

# PHARMACY CONNECTION

THE ONTARIO COLLEGE OF PHARMACISTS  
VOL.8 NO.6

NOVEMBER/DECEMBER 2001



## ***Council Members***

# 2001 2002

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### Included in this issue...

- Council Member Introductions
- Proposed Pharmacy Technician Competency Profile
- New OCP website [www.ocpinfo.com](http://www.ocpinfo.com)



## Mission Statement

The mission of the Ontario College of Pharmacists is to regulate the practice of pharmacy, through the participation of the public and the profession, in accordance with standards of practice which ensure that pharmacists provide the public with quality pharmaceutical service and care.

## Council Members

Council Members for Districts 1-17 are listed below according to District number. PM indicates a public member appointed by the Lieutenant-Governor-in-Council. DFP indicates the Dean of the Faculty of Pharmacy, University of Toronto.

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- 3** Martin Belitz
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- 15** Gurjit Husson
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- Executive
- Accreditation
- Complaints
- Discipline
- Fitness to Practice
- Patient Relations
- Quality Assurance
- Registration

## Standing Committees

- Finance
- Professional Practice

## Special Committees

- Communications
- Standards of Practice Working Group
- Structured Practical Training

- Task Force on Primary Health Care Reform
- Working Group on Certification Examination for Pharmacy Technicians
- Working Group on Pharmacy Technicians

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with the Ontario College of Pharmacists.

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[www.ocpinfo.com](http://www.ocpinfo.com)**

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## **Pharmacy Connection**

### ***The objectives of Pharmacy Connection are to:***

- Encourage ongoing dialogue with pharmacists by communicating information on College activities and discussing issues of interest to members.
- Promote understanding and appreciation of the role of the pharmacist among members of our profession, allied health professions and the public, and provide access to resources that will facilitate the provision of pharmaceutical care.

We welcome original manuscripts for consideration. We publish six times a year, in January, March, May, July, September and November. Manuscripts should be received no later than 10 weeks prior to publication. If you intend to submit material, or would like a copy of the publishing requirements, please contact the Associate Editor. The Ontario College of Pharmacists reserves the right to modify contributions as editorial staff feel is appropriate. To be published, subject matter should promote the objectives of the journal. We also invite you to share with us any suggestions for topics, or journal criticisms, etc. Letters must include the name, address and telephone number of the author for verification purposes, and may be reprinted in the *Letters* column. The opinions expressed in this publication do not necessarily represent the views or official position of the Ontario College of Pharmacists.



# Editor's Message

*Della Croteau  
Deputy Registrar/  
Director of Programs*

This edition of *Pharmacy Connection* introduces our 2001-2002 Council. These pharmacists and public members are dedicated to regulating pharmacy in the best interests of the public. While you will have an opportunity to meet your elected pharmacist member of Council at the upcoming Spring 2002 district meetings, you should be aware that our public Council members are also dedicated to the College processes and anxious for pharmacists to provide the best patient care possible. Our public members believe that pharmacists are an untapped health resource and that the public needs to know more about what their pharmacist can do for them. Public members have also been very important advocates in the development of our new *Point of Care* program. The *Worth Knowing* materials are now in all Ontario pharmacies and represent our first step in bringing our messages to the public.

We are also pleased to present a draft of the proposed competency profile for pharmacy technicians. Publishing this draft is the first step in our long consultation process with pharmacists, pharmacy technicians, educational institutions, and other health professionals and stakeholders.

We have had inquiries from members asking if pharmacy technicians could be allowed to take repeat prescriptions over the phone and if the new competencies address this need? Pharmacists have also sought acknowledgement from the College on the difficulties in meeting the *Standards of Practice* with the increasing number of technical responsibilities that they now have in their workplace. These new competencies reflect a goal to giving technicians the responsibility and accountability for these technical duties, while simultaneously freeing the pharmacist's time for more direct patient care activities.

Do you think this goal could be achieved if these competencies were implemented?

Are there areas where your technician perform important duties that are not included in this document? Are there areas where you feel the technician has been given too much responsibility?

Please review these competencies and begin to discuss them with your peers and technicians. Although *Pharmacy Connection* is sent to both pharmacists and certified pharmacy technicians, we know there are thousands of other technicians who will also want to provide input on these competencies and we ask you to share this document with them. We anticipate a lot of discussion and feedback before these competencies can be finalized and we look forward to any input you and your technicians may have. We also hope to organize meetings across the province where lengthier discussions between those interested, can take place. These competencies represent a big step for our profession and we want to ensure that as much input as possible is provided so that

we can incorporate these changes to promote better patient care in the future.

Finally, in anticipation of the upcoming holidays, I would like to wish each of you peace and the best of the season. The events of the past few months make us acutely aware of the importance of being together to celebrate with family and friends. Our best wishes for a healthy and prosperous 2002. ☐

***Publishing  
the Proposed  
Pharmacy Technician  
Competency Profile  
is the first step  
in our long  
consultation  
process.***



# President's Message

Leslie Braden  
President



The years that we've all spent in school preparing for a new year of studies and challenges each September have marked these first crisp autumn days with a sense of energy and expectation.

Over the past years while serving on Council, practicing in the community, and continuing my professional education, I have had the honour of meeting and working with pharmacists from community and administrative settings, the pharmaceutical industry, and hospital practice. This diverse group of OCP members includes specialized hospital practitioners and pharmacists who have developed award-winning websites. I've met pharmacists who provide specialized compounding and intravenous admixture services for home care, and those who contribute to ethical, professional marketing campaigns and industry-funded pharmacist programs. Our members include pharmacists who provide objective drug information as well as pharmacists who have developed innovative programs demonstrating the benefits of pharmacist interventions. We also have dedicated community practitioners providing professional front-line pharmacy care.

I have been impressed by the high degree of professionalism exhibited by pharmacists in all practice settings, and by the number of dedicated pharmacists who offer their time and experience as preceptors to train students and interns or who provide leadership in residency programs. Indeed, Ontario pharmacists in all practice settings share a commitment to excellence and life-long learning in the profession.

Our talented membership is "worth knowing" and it is from our tremendous respect for your diverse strengths and skills, and our confidence in your absolute professionalism, that our public education program will take this message to the public.

My role will be to continue to implement Council's *Strategic Plan*. Particular emphasis and energy will be spent on our goal of communicating the value and range of pharmaceutical services to the public. The first phase of the *Point of Care* public communications program reflects this goal.




The universal identification of pharmacists and pharmacies is a key goal for the *Point of Care* program. Store signage and lapel pins with the *Point of Care* symbol are meant to convey to the public that all pharmacists have met the professional qualifications and comply with the *Standards of Practice* set by the College. Displaying the *Worth Knowing* educational materials in all pharmacies will further communicate the value that the *Point of Care* symbol represents and the College will work with you to ensure that every Ontario resident will synonymously associate this symbol with excellence in pharmacy care.

As this program expands beyond the walls of each pharmacy, it will also enhance awareness of our profession with the government, other health care professionals, and stakeholders such as the pharmaceutical industry, to further facilitate optimal public protection. The visibility and accessibility of OCP has also increased with the recent launch of a new website devoted to public education, [www.worthknowing.ca](http://www.worthknowing.ca).

We are also continuing to improve the consistency and quality of pharmacy care and service across Ontario by ensuring our members deliver the *Standards of Practice*. To this end, Council will continue to support the efforts of the Pharmacy Technicians Working Group as they explore the possibilities for expanding the role of pharmacy technicians to support an enhanced role for pharmacists.

I welcome to Council the newly elected pharmacist members and the newly appointed public members (see pages 8-9). Together with the College's talented staff and input from all of you, we have a considerable team with varied experience and perspectives. Meeting our strategic goals will require commitment from all of us. Your comments and opinions are always valued and welcome.

Please embrace the *Point of Care* program by displaying the symbol and educational materials. Help make the public fully aware of our profession's range of knowledge and expertise. Let them know that you are *Worth Knowing*. 

# OCP COUNCIL REPORT

September 10/11 2001



## COUNCIL APPROVES 2002 CAPITAL AND OPERATING BUDGET

Council approved capital and operating budgets for 2002 as well as fee increases for pharmacist and pharmacy certificate renewals, initial registration, and pharmacy transactions.

Council considered a report submitted by the Finance Committee that called for the outright purchase of the new property on St. George Street. This approach was favoured over financing alternatives, as it reduces the net cost of maintaining the second building. Plans are underway for OCP staff to occupy one of the four floors in early 2002.

The expense budget that was presented reflected a small increase in total costs over those of the current year, despite the inclusion of several new initiatives aimed at progressing towards the College's strategic goals. Next year's budget includes: 1) activity associated with extensive stakeholder consultation on pharmacy technician regulation; 2) greater use of alternative dispute resolution processes as a means of accelerating the deliberation and disposal of discipline cases; 3) a comprehensive review of the Quality Assurance Program now that it is nearing the end of its first five-year cycle; and 4) the ongoing public education program on the contribution of pharmacy to public health outcomes. A great deal of effort by staff and committees was expended to deliver these program improvements while minimizing cost increases.

The Finance Report incorporated fee changes recommended by the Accreditation Committee earlier in the year. Council agreed that the fee for selling or relocating a pharmacy be increased to \$400 so that costs associated with administering the transactions would be recovered. Council also agreed with the recommendation that a fee of \$400 be payable to the

College by pharmacy operators for each subsequent inspection, if after two attempts, the pharmacy still fails to come into compliance with the operational standards after routine inspections. In addition, Council agreed that an application fee for opening a new pharmacy be paid each time an actual accreditation inspection is required. The changes to this fee model will contribute an additional \$45,000 of cost recovery over previous years. These changes, in addition to a three per cent increase to renewal fees for certificates of accreditation and registration, and to initial registration fees, enable the College to deliver a slightly better than break-even budget, before depreciation, for 2002.

### Approved 2002 Budget– Summary

Revenue:	
Pharmacist Fees	\$4,216,282
Pharmacy Fees	1,561,480
Registration Fees	381,460
Sundry & Investment	269,500
Total Revenue	<u>6,428,722</u>
Expenses:	
Council & Committees	\$1,535,600
College Administration	4,702,790
Property	102,975
Niagara Apothecary	33,000
Total Expenses	<u>\$6,374,365</u>
Excess of Revenue over Expenses	54,357
Depreciation Expenses	<u>(328,000)</u>
Surplus (Deficit) after Depreciation	<u><u>\$(273,643)</u></u>

## NOTICE OF PROPOSED REGULATORY CHANGES –

The following regulatory additions/changes have been approved by Council and are being circulated here for your comments

*That the College pursue the creation of a new class of registration for registered pharmacy technicians by adding the following under Part IV, Section 25 of the Pharmacy Act:*

**25. The following are prescribed as classes of certificates of registration:**

1. Pharmacist
2. Registered pharmacy student
3. Intern O.Reg 280/96.s. 4
- 4. Registered pharmacy technician**

*That the following amendments be made under Section 149 of the Drug and Pharmacies Regulation Act (DPRA):*

**(3) A pharmacist may delegate to a registered pharmacy technician, or other health professional regulated pursuant to the Regulated Health Professions Act, 1991 s.O. 1991, c18, any act required by this statute to be performed by a pharmacist, but any such delegation must be only in accordance with any applicable regulations made under this Act or the Pharmacy Act.**

**(4) No delegation of any act shall take place pursuant to subsection 149(3), above until such time as regulations have been promulgated providing for such delegation.**

Member comment respecting the above regulatory changes should be made in writing, to Della Croteau, Deputy Registrar/Director of Programs, by January 30, 2002.

The budget for capital spending in 2002 was approved at \$328,000 with \$93,000 set aside for building and furniture, the bulk of which is related to equipping the new office space to accommodate the College's needs. A budget of \$235,000 was also approved for information technology as we rollout plans for system stabilization through hardware and software upgrades, and database re-design.


A letter outlining the plans for 2002, along with the budget and supporting by-laws incorporating the fee increases, was circulated to members in late September.

### PHARMACY TECHNICIANS

Council has given the Pharmacy Technician Working Group approval to begin a broad-based consultation process with stakeholders on the "Draft Pharmacy Technician Competency Profile", which is printed in its entirety on page 20. This approval was given after a presentation of draft competencies made by Steve

Balestrini, Chair of the Working Group and Dr. Linda Buschman, consultant. The draft competency profile was developed over the past year through consultation with, and the participation of, pharmacy technicians and pharmacists. Council further approved the working group's recommendation that the College take the necessary steps to amend and/or develop the enabling legislation that will be required to support an expanded role for pharmacy technicians.

### FACULTY OF PHARMACY, UNIVERSITY OF TORONTO

Congratulations have been extended to Dr. Wayne Hindmarsh, Dean, Faculty of Pharmacy, University of Toronto, on the Faculty being granted full accreditation status by the Canadian Council for Accreditation of Pharmacy Programs (CCAPP) for both the Bachelor of Science in Pharmacy and the Doctor of Pharmacy Programs. 

**Proposed**

# Pharmacy Technician Competency Profile

**A**t its September 2001 meeting, Council approved a draft version of the pharmacy technician competency profile as the basis for consultation with internal and external stakeholders. Publication of this document in *Pharmacy Connection* (beginning on page 20) is the first step in this consultative process.

