Ontario College of Pharmacists
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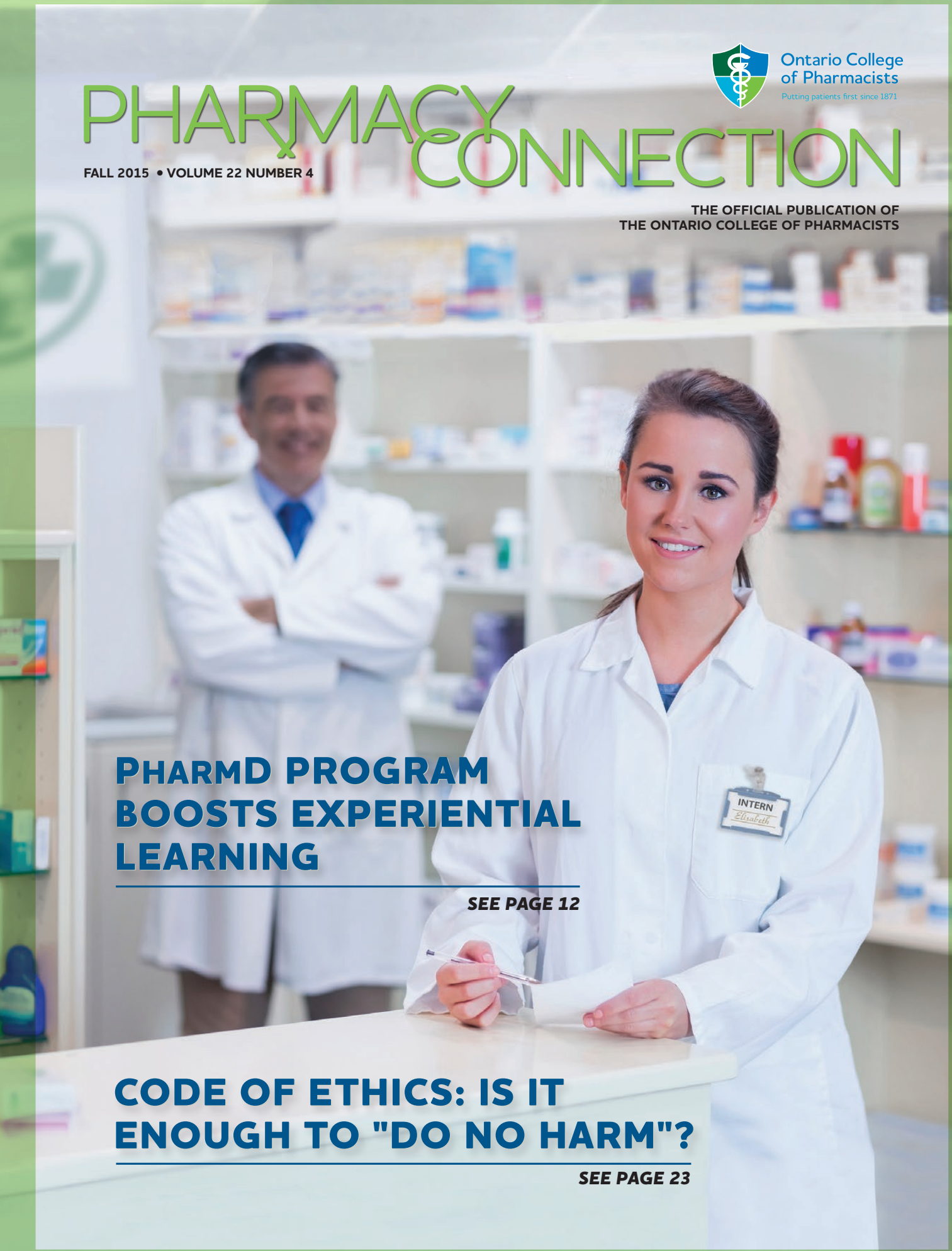
PHARMACY CONNECTION

FALL 2015 • VOLUME 22 NUMBER 4

THE OFFICIAL PUBLICATION OF
THE ONTARIO COLLEGE OF PHARMACISTS



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COUNCIL MEMBERS

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

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H Regis Vaillancourt (Vice-President)
K Esmail Merani (President)
K Mark Scanlon
L Jillian Grocholsky
L Michael Nashat
L Farid Wassef
M Fayez Kosa
M Don Organ
M Laura Weyland
N Gerry Cook
N Christopher Leung
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P Douglas Stewart
T Michelle Filo
TH Goran Petrovic

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PM John Laframboise
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PM Sylvia Moustacalis
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U of T Heather Boon
U of W David Edwards

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

Standing Committees
- Drug Preparation Premises
- Finance & Audit
- Professional Practice

Ontario College of Pharmacists
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Strategic Framework
2015-2018

Mission	The Ontario College of Pharmacists regulates pharmacy to ensure that the public receives quality services and care.		
Vision	Lead the advancement of pharmacy to optimize health and wellness through patient-centred care.		
Values	Transparency	Accountability	Excellence
Strategic Priorities	Core Programs Fulfillment of Mandate	Optimize Practice within Scope	Inter & Intra Professional Collaboration
Strategic Initiatives	Patients First Effective Communications Continuous Quality Improvement		

The objectives of *Pharmacy Connection* are to communicate information about College activities and policies as well as provincial and federal initiatives affecting the profession; to encourage dialogue and discuss issues of interest to pharmacists, pharmacy technicians and applicants; to promote interprofessional collaboration of members with other allied health care professionals; and to communicate our role to members and stakeholders as regulator of the profession in the public interest.

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

We also invite you to share your comments, suggestions or criticisms by letter to the Editor. Letters considered for reprinting must include the author's name, address and telephone number. The opinions expressed in this publication do not necessarily represent the views or official position of the Ontario College of Pharmacists.

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CONTENTS

Esmail Merani,
R.Ph., Pharm.D, B.Sc. (Pharm), ICD.D
President

> "The College is continuing its commitment to transparency with a number of valuable initiatives aimed at providing Ontarians with more information about the people and places we oversee."

It's a great time to be engaged with the profession of pharmacy, with so much important work going on in practice right now. I feel privileged to be at the helm of Council as we continue to lead the College in exciting new directions, as outlined in our Strategic Framework for 2015-2018.

Over the past year, we've been working on revising the profession's Code of Ethics. A Council-appointed task force has led this charge, and has been working hard to ensure the Code more appropriately addresses current practice and clearly establishes the standards of ethical conduct for pharmacists and pharmacy technicians. This issue of *Pharmacy Connection* has part three in a series of articles dedicated to helping us understand the importance of the Code, and how to apply it in practice (page 23). The article focuses on the ethical principle of beneficence — a pharmacy professional's obligation to actively and positively serve and benefit our patients and society — and the ethical principle of non-maleficence — our obligation to protect our patients and society from harm. Titled *Is It Enough to "Do No Harm"*, the article challenges us to reflect on our own practice and consider how we balance these two essential obligations. The draft of the Code, reflective of comments received during the recent 45-day public consultation, will be considered by Council at our December meeting. More information about education and learning for all College members will follow.

There's an interesting mix of other important initiatives happening at the College right now as well. With official oversight of hospital pharmacies forthcoming, the baseline assessments that began in early 2015 are nearing completion. There have also been a number of recent regulation and by-law changes to support hospital pharmacy oversight. Visit the College's website to learn more about hospital oversight on the Key Initiatives page.

Additionally, we've been continuing the shift toward coaching and mentoring practitioners with the new practice assessments in community pharmacies. You can find links to the criteria for the operational and member assessments on page 34.

As one of its core values, the College is continuing its commitment to transparency with a number of valuable initiatives aimed at providing Ontarians with more information about the people and places we oversee. An update on the transparency work and some important information about the launch of the new public register can be found on page 26. As well, several months ago Council passed a number of by-laws related to the information that is available on the public register. Some of these changes — such as the posting of criminal charges or findings of guilt — used the wording "relevant to the member's suitability to practise". The College has developed the framework to determine if a practitioner's conduct or behaviour is relevant to their suitability to practise, and have provided an overview of this process on page 30. Council identified transparency as a core value, and we are committed to keeping it at the front of our agenda in the years ahead.

I'm really looking forward to this Council year, and am motivated by all of the important work that is going on at the College. The challenges ahead provide great opportunity for progress and development in the pharmacy profession!

Seasons greetings to you all, and best wishes for a prosperous new year.

SEPTEMBER 2015 COUNCIL MEETING

As recorded following Council's regularly scheduled meeting held at the College offices on September 17 & 18, 2015.

PRESIDENT AND VICE-PRESIDENT WELCOME NEW COUNCIL MEMBERS

As the September meeting marks the beginning of a new Council cycle, Mr. Esmail Merani was acclaimed College President and Mr. Regis Vaillancourt was acclaimed Vice-President for the 2015-2016 Council year. Council also welcomed newly elected members (Mr. Gerry Cook and Ms. Karen Riley from District N) and a newly appointed public member (Mr. Ronald Farrell from Sundridge, Ontario) to the table. Council also elected the chairs of all College Committees. A full list of 2015-2016 Council members as well as a complete list of Committee Chairs and appointments can be found on the College website.

2016 CAPITAL AND OPERATING BUDGET AND FEE STRUCTURE APPROVED

Council reviewed and approved the 2016 budget, which supports the Strategic Framework developed by Council in March 2015 and the Operational Plan presented to Council in June 2015. The Framework affirms transparency, accountability and excellence as values and codifies Patients First, Effective Communication and Continuous Quality Improvement as strategic initiatives.

The 2016 budget is a balanced budget and reflects the necessary revenue and respective expenses to support the strategic priorities identified in the Operational Plan. By-law amendments reflecting the necessary fee adjustments are being circulated for consultation prior to their anticipated approval by Council at the December meeting.

Detailed information regarding the proposed revenue and expenditure for 2016 was provided in the Council meeting materials posted on the College's website.

Council also approved the appointment of Clarke Henning LLP as Auditors for 2015. The auditors were selected following an external review of the College's auditing and financial services.

