR PHARMACISTS AND PHARMACY TECHNICIANS IN ALL PRACTICE SETTINGS – TIMELINE

Pharmacist practice assessments in community	<i>Implemented in 2016</i>
Pharmacy technician practice assessments in community	<i>Implemented in January 2019</i>
Pharmacy technician practice assessments in hospital	<i>Implemented in January 2019</i>
Pharmacist practice assessments in hospitals and other settings	<i>Anticipated launch in January 2021</i>

## Practice and Pharmacy Operation Assessments Update

Effective August 1, 2020 and until further notice, the College will conduct the majority of operational and practice assessments through comprehensive virtual meeting formats (remote video assessments). College advisors will continue to thoroughly assess pharmacies and registrants against all established relevant standards; in-person assessments will be conducted on a case-by-case basis.

College advisors will communicate directly with pharmacy managers and registrants to arrange for assessment dates and provide further details and instructions. Operational assessments for community pharmacy new openings, sales and relocations will continue to be facilitated remotely until further notice.

Stay up to date on College adjustments to programs by visiting the [College's Operations Update webpage](#).

# Buprenorphine for Opioid Use Disorder Treatment: Focus on New Formulations and Alternative Induction Protocols

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Centre for Addiction and Mental Health, Toronto  
Leslie Dan Faculty of Pharmacy, University of Toronto, Toronto



Opioid use disorder (OUD) is a public healthcare challenge with significant morbidity and mortality. Opioid-related hospitalizations and death continue to rise in Ontario, with a fourfold increase in deaths and a doubling of hospitalization between 2003 to 2018.<sup>1,2</sup> Approximately one-third of opioid-related deaths occur among people with active opioid prescriptions.<sup>3</sup> Prescription opioids dispensed by pharmacies are a source of diverted opioids.<sup>4</sup> These opioids contribute to the opioid crisis and pharmacists play an important role in reducing opioid-related sequelae. Pharmacists interact with

patients most frequently, and are well positioned to foster opioid stewardship practices throughout the spectrum of opioid use. These practices include evaluating opioid prescriptions for appropriateness and safety, promoting structured prescribing and dispensing and assessing for problematic opioid use. In addition, for patients diagnosed with OUD, pharmacists can implement harm reduction strategies, educate and engage patients who are receiving OUD treatment.

Buprenorphine–naloxone (BUP/NLX) and methadone are the most

effective, evidence-based opioid agonist therapies (OAT) used to treat adult patients with OUD. Both retain patients in treatment, sustain abstinence from illicit opioid use, and reduce morbidity and mortality.<sup>5</sup>

Recent Canadian guidelines recommend treatment with BUP/NLX first given its superior safety profile and flexibility in dosing compared to methadone.<sup>5,6</sup> If BUP/NLX is ineffective or not preferable, methadone is recommended. This article will provide pharmacists with an update on new formulations of buprenorphine, along with alternative induction protocols.

## BUPRENORPHINE AVAILABILITY

In Ontario, there are three available formulations of buprenorphine indicated for OUD: a sublingual tablet combined with naloxone, a subdermal implant and an extended release subcutaneous injection.

Both the buprenorphine subdermal implant and extended release subcutaneous injection have recently come onto the Canadian market and are covered under ODB with limited use criteria. In addition to their extended duration of action, both products are only accessible via a controlled distribution process.

	<b>Buprenorphine/naloxone (4:1 ratio; Suboxone® and generics)</b>	<b>Buprenorphine subdermal implants (PROBUPHINE®)</b>	<b>Buprenorphine extended release injection (Sublocade®)</b>
Formulation	Sublingual tablet with naloxone	Subdermal implants inserted every 6 months	Monthly extended-release subcutaneous injection
ODB coverage	General benefit for 2mg/0.5mg and 8mg/2mg tablets	Limited use - For the management of opioid use disorder in combination with counseling and psychosocial support in adult patients who meet the following criteria: - The patient is stabilized on a dose of no more than 8mg per day of sublingual buprenorphine for the preceding 90 days; AND - The patient is under the care of a healthcare provider with experience in the diagnosis and management of opioid use disorder and has been trained to implant and remove the buprenorphine subdermal implant.	Limited use - For the management of moderate to severe opioid use disorder as a part of a complete treatment plan that includes counselling and psychosocial support in adult patients who meet the following criteria: - The patient has been induced and is stabilized on an equivalent of 8mg to 24mg per day of transmucosal buprenorphine for a minimum of seven days; AND - The patient is under the care of a healthcare provider with experience in the diagnosis and management of opioid use disorder; AND - Each dose is administered subcutaneously in the abdominal region by a certified healthcare provider who has received instruction and training.
Training for prescribers	Advised by CPSO (for medical doctors); no formal requirement from manufacturer	Live training <b>required</b> for all healthcare providers performing insertions and/or removals of PROBUPHINE® and arranged by manufacturer <sup>7</sup>	Online training <b>required</b> by manufacturer; must submit certification of training to dispensing pharmacy
Training for pharmacists	No	No	Online training advised by manufacturer
Closed distribution network	No, available from drug wholesaler	Yes, register through Knight Therapeutics Inc.	Yes, register through Indivior UK Limited