We know that there will be many questions related to this initiative. *We are also putting together the means of providing you with a forum to discuss the proposal and for us to respond to your questions.* It is important to note that Council has not approved the document as it presently exists — *it remains as a draft — your input is essential to the success of this initiative.*

In 1998 during its biannual retreat, Council considered the future of pharmaceutical care and pharmacy service in Ontario. In discussion with members across the province, pharmacists indicated that, in their practice setting, they require increasing amounts of time and human resources to fulfill the cognitive and physical demands related to processing prescription orders and communicating with patients and health care providers. For the pharmacist role to continue to evolve, Council determined that it is necessary to explore the possibility of an expanded role for pharmacy technicians. The decision to explore an expanded role for pharmacy technicians is founded on the *Standards of Practice* for pharmacists. It was then decided that we would use a similar process and model for the pharmacy technician competencies as this approach had been very successful during the development of the pharmacists' competency profile.

***Your input  
is essential  
to the success  
of this  
initiative.***

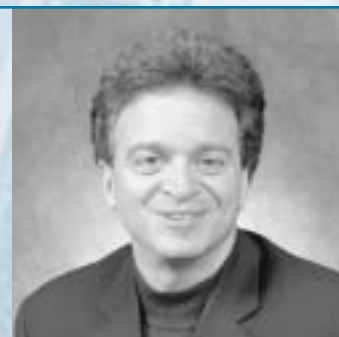
As its first step, Council established a 12-member Pharmacy Technician Working Group (PTWG) in June 1999. Members of this broadly representative group met continuously through to 2001. Then, in March 2001, a 20-member Pharmacy Technician Competencies Working Group (CWG) was created to carry out the second step of the competency profile development. The CWG mandate was to use the participants' knowledge and experience to fully describe and articulate the seven entry-to-practice tasks that had been previously outlined by the PTWG. After the competency profile had been developed, it was brought to pharmacist and pharmacy technician stakeholders in four Ontario communities for review. The working groups reviewed the stakeholder feedback and this led to the final draft document that was considered by Council at its September 2001 meeting. To date, over 100 pharmacists and pharmacy technicians have been involved in the development of this document.

This draft document is designed using four organizing concepts: *competency profile*, *competency*, *competency unit*, and *competency element* (see glossary on page 21 for definitions). It offers a structure of clear statements, units, elements, and indicators that are observable and

**PROPOSED PHARMACY TECHNICIAN**



## Discussion document for an expanded pharmacy technician role to support pharmacists



Steve Balestrini B.Sc. Pharm.

Chair, Pharmacy Technician  
Working Group

verifiable; and it reflects the proposed expanded practice for which regulated pharmacy technicians would be held accountable. This profile is intended as a framework for the expanded role of pharmacy technicians in the provision of pharmaceutical care and pharmacy services.

*It is not the College's intent to impose this expanded role on pharmacy practice settings or pharmacy technicians.* Its goal is to provide support to those practice sites with pharmacy technicians who are capable of practicing in an expanded role and able to further assist the pharmacist in meeting the *Standards of Practice*.


However, if a pharmacy practice site is able to meet the *Standards of Practice* with its current level of support, which may include pharmacy technician(s) performing tasks currently permitted, there is no need for that site to make changes. Similarly, the College will not require pharmacy technicians to become regulated. Those decisions will rest with the pharmacy practice site and the pharmacy technician, respectively.

You will note that pharmacy technicians are already performing most of the competencies listed. However, **Competencies "A" and "C" contain elements which pharmacists are not currently legally permitted to delegate.** Keep in mind that under this proposal, regulated pharmacy technicians would be professionally responsible and accountable for all tasks included in the document. There is no present legislative framework

for expanding the pharmacy technician practice role, however we are reviewing the legislative changes necessary to support an expanded role. It is the College's intent to permit pharmacy technicians who meet eligibility standards for expanded practice (yet to be identified) to eventually form a distinct class of registration within OCP.

We believe this profile will:

- Serve as a framework for an expanded role for pharmacy technicians;
- Complement the role of the pharmacist in providing optimal pharmaceutical care and pharmacy services;
- Provide the human and time resources required to assist pharmacists in meeting the *Standards of Practice*;
- Bring consistency to the expanded role of the pharmacy technician in the provision of pharmaceutical care and pharmacy services; and
- Ensure public accountability for the quality of the services provided by the pharmacy technician within an expanded role.

Watch future issues of *Pharmacy Connection* for news on how you can learn more about this proposal and provide input. If you have questions or comments about the proposed competencies, please submit them in writing by mail or e-mail to: Bernie Des Roches, Manager, Continuing Education & Pharmacy Technician Programs, e-mail: [bdesroches@ocpharma.com](mailto:bdesroches@ocpharma.com). 

***It is not the  
College's intent  
to impose this  
expanded role  
on pharmacy  
practice settings  
or pharmacy  
technicians.***

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# COMMITTEE APPOINTMENTS 2001 2002

## STATUTORY COMMITTEES (RHPA)

EXECUTIVE	DISCIPLINE	FITNESS TO PRACTICE	QUALITY ASSURANCE	REGISTRATION
<b>Elected Members</b> <b>President: Leslie Braden</b> Vice President: David Malian Past President: Sam Hirsch Iris Krawchenko <b>Public Members</b> Bob Drummond Pasquale Fiorino Barry Solway	<b>Elected Members</b> <b>Marty Belitz – Chair</b> Larry Boggio Gurjit Husson Bill Mann Barbara Minshall Marie Ogilvie <b>Public Members</b> Russell Carrington Vladimir Demine Bob Drummond Pasquale Fiorino Marlene Hogarth Mel Jones Stephen Mangos Malcolm Mansfield <b>Non Council</b> <b>Committee Members</b> Zubin Austin Erik Botines Gord Murray Vesna Muvrin David Shum	<b>Elected Members</b> <b>Larry Hallok – Chair</b> Tracy Wiersema <b>Public Members</b> Stephen Mangos Malcolm Mansfield <b>Non Council</b> <b>Committee Members</b> Jim Gay	<b>Elected Members</b> <b>Steve Balestrini – Chair</b> Sherry Peister <b>Public Members</b> Pasquale Fiorino Stephen Mangos Barry Solway <b>Non Council</b> <b>Committee Members</b> Christine Donaldson Reza Farmand Jim Mann	<b>Elected Members</b> Sam Hirsch <b>Bill Mann – Chair</b> Barbara Minshall <b>Public Members</b> Marlene Hogarth Barry Solway <b>Dean of Faculty of Pharmacy</b> Wayne Hindmarsh
<b>COMPLAINTS</b> <b>Elected Members</b> <b>Iris Krawchenko – Chair</b> David Malian <b>Public Members</b> Joan Boyer Barry Solway <b>Non Council</b> <b>Committee Members</b> Roger Ball		<b>PATIENT RELATIONS</b> <b>Elected Members</b> <b>Barbara Minshall – Chair</b> Alex Wong <b>Public Members</b> Russell Carrington Marlene Hogarth Malcolm Mansfield <b>Non Council</b> <b>Committee Members</b> Mona Fanous		

## STATUTORY COMMITTEES (DPRA)

**ACCREDITATION**  
**Elected Members**  
Shelley McKinney  
**Marie Ogilvie – Chair**  
**Public Members**  
Joan Boyer  
Garry Dent  
**Non Council**  
**Committee Members**  
Jerry Cook

## STANDING COMMITTEES

**FINANCE**  
**Elected Members**  
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Larry Boggio  
Sam Hirsch  
Gurjit Husson  
**Public Members**  
**Dean French – Chair**  
Steve Gupta  
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**PROFESSIONAL PRACTICE**  
**Elected Members**  
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Bill Mann  
**Sherry Peister – Chair**  
Tracy Wiersema  
**Public Members**  
Joan Boyer  
Garry Dent  
**Non Council**  
**Committee Members**  
Billy Cheung  
Hina Marsonia

## SPECIAL COMMITTEES/WORKING GROUPS TASK FORCES

COMMUNICATIONS	PHARMACY TECHNICIANS WORKING GROUP	STANDARDS OF PRACTICE WORKING GROUP	STRUCTURED PRACTICAL TRAINING	WORKING GROUP ON CERTIFICATION EXAMINATIONS FOR PHARMACY TECHNICIANS
<b>Elected Members</b> Leslie Braden Steve Balestrini Sam Hirsch <b>Public Members</b> Russell Carrington Marlene Hogarth Stephen Mangos <b>Barry Solway – Chair</b> <b>Non Council</b> <b>Committee Members</b> Stephen Clement	<b>Elected Members</b> <b>Steve Balestrini – Chair</b> Marty Belitz Albert Chalet Wayne Hindmarsh Shelley McKinney Marie Ogilvie <b>Public Members</b> Elizabeth Ells Malcolm Mansfield <b>Non Council</b> <b>Committee Members</b> Elaine Akers Heather Armstrong Tim Fleming Yvonne McRobbie Bonnie Miller Brian Stowe Anne Marie Taddeo	<b>Elected Members</b> Leslie Braden Albert Chalet Larry Hallok Shelley McKinney Barbara Minshall Stephen Mangos <b>Non Council</b> <b>Committee Members</b> Zubin Austin Laureen Bruni Marg Colquhoun Midge Monaghan <b>Anne Resnick – Chair</b>	<b>Elected Members</b> Larry Boggio Shelley McKinney <b>Non Council</b> <b>Committee Members</b> Reza Farmand Leslie Lavack <b>Midge Monaghan – Chair</b> Paola Reynolds Lorne Wilson	<b>Elected Members</b> <b>Albert Chalet – Chair</b> Gurjit Husson <b>Non Council</b> <b>Committee Members</b> Cheryl Anderson Susanna Downey Julie Koehne Esther Marshall Gord Murray Anne Resnick Christine Vanderspiegel
			<b>TASK FORCE ON PRIMARY CARE REFORM</b> <b>Elected Members</b> <b>Sam Hirsch – Chair</b> <b>Public Members</b> Bob Drummond Pasquale Fiorino <b>Non Council</b> <b>Committee Members</b> Stephen Clement Don Organ	



# Education Modules:

## *Canadian Pharmacy Skills I, Spring 2001*

As the calendar year draws to an end, a summary of the activities at the Faculty of Pharmacy on the development of education modules is timely. The Ontario College of Pharmacists provided a grant of \$450,000 over three years as seed money for the development of the modules. The pace of development in the program has been rapid and many pharmacists have contacted the program office for clarification on the details of changes. This article provides a summary of the program to this point.

As Ontario pharmacists are aware, the current *Standards of Practice* and changes at the national level (Mutual Recognition Agreement, PEBC Qualifying Examination with OSCE) have impacted the Canadian Pharmacy Skills program. A \$1.2 million grant from the Access to Professions and Trades Unit, Ministry of Training, Colleges and Universities, has also provided the faculty with the resources to sustain and further develop this ambitious program.

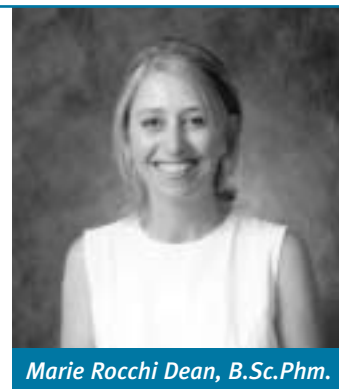
Originally the goals were to assess the educational needs of foreign-trained pharmacists and licensed pharmacists requiring remediation, to develop, monitor and evaluate a pilot program and to implement a continuing program of educational modules. It was also agreed that the modules be based on the National Competencies required of a newly licensed pharmacist, and that the program should become self-supporting within a three-year period.

The faculty has now set up a continuous offering of the CPS program and it is well on the road to becoming self-sufficient by charging cost-recovery tuition fees along with the assistance of the grant from the Ministry of Training, Colleges and Universities to develop the program further.

### CURRENT PROGRAM GOALS

1. The primary goal of the CPS program at the faculty is to provide the necessary academic modules to assist international pharmacy graduates in meeting the OCP's entry-to-practice requirements. And, effective January 1, 2001, the academic modules became an integral component of the Ontario licensing process.

2. A secondary goal of the program is to provide the necessary academic modules for the International Pharmacy Graduate program project that will be in place by September 2003.



Marie Rocchi Dean, B.Sc.Pharm.

Education Coordinator  
Faculty of Pharmacy, UofT

### PROGRAM OBJECTIVES

To deliver academic modules based on the National Competencies, it will provide educational opportunities for international pharmacy graduates to meet the following entry-to-practice requirements in Ontario:

1. Pharmacy Examining Board of Canada Qualifying Examination with OSCE (Objective Structured Clinical Examination)
2. Structured Practical Training (studentship and internship — each a minimum of 16 weeks)
3. Ontario's Pharmaceutical Jurisprudence Examination
4. Fluency

The faculty is committed to the goal of assisting international pharmacy graduates in achieving English proficiency; a reflection of the need for communicative competence that goes beyond basic fluency.

### ACADEMIC MODULES DESCRIPTION

The Canadian Pharmacy Skills academic modules are designed to enhance the knowledge and skills of international pharmacy graduates through a comprehensive program. The faculty is committed to academic excellence in pharmacy education and the provision of a supportive learning environment.

The CPS academic modules consist of two eight-week blocks of courses. Drawing upon material from course work offered in the undergraduate program, the modules

*Continued on page 19*

# Q&A

## Pharmacy Practice



Greg Ujiye, B.Sc.Pharm.

Manager, Pharmacy  
Practice Programs

### **Q If an Ontario physician co-signs or writes a new prescription for a patient from the U.S., is this an acceptable prescription?**

With the controversy over the difference in costs of prescriptions in Canada and the U.S., and the recent changes in U.S. legislation allowing American citizens to order some maintenance medications from abroad: both the College of Physicians and Surgeons of Ontario and the OCP, as well Council members of both Colleges have received numerous inquiries about the legality of U.S. prescriptions and the possibility of an Ontario physician co-signing or re-writing the prescription.