EXISTING BY-LAW NO 3. – FEEDBACK SOUGHT ON PROPOSED CHANGES TO FEES AND PUBLIC REGISTER

As indicated above, the proposed 2016 Operating and Capital budget includes changes to fees for initial member registration, community pharmacy applications and renewals, and introduces fees for application, issuance and renewal of Certificates of Accreditation for hospital pharmacies.

As part of the College's ongoing commitment to transparency and enhanced public reporting, a full review of the College's public register was undertaken in preparation for development of a re-designed register. As a result of the review, by-law amendments are necessary to provide authority for the collection and posting of additional information about members and pharmacies.

In addition, the proposed *Drug and Pharmacies Regulation Act* (DPRA) Regulation amendments approved by Council and submitted to government earlier this year require supporting changes to the by-laws to ensure consistency and clarity of references to hospital and community pharmacies.

The proposed by-law provisions were posted for a 60-day public consultation (deadline November 20, 2015). Feedback received will be considered at the December Council meeting.

FRAMEWORK FOR RELEVANCE TO SUITABILITY TO PRACTICE

In March 2015, following Council's consideration and approval of amendments to the by-law regarding information to be placed on the public register, it was noted that criteria and

Photos by DW Dorken

processes for determining the relevance to suitability to practice were required. The College committed to communicating this information once it is established (see page 30).

A comprehensive review of the existing by-law and legislation was undertaken and Registrar Moleschi reported to Council that a tool and framework have now been developed to be used as a guide in determining the risk the member's conduct poses to the public, and the corresponding action required.

Over the coming year, training and orientation will be provided to all committees that will use the tool and framework with general information provided on the College website.

DRAFT CODE OF ETHICS – APPROVED FOR PUBLIC CONSULTATION

Council approved a public consultation of the Draft Code of Ethics for a 45-day period. The draft is a comprehensive document that outlines — for members and the public, — the core ethical principles in healthcare that dictate a healthcare professional's ethical duty to patients and society. The document supports these principles with standards that indicate how a member is expected to fulfil his/her ethical responsibilities.

Following public consultation (ending on November 7, 2015), the Code of Ethics Task Force will review the feedback received and develop a final draft of the Code to present to Council at the December 2015 meeting. Once the final Code has been approved, a comprehensive communication and education plan will be put in place to support current and new practitioners' understanding and application of the Code in practice.

NEXT COUNCIL MEETING

Monday December 7, 2015

For more information respecting Council meetings, please contact Ms. Ushma Rajdev, Council and Executive Liaison at urajdev@ocpinfo.com

MEMBERSHIP RENEWAL REMINDER

Online renewal starts in January with a deadline of March 10, 2016

NOTE: no form will be mailed to you, however email reminders will be sent.

Before you begin your renewal you will need:

- Credit Card if paying online
- User ID: This is your OCP number
- Password: If you have forgotten your password, click "Forgot your Password of User ID?" A new password will then be emailed to you.

Once you're ready:

- Go to www.ocpinfo.com and click on ***"Login to my Account"*** and then click on ***"My Account"***
- Enter your User ID (your OCP number) and your password
- Once you have successfully logged in, click on ***"Annual Renewal"***

OCP Council 2015/2016

MEMBERS OF COUNCIL

2015/2016

H Hospital

T Pharmacy Technician

TH Hospital Pharmacy Technician

PUBLIC MEMBERS

Kathy Al-Zand
Ottawa

Linda Bracken
Marmora

Ronald Farrell
Sundridge

Javaid Khan
Markham

John Laframboise
Ottawa

Lew Lederman
Ottawa

Aladdin Mohaghegh
Toronto

Sylvia Moustacalis
Toronto

Shahid Rashdi
Mississauga

Joy Sommerfreund
London

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Christine Donaldson
Windsor

Regis Vaillancourt
VICE PRESIDENT
Ottawa

District **K**

Esmail Merani
PRESIDENT
Carleton Place

Mark Scanlon
Peterborough

District **L**

Jillian Grocholsky
Fonthill

Michael Nashat
Brampton

Farid Wassef
Stouffville

District **M**

Fayez Kosa
Toronto

Don Organ
Toronto

Laura Weyland
Toronto

District **N**

Gerry Cook
London

Chris Leung
Windsor

Karen Riley
Sarnia

District **P**

Jon MacDonald
Sault Ste. Marie

Douglas Stewart
Sudbury

District **T/ TH**

Michelle Filo (T)
Sudbury

Goran Petrovic (TH)
Kitchener

FACULTY OF PHARMACY

Heather Boon, Dean
Leslie Dan Faculty of Pharmacy
University of Toronto

David Edwards, Hallman Director
School of Pharmacy
University of Waterloo

Committee Appointments 2015/2016

EXECUTIVE

Elected Members:
Esmail Merani - President & Chair
Regis Vaillancourt - Vice President
Mark Scanlon – Past President
Christine Donaldson
Public Members:
Linda Bracken
Sylvia Moustacalis
Joy Sommerfreund
Staff Resource: Marshall Moleschi

ACCREDITATION

Elected Members:
Regis Vaillancourt (Chair)
Michelle Filo
Michael Nashat
Public Members:
Aladdin Mohaghegh
Joy Sommerfreund
NCCM:
Timothy Brady
Tracy Wiersema
Staff Resource: Tina Perlman

DISCIPLINE

Elected Members:
Doug Stewart (Chair)
Christine Donaldson
Jillian Grocholsky
Chris Leung
Don Organ
Karen Riley
Mark Scanlon
Farid Wassef
Laura Weyland
Public Members:
Kathy Al-Zand
Linda Bracken
Ronald Farrell
Javaid Khan
John Laframboise
Lew Lederman
Sylvia Moustacalis
Shahid Rashdi
NCCM:
Jennifer Antunes
Cheryl Bielicz
Dina Dichek
Debbie Fung
Jim Gay
Mike Hannalah
Helen Lovick
Cara Millson
Debra Moy
Doris Nessim
Akhil Pandit Pautra
Hitesh Pandya
Jeannette Schindler
Connie Sellors
Adam Silvertown
David Windross
Staff Resource: Maryan Gemus

DRUG PREPARATION PREMISES

Same membership as
Accreditation Committee
Staff Resource: Judy Chong

FINANCE & AUDIT

Elected Members:
Jon MacDonald
Mark Scanlon
Doug Stewart
Public Members:
Javaid Khan (Chair)
Lew Lederman
Staff Resource: Connie Campbell

FITNESS TO PRACTISE

Elected Members:
Mark Scanlon (Chair)
Fayez Kosa
Karen Riley
Public Members:
Kathy Al-Zand
Joy Sommerfreund
NCCM:
Dina Dichek
Staff Resource: Maryan Gemus

INQUIRIES, COMPLAINTS AND REPORTS (ICRC)

Elected Members:
Laura Weyland (Chair)
Heather Boon
Gerry Cook
Christine Donaldson
Michelle Filo
Chris Leung
Jon MacDonald
Michael Nashat
Goran Petrovic
Farid Wassef
Public Members:
Kathy Al-Zand
Ronald Farrell
John Laframboise
Aladdin Mohaghegh
Shahid Rashdi
Joy Sommerfreund
NCCM:
Lavinia Adam
Elaine Akers
Kalyna Bezchlibnyk-Butler
Bonnie Hauser
Eva Janecek
Elizabeth Kozyra
Dean Miller
Akhil Pandit Pautra
Hitesh Pandya
Saheed Rashid
Satinder Sanghera
Dan Stringer
Asif Tashfin
Tracy Wiersema
Staff Resource: Maryan Gemus

PATIENT RELATIONS

Elected Members:
Gerry Cook
Doug Stewart
Public Members:
Kathy Al-Zand
Sylvia Moustacalis
Joy Sommerfreund (Chair)
NCCM:
Fel de Padua
Staff Resource: Anne Resnick

PROFESSIONAL PRACTICE

Elected Members:
Chris Leung/Michael Nashat (Co-Chairs)
Heather Boon
Don Organ
Goran Petrovic
Public Members:
Javaid Khan
Lew Lederman
NCCM:
Kathryn Djordjevic
Ritu Kumra
Staff Resource: Tina Perlman

QUALITY ASSURANCE

Elected Members
Jon MacDonald (Chair)
Fayez Kosa
Regis Vaillancourt
Public Members:
Linda Bracken
Ronald Farrell
Sylvia Moustacalis
Shahid Rashdi
NCCM:
Tina Boudreau
Aleksandra Paszczenko
Puja Shanghavi
Staff Resource: Sandra Winkelbauer

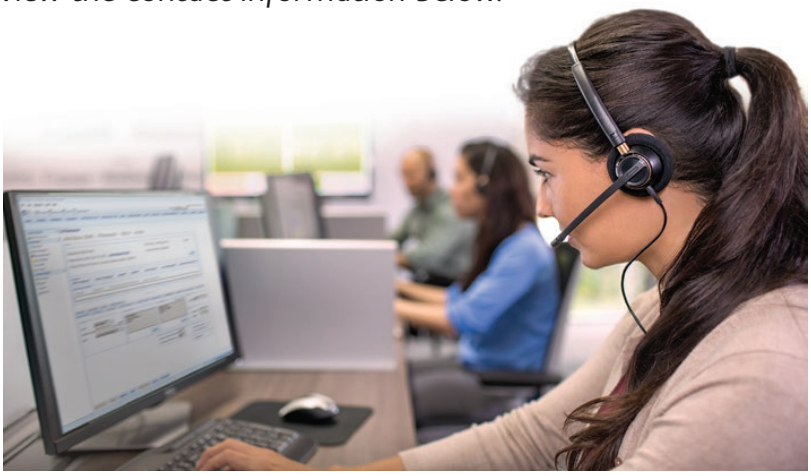
REGISTRATION

Elected Members:
Christine Donaldson (Chair)
Michelle Filo
Jillian Grocholsky
Public Members:
Linda Bracken
John Laframboise
Aladdin Mohaghegh
NCCM:
Deep Patel
Dean: David Edwards
Ontario Pharm Tech Program Rep: Sharon Lee
Staff Resource: Susan James

NCCM = Non-Council Committee Member

NEW CONTACT INFORMATION FOR CLIENT SERVICES

Please visit www.ocpinfo.com and review the self-serve options that are available under "Forms" and "Login to my account". If you still require assistance, review the contact information below.