## DOSING CONSIDERATIONS FOR BUP/NLX

Buprenorphine's activity as a partial mu opioid receptor agonist confers its safety advantages relative to full agonists in overdose, and in many opioid-related side effects. At the same time, care must be taken upon initiation of buprenorphine to minimize precipitated opioid withdrawal in patients with physical

dependence to opioids. Several techniques can be used for buprenorphine induction:

### **Traditional induction**

Traditional induction of BUP/NLX typically occurs in an observed clinical setting such as a physician office or pharmacy. Prior to initiating BUP/NLX, it is

recommended that patients be in at least moderate opioid withdrawal defined by a Clinical Opiate Withdrawal Scale (COWS) score greater than 12. This is to ensure that the full opioid agonist is adequately eliminated to avoid precipitation of opioid withdrawal with BUP/NLX. Patients should wait at least:

- 6-12 hours (preferably 12 hours) after use of short-acting opioids (e.g. heroin, oxycodone), or
- 12-24 hours (preferably 24 hours) after the use of a slow release opioid (e.g. oxycodone controlled-release formulations), or
- 24 hours (preferably 36-72 hours) after use of long-acting opioid (e.g. transdermal fentanyl, methadone).

Switching from methadone requires that the patient's methadone dose be first tapered down to 30 mg or less before buprenorphine treatment is initiated to minimize the risk of precipitated withdrawal. It is recommended to wait at least 3 days after the last dose of methadone before starting BUP/NLX.<sup>8</sup>

Advise patients that relief of opioid withdrawal symptoms generally occur 20-40 minutes after the initial dose of buprenorphine. Clinical practice guidelines have been developed by the Centre for Addiction and Mental Health (CAMH) that detail the initiation of BUP/NLX in the outpatient management of OUD in Ontario. These guidelines should be reviewed before dispensing buprenorphine.<sup>9</sup>

## Home induction

Although buprenorphine guidelines have recommended that buprenorphine induction occur in an observed clinical setting, for some patients, the logistics of getting to a clinic are prohibitive. For clinicians, buprenorphine inductions can be an onerous process with barriers such as insufficient time and a lack of space.<sup>10</sup> Recent studies have shown that home inductions are safe, support patient autonomy and are cost effective.<sup>6,11,12</sup>

An ideal candidate for home induction is one who is motivated, has fairly good cognition, and does not have severe concurrent mental health or substance use disorders. A supportive family network is helpful.

As with traditional inductions, patients should abstain from opioids prior to initial buprenorphine dose and be in moderate withdrawal before initiation defined as COWS>12 or Subjective Opioid Withdrawal Scale (SOWS) >16. As the last point of contact between the prescription and the patient, pharmacists are well situated to provide counselling on how to administer their take-home doses of BUP/NLX, how to monitor for side effects, and how to reduce the risk of precipitated withdrawal. Pharmacists can provide education on symptomatic management of opiate withdrawal symptoms with over the counter medications. Readers are encouraged to review [RxFile's document on Opioid Tapering 2018](#) where detailed management of opioid withdrawal related side effects are provided.<sup>13</sup>

**Table 1:** Sample Protocol - Home induction schedule<sup>14</sup>

### **Day 1: 2mg/0.5mg-4mg/1mg**

If after 2 hours, there are no withdrawal symptoms, no further doses are required.

If withdrawal symptoms are still present, the patient may take another 2mg/0.5mg-4mg/1mg.

\*\* This process may be repeated once more to a maximum buprenorphine dose of 12 mg in 24 h.

### **Day 2: Consolidate the dose from previous day**

If, after 2 hours withdrawal symptoms are still present the patient may take another 2mg/0.5mg to 4 mg/1mg, up to a maximum dose of 16 mg in 24 h.

### **Day 3 and until next visit:**

Take total daily dose from Day 2 as a single dose first thing every morning.