For a U.S. citizen to have a prescription filled in Ontario, the prescription must be signed by a valid Ontario prescriber. Regardless of where the patient resides, if the prescription was written or was co-signed by an Ontario physician, the prescription — from a pharmacist's point of view — is legally valid. The CPSO however, expects physicians to prescribe medications only where there is an established patient-physician relationship. The CPSO issued a policy statement - *Prescribing Outside an Established Physician-Patient Relationship* (Policy#8-00) in November 2000. This policy is reprinted at right with the CPSO's permission.

The Ontario College of Pharmacists does not regulate physicians or enforce their policies. However, the OCP strongly supports the CPSO position that prescribing should only occur within a proper patient-physician relationship to ensure appropriate patient care.

It has come to our attention that some pharmacists and pharmacies are advertising or promoting to U.S. citizens that they can/will facilitate the co-signing or rewriting of prescriptions written by American physicians in order for these patients to receive less expensive medications. According to the OCP *Code of Ethics*, "all pharmacists have the obligation to act in

the best interest of the patient, observe the law, uphold the dignity and honour of the profession, and practice in accordance with ethical principles." Principle Seven of the *Code of Ethics* includes the statement:

"Pharmacists do not participate in any promotional methods or campaigns which undermine the exercise of professional judgment by pharmacists or any other health care professional."


The College strongly recommends that our members refrain from this practice. American patients cannot be treated any differently than Ontario patients and all *Standards of Practice* principles apply to all patients equally. Knowingly directing patients to physicians who will co-sign or re-write prescriptions without the appropriate attention to patient care by either pharmacist and physician, or both, could be considered as unethical or unprofessional behavior by the respective Colleges. This practice could also expose patients to health risks, as proper examinations are not performed at the time of prescribing and furthermore, risks of drug interactions can occur in the future when additional medications are prescribed locally to the U.S. patient.

### **Q Are there other issues I should be aware of when filling prescriptions for U.S. patients?**

Pharmacists are reminded to check for differences in formulations and strengths of single entity and combination drugs between Canada and the U.S. For example, the product with the brand name Dyazide® is available both in Canada and the U.S., but its formulations are not exactly the same. Members should check with their insurers, as they may not be covered for out-of-country liability. Furthermore, waivers do not exempt you from your professional responsibilities under the *Standards of Practice*.

**Q I have a valid prescription for an American patient. If I provide only the written drug information summary from my computer, would this be sufficient for the patient counselling requirements of the *Standards of Practice*?**

No. Standard 4 (Operational Component 4.3) requires all pharmacists to take reasonable steps to enter into dialogue with the patient or the patient's

agent on all initial prescriptions. Dialogue and patient counselling is a dynamic interaction where information is communicated by both parties, and simply sending an information sheet with a note for the patient to contact the pharmacist improperly puts the responsibility for counselling upon the patient. Indeed, the requirements under the *Standards of Practice* clearly place this responsibility on the pharmacist. 

## CPSO POLICY STATEMENT

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### Prescribing Outside an Established Physician-Patient Relationship

#### Policy #8-00

#### PURPOSE

This policy is intended to clarify the College's expectations of physicians who are asked to sign or co-sign prescriptions for individuals who are not their patients.

#### SCOPE

This policy will affect all Ontario physicians.

#### COLLEGE POLICY

If a physician wishes to sign or co-sign a prescription for an individual who is not his or her patient, basic medical principles of assessment and diagnosis must be applied. It is incumbent upon the physician to obtain an adequate history and perform an appropriate physical examination to reach a diagnosis that will ensure that the requested medications are appropriate. The physician is advised to fully document the encounter.

It is not acceptable for a physician to sign or co-sign a prescription without attending the patient.

Even in cases where this service is provided appropriately, physicians are urged to exercise due caution. Existing diagnostic information about the patient may not be available to the physician providing the service. Furthermore, physicians in these circumstances may not be covered by existing Canadian professional liability insurance and are advised to contact their insurance carrier(s).

*\*Reprinted with Permission from College of Physicians and Surgeons of Ontario.*

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# Faculty Facts

Lesley Lavack,  
Assistant Dean and Director,  
Structured Practical Experience  
Program, Faculty of Pharmacy,  
University of Toronto

## ENROLMENT INCREASES AT U OF T'S FACULTY OF PHARMACY

Enrolment in the faculty's B.Sc.Pharm. program increased to 180 students for the September 2001 academic year. This is the second recent increase. The admissions 'base' of 120 students was increased to 140 students in 1999 and remained at that level for the 2000 admissions cycle. The current increase in enrolment marks the halfway point of the faculty's targeted intake of 240 students. This target will be achieved when a new facility is built and the necessary staff and faculty members are hired.

The decision was made to appreciably increase enrolment in 2001, though the faculty's new facility will not be ready for occupancy for several years and because there is also a need for additional staff and faculty. The profession's need for more pharmacists certainly influenced the decision, as did the faculty's desire to make our high quality B.Sc.Pharm program available to a greater number of qualified applicants.

The faculty's present home, the Norman F. Hughes Building at the corner of Russell and Huron Streets, is literally bursting at the seams. We expect it will become more and more 'cozy' over the next several years as student, staff and faculty numbers increase. However, a new home is on the horizon and ambitious goals will be achieved. In the meantime, we remain committed to providing each and every student with the best educational experience possible.

## LESLIE L. DAN PHARMACY BUILDING

Plans are well underway for the faculty's new home, The Leslie L. Dan Pharmacy Building. This fabulous new facility will be built on the northwest corner of University Avenue and College Street and will enable the faculty to achieve its goal of significantly increasing enrolment in its undergraduate and graduate programs. New state-of-the-art research laboratories and teaching facilities will ensure that the faculty has the necessary environment in which to continue to meet the University of Toronto's unwavering commitment to excellence in research and teaching.

Faculty alumnus Leslie L. Dan's donation last year of \$8 million was the lead gift in the capital campaign for the building. This gift was augmented by the university's commitment of \$7.2 million. The provincial government's support for this project is \$28.8 million through the SuperBuild Growth fund. A pledge of \$5 million from Apotex will fund a state-of-the-art lecture theatre and resource center. A leading edge Professional Practice Laboratory will be named for retired Shoppers Drug Mart President, Herbert R. Binder, through some of the proceeds of the \$3.3 million raised in his honour by company executives, associates and suppliers.

These five major financial commitments represent a significant portion of the anticipated \$70 million that the building will cost. The new facility is slated for completion in late 2004. The faculty needs to raise an additional \$15 million from industry, individual donors and other stakeholders, and is counting on the support of the entire profession to realize this goal.



## CANADIAN COUNCIL FOR ACCREDITATION OF PHARMACY PROGRAMS (CCAPP)

The Faculty of Pharmacy's Bachelor of Science in Pharmacy (B.Sc.Pharm.) program and the Doctor of Pharmacy (Pharm.D.) program each received an unprecedented 6-year accreditation from the Canadian Council of Accreditation of Pharmacy Programs (CCAPP). The endorsements were announced earlier this year and were a result of in-depth reviews of all the components of both programs. Former dean Donald Perrier prepared comprehensive self-study documents that provided necessary background data for the accreditation team, both before and during their on-site review of the programs. The faculty is delighted with the accreditation results and remains committed to sustaining the quality of these programs.

## PHARM. D PROGRAM – ADDITIONAL FORMAT

As part of the Faculty of Pharmacy's Strategic Plan, the Pharm.D. program will develop an additional format for instructional delivery. This 'more flexible' design is aimed at enhancing access to the program for practicing pharmacists. Development is currently in the exploratory phase. Information is being gathered on the needs of the profession for a 'flexible' format for the performance-based, advanced practice Pharm.D. degree. Information about the current full-time program and progress on the reformatted program may be obtained by calling the Pharm.D. Office at 416-978-0603.

## STRUCTURED PRACTICAL EXPERIENCE PROGRAM (SPEP)


Increased enrolment means that more and more pharmacists will be needed to conduct Structured Practical Experience Program (SPEP) rotations for students: when the current Year I class of 180 students reaches Year IV, 360 SPEP rotations will be required.

Although we have a large roster of SPEP teaching associates who have taken our educational program, and who are prepared to conduct rotations, we need to involve a greater number of innovative pharmacists. We must also continue to address the on-going issue of *change* in our roster. SPEP pharmacists are movers and shakers and they continue to *move* in their careers, and this *shakes* up our roster!

Retaining and recruiting pharmacists in institutional practices has been especially challenging in the last two years. A significant number of teaching associates in institutional practices have changed career paths and hospital restructuring has put significant strain on pharmacy departments. A normal and expected rate of attrition continues. The current shortage of pharmacists in both community and institutional practices may have a paradoxical effect. Pharmacists may feel that their workload prevents them from conducting SPEP rotations; however, having SPEP students has helped many sites identify soon-to-be graduates who may be interested in working at the site. Conducting SPEP rotations truly is a WIN-WIN endeavor.

## BEING AN SPEP TA MEANS:

- You are an off-site educator for the Faculty of Pharmacy, University of Toronto
- You are contributing to our profession
- You are actively involved in life-long learning activities through educational programs for TA's and through student activities during rotations
- You are recognized by the Faculty and the University for your involvement and contributions
- You are associated with a large network of like-minded, innovative SPEP practitioners
- You have U of T library privileges
- You may be invited to participate in leading-edge, practice-based research emanating from the faculty
- You experience personal and professional satisfaction and stimulation

The Faculty of Pharmacy's off-site SPEP faculty staff are critical to the success of our Pharmaceutical Care-based curriculum. We would like to have more pharmacists join the Faculty and become involved in undergraduate education. More information and/or application packages can be obtained by visiting our website at [www.spep.phm.utoronto.ca](http://www.spep.phm.utoronto.ca) or by contacting Lucy Gabinet, SPEP Administrative Assistant at 416-978-0280. 

# Initiating *Dialogue*

## *...on Adverse Drug Reactions*

*Midge Monaghan, B.Sc.Pharm.*

Sitting down with a patient in a private counselling room is probably the most ideal situation for identifying and resolving drug-related issues. Quiet times during the week, such as a Wednesday afternoon or a weekday evening, may be the most convenient times for pharmacists and patients to meet to discuss medication concerns. Pharmacists can encourage patients to make an appointment to meet for an hour. Planning ahead gives the pharmacist time to prepare for the meeting by reviewing the patient profile and identifying any potential issues.

It is helpful to have something for the patient to complete in the counselling room when they first arrive. Many people arrive early and this gives them something to do while the pharmacist is finishing up other matters in the dispensary. The 'Just Checking' questionnaire produced by CPhA is an excellent tool to use in this type of interview. It also helps the pharmacist focus on the drug related issues from the patient's point of view. It's important to review this with the patient to clarify specific details and establish priorities for their own health concerns. This is a good opportunity to address lifestyle issues such as smoking, alcohol and caffeine consumption in a non-judgmental way. Clarify any allergies as well as other medical conditions and document any significant details in the patient profile after the interview (unless you're lucky enough to have a computer terminal in the counselling room).

Diabetic patients usually present with a variety of challenging issues because their drug regimens are often complicated by the fact that they usually have other medical conditions needing additional medications. This scenario is based on a 78-year-old female, Di Abbott, who has hypertension, osteoarthritis, GERD, depression, and type II diabetes.

Since the pharmacist, Matt Forest, had asked Di to bring all her medications with her to the interview, he separated the prescription drugs from the OTCs and herbals, and started by reviewing the dosages of each.

**Matt:** "Do you know why you are taking these glyburide tablets?"

**Di:** "Those are my sugar pills."

**Matt:** "Can you tell me how often you are taking them."

**Di:** "I'm taking 2 in the morning now and only 1 at night."

**Matt:** "What about these metformin tablets?"

**Di:** "Those are sugar pills too, but I don't take them 3 times a day anymore because they give me diarrhea. I take at least one everyday and sometimes 2."

**Matt:** "Does Dr. Lance know how you are taking these now?"

**Di:** "I think so. I told him I didn't like taking those big ones."

**Matt:** "What kind of blood sugar levels are you getting when you test everyday?"

**Di:** "I test at least twice a day, before breakfast and before supper. My numbers are always between 8 & 10. I know that you told me that my levels should be between 4 and 7, but that is impossible for me right now. I'm walking everyday and I try to stick to the diet that the dietician gave me a few months ago. What else can I do to get my sugar down? I don't want to go on insulin like my mother did."

**Matt:** "It seems to me that the metformin is not helping you; in fact it is causing side effects which prevent you from taking an appropriate dose. Would you like me to contact your doctor and explain your situation?"

**Di:** “That would be great. I’m not going to see him again for a couple of months.”

Matt reviewed all other medications with Di. He was surprised to find several outdated medications (Tylenol® #3 and vitamins from 1997) as well as herbal preparations (Evening primrose oil and St. John’s Wort from 1998). Matt expressed his concern about keeping these old products around the house and the dangers of taking herbals with her prescribed medications. Di

agreed to let Matt discard all of the old bottles. He discovers that she has a good understanding of most of her medications and her major concern is her high blood sugar levels. She also thinks that she is taking too many medications and that some of them may be working against each other.

Matt explained to Di that he would be sending a note to Dr. Lance in the next week or two and agreed to call her at home when he gets a response.