Please be advised that the College's Client Services department has recently been restructured into two branches. Take note of the new contact information and be advised that old email addresses and extensions have been discontinued.

PHARMACY APPLICATIONS & RENEWALS

If you wish to:

- Purchase, relocate or open a new pharmacy
- Change the name of a Designated Manager
- Update the list of staff authorized as narcotic signers
- Change the pharmacy's hours of operation
- Change the pharmacy's dispensing fees
- Ask questions about completing the annual renewal

Email: pharmacyapplications@ocpinfo.com
Phone: 416-962-4861 ext. 3600
Fax: 416-847-8339

MEMBER APPLICATIONS & RENEWALS

If you wish to:

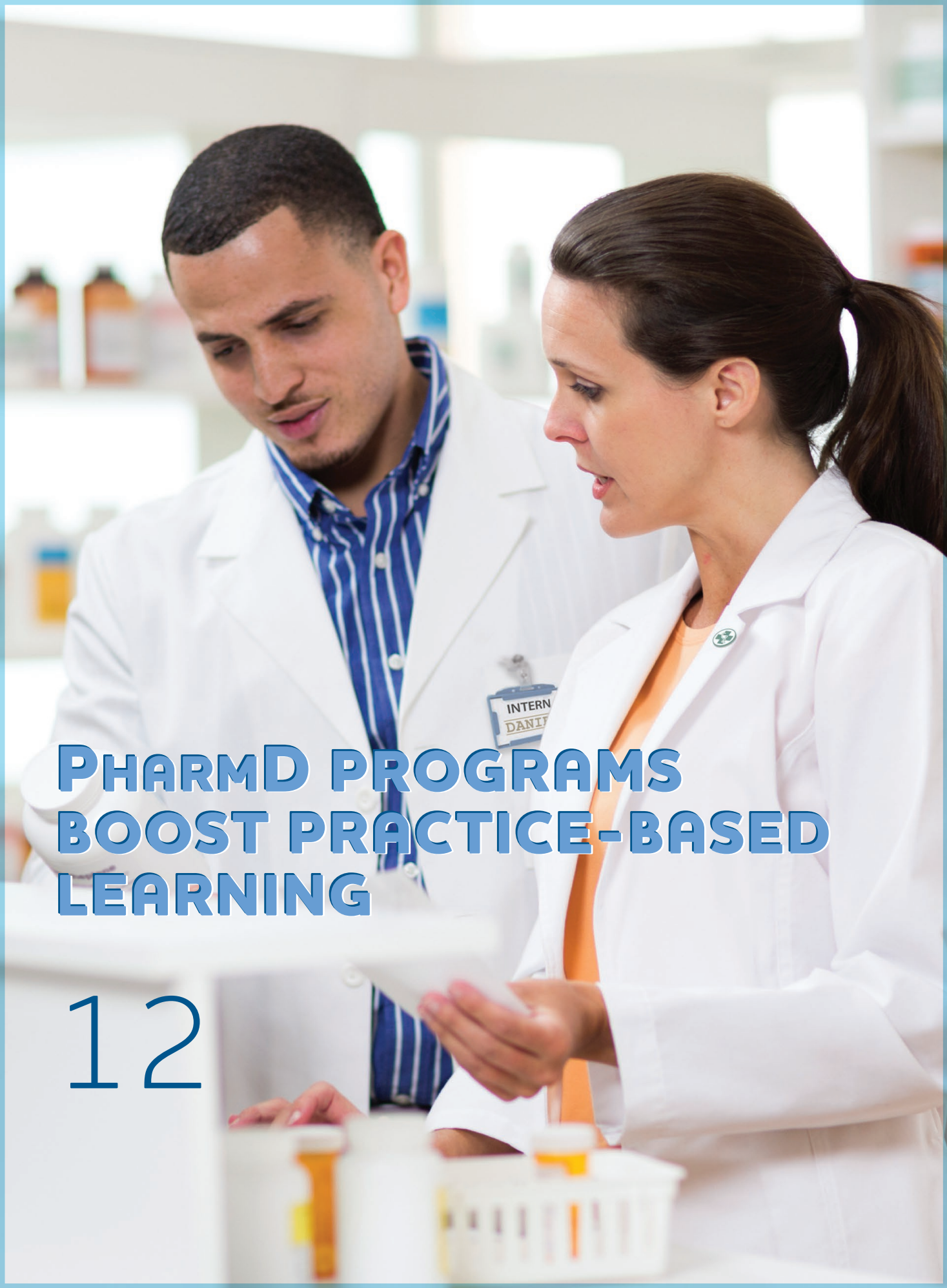
- Apply to become a member of the College
- Find information about the registration process
- Update your personal or workplace information
- Ask questions about completing the annual renewal

Email: memberapplications@ocpinfo.com
Phone: 416-962-4861 ext.3400
Fax: 416-847-8200

If you wish to:

- Apply for the Jurisprudence Exam
- Find information about the Jurisprudence Exam
- Withdraw from an upcoming Jurisprudence Exam

Email: jurisprudence@ocpinfo.com
Phone: 416-962-4861 ext. 3500
Fax: 416-847-8331



PharmD programs boost practice-based learning

12

PHARMD PROGRAMS TEACH STUDENTS TO THINK CRITICALLY, WITH A PATIENT FOCUS.

By Stuart Foxman

What does it take for pharmacists to succeed? Consider these descriptions: great clinical skills, patience, focus and compassion with patients. That's how one preceptor evaluated a pharmacy student after a rotation.

Pharmacists hone that combination of qualities throughout their careers. Now it starts with more practical experiences (experiential education) than ever under the PharmD programs at the University of Toronto and the University of Waterloo.

"The goal is to develop medication therapy experts, and prepare graduates to effectively deliver pharmaceutical care to patients within an interprofessional context," says Lalitha Raman-Wilms, Associate Dean, Education and Associate Professor at the Leslie Dan Faculty of Pharmacy, University of Toronto.

Ontario's pharmacy schools have moved to PharmD as the first professional/entry-to-practice degree. As the first graduates emerge, how have the two universities enhanced their curriculum and their students' experiences?

Patient care is a critical component, and it also goes beyond that, says Dr. Nancy Waite, Associate Director, Clinical Education and Ontario College of Pharmacists Professor in Pharmacy Innovation at the University of Waterloo's School of Pharmacy.

"Practice is evolving," says Dr. Waite. "We have many more services we can provide patients, and more opportunities to work with other health care

professionals. We need to do this in a work environment that's also changing and has its own challenges. The PharmD program produces practitioners who are ready for that reality, and prepared to embrace practice where it's going."

Both schools report that about half of the students have at least four years of university education (two is mandatory) before starting the four-year Doctor of Pharmacy program.

The PharmD programs have more integrated pharmacotherapy and professional practice courses, and teach students to think critically, with a patient focus, as they go through the program.

EXPERIENTIAL EDUCATION EXPANDS

For both Waterloo and Toronto, the biggest change in shifting to PharmD is the more elaborate practical component. That preparation always occurred, but the schools are both deepening and accelerating it.

Previously at the University of Toronto, students had 16 weeks of practice experience (eight in an institutional setting, eight in a community pharmacy), all in the fourth year. Now students undertake 44 weeks of experiential education in a wider range of settings. They're in practice sites at the end of each of the first two years, followed by a fourth year comprised entirely of practice experience. To prepare pharmacists to teach and mentor students, the school provides specific training through the Preceptor Development Program.

Waterloo, meanwhile, always had a comprehensive co-op program: four terms of four months each, occurring throughout the program. In the PharmD program, those 16 months have become 18 months in a new configuration that aims to increase student readiness even further. This means three four-month co-op work terms, followed by six months of patient care rotations in fourth year.

"We prepare students to step into real practice," says Andrew Tolmie, Experiential Coordinator – Patient Care Rotations at the University of Waterloo's School of Pharmacy.

What are the updated experiential rotations achieving?

The impact of having almost three times the experiential education is significant, suggests Raman-Wilms. Overall, it boosts students' confidence in providing patient care. Moreover, starting this practical education much earlier in the program has a positive impact on their experience with the rest of the curriculum.

"When they come back to classes after completing their early practice rotation, what they learn seems much more relevant to them and they are able to better understand the concepts related to patient care," Raman-Wilms says.

At the University of Toronto, placements are divided into early and advanced. Early Practice Experience includes 160 hours (four weeks) after each of years one and two, between May and August.

Students choose the early placements, whether a community pharmacy, a family health team or a hospital. "The focus is to expose students to more patient care opportunities," says Marvin James, Director, Office of Experiential Education at the Leslie Dan Faculty of Pharmacy.

The fourth year of the Toronto program is devoted to 36-weeks of Advanced Pharmacy Practice Experiences (APPE). Students complete a one-week transition course to prepare for the rotations, followed by a series of five-week APPE training blocks (seven, for a total 35 weeks). These occur in a variety of patient care environments, including institutional practice, ambulatory care practice, community practice, and two elective rotations of the student's choice.

Of the seven blocks, at least five must be in a setting where students provide direct patient care. The start dates are staggered, so sites can rely on students for the entire year.

Students become key members of the team – reviewing and assessing medications, identifying issues and developing strategies to address them, educating patients and others, and following up with patients.

The curriculum is structured so that practice-related courses and interprofessional modules prepare students to apply the concepts learned during their experiential education.

Waterloo's program, meanwhile, is unique in North America. It starts with paid co-op work terms. Dr. Waite says having students paid for real work changes the learning experience and expectations. Students better understand what pharmacy practice looks like in the "real" world and learn job readiness skills, and co-op work terms give both students and employers a chance to check the fit for future job opportunities.