The above dosing protocol also incorporates the collective experience from our centres, and reflects a conservative and slower approach. Given BUP/NLX's long half-life it takes a few days to attain full effect and a gradual titration also reduces risks of over-sedation.

Patients would benefit from pharmacist follow up to assess for withdrawal symptoms, side effects of BUP/NLX, and pain management (if applicable) for three consecutive days after induction.

### **Micro-induction**

One significant barrier to initiating BUP/NLX is the need for the patient to be in moderate opioid withdrawal. Micro-induction is an alternative approach for patients which eliminates the need for the patient to be in moderate withdrawal prior to initiating BUP/NLX. Traditional induction is also challenging with methadone and transdermal fentanyl due to their long half-lives resulting in an increased risk of precipitated withdrawal.<sup>15</sup>

Micro-induction is based on the "Bernese method" which involves 'micro-dosing' of buprenorphine with

incremental increases to both dose and frequency over several days while the patient continues to use full mu opioid agonists. This method requires splitting of the BUP/NLX tablet to obtain the required doses. Micro doses given at regular intervals should not cause precipitated withdrawal. Buprenorphine slowly accumulates on the mu opioid receptor, replacing the full mu opioid agonist. The dose of buprenorphine needed to fully replace the full mu agonist has not been clearly defined in the literature. Anecdotal evidence has found that as doses increase above 8mg daily, patients may start to experience some mild to moderate symptoms of opioid withdrawal as buprenorphine displaces the full mu agonist on the mu opioid receptor. In cases reports and from our clinical experience, when buprenorphine doses reach 12mg/day the full opioid agonist can be stopped and the buprenorphine dose can then be titrated up quickly. Micro-induction can be a valuable alternative to traditional induction, as it potentially minimizes opioid cravings and reduces the need for the patient to be in moderate opioid withdrawal.<sup>16</sup> It should be recognized that this approach is considered off label and lacks strong evidence.

**Table 2:** Sample Protocol - Outpatient micro-dosing induction schedule for buprenorphine/naloxone<sup>15</sup>

**The below refers to milligram dose of buprenorphine.**

Day 1: 0.5mg loading dose  
 Day 2: 0.5mg BID (1mg total)  
 Day 3: 1mg BID (2mg total)  
 Day 4: 2mg BID (4mg total)  
 Day 5: 3mg BID (6mg total)  
 Day 6: 4mg BID (8mg total)  
 Day 7: 12 mg (12mg total and discontinue other opioids)

## **TREATMENT**

BUP/NLX is gradually titrated based on the patient's opioid withdrawal symptoms and presence of medication side effects. An optimal dose is reached when opioid withdrawal is relieved for at least 24 hours, with minimal or no adverse effects. It is important to note that opioid cravings may not always be eliminated with OAT, and additional psychotherapy support may be needed to address cravings.<sup>17</sup> BUP/NLX should be dispensed daily with supervised dosing by a health professional (e.g. a pharmacist) for the first 2 months of treatment.<sup>8,9</sup> Supervised dosing by the

pharmacist is part of a structured opioid treatment program that supports adherence and promotes positive treatment outcomes for patients with OUD.

Furthermore, improved patient outcomes occur with frequent pharmacist and prescriber collaboration throughout all aspects of OUD treatment. Where guest dosing is required for patients whom are dispensed BUP/NLX from two different pharmacies, a process of communication between both pharmacies is required so that missed doses and/or dose changes can be clearly tracked.

## **CONCLUSIONS**

Opioid agonist therapies such as buprenorphine or methadone are part of a comprehensive treatment plan that incorporates counseling and other behavioral therapies to provide patients with a holistic approach to the management of OUD. When compared to methadone, buprenorphine has reduced overdose risks due to its partial agonist properties and ceiling effect for respiratory depression, less adverse effects and fewer drug interactions.<sup>8</sup> From a public

health perspective, buprenorphine has a lower risk of harms compared to full opioid agonists if diverted.<sup>6,8</sup> The availability of two new buprenorphine formulations, Sublocade® and PROBUPHINE® allows for more flexible dosing schedules, improved patient convenience and adherence to treatment. As such, buprenorphine is considered first line for OUD treatment.