**Dear Dr. Lance:**

*I have met with your patient Di Abbott recently and have reviewed all medications with her. Please find enclosed a summary of my interview with her.*

**Current Prescribed Medications:**

Glyburide 5mg.....2 AM & 1 HS  
Metformin 500mg.....1 TID AC  
Desipramine 25mg.....2 Daily  
Ranitidine 150mg.....1 BID  
Dyazide® .....1 Daily  
Arthrotec® 50mg.....1 BID

**PRN Medications:**

Imodium®, HC Cream 1%. Tylenol® #3, Tylenol® E.S., & Robaxisal®

**Other Medications:**

Beano®, Gas-X®, vitamin E 400U, Gravol®, Gaviscon®, Evening Primrose Oil, St. John’s Wort

**Overview:**

*Di seems to be compliant and aware of the appropriate dosages and indications for most of her medications. We discussed the problems related to taking herbal medications along with prescribed medications (eg. St. John’s Wort and Evening primrose oil with desipramine for depression). She agreed to let me discard those products along with outdated vitamins and Tylenol® #3 tablets.*

*Her major concern is high blood sugar levels despite compliance with diet and exercise programs. She is not tolerating metformin at this time. She was originally taking 500mg TID, but has cut back to BID and sometimes only once daily due to diarrhea and cramping.*

**Recommendations:**

1. Continue metformin on once daily dosage and increase dosage of glyburide 5mg. to 2 tabs (10mg.) BID.
2. Or discontinue metformin and try Avandia®, Actos®, or GlucoNorm® along with a lower dose of glyburide.

*I look forward to your comments about these recommendations and I will continue to follow-up with Di on the telephone and whenever she comes into the pharmacy during the next few months.*

*Continued on page 34*



***Visit the College's new website:***  
***www.ocpinfo.com***

*Replacing our old site [www.ocpharma.com](http://www.ocpharma.com), this new site has many additional features including the OCP Manual and Policy Handbook, Practice and Technician Q&A's for the past few years, a member-only section, a robust search feature of the entire database and much more.*

*Please visit the site and let us know what you think.*







# Letters

## Dear Editor:

Layne Verbeek's offer to share thoughts on the Ontario College of Pharmacists' recently adopted *Point of Care* public communications initiative is appreciated (July/August, 2001.)

Canada, like other economically developed democracies, proudly extols its public policy of sensitivity to ethnic and religious diversity. However, the policies of governments and the realities of a society's institutions may often be at odds. Unintended thoughtlessness can create the same feelings of isolation, hopelessness and despair as overt prejudice and discrimination. The distinction is that the feelings of bitterness and worthlessness is even greater as an immigrant pharmacist when insensitivity is ingrained in the institutional culture of your chosen profession in a country in which acceptance of ethnic diversity is claimed to be the norm.

Some ethnic groups, for the reason of their concept of spirituality, believe the use of a symbol to represent any aspect of the deity is unacceptable because this would give something that is indefinable and would place a human representation between the individual and their concept of religion. Non-religious institutions may define their identity without conscious religious intentions by adapting a symbol originally used to embody the dominant religious faith of that culture. For some, the *green cross* symbol may define a profession, for others a religion. Nevertheless, the origin of the symbol is religious.

The College's decision for the *Point of Care* logo will only add to the bitterness felt by some immigrant/foreign-trained pharmacists new to Canada. The College should not be surprised that these

same pharmacists must refuse to wear or display the logo, not out of disrespect for other's beliefs, but because of their own.

Unity, rather than diversity, is attainable through communication.

— Sana Sukkari,  
B.Sc.Pharm., M. Phil.  
Burlington, Ontario

## Editor's Note:

The College chose the green cross and bowl of Hygeia because these symbols are widely used in various forms around the world to represent pharmacy, such as in Quebec, Europe, the Middle East and Japan. The cross is also an international symbol for health care that is used in many different health care settings. Our goal is to help create public awareness for pharmacy; no religious connotation is intended.

## Education Modules

*continued from page 11*

are designed to meet the needs of international pharmacy graduates through acculturation to Canadian pharmacy practice and assessment of entry-level competence for training. Program content areas include: drug information, therapeutics, law, drug distribution, practice management,

pharmaceutical care, communication skills and the Canadian health care system.

The academic modules are very intensive and consist of a combination of didactic, problem-based, practical, simulated and Internet-based course work. The first 8-week module, CPS I must be successfully completed prior to beginning SPT studentship with OCP. An Internet course, Pharmacy

Therapeutics Distance Learning (PTDL) — an extension of CPS I — is taken simultaneously during the SPT studentship period to maintain a link between the faculty and the CPS student. Similarly, CPS II (the second 8-week module) must be completed prior to SPT internship. Students are regularly assessed and provided with feedback on an ongoing basis.

# Proposed Pharmacy Technician Competency Profile *(continued from page 7)*

## **A** COMPETENCY: RECEIVE A PRESCRIPTION

Pharmacy technicians, as part of the pharmacy team by using their knowledge and skills and by following applicable policies and procedures:

### **A1. COMPETENCY UNIT**

**Receive a request from a patient for a new or repeat prescription**

#### **COMPETENCY ELEMENTS**

##### **A1.1 Gather information to create and maintain a patient profile**

- i) determine whether the prescription is new or repeat
- ii) act as a liaison between the patient/patient's agent and/or the patient's health care provider and the pharmacist
- iii) obtain patient consent
- iv) use paper-based, electronic, and other resources to locate and select information
- v) assess the completeness and appropriateness of the patient profile and update patient information

##### **A1.2 Check for authenticity of the prescription**

- i) determine whether the prescription meets all legal requirements, notify the pharmacist, and follow-up using applicable policies, effective communication, and discretion
- ii) develop, maintain, and use health care provider lists to determine the prescriber's privileges

##### **A1.3 Check for accuracy and completeness of the prescription**

- i) check the prescription to ensure completeness of patient information and prescription data
- ii) review the prescription by:
  - recognizing and using abbreviations and medical terminology recognizing drug names, drug classifications, and related information
  - associating drug names with common therapeutic uses
  - accessing resources to gather information about the prescription
  - differentiating look alike drug names
  - applying knowledge of dosage forms, strengths, and drug availability
- iii) notify the pharmacist regarding allergies and/or other discrepancies

### **A2. COMPETENCY UNIT**

**Receive a new or repeat prescription from a health care provider**

#### **COMPETENCY ELEMENTS**

##### **A2.1 Receive an oral prescription**

- i) refer therapeutic questions to pharmacist
- ii) act as a liaison between the patient/patient's agent and/or the patient's health care provider and the pharmacist
- iii) assess and update the completeness and appropriateness of the patient profile information
- iv) transcribe an oral prescription by:
  - using appropriate format and abbreviations
  - checking that the transcription of the prescription is accurate and complete

## **A2.2 Gather information to create and maintain the patient profile**

- i) determine whether the prescription is new or repeat
- ii) act as a liaison between the patient/patient's agent, and/or the patient's care provider and the pharmacist
- iii) use paper-based, electronic, and other resources to locate, and select information

## **A2.3 Check for authenticity of orally and electronically transmitted prescriptions**

- i) confirm the identity of the person transmitting the prescription
- ii) determine whether the prescription is new or repeat
- iii) confirm whether an orally and electronically transmitted prescription meets all legal requirements, notify the pharmacist, and follow-up using applicable policies, effective communication, and discretion
- iv) develop, maintain, and use health care provider lists to determine the prescriber's privileges
- v) act as a liaison between health care providers and the pharmacist

## **A2.4 Check for accuracy and completeness of orally and electronically transmitted information**

- i) clarify unclear information in the prescription with the health care provider
- ii) confirm that telephone and electronically transmitted prescriptions meet legal requirements
- iii) apply knowledge of regulations regarding schedules
- iv) check the prescription to ensure completeness of the patient information and prescription data
- v) review the prescription by:
  - recognizing and using abbreviations and medical terminology
  - recognizing drug names, drug classifications, and related information
  - associating drug names with common therapeutic uses
  - accessing resources to gather information about prescriptions
  - differentiating sound alike and look alike drug names
  - applying knowledge of dosage forms, strengths, and drug availability
- vi) notify the pharmacist regarding allergies and/or other discrepancies

## **A2.5 Transfer a prescription and associated patient information to/from another pharmacy**

## **A2.6 Provide a copy of a prescription to an authorized recipient**

## **A2.7 Seek out guidance and information from the pharmacist and/or if required, from health care providers**

## **A2.8 Refer patients' and health care providers' questions about therapeutic issues to the pharmacist**

## **A2.9 Answer initial questions by using knowledge of drug forms and third party insurance plan coverage**

# **B COMPETENCY: ENTER A PRESCRIPTION**

Pharmacy technicians, as part of the pharmacy team, by using their knowledge and skills and by following applicable policies and procedures:

## **B1. COMPETENCY UNIT**

Enter the prescription as part of the process used to prepare a pharmaceutical product for release and to keep records

### **COMPETENCY ELEMENTS**

#### **B1.1 Enter and update health information into the patient's profile while respecting privacy and confidentiality**

- i) verify with the patient, the patient's agent and/or the health care provider all pertinent information
- ii) confirm accuracy and completeness of patient profile information each time the patient submits a prescription

### **GLOSSARY**

#### **Competency:**

A synthesis of the knowledge, skills, and attitudes that underlie an aspect of successful pharmacy technician performance. A competency is a broad statement of role performance.

#### **Competency Element:**

Actions which collectively will enable the pharmacy technician to fulfill the competency. Elements will include specific criteria which taken together will describe the action more fully. Competency elements and their related criteria are not intended to be an all inclusive nor an exhaustive list.

#### **Competency Profile:**

A summary of those competency statements, competency units, and competency elements which when taken together will describe the essential, minimal, and foundational role performance required by the pharmacy technician upon entry to practice.

#### **Competency Unit:**

A major function or task required to fulfill a competency.

## **COMPETENCY PROFILE**

**B1.2 Enter a prescription into the patient profile**

- i) confirm authenticity, accuracy, and completeness of the prescription and notes
- ii) use correct format, terminology, abbreviations, and symbols
- iii) associate drug names and classifications with common therapeutic uses

**B1.3 Notify the pharmacist of any alerts or therapeutic issues**

- i) review the patient profile for alerts
- ii) review the patient notes for patient preferences
- iii) review current profile and note duplicate therapy and active prescriptions on file
- iv) deactivate a prescription, under direction of the pharmacist
- v) contact patient or patient's agent to provide or retrieve relevant information or instructions

**B1.4 In consultation with the pharmacist, contact the prescriber where required for clarification of the prescription****B1.5 Enter new pharmaceutical products and compounds into the computer system****B1.6 Select a pharmaceutical product that meets the requirements of the prescription**

- i) determine patient preferences
- ii) apply knowledge about available pharmaceutical products
- iii) apply knowledge of third party insurance plan coverage

**B1.7 Locate alternate sources, where required**

- i) consult with the pharmacist or review procedures for options
- ii) identify alternate dosage forms and determine whether one of these dosage forms may be substituted
- iii) contact pharmacies and suppliers
- iv) contact health care providers when there are difficulties locating a ready source of the pharmaceutical product

**B1.8 Verify accurate entry of the prescription**

- i) compare patient information and prescription data entered into the record against the original prescription

---

## **C COMPETENCY: PREPARE A PHARMACEUTICAL PRODUCT FOR RELEASE, IN COLLABORATION WITH THE PHARMACIST**

**Pharmacy technicians, as part of the pharmacy team, by using their knowledge and skills and by following applicable policies and procedures:**

### **C1. COMPETENCY UNIT**

**Prepare/compound a pharmaceutical product for release, in collaboration with the pharmacist**

#### **COMPETENCY ELEMENTS**

**C1.1 Obtain a pharmaceutical product that meets the requirements for the prescription**

- i) confirm availability of a product
- ii) locate alternate sources, where required by:
  - consulting with the pharmacist or reviewing procedures for options
  - identifying alternate dosage forms and determining whether one of these dosage forms may be substituted
  - contacting pharmacies and suppliers
  - contacting health care providers when there are difficulties locating a ready source of the pharmaceutical product



### **C1.2 Prepare/compound sterile and non-sterile pharmaceutical products**

- i) follow aseptic and clean techniques
- ii) select equipment
- iii) follow formulation instructions
- iv) verify accuracy and appropriateness of ingredients and quantities including weights and volumes
- v) calculate, convert, and document dosage calculations and extemporaneous weights and volumes by:
  - applying principles of mathematics
  - comparing finished calculations and conversions with common dosages
- vi) verify calculations with a second member of the pharmacy team who is regulated

### **C1.3 Prepare prepackaged or reconstituted pharmaceutical products**

- i) verify dosage calculations, weights and volumes
- ii) check for expiry dates, count, measure, or weigh pharmaceutical products

### **C1.4 Package/repackage and label pharmaceutical products**

- i) select the appropriate container for the pharmaceutical product
- ii) affix the appropriate label(s) to the pharmaceutical product or container
- iii) provide appropriate patient information materials, where specified by the pharmacist

## **C2. COMPETENCY UNIT**

### **Check the pharmaceutical product for accuracy and completeness**

#### **COMPETENCY ELEMENTS**

#### **C2.1 Bring to the attention of the pharmacist any changes and/or compliance issues that have occurred since the last fill**

#### **C2.2 Verify accuracy and completeness of the finished pharmaceutical product**

- i) confirm accuracy of the patient information including last date filled for a repeat prescription
- ii) confirm that the:
  - correct pharmaceutical product is being dispensed
  - pharmaceutical product is correctly labelled including appropriate auxiliary labels
  - appropriate patient information materials have been provided
  - finished pharmaceutical product has been checked and signed off
- iii) confirm that the prescription has been signed by a pharmacist/pharmacy intern and/or pharmacy technician who is regulated

## **C3. COMPETENCY UNIT**

### **Collaborate in the release of the pharmaceutical product to the patient or the patient's agent**

#### **COMPETENCY ELEMENTS**

#### **C3.1 Confirm that the pharmacist has had the opportunity to review the prescription and patient profile**

#### **C3.2 Act as a liaison between the patient, the patient's agent, and/or the health care provider, and the pharmacist**