Each of the four-month placements – two in second year and one in third year – can happen in settings such as community phar-

LEARN MORE:

Factsheet on Supervision of Pharmacy Students & Interns

macy, hospital, family health team, research, professional association or industry.

Year four has students moving to and practising in one of 14 regions, from Thunder Bay to Windsor, where they're part of the local community of practice and are supported by a Regional Clinical Coordinator. There, they complete three two-month direct patient care rotations: one primary care, one institutional, and one in either setting – that's six months over the final eight months of the program.

"They begin to understand the dynamics of the region's health care system, and how you serve the same patients in different roles and settings," says Dr. Waite.

Tolmie says the preceptor training reflects expectations established by the College, i.e. the degree to which students can independently practice and the level of supervision required. "We encourage students to practise to their full authority," says Tolmie.

The Waterloo students also learn to work with a range of health care colleagues, and have an interprofessional component to their grade as well.

"In the final three rotations, we make efforts to ensure students are integrated into interprofessional teams," adds Tolmie. "Their clinical practice and patient care form the greatest part of assessment, but some 'softer' skills are assessed, around how they work with the teams and are integrated into the community."

FEELING MORE CONFIDENT

Both universities say the experiences are so positive that they have more interest from possible practice sites than they can fill for rotations and co-op work terms. The reaction of the preceptors and students reveals the value.

"We've had preceptors say that having the student has allowed them to provide care to more patients. Some have commented that even students in year one are able to contribute to patient care," says Raman-Wilms.

Many sites that Waterloo uses base their operational model on having students. Tolmie says the dedication of preceptors and employers, who deliver high quality educational experiences, ensures graduates are ready to be the next generation of pharmacists.

What does that next generation say? In their evaluations, students note the passion of their preceptors, the motivating settings, and a practice environment that stimulates learning. Raman-Wilms sums up how students describe the new program: "It allows them to feel more confident and to be more ready for practice."

"We want students to gain experiences in all areas, and take on new challenges," Waite says. "This is an exciting time to be in pharmacy. Students are enhancing their practice, and embracing patient care." Pc

Universal Influenza Immunization Program

2015-2016 is the fourth season that pharmacies will be involved in the province's Universal Influenza Immunization Program (UIIP).

In the 2014-2015 season, more than 900,000 Ontarians visited their community pharmacy and received a flu shot from their pharmacist.

The influenza vaccine is the best way to prevent the flu, and as a pharmacist, you have an important role to play in its prevention. According to the Government of Ontario, "Ontario's flu shot program can prevent up to 30,000 visits to the emergency room and 200,000 to the doctor's office on average each year."[1]

Moreover, we know that influenza is the most common infectious disease cause of death in Canada, and it's estimated that 3,500 Canadians pass away in a given year from influenza and its complications.[2]

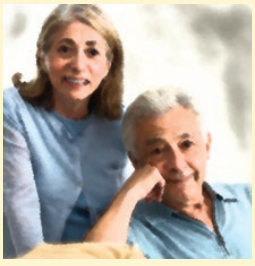
To administer the flu vaccine to patients five years and older, pharmacists must:

- Be participating in Ontario's UIIP
- Have completed an OCP-approved injection training course
- Hold a valid verification in CPR and First Aid
- Have independently registered their training with the College

More information about the UIIP is available on the Ministry of Health and Long-Term Care's website at http://www.health.gov.on.ca/en/pro/programs/publichealth/flu/uiip/.

THE VACCINE IS PARTICULARLY IMPORTANT FOR THE FOLLOWING HIGH-RISK GROUPS[3]:

PATIENTS 65 YEARS OF AGE OR OLDER



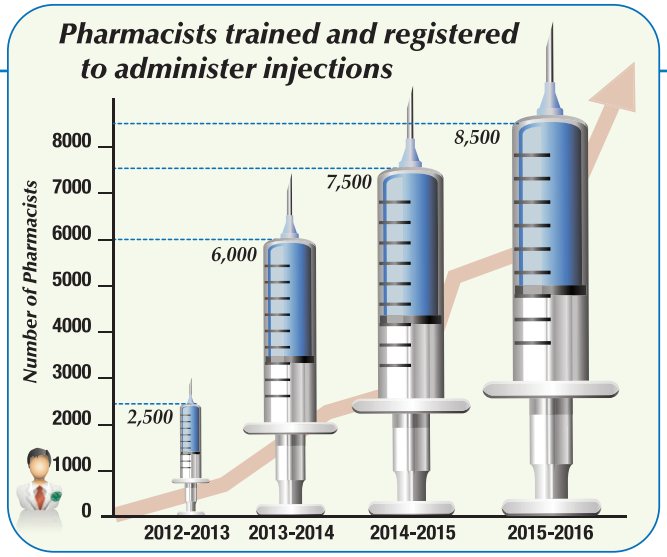
Older patients have a weakened immune system, making it more difficult to ward off infection. Most of the flu-related hospitalizations and deaths last year were people 65 years of age or older.

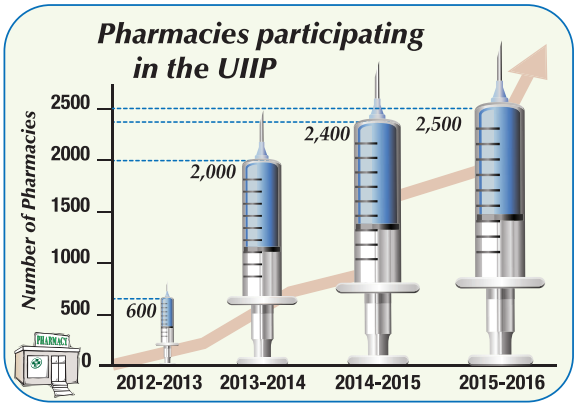
WOMEN WHO ARE PREGNANT

When pregnant, changes in a woman's immune system make it harder to fight infection. It's important to note that the risk of influenza-related hospitalizations increases with the length of gestation.

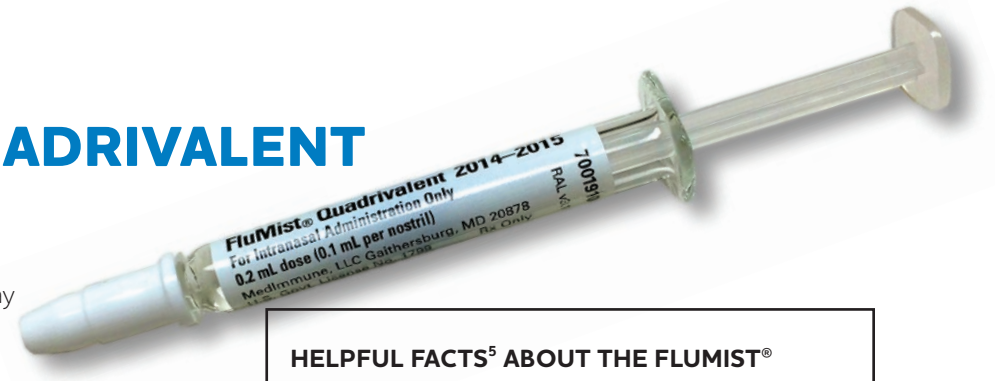
PATIENTS WITH CHRONIC HEALTH CONDITIONS

Those with a chronic disease can have an immune system less likely to defend against infection. And for patients with disease or who are on medication, their immune system is often weakened. Patients with the following chronic health conditions are at especially high risk: cardiac or pulmonary disorders, diabetes mellitus, cancer, renal disease, and morbid obesity.





FLUMIST® QUADRIVALENT



FluMist® Quadrivalent, a nasal spray alternative to an injection in the arm, is now available and indicated for the active immunization of individuals two to 59 years old.

FluMist Quadrivalent offers protection against the additional B-strain of the flu virus, which affects children more often than adults.[4] It's hoped that this less invasive option will be a welcome change for parents whose children are afraid of needles.

It's important to note that while the vaccine is indicated for those two to 59 years old, pharmacists participating in the UIIP are authorized to provide the FluMist vaccine to patients age 5 to 17. Patients outside this age range can receive the publicly-funded FluMist vaccine from their family physician.

HELPFUL FACTS[5] ABOUT THE FLUMIST® QUADRIVALENT VACCINE:

FluMist Quadrivalent contains four vaccine virus strains: an A/H1N1 strain, an A/H3N2 strain and B strains from both the B/Yamagata and the B/Victoria lineages. These four strains comply with the WHO recommendation for the 2015-2016 influenza season.

Over 97 million doses of FluMist and FluMist Quadrivalent have been produced and distributed globally since 2004.

FluMist has been studied in over 140,000 patients in clinical trials.

UIIP

COMMON QUESTIONS FROM PATIENTS ABOUT THE FLU SHOT

It's a good idea for pharmacists to familiarize themselves with the following commonly asked questions about influenza immunization. Patients who are hesitant or ambivalent about vaccination may be more comfortable with reassurance from their pharmacist.

QUESTION	ANSWER[6]
Does the flu shot work?	The flu shot acts as a barrier, making the body more resistant to flu viruses. As influenza viruses are always changing, it's important to get vaccinated every year to protect oneself against whichever flu viruses are going around during that particular time.
Is the flu shot safe?	Absolutely. Flu vaccine ingredients have been tested to ensure they're safe, and the province regularly checks the safety of the flu vaccine. Hundreds of millions of people have already benefited from the flu shot.
What is in the flu shot?	Flu vaccines contain dead viruses and have small amounts of egg protein. Flu shots are safe for patients with egg allergies.
Is the flu shot painful?	Many patients don't experience any pain at all. The shot may pinch or sting, but only for three or four seconds. Those who relax their arm will help themselves avoid any pain. If patients are especially concerned with potential pain during the flu shot, they can use a cream or a patch that numbs the skin.

FREQUENTLY ASKED QUESTIONS FROM PHARMACISTS ABOUT ADMINISTERING INJECTIONS

1. How can I protect myself and my patients from infection or disease while administering injections?

Protect yourself and your patients by following routine infection prevention and control practices and following personal protective measures. Examples would include wearing gloves and ensuring that needles and syringes are changed and appropriately discarded **between each patient.** For more, review relevant practice standards and read through the resources available from the Public Health Agency for Canada.