Pharmacists are involved in the full continuum of OAT from collaborating and coordinating care

with the prescriber, to developing treatment plans, supervising administration, and monitoring patients. Alternative induction methods for buprenorphine may increase access and engage patients with this important therapy. Optimal patient outcomes are achieved when care is provided in a non-stigmatizing environment, which encourages and supports the patient and includes frequent collaboration between the prescriber, pharmacist and patient throughout treatment. **PC**

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Ontario College  
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Putting patients first since 1871

# 2019 ANNUAL REPORT

## **Working Together for Patient Safety:** *Advancing Quality and Accountability Through Collaboration*

***The College recently published our 2019 Annual Report.***

*The report provides updates on our statutory responsibilities. It also highlights what we've achieved in 2019 as part of our key initiatives, including those aimed at enhancing system and patient outcomes, strengthening trust and confidence in the College, and addressing emerging opportunities to advance quality and safety.*

### **Read the 2019 Annual Report**

Including financial information and links  
to discipline decisions from 2019.

[\*\*LEARN MORE\*\*](#)

# PREPARE

## for Change

By Stuart Foxman



*Since 2011, Dr. Kelly Grindrod, R.Ph., has been an influential force at the University of Waterloo's School of Pharmacy. An Associate Professor and holder of the OCP Professorship in Pharmacy Innovation, she teaches classes in health informatics, therapeutics and professional practice. In May 2020, she was lauded for her fresh approach to pharmacy education when she was named Canadian Pharmacist of the Year by the Canadian Pharmacists' Association.*

Many pharmacy professionals throughout the province are already familiar with [Pharmacy5in5](#), an online platform that allows pharmacists to test their knowledge of, and understand ongoing trends in, pharmacy and healthcare. Dr. Grindrod was the creator of this innovative education platform, which is partially funded by OCP and covers content on everything from opioids to antibiotic stewardship to point-of-care testing.

Beyond her teaching role, Dr. Grindrod's research interests include looking at how digital technologies can improve how medications are managed and change clinician practice. She also works at the Kitchener Downtown Community Health Centre.

Dr. Grindrod completed a Bachelor of Science in Pharmacy at the University of Alberta, and a Master of Science and PharmD at the University of British Columbia.

Dr. Grindrod talked to *Pharmacy Connection* about helping students to harness their expertise, defining innovation, how her community practice enriches her teaching, and how COVID-19 has influenced the view of pharmacists.

***Pharmacy Connection: What do you try to reinforce to your students about what it means to be a pharmacy professional?***

Dr. Grindrod: The main thing I focus on is being autonomous. You have strong expertise when it comes to drugs, more than any other professional. The world is a lot better when you use that expertise. The challenge sometimes is being confident enough to apply it every day, helping patients to do better, and prescribers to prescribe better.

***Pharmacy Connection: No profession remains static. How do you get today's pharmacy students ready for an evolution in the role?***

Dr. Grindrod: The biggest thing we're preparing them for is change. Sometimes, when they go into a co-op, the pharmacy isn't doing the things we're teaching them. Or, students may know more than their preceptors, so they should be prepared to coach everybody around them as well. There won't always be a model to show them how to do something. Have the confidence to try something new when it comes out. We want pharmacists to be adaptable.



**Pharmacy Connection: The Canadian Pharmacist of the Year award recognizes a pharmacist who demonstrates leadership, and exemplifies the evolution of the profession toward an expanded role in healthcare. What was your reaction to winning the award?**

Dr. Grindrod: It was wonderful to receive the award. After it was announced, I received so many calls and emails and social media messages from people I've known since I joined the profession. So many talked about the ways my work had impacted them. It gives me a lot of motivation to keep finding ways to help.

**Pharmacy Connection: What does it mean to you to hold the OCP Professorship in Pharmacy Innovation?**

Dr. Grindrod: I love change. I work a lot with computer scientists, engineers and programmers. We often think of innovation as big disruption, a massive change. But it's really figuring out how to make things work in the best possible way. That could be technology or a device, but also workflow or small tweaks and changes.

“There won't always be a model to show them how to do something. Have the confidence to try something new when it comes out.”

**Pharmacy Connection: Part of innovation involves digital tools, which has been a research focus of yours. What have you discovered about how pharmacists use such tools in their practice?**

Dr. Grindrod: The number one thing we've learned is that many things in a pharmacy are designed by people who have no idea [of pharmacy's realities]. Companies create medication apps, and the developers don't seem to have used medication. Pharmacy computer systems are designed by people who think they understand pharmacists' workflow, but don't understand the pharmacists' thought processes. We need multiple experts to work on problems, and we need to be at the table too.

**Pharmacy Connection: Pharmacy5in5 includes quizzes, infographics and videos, and makes learning fun. Why this format?**

Dr. Grindrod: Pharmacists are really busy people. Many people have trouble attending a conference or sitting down for a three-hour online course. We came up with the idea to learn five things in a module, in five-minute increments. Everything is interactive. Users assess what they know.