- i) identify the need for dialogue
- ii) refer the patient, the patient's agent, or the health care provider to the pharmacist

## **COMPETENCY PROFILE**

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## **D** COMPETENCY: MANAGE WORKFLOW

**Pharmacy technicians, as part of the pharmacy team, by using their knowledge and skills and by following applicable policies and procedures:**

### **D1. COMPETENCY UNIT**

**Participate in prioritizing and organizing optimal pharmacy services**

#### **COMPETENCY ELEMENTS**

##### **D1.1 Coordinate tasks and determine workflow**

- i) identify tasks for completion
- ii) use problem-solving and decision-making skills to prioritize and organize prescriptions
- iii) use time management and organizational skills to determine time requirements
- iv) inform the patient, health care provider, and/or other members of the pharmacy team of time requirements
- v) monitor progress of workflow, identify barriers and challenges to completion, and take steps to resolve these

##### **D1.2 Participate in pharmacy operations**

- i) demonstrate an understanding of the roles and responsibilities of each member of the pharmacy team
- ii) work together with pharmacy management to:
  - identify staffing requirements
  - plan and organize the physical work space
  - develop, implement, and evaluate operational policies and procedures
  - schedule personnel and designate tasks
- iii) contribute to discussions about policies related to inventory, billing, and receiving, entering, preparing, and releasing prescriptions
- iv) contribute to the pharmacy team by:
  - providing feedback regarding opportunities for increased efficiencies of pharmacy services
  - cooperating with members of the pharmacy team

##### **D1.3 Follow standards for health and safety, cleanliness, and efficiency**

---

## **E** COMPETENCY: PARTICIPATE IN THE MANAGEMENT OF THIRD PARTY INSURANCE PLANS

**Pharmacy technicians, as part of the pharmacy team, by using their knowledge and skills and by following applicable policies and procedures:**

### **E1. COMPETENCY UNIT**

**Apply knowledge of third party insurance plans**

#### **COMPETENCY ELEMENTS**

##### **E1.1 Manage third party insurance plans**

- i) use information about third party insurance plans
- ii) prepare billings to the third party insurance plan and to the patient's charge account
- iii) use knowledge and resources to ensure that:
  - pharmacy billed claims are paid
  - eligibility requirements are met and that the required special authorizations are obtained
- iv) address differences between the prescription and third party insurance plan responses
- v) reconcile third party insurance plan claims and payments
- vi) document claim rejections

##### **E1.2 Explain third party insurance plan coverage and payment requirements**

**PROPOSED PHARMACY TECHNICIAN**

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## **F** COMPETENCY: MANAGE INVENTORY

Pharmacy technicians, as part of the pharmacy team, by using their knowledge and skills and by following applicable policies and procedures:

### **F1. COMPETENCY UNIT**

**Collaborate in inventory management**

#### **COMPETENCY ELEMENTS**

##### **F1.1 Receive, verify, and reconcile pharmacy orders**

- i) confirm shipping conditions, integrity, and usability of order received

##### **F1.2 Manage inventory levels**

- i) determine order quantities according to product usage
- ii) comply with legislation and management directives when ordering and/or transferring stock
- iii) remove outdated and recalled pharmaceutical products and dispose of or return stock for credit
- iv) identify and resolve variances in inventory counts

##### **F1.3 Maintain stock within the pharmacy and/or facility**

- i) ensure appropriate storage of pharmaceutical products
- ii) identify stock requirements, select, and distribute correct products
- iii) restock tablet counters
- iv) check and restock shelves, unit dose carts, emergency boxes, cardiac arrest kits, and night cupboard supplies according to an approved list of contents

##### **F1.4 Implement pricing policies**

##### **F1.5 Maintain appropriate records for narcotic and controlled drugs and targeted substances**

---

## **G** COMPETENCY: CARRY OUT ADMINISTRATIVE RESPONSIBILITIES

Pharmacy technicians, as part of the pharmacy team, by using their knowledge and skills and by following applicable policies and procedures:

### **G1. COMPETENCY UNIT**

**Provide administrative support**

#### **COMPETENCY ELEMENTS**

##### **G1.1 Generate and reconcile internal and/or corporate reports**

##### **G1.2 Prepare letters and memoranda as required**

##### **G1.3 Develop, maintain, file, store, and retrieve relevant documents, prescriptions, information, reports, and records**

- i) ensure that the prescription is signed and filed
- ii) file/access general information, drug information, and patient information
- iii) keep files well organized and current
- iv) inform the pharmacist where appropriate

##### **G1.4 Participate in quality improvement processes**

- iv) perform quality assurance audits
- ii) check for accuracy and completeness of prescription records and pharmaceutical products

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## **COMPETENCY PROFILE**

- G1.5 Collect and report statistical information**
- G1.6 Perform routine maintenance on computer systems and databases**
- G1.7 Identify, order, and maintain equipment and supplies needed for the operation of the pharmacy**
- G1.8 Manage accounts receivable, store accounts, and offline billings**
- G1.9 Perform cash control functions**

## **G2. COMPETENCY UNIT**

**Contribute to human resource management**

### **COMPETENCY ELEMENTS**

- G2.1 Participate in the development, implementation, and evaluation of pharmacy and/or departmental human resource management policies and procedures**
- G2.2 Participate in hiring interviews, orientation processes, and performance reviews**

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# **H COMPETENCY: COMMUNICATE WITH PATIENTS, PHARMACISTS, AND HEALTH CARE PROVIDERS**

**Pharmacy technicians, as part of the pharmacy team, by using their knowledge and skills and by following applicable policies and procedures:**

## **H1. COMPETENCY UNIT**

**Communicate within their role to support pharmaceutical care and manage pharmacy services**

### **COMPETENCY ELEMENTS**

- H1.1 Refer all therapeutic issues and questions to the pharmacist**
- H1.2 Establish and maintain positive working relationships with patients, patients' agents, members of the pharmacy team, and health care providers**
  - i) display:
    - empathy, respect, openness and caring
    - sensitivity to nonverbal communication
    - sensitivity to diversity
    - attentiveness
  - ii) demonstrate appropriate and effective communication skills by:
    - using active listening
    - using verbal and nonverbal communication skills
    - recognizing facilitators of and challenges to communication
    - using oral and written language and communication style appropriate to the purpose, setting, and situation
    - using interviewing skills
    - using, where appropriate, conflict resolution skills
  - iii) support patients and health care providers
    - identify appropriate resources
- H1.3 Maintain confidentiality of patient information**



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# **COMPETENCY: PRACTICE IN A PROFESSIONAL MANNER WITHIN A LEGAL AND ETHICAL FRAMEWORK**

## **I1. COMPETENCY UNIT**

**Comply with legal requirements; demonstrate professional integrity; and act ethically**

### **COMPETENCY ELEMENTS**

#### **I1.1 Follow federal and provincial legislation**

- i) keep current with and apply knowledge of relevant legislation, regulations, standards, policies, and procedures
- ii) recognize the role of regulatory bodies to establish and monitor professional standards and practice expectations

#### **I1.2 Protect patient rights to dignity, privacy, and confidentiality**

#### **I1.3 Document patient information, prescription data, and other pharmacy related information**

- i) follow standards, policies, and procedures related to documentation and to the maintenance, security, and disposal of records
- ii) document clearly, concisely, correctly and in a timely manner

#### **I1.4 Demonstrate professional and personal integrity**

- i) respect the rights, roles, and responsibilities of patients, patient agents, the pharmacy team, health care providers, and others
- ii) practice within own role and responsibilities
- iii) practice within personal abilities and limits
- iv) accept responsibility for own decisions and actions
- v) foster respect and collaboration within the pharmacy team
- vi) demonstrate professional behaviour within and outside of the practice setting
- vii) act as a role model and mentor
- viii) maintain confidentiality of workplace information

#### **I1.5 Improve competence**

- i) reflect upon own practice
- ii) develop, implement, and evaluate plans for improving competence
- iii) identify resources and strategies for improving competence
- iv) integrate professional knowledge, skills, judgement, and values into practice
- v) seek out guidance and constructive criticism and incorporate suggestions into practice
- vi) commit to lifelong learning
- vii) demonstrate evidence-based knowledge

#### **I1.6 Understand and promote the pharmacy team's role in patients' health and wellness**

#### **I1.7 Apply ethical principles to practice**

- i) respect patients' rights
- ii) act as an advocate for patients
- iii) identify own values and attitudes and their influence on interactions with patients, members of the pharmacy team, and health care providers
- iv) respect diversity
- v) act within own role, share appropriate information about the patient while respecting confidentiality

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## **COMPETENCY PROFILE**

**W**e would like to acknowledge those 556 pharmacists who attended Preceptor Orientation or Advanced Training Workshops from January to September 2001. Many of our SPT preceptors continue to be “qualified” by virtue of having attended a workshop within the past two years and therefore were not required to attend a 2001 workshop. Below are the names of current year workshop attendees.

## Thank you, Preceptors!

As of October 2001, 158 Canadian/U.S. students have completed SPT Studentship; 36 graduates of the Canadian Pharmacy Skills (CPS I) program are currently completing SPT Studentship and successful candidates will go on to CPS II in January 2002. Ninety-eight Canadian graduates and 72 international pharmacy graduates have completed SPT Internship.

A big thank you to all preceptors who have taken a student or intern for SPT in 2001. We appreciate your commitment and the time you have taken to review questions and activities with the student/intern, to complete regular assessments with written feedback, and to provide ongoing positive and constructive support to assist the student/intern to achieve the required competencies.

## Thanks for helping our profession!

### ACTON

Theresa Portelli  
Medical Pharmacy

### AGINCOURT

Philip Yiu  
Shoppers Drug Mart

### AJAX

Kevin Hsu  
Pharma Plus Drugmart

### ANCASTER

Asad Ali  
Wal-Mart Pharmacy

Mahmood Najak  
Wal-Mart Pharmacy

Glenna Noad

### AURORA

Anil Dole  
Shoppers Drug Mart

Eva Palkovicova  
Shoppers Drug Mart

Alison Ross  
Shoppers Drug Mart

### BELLEVILLE

Tamara Bournival  
Shoppers Drug Mart

Steven Casselman  
Drug Basics

Larissa Miller  
The Pharmacy

Sunil Philip  
Wal-Mart Pharmacy

### BLIND RIVER

David Mitchell  
Mitchell Pharmacy

### BOLTON

Shailesh Desai  
Zehrs Pharmacy

Viren Desai  
Zehrs Pharmacy

Ellen Hilliard-Ridd  
Zehrs Pharmacy

### BRACEBRIDGE

Thu Phan  
Shoppers Drug Mart

### BRAMALEA

Emil Laswardi  
The Pharmacy

### BRAMPTON

Regina Dedrick  
Pharma Plus Drugmart

Mary Demetry  
Zellers Pharmacy

Sahar Farag  
Bramdale Pharmacy

Rajeev Gupta  
Kings Cross Pharmacy

Thi Huong Le  
Wal-Mart Pharmacy

Kenny Lee  
Shoppers Drug Mart

Agheta Liu  
Pharma Plus Drugmart

Sudarshan Maharaj  
Herbie's

Diane Smilsky  
Shoppers Drug Mart

Adele Smith  
Shoppers Drug Mart

### BRANTFORD

Majed Alkhabaz  
Zehrs Pharmacy

Khawar Shabbir  
West St Day & Night  
Pharmacy

Bhikhu Tejura  
Zehrs Pharmacy

Glenys Vanstone  
The Brantford  
General Hospital

### BROCKVILLE

Sastry Kuruganti  
Wal-Mart Pharmacy

John Silke  
Wal-Mart Pharmacy

### BURLINGTON

Dina Dichek  
Joseph Brant  
Memorial Hospital

Jafar Hanbali  
Shoppers Drug Mart

Karen Harris  
The Pharmacy

Sidney Kadish  
Shoppers Drug Mart

Mary Nelson  
Dell Pharmacy

Kathryn Pollock  
Pharma Plus Drugmart

Sana Sukkari  
Joseph Brant  
Memorial Hospital

Tayyab Syed  
Shoppers Drug Mart

### CAMBRIDGE

Sheryl Horton-Smith  
Shoppers Drug Mart

Iyabode Kuye  
Zehrs Pharmacy

**“Mentoring an intern forces one to examine pharmacy systems and procedures, PC (Pharmaceutical Care) priorities, especially with all the positive changes in the profession.”**  
— Joseph Lum