2. Can a pharmacy intern or registered pharmacy student administer the influenza vaccine?

No. As per the regulation made under the *Pharmacy Act*, only Part A pharmacists are authorized to administer the influenza vaccine.

3. Do I need additional insurance to administer injections?

No. All pharmacists, pharmacy technicians, students and interns are required to maintain personal professional liability insurance coverage. As long as the coverage complies with OCP by-laws and includes the professional services regulated by OCP, you do not need additional coverage to administer injections.

4. I obtained my injection training outside of Ontario. Is this transferable and can I administer injections in Ontario?

To administer injections in Ontario, you must successfully complete an OCP-approved course. All OCP-approved courses have obtained CCCEP competency-mapped accreditation, which addresses the 15 competencies for pharmacist injection education, as approved by OCP Council. View a full listing of all CCCEP competency-mapped accredited courses.

5. Do I have to administer injections to remain in Part A of the College register?

No. You may choose whether or not to administer injections. However, all pharmacists who wish to administer injections must first successfully complete the required training and register their training with the College.

6. Where can I find more information about the UIIP and administering injections?

Additional resources for questions about the UIIP and administering injections include:

- The Ministry of Health and Long-Term Care
  - o UIIP User Agreement
  - o Frequently Asked Questions (Updated October 2015)
- The Ontario Pharmacists Association – www.opatoday.com
  - o Online tools and forms
- The College Practice Tools page on Administering Injections
- Immunize Canada – www.immunize.ca
- Public Health Agency of Canada
  - o Canada Communicable Disease Report CCDR – CCDR: Volume 41-10, October 1, 2015: Vaccine

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NARCOTICS MONITORING SYSTEM:

Challenges with Data Submission

Recent analysis of the Narcotics Monitoring System (NMS) data suggests that a concerning number of pharmacists are prescribing controlled substances, in some instances in large quantities. Data analysis further suggests that prescribers who have terms, limitations and conditions on their license are inappropriately prescribing controlled substances. In both of these circumstances the professional's College may be required to investigate the prescribing practices of the professional. Accurate data entry and appropriate usage of the NMS is essential to ensure that the province is able to use the data to fulfil the objectives of the NMS and also to avoid unnecessary investigations by a College into a professional's practice.

PURPOSE OF THE NARCOTICS MONITORING SYSTEM

Ontario's Narcotics Strategy was developed to address the significant increase in the use of prescription narcotics by Ontarians, and deaths from improper use of narcotic drugs and other controlled substances. The NMS was implemented on April 16, 2012 as part of the strategy. The goal of the NMS was to gather information and assist with planning by assessing the public risk of specific drugs and identifying inappropriate prescribing, dispensing and use of prescription narcotics and other controlled substances.

HOW IS THE INFORMATION USED?

The NMS is a central database that the Ministry of Health and Long-Term Care (the "Ministry") uses to analyze data and identify drug use patterns and trends and detect unusual activities. Dispensing data is collected from pharmacies for all dispensed narcotics, controlled substances and other monitored drugs, including prescriptions paid for under a publicly funded drug program, through private insurance, or by cash. The primary use of the information is to inform harm reduction strategies, education initiatives, and to improve prescribing and dispensing practices related to monitored drugs within the community health sector. If there is suspected illegal activity or professional misconduct, the Ministry may undertake stronger interventions, such as reporting to law enforcement and regulatory colleges as applicable.

INACCURATE DATA ENTRY AND INAPPROPRIATE NMS USAGE THAT HAS BEEN IDENTIFIED

The College has received information about NMS data from various sources, such as the Ministry and the College of Physicians and Surgeons of Ontario (CPSO). Based on the information received the following challenges have been identified:

1) Data about pharmacist prescribing suggests that pharmacists are inappropriately prescribing monitored drugs. Pharmacists are reminded that they are not authorized to renew or adapt a prescription for narcotic, controlled or targeted substances or drugs designated as a monitored prescription drug by the regulations under the NSAA. This includes renewing prescriptions for benzodiazepines[1].

2) Analysis of the data collected to date also suggests that pharmacists are unaware of the NMS requirements as they relate to inventory transfers and sales as well as sales to a physician's office.
   - Data analysis and pharmacist interviews have indicated that pharmacists are submitting inter store transfers and sales to the NMS system and are using inappropriate identifying codes, for example office use codes. In these scenarios pharmacists are also identifying themselves as the prescriber.
   - When pharmacists are entering drug sales for prescriber office use (e.g. physician or dentist) pharmacist interviews suggest that pharmacists are inappropriately identifying themselves as the prescriber.

3) Issues regarding data integrity have also been identified. Circumstances where prescriptions have been entered with inaccurate prescriber information and days supply have been brought to the attention of the College. It is essential that pharmacy staff ensure that information submitted to the NMS is accurate.

EFFECT INACCURATE DATA ENTRY AND INAPPROPRIATE NMS USAGE IS HAVING ON DATA INTEGRITY, PROGRAM OUTCOMES AND PRESCRIBERS

The goal of analyzing the NMS data is to review trends in the data and investigate data that falls outside of normal ranges to determine the underlying cause of the deviation. Inaccurate data entry makes it difficult to identify true deviations from normal data ranges. Data is being sent to the NMS indicating that pharmacists are prescribers for both individual patient use and office use prescriptions. However, after further analysis it appears that this data may be misrepresented by pharmacists submitting data for inter store transfers and sales or other inventory management issues such as drug destruction or returns. The pharmacists identified as the prescribers in many cases are actually the purchasing or accountable pharmacist for inventory purposes. This inaccurate data entry and inappropriate NMS usage make interpreting the true extent of pharmacist prescribing of monitored drugs difficult.

Additionally, the College has been made aware of multiple instances where a narcotic prescription was attributed to the wrong physician, specifically, a physician who has terms, limitations and conditions on his or her license prohibiting him or her from prescribing narcotics. In these cases, the inaccurate data entry has resulted in an investigation by the CPSO into the physician's practice. Investigations into what appeared to be inappropriate prescribing habits have also been conducted due to inaccurate entry of days supply.

Similarly, when the days supply for a prescription is overestimated it appears that an excessive quantity is being prescribed when subsequent prescriptions are submitted (i.e. if a 3 day supply is incorrectly entered as 15 days, when the patient runs out of medication and requires a new prescription it appears that "over-prescribing" may be occurring). In these instances, a pharmacist may receive an inappropriate or invalid response message from the NMS, and through data analysis by the ministry, the prescriber may be flagged as overprescribing a certain medication.

Accuracy of data entry is integral for meaningful analysis of data trends as well as avoiding unintended consequences for other prescribers. The NMS system will not notify pharmacy staff if data being submitted is inaccurate, the system only ensures that the required information is included.

EXPECTATIONS OF PHARMACY STAFF WHEN SUBMITTING INFORMATION TO THE NMS

Pharmacy professionals are required under *The Narcotics Safety and Awareness Act* (NSAA) to submit required information to the NMS when dispensing a monitored drug . Information must be submitted at the time that a monitored drug is dispensed and reversals must be submitted as soon as the need for a reversal transaction is identified. To maintain the integrity of the data submitted, pharmacy professionals are responsible for ensuring

EXPECTATIONS WHEN SUBMITTING INFORMATION TO THE NMS:

- **Accuracy of data entry (prescriber IDs, identifying codes, prescription quantity etc)**
- **NMS system should not be used as a inventory management tool**

that information is true, accurate and complete. The NMS system should only be used for the purpose of carrying out duties and functions as required under the NSAA.

Designated Managers are responsible for the operational procedures of the pharmacy, including ensuring proper submissions to the NMS. Accuracy of prescription data entry should be reinforced to all pharmacy staff, including the proper selection of identifying codes, prescriber registration number and days supply. It is paramount for all pharmacy staff to be aware of their responsibilities in terms of having appropriate procedures in place to maximize adherence to the NMS requirements.

Pharmacists are not authorized to renew narcotics, controlled or targeted substances (including benzodiazepines) or monitored drugs and need to ensure that prescriber information is accurate when submitting data to the NMS system.

The NMS system should not be used as an inventory management tool. Pharmacists are not required to submit data regarding inventory processes to the NMS. Some software vendors automatically do not submit inventory transactions to the NMS, while other vendors require the pharmacy staff to manually choose not to submit the data. It is the responsibility of each individual pharmacy to understand the requirements of the software used at their pharmacy. The following inventory transactions must not be submitted the NMS:

- transactions involving the return of monitored drugs to a manufacturer or wholesaler;
- inter-store sale or transfer of monitored drugs between pharmacies or institutions; or
- destruction of expired or damaged monitored drugs.

The NMS uses "identifying codes" to indicate whether a prescription is for an individual patient or to be used in a physician's office. These codes can be changed when submitting data so that the transaction is accurately categorized. The sale of monitored drugs to prescribers for office use should be submitted to the NMS under the code 'ONOU'. These prescriptions should be processed using the prescriber's registration number (e.g. prescribing physician or dentist) not the registration number of the pharmacist dispensing the prescription. Pc

FOOTNOTE

1. Pharmacists are not authorized to renew a prescription for a benzodiazepine unless, in the pharmacist's professional opinion, the patient is a risk if such a renewal is not provided and rationale is appropriately documented.

Pharmacy Reference Manual

From the Ministry of Health and Long-Term Care

Section 4.10 Office Use Prescriptions (identifying code ONOU)
This section provides details on the dispensing information that should be used to submit data for office use prescriptions. The ONOU code is the only code that is not patient specific and indicates dispensing for office use. This code should not be used for inventory management processes.

ONOU code use requirements state that the day's supply must be entered as 999. Data analysis revealed that the majority of pharmacy staff entered days supply =1 for office use prescriptions, which is a common practice for inventory management issues.