**Pharmacy Connection: How does this type of online education help pharmacy professionals to acquire a deeper understanding of clinical and professional topics?**

Dr. Grindrod: People who have an expertise in a certain area tend to educate themselves in that area. We try to have a whole range of topics that people may not be focussed on. For instance, one of the most popular is Serotonin syndrome, a serious side effect that most pharmacists and family doctors don't understand at all.

**Pharmacy Connection: As a clinical pharmacist, you work at a centre that serves marginalized populations. How does that work inform your approach as a professor?**

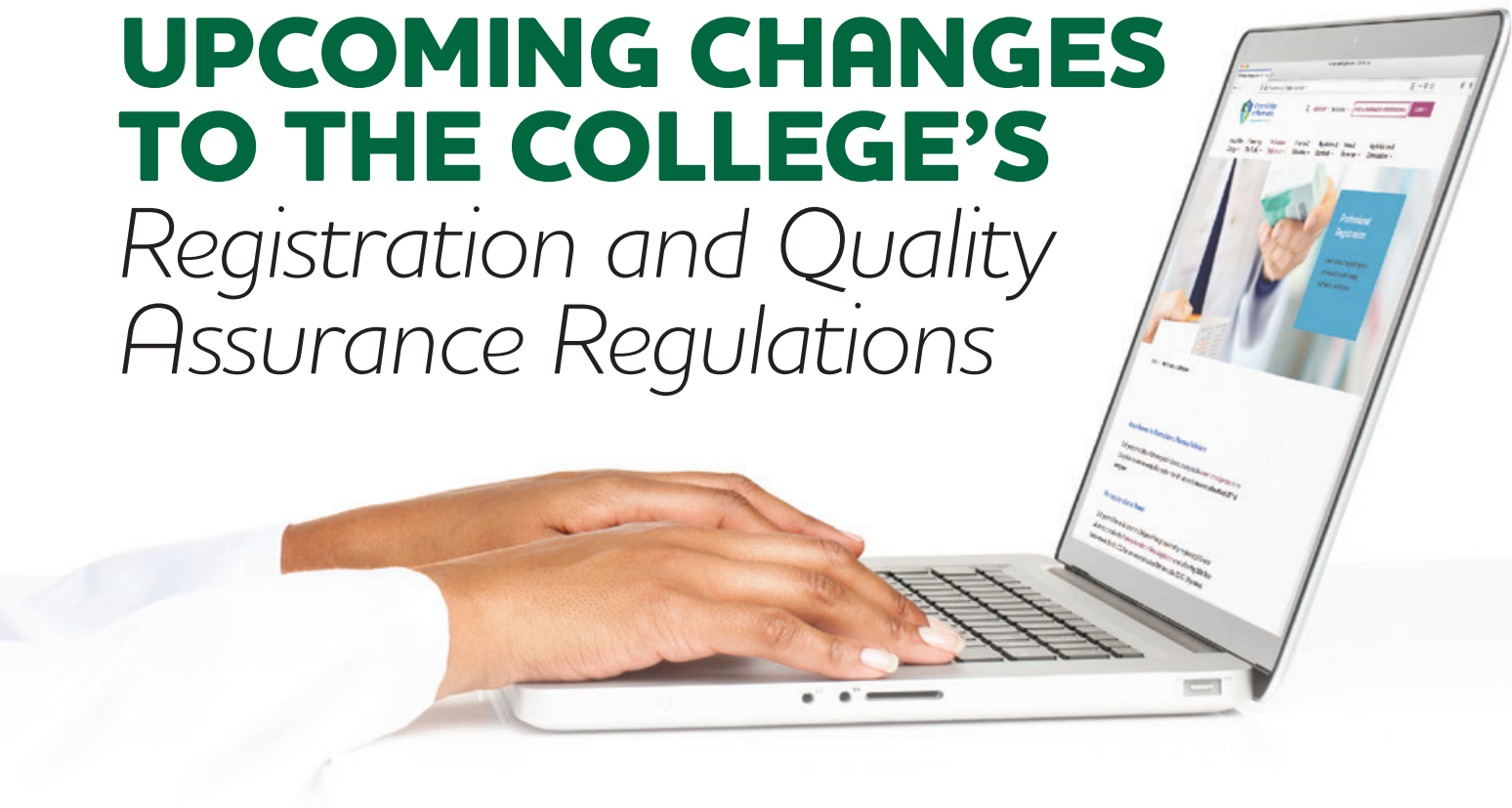
Dr. Grindrod: It keeps it real. When you work with populations that have significant challenges, like poverty, trauma or mental illness, it forces you to look at the system in a new way. The system isn't designed to help the people who need it the most. That informs everything I do in the classroom. I make sure the problems I present are complex and represent diverse patient populations. I'm not just following the perfect textbook scenarios – the ones with obvious, clear solutions. I try to prepare students for the messy. Be creative if a patient doesn't fit in a box.