Karen McCaul  
Ajax Pickering  
Health Centre

### ALLISTON

Jennifer Barnim  
Wrays Pharmacy

### ALMONTE

Judith Agnew  
Almonte General  
Hospital

Andy Hadcock  
Shoppers Drug Mart

Gabrielle Ho  
Shoppers Drug Mart

### BARRIE

Donna Carlyle  
Shoppers Drug Mart

Robert Knapper  
Pharmasave Allandale

## Thank you, Preceptors!

Sanjay Patel  
Zehrs Pharmacy

### CAMPBELLFORD

Arif Popatia  
MacLaren Pharmacy

### CARLETON PLACE

Aziz Dhalla  
Carleton Place IDA

### CHATHAM

Ay Nio Kho  
Wal-Mart Pharmacy

Tina Lively  
Chatham-Kent Health Alliance

### CHELMSFORD

Kenneth Burns  
Errington Guardian Pharmacy

James Delsaut  
Drugstore Pharmacy

### COLLINGWOOD

Sameh Rouman  
Drugstore Pharmacy

### CONCORD

Diem Cong  
Wal-Mart Pharmacy

### CORNWALL

Joanne Labelle  
Shoppers Drug Mart

Margaret Lee  
Cornwall Medical Pharmacy

Diane Lomberg  
Wal-Mart Pharmacy

Dana MacDonald  
Shoppers Drug Mart

Fayek Todary Michael  
Shoppers Drug Mart

Linda Oathwaite  
Cornwall General Hospital

Jae Eun Roh  
Wal-Mart Pharmacy

### COURTICE

Louise Smith  
Health Centre Pharmacy

### DELHI

Kelly Person  
Pharmasave

John Stanczyk  
Pharmasave

### DON MILLS

Rizwan Champsi  
Shoppers Drug Mart

Ofelia Santamaria  
Flemingdon Park Pharmacy

### DOWNSVIEW

Reza Farmand  
Shoppers Drug Mart

Fatima Ismail  
Nor-Arm Pharmacy

Richard Lewis  
Shoppers Drug Mart

Angelo Rumeo  
Humber River Regional Hospital

Refat Samuel  
Jane Centre Pharmacy

### DRYDEN

Esther Stoney  
Extra Foods Pharmacy

### DUNDAS

Teresa Kowalcuk  
Shoppers Drug Mart

Louise-Marie Lagace  
Shoppers Drug Mart

Jun-Mon Lam  
Shoppers Drug Mart

Jeanette Schindler  
Shoppers Drug Mart

### ELMIRA

Joanne Roberts  
Shoppers Drug Mart

### ETOBICOKE

Eltaz Anjari  
Silvergrove Pharmacy

Joseph Cheung  
Wal-Mart Pharmacy

Navin Gandhi  
Sports Medicine Pharmacy

Bethany McMullen  
Shoppers Drug Mart

Souha Mourad  
Albion Martingrove Pharmacy

Maggie Philemon  
Drugstore Pharmacy

Teresa Pitre  
Shoppers Drug Mart

Mia Quilty  
Medical Pharmacy

Fred Schpanouski  
Wal-Mart Pharmacy

Alexandria Slavik  
Shoppers Drug Mart

Saeed Tahir  
Al-Shafa Pharmacy

Alan Weingarten  
Shoppers Drug Mart

### EXETER

Michael Ibrahim  
Shoppers Drug Mart

### FERGUS

Marilyn Hiseler  
Shoppers Drug Mart

Anne Mallin  
Groves Memorial Community Hospital

Heidi May  
Shoppers Drug Mart

### FORT FRANCES

Craig Armstrong  
Pharmasave Clinic Pharmacy

Kim Metke  
Fort Frances Clinic Dispensary

### FRANKFORD

Denise Madill  
H J Madill Drugs

### GLOUCESTER

Mary Anne Fitzpatrick  
Drugstore Pharmacy

Sultana Haidar  
Drugstore Pharmacy

Medhat Hanna  
Shoppers Drug Mart

Hani Islam  
Zellers Pharmacy

Trent Jay  
Shoppers Drug Mart

### GODERICH

Mammdouh Haddad  
Zellers Pharmacy

### GRAVENHURST

Paul Lucas  
Bush IDA Pharmacy

Nurbegun Parpia  
Hamilton Health Sciences Corporation

Saheed Rashid  
Dell Pharmacy

Kusum Shukla  
Shoppers Drug Mart

“...being a preceptor is a continuous learning opportunity. I believe you learn every day. This could be a good refresher for many forgotten things... a chance for exchanging and sharing different views/ideas to run/practise/operate pharmacy.”

— Sanjay Patel

### GRIMSBY

Said Attalla  
Hodgins IDA Pharmacy

Catherine Elms  
Shoppers Drug Mart

### GUELPH

Heather Baker  
Pharmx Rexall Drug Store

Jane McKaig  
Zehrs Pharmacy

Emad Youssef  
The Pharmacy

### HAMILTON

Usama Agaybey  
Upper Gage Pharmacy

Ik Sun Chong  
Wal-Mart Pharmacy

Jennifer D'Souza  
Hamilton Health Sciences Corporation

Elizabeth Kata  
Charlton Medical Pharmacy

Michael Korkut  
Mediserve Pharmacy

Douglas Landgraff  
Shoppers Drug Mart

Angelo Marini  
James Street Medical Pharmacy

Saji Mathew  
Zellers Pharmacy

Stephanie Olthof-Gilbreath  
Shoppers Drug Mart

Irene Stronczak  
Day Night Pharmacy

Hani Tawfilis  
Danmar Pharmacy

### HANMER

Darlene McCue  
Hanmer Medical Pharmacy

### HANOVER

Michelle Szafron  
Drugstore Pharmacy

### HEARST

Theresa Brunet  
Pharmacie Brunet-Cantin

### HUNTSVILLE

Tracey Trimm  
Shoppers Drug Mart

### ISLINGTON

Ian Stewart  
Shoppers Drug Mart

Jie-Young Youn  
Shoppers Drug Mart

### JARVIS

Paul Cavanagh  
Cavanagh IDA Pharmacy

### KANATA

Rosemary Killeen  
Pharma Plus Drugmart

Peter Tomala  
Wal-Mart Pharmacy

### KESWICK

Phillip Chiu  
Zehrs Pharmacy

## Thank you, Preceptors!

### KINGSTON

Karen Colgan  
Amherstview Drugs

Jana Giddey  
Wal-Mart Pharmacy

Gervin O'Connor  
Shoppers Drug Mart

Kim Pho  
Kingston General Hospital

Adam Szpytman  
Wal-Mart Pharmacy

### LIVELY

Rachelle Rocha  
Drugstore Pharmacy

### LONDON

Venkata Ammanabrolu  
Wal-Mart Pharmacy

Rudolf Liem  
Pharma Plus Drugmart

James O'Brien  
Medical Pharmacy

Rosalyn Odili  
Springbank Pharmacy

Francis Osih  
Wal-Mart Pharmacy

Erika Pfeiffer  
St Joseph's Hospital

Gossette Radlein  
Shoppers Drug Mart

Lisa Redekop  
Shoppers Drug Mart

Zan Saleemi  
St Joseph's Hospital

Peter Semchism  
Wal-Mart Pharmacy

Sharon Semchism  
Prescription Shop

Rosemary Sibanda  
Drug Basics Pharmacy

Linda Snyder  
Pharma Plus Drugmart

Paul Unger  
The Pharmacy

### LUCKNOW

Susan Sharp  
Lucknow IDA Pharmacy

### MARKHAM

Catharine Crawford  
Markham Stouffville  
Hospital

Joe Chin  
Markham Stouffville  
Hospital

Roger Daher  
Ashgrove Pharmasave

Alice Lee  
Hy & Zels Supermarket  
Drug Store

Ken Lui  
Wal-Mart Pharmacy

Gaurang Shah  
Drugstore Pharmacy

Margaret Ting  
Drug Store Pharmacy

Karen Watpool  
Shoppers Drug Mart

Terence Wong  
Shoppers Drug Mart

### MILTON

Pushpa Ramachandran  
Drugstore Pharmacy

### MINDEN

Janet Heffer  
Minden Drug Store

Paul Heffer  
Minden Drug Store

### MISSISSAUGA

Nadeem Ahmed  
Goreway Medical  
Pharmacy

Samy Boutros  
Drugstore Pharmacy

Martin Breslin  
Wal-Mart Pharmacy

Mukesh Chaudhry  
Drug Basics

Fabio De Rango  
Shoppers Drug Mart

Marie De Rango  
Shoppers Drug Mart

Marie Descent  
The Trillium Health  
Centre

Marianne Dilullo  
Pharma Plus Drugmart

Kathryn Djordjevic  
Shoppers Drug Mart

Mona Fanous  
Pharma Plus Drugmarts

Wafaa George  
The Valley Cornfield  
Pharmacy

Heather Hadden  
The Credit Valley  
Hospital

Mohammad Haj-Bakri  
Cura Pharmacy

Nicolette Hillebrand  
The Credit Valley  
Hospital

Hai Hoang  
Zellers Pharmacy

Charlene Houshmand  
Guardian Churchill  
Pharmacy

Anwar Khan  
Zellers Pharmacy

Yusuf Khanbhai  
Pharma Plus Drugmart

Geeta Liladhar  
Shoppers Drug Mart

Vandana Nathwani  
Fieldgate Pharmacy IDA

Thuy Nguyen  
Wal-Mart Pharmacy

Evan Palser  
Shoppers Drug Mart

Narinder Pharwaha  
Shoppers Drug Mart

Archita Rai  
Wal-Mart Pharmacy

Happy Saladeen  
Pharma Plus Drugmart

Arlene Salonga  
The Credit Valley  
Hospital

Nabil Samaan  
Drugstore Pharmacy

Arti Shanghavi  
Drugstore Pharmacy

Nadia Sourour  
Square One Medical  
Pharmacy

Joanne Stockford  
The Credit Valley  
Hospital

Mohammad Subhani  
Pharmacy Clinic

Nadia Sutcliffe  
Pharma Plus Drugmart

Thu Tran  
The Trillium Health  
Centre

Jency Varickattu  
Pharma Plus Drugmart

Tasneem Wasim  
Good Luck Pharmacy

Donna Young  
Shoppers Drug Mart

### NEPEAN

John Dwyer  
Pharma Plus Drugmart

Ibrahim Gabriel  
Centrepointhe Guardian  
Drugs

Vicky Johnson  
Pharma Plus Drugmart

Tania Little  
Shoppers Drug Mart

Gillian MacDonald  
Shoppers Drug Mart

Dzinh Pham  
Woodroffe Pharmacy

Daniel Souaid  
Nepean Medical  
Pharmacy

**"You have to spare a lot of time for a student, which can be especially hard in a busy pharmacy."  
— Sanjay Patel**

Eric Piurko  
Wal-Mart Pharmacy

Bonnie Ralph  
Kingston General  
Hospital

Brent Schneider  
Medical Arts Pharmacy

Amanda Wall  
Shoppers Drug Mart

### KITCHENER

Renu Choudhary  
Pharmx Rexall Drug Store

Allan Gulak  
The Grand River Hospital

Olga Kovac  
Zehrs Pharmacy

Jennifer Manton  
Medical Pharmacy

Elizabeth Mutton  
Shoppers Drug Mart

Liu Hsien Shen  
Drug Basics Pharmacy

Terry Wong  
Medical Pharmacy

William Zai  
Zehrs Pharmacy

### LA SALLE

Tesfaye Yadeta  
Zehrs Pharmacy

Cheryl Yui  
Zehrs Pharmacy

### LEAMINGTON

Natasha Krahn  
Shoppers Drug Mart

Nestor Andrade  
Shoppers Drug Mart

Mary Beth Blokker  
Parkwood Hospital

Feng Chang  
St Joseph's Hospital

Angela Cheng  
Pharma Plus Drugmart

Mark Delamere  
Oxford Medical  
Pharmacy

Santosh Deshpande  
London Health Sciences  
Centre

Phyllis Finnson  
Regional Mental  
Health Care

Rhonda Freeman  
St Joseph's Hospital

Laura Gleason  
St Joseph's Hospital

Nina Hanif  
Zellers Pharmacy

Abdolrahim  
Hashemisabet  
Shoppers Drug Mart

Trudy Huyghebaert  
London Health Sciences  
Centre

Dennis Jay  
Reg Mental Health Care

Nancy Latimer  
Shoppers Drug Mart

David Leeson  
Shoppers Drug Mart

Steven Leung  
Pharma Plus Drugmart



## Thank you, Preceptors!

### NEW LISKEARD

Nancy Gilbert  
Wal-Mart Pharmacy

### NEW MARKET

Eugenia Chan  
Wal-Mart Pharmacy

Sugrabai Ganijee  
Drugstore Pharmacy

Muntazir Janmohamed  
Shoppers Drug Mart

Jacques Lee  
Wal-Mart Pharmacy

Mohammed Zahid  
Shoppers Drug Mart

### NIAGARA FALLS

David Lee  
Zehrs Pharmacy

### NORTH BAY

Eleanor Howie  
North Bay General  
Hospital

Jeffrey Lewicki  
Shoppers Drug Mart

Esmail Merani  
North Bay Guardian  
Drugs

### NORTH YORK

Dakshesh Amin  
York Gate IDA Drug  
Mart

Bonnie Birken  
North York General  
Hospital

Christina Chan  
Drugstore Pharmacy

Tammy Cheung  
Shoppers Drug Mart

Jelena Djuka  
Pharma Plus Drugmart

Mona El-Dabaa  
Main Drug Mart

Marisa Fan  
Cims Pharmacy

David Garshowitz  
York Downs Pharmacy

Bob Mehany  
Main Drug Mart

Jack Ng  
Zellers Pharmacy

### OAKVILLE

Mamdouh Armiss  
Bronte Creek Pharmacy

Irene Asad  
St. Mark's Pharmacy

John Baird  
Oakville Rexall Drug  
Store

Georgios Benakopoulos  
Oakville Town Centre  
Pharmacy

Rifaat Fares  
St. Mark's Pharmacy

Sherif Gerges  
Dorval Medical Pharmacy

### OHSWEKEN

Susan McNaughton  
Pharmasave Health  
Centre Ohsweken

### ORANGEVILLE

Ravinder Banait  
Pharma Plus Drugmart

Barbara Fairbairn  
Jeffers Pharmacy

### ORILLIA

Dennis Lee  
Lacie Pharmacy

Stephen Sales  
Pharma Plus Drugmart

Karen Yates  
Shoppers Drug Mart

### ORLEANS

Youstra El-Jaby  
Drugstore Pharmacy

Jacqueline MacInnis  
Shoppers Drug Mart

Benny Mizrahi  
Shoppers Drug Mart

### OSHAWA

Amir Attalla  
Zellers Pharmacy

Alice Bojkovsky  
Clinic Pharmacy

Derek Ho  
Shoppers Drug Mart

Vincent Lau  
Medical Pharmacy

Vijaykumar Pandya  
Lovell Drugs

Sharon Piercy  
Wal-Mart Pharmacy

Gordon Silverton  
Clinic Pharmacy

Wallace Tong  
Shoppers Drug Mart

### OTTAWA

Basem Abd El Malek  
Shoppers Drug Mart

Arkani Alzaydi  
Drugstore Pharmacy

Raymond Au  
Shoppers Drug Mart

Tony Boghossian  
Bell Pharmacy

Louisa Cale  
Nelson Medical Pharmacy

Shelagh Campbell  
Pharma Plus Drugmart

Louis Chan  
Pharma Plus Drugmart

Hyman Cooper  
Drugstore Pharmacy

Olga Cvetkovic  
Bell Pharmacy

Hany Georgi  
Montreal Road Pharmacy

Lisa Herritt  
Westboro Pharmasave

Catherine Kinahan  
McNeil Parkdale  
Pharmacy Ottawa

**"I continue to learn a lot from my students and interns — it is always a two-way experience in which I am reminded how much more there is to know..."**