Section 5.0 Prescriber ID Reference Chart
This section provides the codes used to identify different professional Colleges. There are eight Colleges listed whose members are authorized to prescribe, including members from OCP. Of those Colleges listed, only physicians and dentists are authorized to prescribe monitored drugs. When entering the prescriber registration number it is important to ensure that the appropriate prescriber ID reference (identifying the professional college to which the prescriber belongs) is entered.

CODE OF ETHICS

Is It Enough to "Do No Harm"?

PART 3 OF 4

The following article is the third in a series about the College's initiative to revise the profession's Code of Ethics.

The first article, What's Ethics Got to Do With It? (Spring 2015), focused on the role and purpose of a profession's Code of Ethics, introducing key concepts such as the social contract and the core ethical principles of healthcare. These concepts are essential to understanding a healthcare professional's commitment and ethical obligation to put the best interest of patients first and foremost. These concepts have been embedded into the revised Code itself, and will become a key focus in education as the new Code is introduced to current and prospective pharmacists and pharmacy technicians.

The second in the series, Revising our Code of Ethics . . . Why Now? (Summer 2015), provided the context for why it is important to revise the Code of Ethics now, and laid out the collaborative process of how the new Code was developed. The final step in the process involved a 45-day public consultation of the draft document (ending on Nov. 7, 2015) where feedback was received from practitioners, organizations, members of the public and other stakeholders. More information on the feedback received is available on page 25.

The final draft of the revised Code of Ethics — reflective of feedback received during the public consultation process — will be presented to Council for final approval at their December meeting. Once approved, the new Code of Ethics will come into effect and replace the existing Code.

It is important to understand that although the new Code of Ethics is much more comprehensive, the expectations of ethical conduct are unchanged from what is currently outlined in the Code, Professional Responsibility Principles (now embedded into the Code), Standards of Practice and all other relevant legislation, policies and guidelines. Over the next several months, the College will be introducing resources to assist you with understanding and applying the new Code of Ethics in your practice.

With this in mind, the focus of this third article is to provide a closer look at two of the foundational principles of healthcare ethics — beneficence and non-maleficence. It's essential that practitioners understand these two concepts and apply them to practice, as they are cornerstones of the ethical commitment that all regulated healthcare professionals make.

WHAT DO "BENEFICENCE" AND "NON-MALEFICENCE" MEAN?

Taken directly from the new Code of Ethics document, "beneficence" refers to the healthcare professional's obligation to actively and positively serve and benefit the patient and society."Non-maleficence" refers to the healthcare professional's obligation to protect their patients and society from harm.

These particular ethical principles of healthcare can be traced back to the 5th century BC and the ancient Greek physician Hippocrates, whose famous oath included the statement "prescribing regimens for the *good* of my patients according to my ability and my judgment, and *never do harm* to anyone".

In modern times, the essence of these two principles is perhaps best reflected in the overriding duty for all health professions outlined in the *Regulated Health Professions Act* (RHPA) . . . to "serve" (benefit) and "protect" (do no harm) the public interest.

SEEMS SIMPLE ENOUGH

On the surface, this seems simple enough — you need to help your patients and do your best not to harm them. As you give this further reflection however, it's worth noting that the concept "to serve" — or in ethical terms "beneficence" — comes before the concept "to protect" — or "non-maleficence". Is this just semantics, or does it really matter?

In answering this question it might be helpful to think about why patients come to you in the first place? Put yourself in the shoes of a patient for a moment. When you go to see your doctor, dentist, physiotherapist or other healthcare provider, do you go there hoping they won't hurt you, or do you go there with the expectation that they will help you?

Patients coming to you as a pharmacy professional are no different. Although they certainly do not want you to make them worse or harm them in any way, their primary objective is for you to help them get better. In fact, patients rely on you —just as you rely on your healthcare providers — to use your knowledge, skills and abilities to make decisions that will help them achieve their desired health outcome.

SHIFTING YOUR FOCUS

So, where do you place your focus? Do you spend as much time and attention on ensuring that the prescribed therapy will, or is in fact, optimizing health outcomes as you do ensuring that you have accurately filled the prescription as written?

Given the history of the profession of pharmacy, and the significance of a pharmacy professional's role as a dispenser of medication, it's not surprising to find that a disproportionate amount of focus may be placed on product preparation. Being confident that you have filled the prescription correctly is fundamental to your commitment to "protect"' your patients. Pharmacy professionals also take great care when filling a prescription to ensure that — based on an assessment and understanding of the patient's current condition and medications — patients will not encounter any contraindications, interactions or suffer an allergic reaction. The importance of our due-diligence to these responsibilities can not be understated.

BUT, IS IT ENOUGH . . .
TO "DO NO HARM"?

As the medication expert on the patient's healthcare team, pharmacists need to be just as diligent in assessing the appropriateness of the medication therapy in optimizing health outcomes, as they are in product preparation. The revised Code of Ethics includes specific standards relating to the principle of beneficence — to actively and positively serve and benefit the patient and society — to assist pharmacy professionals in better understanding this fundamental responsibility. These include:

- *Members utilize their knowledge, skills and judgment to actively make decisions that provide patient-centred care and optimize health outcomes for patients*
- *Members apply therapeutic judgment in order to assess the appropriateness of current or proposed medication therapy given individual patient circumstances*
- *Members seek information and ask questions of patients or their advocate to ascertain if the current or proposed medication provides the most appropriate therapy for the patient*

The intent of these standards is clear. Pharmacy professionals do have a responsibility to do more than simply ensure they have accurately filled the prescription.

If based on your own assessment of the patient and understanding of their current condition, you believe that there is a more appropriate medication therapy to optimize health outcomes, you need to take action. Having a patient leave your pharmacy with a sub-optimal dose of a medication — one that you know on the one hand will not harm them, but on the other hand is unlikely to provide the benefit required — is an example of not meeting your ethical obligation of beneficence.

Perhaps an easy way of grasping this critical and foundational ethical obligation is to continuously remind yourself of why patients come to you in the first place. Is it with an expectation of not being harmed or is it about a desire to get better? Pc

What We Heard During Consultation

The College recently asked for feedback regarding a proposed revision to the Code of Ethics. The consultation was open for 45 days and closed on November 7, 2015. We received and considered comments and questions from practitioners, applicants, organizations and members of the general public. Below are some of the common questions that we heard.

1. Is the Code meant to be aspirational or are the principles and standards in the Code expectations for pharmacy professionals?

The principles and standards in the Code of Ethics are not aspirational but rather, similar to Standards of Practice and legislation, they set out the expectations that pharmacy professionals will be held accountable to.

As always the competence of individual practitioners — at entry-to-practice and throughout their careers — is evaluated against the established legislation, Standards of Practice and Code of Ethics relevant to pharmacy practice in Ontario.

2. Is the Code applicable to pharmacy professionals in all practice setting, including those that do not involve direct patient care?

Yes, the Code of Ethics applies to all members of the College, in accordance with their scope of practice, including registered pharmacists, pharmacy students, interns and pharmacy technicians. The Code is also relevant to all those who aspire to be members of the College.

Additionally, the Code is applicable in all pharmacy practice settings, including non-traditional practice settings which may not involve a direct healthcare professional-patient relationship. All members are responsible for applying the Code requirements in the context of their own specific professional working environments.

3. Are pharmacy professionals who refuse a service based on moral or religious reasons required to refer the patient to an alternative provider?

Yes. The College has had a position statement on Refusal to Fill for Moral or Religious Reasons, which outlines this provision since 2001. Practice expectations are unchanged in the proposed Code of Ethics.

Total of 35 comments received

The majority of comments received supported the revised Code of Ethics.

- **25 pharmacists**
- **4 pharmacy technicians**
- **2 applicants**
- **2 members of the public**
- **2 organizations**

All consultation feedback is posted on the College website

Other pharmacy jurisdictions (both nationally and internationally) and other health professions (e.g. physicians and nurses) also provide a provision whereby individual practitioners can exercise their conscientious objection to refuse a service based on moral or religious grounds, but all require an alternative provider be available to enable the patient to obtain the requested product or service.

4. Does the Code provide direction on how to meet ethical standards?

Although the Code of Ethics does not explicitly direct members on how they are expected to meet each of the ethical standards, it does clearly communicate the ethical principles and standards that guide the practice of pharmacists and pharmacy technicians in fulfilling their mandate to serve and protect the public.

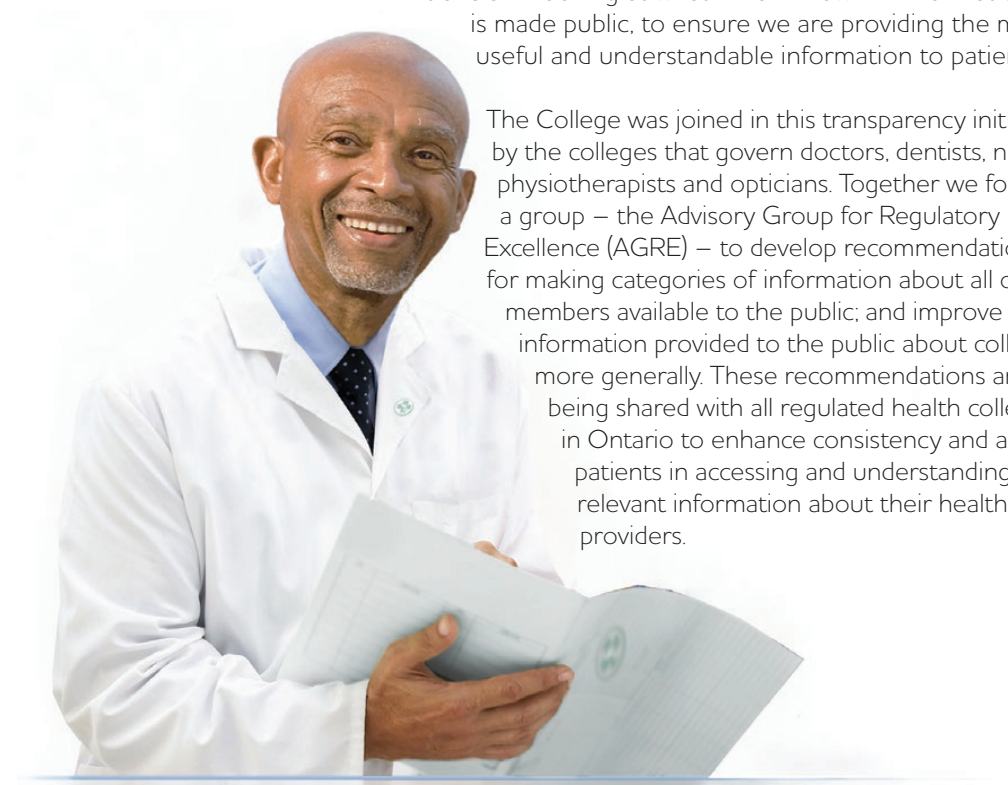
The College will be developing a variety of resources including educational modules to support practitioners in understanding and applying the Code to practice.