**Pharmacy Connection: COVID-19 has been transformative for everyone. What do you think this pandemic has revealed to the public about the pharmacist's role?**

Dr. Grindrod: Early on in the pandemic, when everything was shut down, hospitals were focused inward on the ICU and doctors shifted to virtual visits. The pharmacy was one of the only community health spaces open. We saw people realize that pharmacists are the most accessible healthcare providers and truly essential health personnel. That's what we teach our students to be. 

# UPCOMING CHANGES TO THE COLLEGE'S

## *Registration and Quality Assurance Regulations*



*In order to update the current approach to registration and quality assurance, the College has submitted proposed amendments to Regulation 202/94 (under the Pharmacy Act) to the Ministry of Health. It is anticipated that the government will approve these in 2020.*


The proposed amendments, which were originally drafted and [posted for consultation](#) in 2017, will allow for a more efficient registration process and an enhanced approach to quality assurance in the interest of patient health outcomes and safety. The most significant changes include:

- Elimination of the pharmacy student class of registration, as provisions in the *Regulated Health Professions Act* and the *Drugs and Pharmacies Regulation Act* will allow pharmacy students to practice to scope under supervision.
- Creation of an intern technician class of registration, who can practice to scope under supervision after graduation from a pharmacy technician program while completing the practice-based assessment and other registration requirements.
- Addition of pharmacy technicians to the two part register (Part A and Part B).
- Requirement to complete the education requirement, the PEBC Qualifying exam, the

Jurisprudence exam and a practice-based assessment (PACE or SPT) within two years of an application to be registered as a pharmacist or pharmacy technician.

- Incorporation of pharmacy technicians into the quality assurance program.
- Replacement of the 600 hour practice requirement over three years with routine assessments of competence and a self-declaration of competence at annual renewal.

Once the amendments are approved by government, the College will provide further information and clarification for affected groups on any necessary actions.

For more information about the proposed amendments, including frequently asked questions addresses concerns related to being a student, graduate, registrant and supervisor, please visit the [Upcoming Changes to the College's Registration and Quality Assurance Regulations webpage](#). 



# DISCIPLINE DECISIONS

**The College has moved Discipline Decisions online to [pharmacyconnection.ca](https://pharmacyconnection.ca).**

*These easy-to-access decisions facilitate greater accessibility among pharmacy professionals, stakeholders and members of the public and allow us to share decisions more widely via e-Connect, our website and social media. As always, pharmacy professionals are encouraged to view these decisions as opportunities to examine and enhance their own practice. Decisions also remain available to view on the [public register](#) and [CanLii](#).*



## LIST OF SPRING/SUMMER 2020 DECISIONS:

[Sinan Hadi \(OCP #608706\)](#)

[Edward Essa \(OCP #58521\)](#)

[Farhang Fakoori \(OCP #604635\)](#)

[Tom McAnulty \(OCP #203604\)](#)

[Deina Bebawy \(OCP #613610\)](#)

[Nabil Aziz \(OCP #611074\)](#)

[Jared Peters \(OCP #620560\)](#)

[Brian White \(OCP #77976\)](#)

[Harpreet Saini \(OCP #614740\)](#)

[Mohamed Al-Sakaff \(OCP #609763\)](#)

The full text of these decisions is available at [www.canlii.org](http://www.canlii.org).

CanLii is a non-profit organization managed by the Federation of Law Societies of Canada. CanLii's goal is to make Canadian law accessible for free on the Internet.



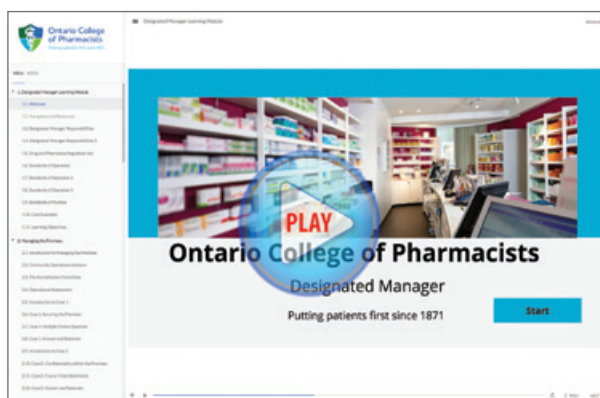
# New Designated Manager **E-LEARNING MODULE**



The College recently released an interactive and engaging [Designated Manager \(DM\) e-Learning module](#), which provides an overview of key responsibilities and expectations of the DM. It is recommended that both current DMs and pharmacists who are considering the role in the future complete this module.