**— Saleem Khamis**

Kevin Kowalchuk  
Wal-Mart Pharmacy

Raymond Kuryliw  
Pro-Medical

Valerie MacLaughlin  
Pharma Plus Drugmart

Tracey Martell  
Shoppers Drug Mart

Samish Patel  
H M A Pharmacy

Luke Skywalker  
A Wellness Pharmacy

Michel Trottier  
Canadian Forces Crug  
Excep Centre

Anil Virani  
Pharma Plus Drugmart

### OWEN SOUND

Daniel Martel  
Shoppers Drug Mart

Suzy Rouman  
Zehrs Pharmacy

### PETERBOROUGH

Richard Bunting  
Wal-Mart Pharmacy

### PICKERING

Patricia Allen Crook  
Pharma Plus Drugmart

Eryan Morgan  
Shoppers Drug Mart

### PORT DOVER

Blair Snow  
Roulston's Discount  
Drugs

### PORT COLBORNE

Donald Edwards  
Boggio Pharmacy

Susan Marshall  
Shoppers Drug Mart

### PORT HOPE

Phong Tan  
York Super Pharmacy

### PORT DOVER

Michael Marini  
Dover Apothecary

### REXDALE

Bernadette Almeida  
William Osler Health  
Centre

Wafaa Boshara  
John Garland Pharmacy

Rayburn Ho  
Shoppers Drug Mart

Fayez Kosa  
EGH Centre Pharmacy

Imran Latif  
Shoppers Drug Mart

Annie Lee  
William Osler Health Ctr

Adel Tadros  
Austin Albion Pharmacy

### RICHMOND HILL

Shemina Jeraj  
Shoppers Drug Mart

Quang Hong Kao  
Drugstore Pharmacy

Ehab Mekhal  
The Medicine Shoppe

Fahzilla Pirmohamed  
Pharma Plus Drugmart

Rosemary Polczer  
Pharma Plus Drugmart

### SARNIA

Robert Schell  
Wal-Mart Pharmacy

### SAULT STE MARIE

Steven Filek  
Shoppers Drug Mart

Olga Fischer  
Second Line Rexall  
Drug Store

Kim Fleury  
Plummer Memorial  
Public Hosptl

### SCARBOROUGH

Amgad Abdel Sayed  
Drug Basics

Brian Blatman  
Centenary Health Centre

Donald Chan  
Shoppers Drug Mart

Donna Chin  
Shoppers Drug Mart

Azim Dattoo  
Wal-Mart Pharmacy

Teresita De La Vega  
Wal-Mart Pharmacy

Akil Dhirani  
Village Square Pharmacy

Mamdouh Farag  
Danforth Pharmacy

Lucia Fernandes  
Shoppers Drug Mart

Sali Ghobrial  
Guildwood Drug Mart

Bassem Iskander  
Main Drug Mart

Almasbegum Kanani  
The Court Pharmacy

## Thank you, Preceptors!

Sarla Khan  
Wal-Mart Pharmacy

Mary Kwan  
The Scarborough  
Hospital

Jason Lau  
Shoppers Drug Mart

Lynn Leung  
The Scarborough  
Hospital

Julie Lin  
Centenary Health Centre

Man Lit Liu  
Shoppers Drug Mart

Kim Tran  
The Pharmacy

Robert Tran  
Wal-Mart Pharmacy

Zahir Visram  
Henley Gardens  
Pharmacy

Hanna Vo  
The Scarborough  
Hospital

Grace Wong  
The Scarborough  
Hospital

Nancy Wu  
Total-Care Pharmacy

Andy Deligianis  
Port Weller Pharmacy

Caroline Ho  
Climie's Pharmacy

Dennis Martin  
Shoppers Drug Mart

Bruce McAlpine  
Shoppers Drug Mart

Steven Moss  
Wal-Mart Pharmacy

Sameh Sallam  
Zehrs Food Plus  
Pharmacy

Terry McMahon  
Bradley Pharmacy

J.R. Paquette  
Health-Care Pharmacy

Bernd Wittke  
Paris-Regent Medical  
Pharmacy

**THORNHILL**

Gina Chiang  
Pharma Plus Drugmart

Sharatchandra Kanchan  
Main Exchange Pharmacy

Bob Katz  
Hy & Zels Drug  
Warehouse

Ramachandran  
Ramapathy  
Highcliff Pharmacy

### THUNDER BAY

Lawrence Bertoldo  
Thunder Bay  
Regional Hospital

Theodore Chamut  
Wal-Mart Pharmacy

Susan Fabius  
Ontario Regional  
Cancer Centre

Lori Gibson  
Wal-Mart Pharmacy

Brian Hakala  
Wal-Mart Pharmacy

Sherri Krywy  
Shoppers Drug Mart

Todd Krywy  
Shoppers Drug Mart

Charlene Phirbny  
Ontario Regional  
Cancer Centre

Janet Proctor  
Shoppers Drug Mart  
Clinic Pharmacy

Manuel Raposo  
Real Canadian  
Superstore Pharmacy

Wayne Shier  
Safeway Pharmacy

Marcia Wilson  
Safeway Pharmacy

### TILLSONBURG

Daniel Cotnam  
Shoppers Drug Mart

### TIMMINS

Diane Lawrence  
Shoppers Drug Mart

### TORONTO

Violette Abedalmalak  
St. George Drug Mart

Pramod Agnihotri  
Bloorcourt Pharmacy

Aaron Aoki  
Drugstore Pharmacy

Maha Awad  
Canadian Drug Mart

Linda Awdishu  
Sunnybrook & Womens  
Col H.S.C.

Peter Babishuk  
Queen Street Mental  
Health Centre

Asad Baig  
Meditrust

Lisa Bak  
Relief Pharmacist

Safin Bandali  
Zellers Pharmacy

Edwin Barrera Liza  
Drugstore Pharmacy

Meena Bedi  
Shoppers Drug Mart

Lauren Blatt  
Toronto Rehab. Institute

Roshdy Boshara  
Bay-Wellesley Pharmacy

Rita Brun  
Toronto East General &  
Orthopedic Hospital

Andrea Cameron  
University of Toronto

Joyce Chan  
The Toronto General  
Hospital

Amy Cheung  
Shoppers Drug Mart

Rita Cheung  
Toronto Rehabilitation  
Institute

Mirjana Chionglo  
The Hospital for Sick  
Children

Harry Chiu  
Shoppers Drug Mart

Beatrice Chiu  
Shoppers Drug Mart

Nali Choi  
The Toronto Western  
Hospital

Judy Chong  
St Joseph's Health  
Centre

**"I found the new [SPT] program for interns to be very specific in its desired outcomes and this was of great help when focusing on specific competencies with the intern. I was very impressed with the way the competencies are broken down, allowing a true judgement on virtually everything that encompasses the practice of pharmacy."**

**— Larissa Miller**

Walter Lum  
Shoppers Drug Mart

Joanna Man  
Zellers Pharmacy

Yacob Mankarious  
Grey Lawn Pharmacy

Emad Mankaruos  
Woburn Medical  
Pharmacy

Botros Meikhail  
Danforth Pharmacy

Gurmeet Minhas  
Neilson Rexall Drug  
Store

Michelle Munoz  
Centenary Health  
Centre

Oluremi Ojo  
Guardian Corporate  
Pharmacy

Nashaat Ramzy  
Sheppard Warden  
Pharmacy

Samy Samy  
Main Drug Mart

Tazeem Sunderji  
Wishing Well Pharmacy

Siu-Ming Szeto  
Shoppers Drug Mart

Amy Yiu  
Shoppers Drug Mart

Eric Yung  
Centenary Health  
Centre

### SHELBURNE

John Caravaggio  
Caravaggio IDA Drugs

### SIMCOE

Stephen Flexman  
Pharmasave

Bankole Kuye  
Zehrs Pharmacy

Stephanie Sinden  
Pharmasave Health  
Centre Pharmacy

Mark Stephens  
Roulston's Discount  
Drugs

### SOUTHAMPTON

Peter Siu  
Delong's Pharma Plus  
Drugmart

### ST CATHARINES

Ronald Bocchinfuso  
Shoppers Drug Mart

Cherrie Siringwani  
Wal-Mart Pharmacy

Monica Stradinger  
Zehrs Food Plus  
Pharmacy

### ST THOMAS

George Gohary  
Zellers Pharmacy

David Ledger  
Shoppers Drug Mart

Eric Willmore  
Shoppers Drug Mart

### STONEY CREEK

Arulanathan Govender  
Pharmasave

Mohammed Quraishi  
Medicine Shoppe

### STREETSVILLE

Berge Shalvardjian  
Robinson's IDA  
Pharmacy

### SUDBURY

Glen McDonald  
Pharma Plus Drugmart

Laurie McGuire  
Drugstore Pharmacy

## Thank you, Preceptors!

Barbara Church  
Toronto East General &  
Orthopedic Hospital

Jack Dalimonte  
Shoppers Drug Mart

Maysa Deif  
Main Drug Mart

Allison Dekker  
The Hospital for Sick  
Children

Atef Demian  
Main Drug Mart

Anthony Fazio  
College Medical  
Pharmacy

Carol-Anne Foty  
Pharma Plus Drugmart

William Fu  
Pharma Plus Drugmart

Amel Gerges  
Eglinton Medical  
Pharmacy

Evangelia Giotis  
Regional Cancer Centre

Reem Haj  
St Michael's Hospital

Grace Ho  
Shoppers Drug Mart

Tuong Tan Huynh  
Vina Pharmacy

Uchenwa Iroaga  
The Toronto General  
Hospital

Magda Iskander  
Zellers Pharmacy

Daria Iwaschko  
Medical Centre Rexall

Omehabiba Jamal  
Shoppers Drug Mart

William Kassel  
Kassel's Pharmacy

Susan Kim  
Shoppers Drug Mart

Richard Konop  
Konop Chemists

Zofia Kruk  
Drugstore Pharmacy

Rita Kutti  
The Hospital for Sick  
Children

Ri-Feng Lam  
Drugstore Pharmacy

Tracey Lawson  
St Joseph's Health  
Centre

Lorna Lee  
Pharma Plus Drugmart

Jeanne Lewis  
Meditrust

Richard Lin  
Shoppers Drug Mart

Fai Lo  
Shoppers Drug Mart

Lisa Lytwyn-Nobili  
Shoppers Drug Mart

Kambiz Mirzaei  
West Park Healthcare  
Centre

Jasmina Mureta  
Drugstore Pharmacy

Daniel Muzyk  
Shoppers Drug Mart

Medhat Nakhla  
Christie Pharmacy

Ramsis Nassralla  
Lord's Pharmacy

Angelina Ng  
Welcome Guardian Drugs

Chau Kim Phan  
D'arcy Pharmacy

Maria Rofaiel  
White's Pharmacy

Jessy Samuel  
The Toronto General  
Hospital

Terrence Semeniuk  
Shoppers Drug Mart

Sonia Sen-Roy  
Sunnybrook & Womens  
College H.S.C.