It is important to remember that the Code of Ethics, Standards of Practice and all relevant legislation, policies and guidelines are companion documents and none of these should be read or applied in isolation of the other. It is not unusual for there to be duplication within these documents as requirements may be both ethical and legal.

Continued Commitment to Transparency

Transparency has been a core value of the Ontario College of Pharmacists and an integral part of Council's Strategic Plan since 2012. Recently, we've made a number of changes that increase transparency, boost public confidence and provide information that thereby helps patients make more informed healthcare decisions. The College now shares more information about the people and places we oversee, and we're continuing to improve the transparency of the regulatory processes and decision-making that occurs at the College.

"Transparency isn't just something we will *achieve*." explains College Registrar, Marshall Moleschi. "It's something that informs all of the work of the College, and must be considered and applied to everything we do. We're always reviewing the transparency of our operations and looking at what — and how — information is made public, to ensure we are providing the most useful and understandable information to patients."



The College was joined in this transparency initiative by the colleges that govern doctors, dentists, nurses, physiotherapists and opticians. Together we formed a group – the Advisory Group for Regulatory Excellence (AGRE) – to develop recommendations for making categories of information about all our members available to the public; and improve information provided to the public about colleges more generally. These recommendations are being shared with all regulated health colleges in Ontario to enhance consistency and assist patients in accessing and understanding relevant information about their healthcare providers.

UPCOMING CHANGES

It's not just about providing more information – it's also about making that information accessible, clear and easy-to-understand. Significant improvements in this area are coming soon with the launch of a new section of the OCP website called "Find a Pharmacy or Pharmacist". This section is also known as the College's public register, and is home to lots of helpful information about pharmacies and pharmacy professionals. With an anticipated launch in the coming months, the enhanced register will allow anyone to easily find and understand information about pharmacists, registered pharmacy students and interns, pharmacy technicians, community pharmacies, drug preparation premises and remote dispensing locations. It is anticipated that information about hospital pharmacies will be

ADDITIONAL INFORMATION NOW PUBLIC

Earlier this year, Council passed several by-laws that allow for more information to be available about pharmacy professionals. Here's a quick summary of the information we disclose:

Criminal charges: A summary of any federal or provincial charges against a member, made after April 1, 2015, if the College knows about them, and the Registrar believes that they are relevant to the member's suitability to practise*.

Findings of guilt: A summary of any federal or provincial findings of guilt against a member, made after April 1, 2015, if the College knows about them, and the Registrar believes that they are relevant to the member's suitability to practise*.

Bail, custody or release conditions: A summary of current custody or release conditions in provincial or federal offence processes that the College knows about, and the Registrar believes are relevant to the member's suitability to practise*.

Licenses in other jurisdictions: A summary of current pharmacy licenses held in other jurisdictions where the College is aware.

Applications for re-instatement: A summary if a former practitioner who previously had their license revoked applies to the Discipline Committee for re-instatement.

Notices of hearing: A notice of hearing for any discipline hearing regarding professional or proprietary misconduct where the matter has not yet been resolved. If the hearing is awaiting scheduling, the College will post a statement of that fact. If the hearing is completed and awaiting a decision, the College will post a statement of that fact.

Oral cautions: A summary of any oral caution ordered by the Inquiries, Complaints and Reports Committee (ICRC) for complaints or reports filed after April 1, 2015. An oral caution is ordered when the ICRC has a significant concern about conduct or practice that can have a direct impact on patient care, safety or the public interest if it is not addressed. An oral caution is a face-to-face discussion between the practitioner and the Committee, to review the practice and the changes the practitioner will make to help avoid a similar incident from occurring in the future. (It will be noted if the decision has been appealed or varied and, if the decision is overturned it will be removed.)

Specified continuing education or remediation programs (SCERPs): A summary of any education or remediation requirements that were ordered by the ICRC for complaints or reports filed after April 1, 2015. A SCERP is ordered when a serious care or conduct concern requires a pharmacist or pharmacy technician to upgrade his or her skills has been identified. The ICRC orders SCERPs when they believe that remediation is necessary. (It will be noted if the decision has been appealed or varied and, if the decision is overturned it will be removed.)

Undertakings: Undertakings are binding and enforceable promises from a practitioner to the College. A pharmacist may enter into an undertaking to practise differently — or not practise at all — when there is an identified concern about practice. For example, a pharmacist might agree not to act as a Designated Manager or dispense narcotics.

*See page 30 for more on relevance to suitability to practise.

added to the public register once the necessary regulations have been approved by government in early 2016.

Although information on the public register is available to anyone, the new register is being re-designed with a single audience in mind — the public. The focus is on making things easy-to-find and simple-to-understand. Terminology that is specific to the profession of pharmacy is being minimized and regulatory processes and decision-making will have supporting information to provide context and explanations wherever possible. All other health regulatory colleges in Ontario are committed to making similar enhancements to their own public registers.

Earlier this year, Council passed a number of new by-laws that used the wording "relevant to the member's suitability to practise" — including by-laws that allow for the posting of criminal charges, findings of guilt, or bail conditions. The College has developed a process for determining if a practitioner's conduct or behaviour is relevant to their suitability to practise, and more information on this process is available on page 30.

WHAT INFORMATION IS NOT AVAILABLE ON THE PUBLIC REGISTER?

Transparency can have different meanings for different people. Some people believe that transparency means nothing should be kept confidential and that any and all information about people, places, regulatory processes and decision-making should be publicly available.

Research has shown that members of the public want information about the most important concerns, and they want it to be brief and understandable. We support this concept and believe that the information we provide should enhance public confidence and be balanced with consideration of fairness and respect for the privacy of pharmacy professionals.

Therefore, while there is a lot of relevant and helpful information available about pharmacy professionals on our public register, some information does remain confidential. For example, a pharmacy professional's birth date, email address, home address or personal health information is not posted as it would breach their personal privacy.

One of the eight guiding principles of the transparency initiative states that "the greater the potential risk to the public, the more important transparency becomes." This specific principle led to one of the more significant transparency changes as of late — the disclosure of additional outcomes of investigations by the College's Inquiries, Complaints & Reports Committee (ICRC.) The "Measurement of Risk Framework" to the right, outlines both the previous and new models for disclosing ICRC outcomes — with a focus on risk to the public.

Previously, we disclosed outcomes resulting from the most serious behaviour or competence concerns — those that fell into the "high risk" category. Now, we disclose outcomes within the "moderate risk" category as well.

For outcomes that fall into the low risk category — i.e. no action, advice/recommendation, or remedial agreements — ICRC is satisfied that there are no concerns with the pharmacist's or pharmacy technician's care or conduct, or that the concerns posed little to no risk to the public. Therefore, these outcomes are not posted on the public register.

TRANSPARENCY PRINCIPLES

PRINCIPLE 1:
The mandate of regulators is public protection and safety. The public needs access to appropriate information in order to trust that this system of self-regulation works effectively.

PRINCIPLE 2:
Providing more information to the public has benefits, including improved patient choice and increased accountability for regulators.

PRINCIPLE 3:
Any information provided should enhance the public's ability to make decisions or hold the regulator accountable. This information needs to be relevant, credible and accurate.

PRINCIPLE 4:
In order for information to be helpful to the public, it must:
- be timely, easy to find and understand.
- include context and explanation.

Additionally, we do not post the "fact of" an investigation on the public register — whether a complaint from the public, an inquiry into capacity or practise related to a pharmacy professional's health, or an investigation into a mandatory report or a concern arising from another source. Since a decision about the investigation has not been made, it is premature to provide information about the investigation. It's essential to balance public safety with procedural fairness.

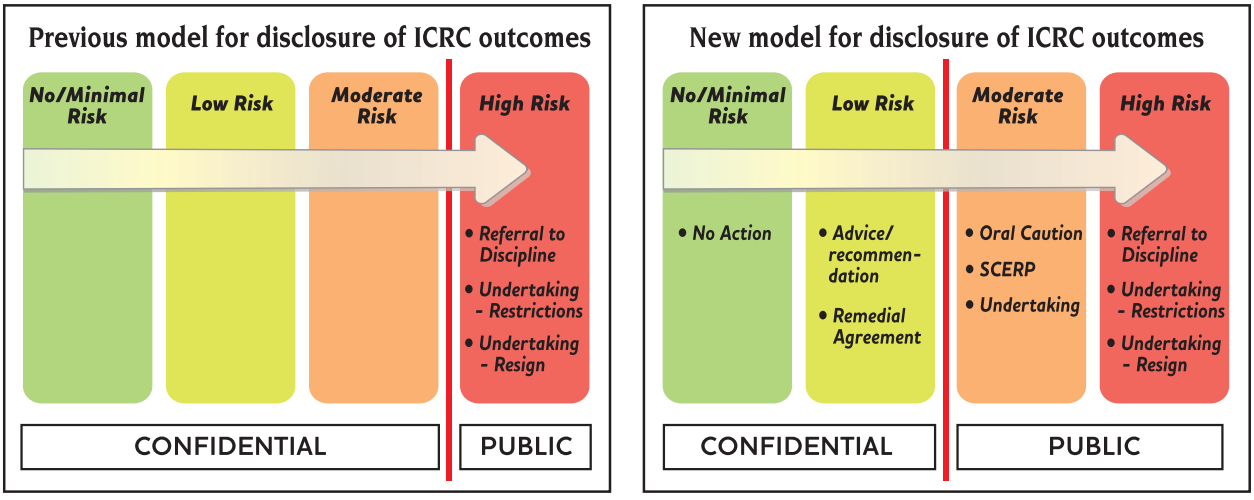
We also do not post most health-related information that is contained in or related to undertakings that arise from an incapacity investigation. These undertakings usually require a pharmacy professional to comply with a treatment regime. If the professional follows the required regime, the information is not posted but the public is still protected by reasons of the treatment. Pharmacy professionals are entitled, just like anyone else, to have their health information remain private. However, if practice restrictions arise from health inquiries, they will be made public.