In addition to covering relevant points from legislation, Standards of Operation, Standards of Practice, practice policies and guidelines, and the Code of Ethics, the module is divided into the following sections: Managing the Premises, Equipment and Systems, and Managing the Personnel.

The module includes case studies and interactive quizzes to encourage engagement and retention of information. To view other e-Learning Modules from the College, visit the [e-Learning Modules page](#) on the OCP website.



**ACCESS THE DESIGNATED MANAGER  
(DM) E-LEARNING MODULE NOW**



# FOCUS ON ERROR PREVENTION

By Ian Stewart R.Ph, B.Sc.Phm.

*The selection of an incorrect drug during computer order entry is a common source of medication errors. The potential for error is enhanced when two drugs have similar names, strengths and directions for use as the following case highlights.*

## CASE:

Rx:  
Hydroxyzine 25mg tablets QID PRN  
Mitte: 30

The above printed prescription was presented to a local community pharmacy for processing.

When entering the prescription into the computer, the pharmacy assistant typed the first few letters of the drug as "apo-hydr". The system displayed a list of drugs with the various strengths of hydralazine at the top.

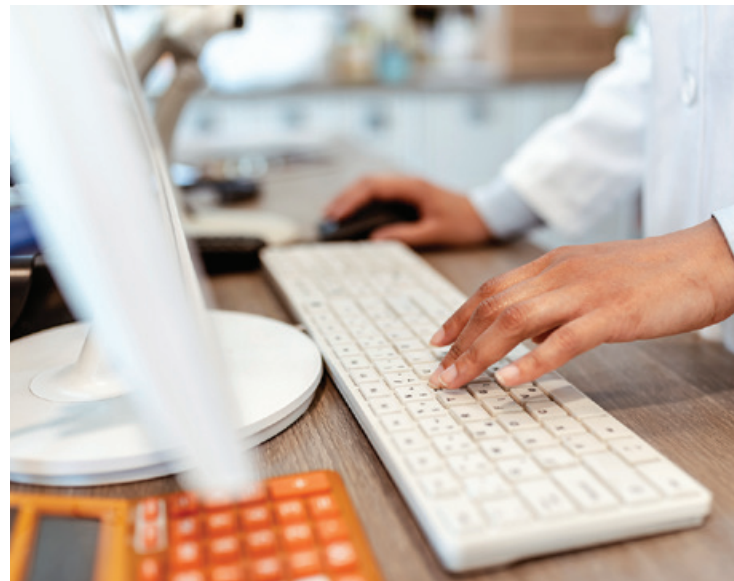
Due to the similarities of hydroxyzine and hydralazine, the pharmacy assistant erroneously selected hydralazine 25mg tablets. Unfortunately the pharmacist that checked the prescription for appropriateness failed to identify the computer entry error. The incorrect drug was therefore dispensed.

The patient returned to pick up the medication later. On this occasion, another pharmacist was summoned to counsel the patient.

Before reading the prescription label and accompanying documentation completely, the pharmacist asked the patient, "What did the doctor prescribe the medication for?" The patient replied that it was for her itchy skin.

The pharmacist looked at the label and assumed that he saw hydroxyzine. He therefore proceeded to counsel on hydroxyzine though he was providing hydralazine to the patient.

Approximately one hour later, the pharmacist reflected on the patient counseling encounter and recalled providing tablets to the patients though hydroxyzine is only available in a capsule form in Canada.



Upon checking the original prescription and computer records, the error was detected. The patient was immediately called to discuss the error. Unfortunately the patient had already taken a dose of the incorrect drug by that time.

## POSSIBLE CONTRIBUTING FACTORS:

- Similarity between hydroxyzine and hydralazine.
- Both hydroxyzine and hydralazine are available as 25mg and are taken four times daily.
- The physician prescribed tablets though hydroxyzine is only available in capsule form in Canada.
- Both pharmacists involved indicated that they felt certain they saw hydroxyzine being dispensed and not hydralazine. This phenomenon of seeing what is familiar and not what is actually there is often referred to as confirmation bias.