Winnie Seto  
The Hospital for Sick  
Children

Behrooz Shayan  
IGA Pharmacy

Doris Shum  
Shoppers Drug Mart

James Snowdon  
Snowdon Pharmacy

Cherie Tam  
Shoppers Drug Mart

Vanessa Tan-Habib  
Drugstore Pharmacy

Hilja Toom  
University of Toronto

Tim Tran  
Shoppers Drug Mart

Cindy Truong  
The Toronto General  
Hospital

Stephanie Tsao  
The Toronto General  
Hospital

Judith Vepy  
Baycrest Hospital

Maurice Wang  
Shoppers Drug Mart

Manal William  
Main Drug Mart

Ossama William  
Main Drug Mart

Anhal Yacoub  
College Centre Pharmacy

Betty Yao  
St Michael's Hospital

Gerald Ziedenberg  
Shoppers Drug Mart

### TRENTON

Elaine Burke  
The Pharmacy

Usama Gargas  
Wal-Mart Pharmacy

Michele Solkhon  
Shoppers Drug Mart

### UXBRIDGE

Adel El-Sabakhawi  
Zehrs Pharmacy

### VANIER

Alina Rojas  
Parkway Pharmacy

### VAUGHAN

Pirasteh Adab  
Fortinos Pharmacy

Merle Duncan  
Shoppers Drug Mart

Morgan Lu  
Shoppers Drug Mart

Karen Siow  
Shoppers Drug Mart

Yin Han Siow  
Shoppers Drug Mart

### WALLACEBURG

Delynn Marlatt  
Shoppers Drug Mart

### WATERDOWN

Mary Ann Spitzer  
Langford Flamborough  
Pharmacy

### WATERLOO

Stefan Gudmundson  
Shoppers Drug Mart

Susan McDonald  
Shoppers Drug Mart

Sherry Peister  
Shoppers Drug Mart

### WELLAND

Gary Bucsis  
Wal-Mart Pharmacy

Nicola Dilibero  
Shoppers Drug Mart

### WEST HILL

Mohamed Mobarak  
Shoppers Drug Mart

Saramma Oommen  
West Hill Pharmacy

Susanna Wong  
Wal-Mart Pharmacy

### WESTON

Passant Al-Shaikh  
Shoppers Drug Mart

Martin Iron  
Jane Pharmacy

Wai Fong Lee  
Humber River Regional  
Hospital

Charles Li  
Shoppers Drug Mart

John Palumbo  
Shoppers Drug Mart

Byung Sull  
Main Drug Mart

### WHITBY

Rafik Ghobrial  
Shoppers Drug Mart

### WILLOWDALE

Soon Kyo Chung  
North York Pharmacy

Essam El-Arif  
Fairview Pharmacy

Hany Gobrial  
Concourse Pharmacy

Sheren Habib  
Shoppers Drug Mart

Nancy Kaiser  
Shoppers Drug Mart

Kamal Mansour  
Shoppers Drug Mart

Timothy Mickleborough  
Drug Basics Pharmacy

Mabel Pau  
Drug Basics Pharmacy

Samuel Pell  
Zellers Pharmacy

Mirette Riad  
Cliffwood IDA  
Pharmacy

Michael Wong  
Pharma Plus Drugmart

Julie Yee  
Pharma Plus Drugmart

### WINDSOR

Muhammad Bari  
Shoppers Drug Mart

Pauline Bloch  
Shoppers Drug Mart

Raymond Bloch  
Shoppers Drug Mart

Cathie Bunt  
Hotel-Dieu Grace  
Hospital

Frank Cappellino  
Shoppers Drug Mart

Charlene  
Haluk-McMahon  
Hotel-Dieu Grace  
Hospital

Lili Hong  
Wal-Mart Pharmacy

Munawar Khan  
Shoppers Drug Mart

Ted Kummer  
Shoppers Drug Mart

Joseph Liang  
Zellers Pharmacy

Edmund Lo  
Shoppers Drug Mart

David Marentette  
Wal-Mart Pharmacy

Antonela Pavlovic  
Shoppers Drug Mart

Sean Taylor  
Shoppers Drug Mart

Cristina Thomas  
Wal-Mart Pharmacy

Edward Zawol  
Zehrs Food Plus  
Pharmacy

### WOODBRIIDGE

Kevin Lee  
Pharma Plus Drugmart

Caterina Mazza  
Pharma Plus Drugmart

Giovanni Spina  
Shoppers Drug Mart

# Point of Care Launch



**OCP officially launched the Point of Care program to the media on October 23. In attendance:** Barry Solway, public member of Council, Deanna Laws, Registrar, Leslie Braden, OCP President, Ming Lee, President, Ontario Branch, Canadian Society of Hospital Pharmacists, Albert Chalet, hospital pharmacist member of Council, and Jeannette Wang, Chairman of the Board, Ontario Pharmacists' Association.

## Initiating Dialogue *continued from page 17*


Within a few days, Matt received a note from Dr. Lance. He wrote:

*"I was interested in your recommendations for Di Abbott but feel that her prescriptions are the least of her problems because she avoids contact with her doctors at this time. I believe that she is depressed and none of these recommendations deal with the actual problems occurring in her life. None of these recommendations will make a difference to morbidity or mortality. You seem to look at the drugs and not at the whole person. Things are rarely black and white. There are many issues here and diabetes is of secondary importance today."*

Matt was surprised and upset to receive this kind of response from Dr. Lance because they had always had a good professional relationship in the past. He carefully reconsidered all the issues and decided to call Di and tell her that Dr. Lance did not want her to change anything at this time. Matt suggested that Di continue to document her sugar levels at least twice daily, then discuss her situation with Dr. Lance at their next visit. Matt continued to keep in touch with Di every couple of weeks whenever she came into the pharmacy. He documented her blood sugar levels and symptoms into the note section of the computer.

It was interesting to see that Dr. Lance gave Di some samples of Avandia® at her next visit. He told her to discontinue metformin and reduce the dosage of

glyburide. Although Dr. Lance never formally acknowledged the value of the recommendations Matt gave to him, Matt was pleased that Dr. Lance implemented one of his suggestions. He knew that he had to try to advocate on behalf of his patient.

It also became obvious to Matt that there are sometimes situations/relationships between doctor and patient that are not always evident to the pharmacist. Matt had to agree that pharmacists often focus on the patient's drug profile, rather than the whole patient, because they often don't have all of the information they need. Although the pharmacist does not always have the patient's diagnosis, it can often be determined by questioning the patient directly. The priorities which a physician has set for a specific patient are extremely difficult to determine. 





# Focus on Error Prevention



Ian Stewart, B.Sc.Pharm.

The use of abbreviations in prescriptions increases the potential for medication errors due to miscommunication. A contributing factor is the need to translate rather than simply read the instructions. Some abbreviations are particularly dangerous because they have been consistently misinterpreted.

The abbreviation of drug names is one source of error. When AZT is used to prescribe the antiviral zidovudine (Retrovir®), it has been misinterpreted as the immunosuppressant azathioprine (Imuran®).

Abbreviating dosage instructions has also led to errors.

## CASE 1:

A physician ordered "heparin 5000 units sub q 2 h prior to surgery." The prescription was interpreted as "heparin 5000 units subcutaneously every 2 hours prior to surgery." The prescriber had actually intended that the patient receive a single dose subcutaneously 2 hours prior to surgery.

Abbreviation	Intended Meaning	Misinterpretation
AU	Aurio uterque (each ear)	Mistaken for OU (oculo uterque – each eye)
µg	Microgram	Mistaken for "mg" when handwritten
o.d. or OD	Once daily	Misinterpreted as "right eye" (OD – oculus dexter) and administration of oral medication in the eye
per os	Orally	The "os" can be mistaken for "left eye"
q.d. or QD	Every day	Mistaken as q.i.d., especially if the period after the "q" or the tail of the "q" is misunderstood as an "i"
q.o.d. or QOD	Every other day	Misinterpreted as "q.d." (daily) or "q.i.d." (four times daily) if the "o" is poorly written
U or u	Unit	Read as zero (0) or a four (4), causing a 10-fold overdose or greater (4U seen as "40" or 4u seen as "44")


The problem is compounded with the use of abbreviations that are not standardized.

## CASE 2:

A physician treating a patient for a urinary tract infection intended to prescribe Noroxin®, brand name of norfloxacin. He wrote the prescription using "norfloxx", an abbreviation for the chemical name of the drug. The pharmacist interpreted the prescription as Norflex®, brand name of orphenadrine citrate, a muscle relaxant. The error was discovered when the patient's spouse contacted the pharmacy to report that the patient felt weak and was hallucinating.

## RECOMMENDATIONS:

- Maintain a list of potentially dangerous abbreviations that are prone to misinterpretation, for staff awareness
- Always contact the prescriber to clarify potentially confusing and non-standard abbreviations
- Whenever possible, discourage physicians from using potentially problematic abbreviations. Suggest the information be written out
- When taking verbal prescription, avoid using abbreviations, which may be misinterpreted by other pharmacy staff

Please continue to send reports of medication errors in confidence to: Ian Stewart, P.O.Box 40620, 5230 Dundas St. W., Etobicoke, Ontario M9B 6K8 

## References:

1. Cohen, MR, Medication Errors, American Pharmaceutical Association, 1999, 11:5.
2. Cohen, MR, Medication Errors, American Pharmaceutical Association, 1999, 12:2.
3. ISMP Medication Safety Alert, Volume 6, Issue 9, May 2, 2001.

# BULLETIN BOARD

## NEW DIRECTOR OF THE INTERNATIONAL PHARMACY GRADUATE PROGRAM

We are pleased to announce that **Kris Wichman** has been seconded to the Faculty of Pharmacy as Director of the *International Pharmacy Graduate Program*. Kris has held a number of managerial positions within the hospital sector and at the Ontario Pharmacists' Association, serving most recently as Vice President of Professional Affairs/DIRC. She has also held executive positions as volunteer with a number of pharmacy professional organizations.

## GOOD SAMARITAN ACT

The *Good Samaritan Act*, 2001 provides protection against civil liability for negligence for all regulated health professionals who offer first aid assistance in cases of emergency medical need. However, it does not prohibit an individual from taking civil action against a regulated health professional in cases of gross negligence. This legislation does not affect the professional accountability under the RHPA. A copy of the Act can be found at [www.ontla.on.ca](http://www.ontla.on.ca)

## FRENCH-SPEAKING PHARMACISTS IN HAMILTON DISTRICT

The Hamilton District Health Council is preparing a database of health care providers who can provide patient services in French. If you practice in the areas of Hamilton, Dundas, Ancaster, Stoney Creek, or Burlington and are fluent in French, please contact: Joanne Kohut, Health Planner, Hamilton District Health Council, tel: (905) 570-0354 x 124, [kohutjo@hdhc.ca](mailto:kohutjo@hdhc.ca).

## NEW HEALTH CANADA ELECTRONIC HEALTH\_PROD\_INFO MAILING LIST FOR HEALTH PROFESSIONALS

The Bureau of Licensed Product Assessment (BLPA) of the Therapeutics Products Directorate (TPD) of Health Canada has announced the new *Health\_Prod\_Info Mailing List* that will enable health professionals to subscribe electronically to the quarterly Canadian Adverse Drug Reaction Newsletter, and notices of health professional or consumer advisories. You can subscribe to the CADR Newsletter and notices at: [www.hs-sc.gc.ca/hpb-dgps/therapeut/htmleng](http://www.hs-sc.gc.ca/hpb-dgps/therapeut/htmleng).

## CANCELLATIONS

*The following Certificate of Accreditations have been cancelled for non-payment of fees, in accordance with subsection 140(4) of the Drug and Pharmacies Regulation Act:*

### HELEN'S PHARMACY

154 West Main Street, Welland, ON L3C 5A2  
Pharmacist Owner: Miss H. F. Cymba

### THE CANADIAN DRUGSTORE

2047 Avenue Road, Toronto, ON M5M 4A7  
Pharmacist Directors: Mr. S. Agemian, Jr., Mr. A.M. Tourikian

### WELLNESS SHOPPE PHARMACY

111 Dundas Street East., Mississauga, ON L5A 1W7  
Pharmacist Director: Mr. S.H.M. Saad

# OCP MANUAL CONTENTS

*No changes as of October 31, 2001*

## **Drugs and Pharmacies Regulation Act (DPRA) & Regulations**

- Version – Office Consolidation August 27, 1999 (Publications Ontario)

## **Drug Schedules**

- Summary of Laws Governing Prescription Drug Ordering, Records, Prescription
- Requirements and Refills – January 2001 OCP
- Canada's National Drug Scheduling System – April 3, 2001 NAPRA

## **Regulated Health Professions Act (RHPA)**

- Version – Office Consolidation June 30, 1999 (Publications Ontario)

## **Pharmacy Act (PA) & Regulations**

- Version – Office Consolidation May 28, 1999 (Publications Ontario)
- Ontario Regulation 548/99 Amending O. Reg. 202/94 – November 29, 1999
- Ontario Regulation 550/99 Revoking O. Reg 620/93 – November 29, 1999

## **Standards of Practice**

- Reference Page to Policy Handbook, and
- New Standards of Practice, January 1, 2001 OCP

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

- Version – Office Consolidation December 4, 1998 (Publications Ontario)
- Ontario Regulation 73/99 Amending Reg. 935 of R.R.O. 1990 – February 25, 1999
- Ontario Regulation 496/00 Amending Reg. 935 of R.R.O. 1990 – August 28, 2000
- Ontario Regulation 15/01 Amending Reg. 935 of R.R.O. 1990 – January 26, 2001

## **Ontario Drug Benefit Act (ODBA) & Regulations**

- Version – Office Consolidation May 12, 2000 (Publications Ontario)
- Ontario Regulation 495/00 Amending Reg. 201/96 – August 28, 2000
- Ontario Regulation 16/01 Amending O. Reg. 201/96 – January 26, 2001

## **Food and Drug Act (FDA) & Regulations**

- Updated NAPRA Version as of October 25, 2000
- Amendment – Paragraph C.01.004 (1) (b) – September 1, 2000

## **Controlled Drugs and Substances Act (CDSA)**

- Updated NAPRA Version as of December 1, 1999
- Amendments – Schedules III and IV - September 1, 2000
- Amendment – Benzodiazepines and Other Targeted Substances Regulations – September 1, 2000

## **Narcotic Control Regulations**

- Updated NAPRA Version as of December 1, 1999

## **OCP By-Laws**

- By-Law No. 1 (Year 2000) – January 4, 2001
- Schedule A – Code of Ethics, May 1996
- Schedule B – Conflict of Interest Guidelines for Members of Council and Committees – Oct 1994
- Schedule C – Member Fees – December 11, 2000
- Schedule D – Pharmacy Fees – December 11, 2000

## **Reference**

- Handling Dispensing Errors, Pharmacy Connection Mar/Apr 1995
- Revenue Canada Customs and Excise Circular ED 207.1
- Revenue Canada Customs and Excise Circular ED 207.2
- District Excise Duty Offices – Oct. 10/96
- Guidelines for the Pharmacists on "The Role of the Pharmacy Technician"

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