## RECOMMENDATIONS:

- Educate all pharmacy staff about the potential for error when dispensing drugs with similar names. Other problematic pairs include:  
 Dimenhydrinate : Diphenhydramine  
 Fluocinonide : Fluocinolone  
 Pantoprazole magnesium : Pantoprazole sodium  
 Dicetel® : Diclectin®  
 Ceftin® : Cefzil®  
 Lasix® : Losec®
- Before counseling patients, take the time to carefully review the prescription label and accompanying written material. This will provide the opportunity to catch potential errors and prevent the provision of one patient's confidential information to another.
- Whenever possible, open the prescription vial during patient counseling to examine the contents and identify any potential dispensing error.

Please continue to send reports of medication errors in confidence to Ian Stewart at: [ian.stewart2@rogers.com](mailto:ian.stewart2@rogers.com). Sharing your experience can prevent similar occurrences at other practice sites. Please ensure that all identifying information (e.g. patient name, pharmacy name, healthcare provider name, etc.) are removed before submitting.

# APPLYING THE AIMS PROGRAM TO THIS INCIDENT



Under the [Assurance and Improvement in Medication Safety \(AIMS\) Program](#), pharmacy professionals must anonymously record incidents and near misses to the AIMS Pharmapod platform, document appropriate details in timely manner, analyze the incident to identify causal factors and determine ways to minimize the likelihood of recurrence, and share the incident and learnings with all pharmacy staff. All of these elements are equally important in helping to reduce the risk to patients in the future.

The [AIMS Program FAQs](#) were recently updated to provide additional information for Designated Managers and pharmacy staff on access to and use of the AIMS platform.

The incident detailed above provides an opportunity to examine what pharmacy professionals must do as part of the AIMS Program when they identify a medication incident or near miss. (For more information on when to record a near miss, read the [Pharmacy Connection](#) article [AIMS Program: Exercise Professional Judgment When Deciding to Record a Near Miss](#).)

## ANALYZE

The pharmacist who identified the error should bring it to the attention of the pharmacist who verified the prescription. They should discuss what happened and make a list of causal factors they could identify (see the list of possible contributing factors above). The incident

can be discussed privately with the pharmacy assistant in a non-punitive approach for the purposes of gathering additional causal factors.

A review of existing processes can be done to identify gaps and inform any changes to processes or opportunities for staff education as well as bring forward suggestions to prevent a recurrence of a similar incident in the future.

## DOCUMENT

Details of the incident, including communication with the patient following discovery of the incident, must be documented in a timely manner to support accuracy.



# AIMS Assurance and Improvement in Medication Safety

A PATIENT SAFETY AND QUALITY IMPROVEMENT PROGRAM OF THE ONTARIO COLLEGE OF PHARMACISTS



There should also be documentation of any continuous quality improvement plans, such as specific actions that are being taken in response to the incident (i.e. ensuring all staff have been made aware of the potential for error from similar drug names).

## RECORD

The incident must be anonymously recorded in the AIMS platform. Recording the incident not only helps the pharmacy, but it also contributes to learnings for pharmacy professionals across the province as the aggregate data can be used to identify trends and learnings that could prevent incidents like this in the future.

## SHARE LEARNINGS

During a team huddle the next day, the importance of accuracy in ensuring the correct medication is provided to the patient could be discussed. In addition,

the team could review specific suggestions (see the Recommendations above), either identified previously or through the discussion, and how they could be incorporated into existing processes to help ensure accuracy when entering prescription information and dispensing medication to patients.

## FOLLOW UP

Once the above steps are completed and some time has passed to allow for implementation of the action items identified as part of the Analyze and Share Learnings activities, the Designated Manager should review the action plan, which had been entered into the AIMS platform when the incident was recorded, to evaluate whether the changes have been maintained, and whether they were effective.

This action plan and outcomes should be reviewed again with the pharmacy team at the next opportunity.

## CARING FOR THE PATIENT FOLLOWING A MEDICATION INCIDENT

When a medication safety incident occurs, it is the College's expectation that the pharmacy staff act immediately to provide whatever support is required for the patient.

In the Focus on Error Prevention case above, the patient was immediately called to discuss the error. Unfortunately the patient had already taken a dose of the incorrect drug by that time.

By immediately reaching out to the patient, the pharmacist is able to evaluate any adverse effects that the patient may be experiencing from the dose of hydralazine ingested and address any other concerns

that the patient may have regarding the error. Notification of the incident to the prescriber may be warranted depending on the individual circumstances and may include collaborating to provide ongoing support or follow up with the patient.

Caring for the patient is always the priority following a medication incident.

Read more about notifying patients regarding medication incidents in the *Pharmacy Connection* article [Disclosure of Medication Incidents: A Suggested Framework](#). 