WHAT'S NEXT?

As we move forward into 2016, the College will continue to examine and evolve our transparency practices to ensure the public has access to the information they need. We are, first and foremost, committed to public safety and openness, and will work to provide information and context to help patients make the best decisions they can.

More information about transparency can be found on the Transparency Key Initiative on the College website.

MEASUREMENT OF RISK FRAMEWORK



PRINCIPLE 5:
Certain regulatory processes intended to improve competence may lead to better outcomes for the public if they happen confidentially.

PRINCIPLE 6:
Transparency discussions should balance the principles of public protection and accountability, with fairness and privacy.

PRINCIPLE 7:
The greater the potential risk to the public, the more important transparency becomes.

PRINCIPLE 8:
Information available from Colleges about members and processes should be similar.

Relevance to Suitability to Register, Practise or Operate

College assessment process for determining if a person's conduct is relevant to their suitability to register as a member of the College, practise pharmacy or operate a pharmacy.

INTRODUCTION

The mandate of the Ontario College of Pharmacists, like all health Colleges in Ontario, is to serve and protect the public interest and maintain the public's trust in the profession and its regulator. The College is responsible for ensuring that pharmacy professionals are qualified to practise and act appropriately throughout their careers.

Occasionally, the College receives information about a pharmacy professional's questionable conduct or behaviour and must determine if it is relevant to his or her suitability to register as a member of the College, practice pharmacy, or operate a pharmacy.
This assessment process was developed to:

- Provide greater transparency regarding the process for determining when conduct is considered relevant
- Establish precedents for the type of conduct that is considered relevant
- Provide clear guidance on how decisions are made
- Ensure consistency in decision-making

CRITERIA FOR ASSESSMENT

The College developed a Decision-Making Tool and Framework that facilitates a review of an individual's conduct and behaviour in order to help guide the assessment process.

In determining the criteria for assessment the College considered the general requirements of practice and identified four core areas that define the profession. For each area, the College identified the behaviour that is expected of a pharmacy professional, and reviewed the type of conduct that would be considered relevant to a professional's suitability to register as a member, practise pharmacy or operate a pharmacy. These areas are:

1. Ethical Delivery of Quality Healthcare

All pharmacy professionals must provide care that is patient-centred and effective — meaning that it responds to the individual needs of patients and helps to improve a patient's health outcomes. Pharmacists and pharmacy technicians must use their knowledge, skills and judgment to benefit their patient, and must never put their own personal or business objectives ahead of the interests their patient. Regardless of a practitioner's position or practice environment, they must perform their role to the level specified in the Code of Ethics and Standards of Practice, and must meet all of the standards associated with that role.

Unethical conduct or the delivery of services that do not meet professional requirements is an important factor in considering if a person's conduct is relevant to their suitability to register as a member of the College, practise pharmacy, or operate a pharmacy.

Conduct of this nature could include, but is not limited to::

- Charges or findings of guilt related to conduct involving dishonesty or a breach of the public's trust
- Dispensing new or refill prescriptions without a therapeutic review
- Dispensing new or refill prescriptions without an appropriate dialogue with patients
- Disruptive, rude or disrespectful behaviour towards patients, their agents, or other health care professionals
- Focusing on the volume of prescriptions instead of the quality of care
- Multiple assessments by the College with negative outcomes
- Neglecting professional obligations
- Providing services that are not in the patient's best interest
- Recommending unnecessary treatment or services for personal financial gain

2. Honesty and Integrity

The nature of the practitioner-patient relationship is inherently imbalanced, with the pharmacy professional on the side that holds specialized knowledge and skills that patients generally do not have. All pharmacy professionals are expected to be aware of this imbalance and to conduct themselves with honesty and integrity in dealing with patients, and not leverage the imbalance for personal gains. This expectation extends to behaviour in a professional's personal life or business dealings, as the need to behave with honesty and integrity is an overall requirement, not just one within a professional capacity.

Charges or findings related to conduct involving dishonesty, fraud, misconduct, lack of candour or breeches of trust call into question a person's integrity and honesty. This type of behaviour is another integral factor in considering if a person's conduct is relevant to their suitability to register as a member of the College, practise pharmacy, or operate a pharmacy.

Conduct of this nature could include, but is not limited to, charges or findings of:

- Academic or professional misconduct
- Any conduct of a derogatory or discriminatory nature
- Any illegality (e.g. trafficking)
- Assault
- Breaking and entering
- Crimes of dishonesty
- Crimes of a sexual nature
- Driving under the influence
- Domestic violence
- Failure to disclose all relevant information
- Fraud
- Murder (including attempted murder or conspiracy to commit murder)
- Tax evasion

3. Governability

Pharmacists and pharmacy technicians must demonstrate an understanding of self-regulation, and must accept the authority of the College. Professionals who demonstrate that they are ungovernable undermine the College's ability to fulfill its mandate and jeopardize the public's trust.

Charges or findings that display a lack of respect for governance and an unwillingness to accept the College's authority reflect negatively on a profes-

sional's ability to abide by requirements outlined by the College. This type of behaviour is another factor in considering if a person's conduct is relevant to their suitability to register as a member of the College, practise pharmacy, or operate a pharmacy.

Conduct of this nature could include, but is not limited to:

- A history of multiple offences
- Breaching of undertakings, probation, or bail recognizance
- Failure to meet professional obligations
- Falsifying records
- Previous findings of professional misconduct
- Refusal of registration by another regulatory body
- Refusal to respond to requests made by the regulator

4. Financial Responsibility

Pharmacy professionals must be honest with all financial transactions that are related to patient care or healthcare in the province. This means that financial transactions must be based on the patient's best interest, and not the financial interests of the practitioner or pharmacy. Because these professionals can be so closely tied to the business of the pharmacy, it's important that they provide patients with transparent information and a rationale behind prices or treatment options, so that patients do not perceive any conflict of interest and have enough information to make the right choices.

It's also important that pharmacy professionals act with financial responsibility in their personal lives as well, since patients may perceive that a professional who is financially dishonest in his or her personal life may be the same in the pharmacy. Charges or findings related to conduct that demonstrates willful financial irresponsibility in a practitioner's private or professional life are not acceptable. This type of behaviour is the fourth factor the College considers in assessing whether a person's conduct is relevant to their suitability to register as a member of the College, practise pharmacy, or operate a pharmacy.

Conduct of this nature could include, but is not limited to:

- Conflict of interest
- Fraud
- Misuse of public or third-party payor funds
- ax evasion

PROCESS FOR REVIEWING CONDUCT OR BEHAVIOUR

The Decision-Making Tool and Framework is used when a pharmacy professional's questionable conduct or behaviour needs to be evaluated to determine if the conduct or behaviour is relevant to a person's suitability to register as a member of the College, practice pharmacy, or operate a pharmacy. The process for reviewing conduct has three steps: receiving and verifying information, further investigation (if required), and assessing information.

The following is a brief overview of each step:

1. Receiving and verifying information

The College has several sources for gathering information about a person's conduct. Such as:

- A pharmacy professional's record with the College
- Media
- Ministry of Health and Long-Term Care
- Other pharmacy professionals
- Other regulatory bodies
- Police Departments
- Questions that are asked when a pharmacy owner applies for annual renewal of their Certificate of Accreditation
- Questions that are asked when a professional applies for annual renewal of their Certificate of Registration

Information received by the College is independently verified as appropriate, depending on the source of the information and on the information itself.

Reviewing Past Conduct

The College will always review a pharmacy professional's official College record, which often provides information about their past conduct. Past misconduct may not be a definitive predictor of future conduct, but it does raise questions about a person's governability and understanding of what is required of a pharmacy professional or owner of a pharmacy. Past conduct might also be considered as a mitigating[1] or aggravating factor[2] that must be assessed collectively with the current conduct.

2. Further Investigation

In most cases, the information obtained and verified during step one is sufficient to determine if a person's

conduct is relevant to their suitability to register as a member, practise pharmacy, or operate a pharmacy. Sometimes, the information provided will trigger the need for further inquiry through an investigation by College staff. The scope of the investigation will vary based on the facts presented in each case, but will always involve gathering additional information from relevant sources.

3. Assessing Information

Once all of the relevant information is gathered, College staff use the Decision-Making Tool and Framework to determine the risk of harm to the public. Depending on the risk, there are several options available to proceed.

PROCEEDING WITH APPROPRIATE ACTION

If the conduct or behaviour in question is found to be of a minimal to low risk to the public and not relevant to a professional's suitability to register as a member, practise pharmacy or operate a pharmacy, the College may take no action.

If the conduct or behaviour in question is found to be of moderate risk or higher, and is relevant to a professional's suitability to register as a member, practise pharmacy or operate a pharmacy, the Registrar will direct one or more of the following:

1. Post Charges and/or Findings on the College Website

The information will appear on the "Find a Pharmacy/Pharmacist" section of the College's website — also known as the public register. It will include a summary of the charge and any relevant date associated with it. The College will provide the professional with notification of the posting.

2. Refer Applications to Operate a Pharmacy to the Accreditation Committee

If College staff deem the conduct of a pharmacy owner or designated manager (DM) to be potentially relevant to their suitability to operate a pharmacy, the application to operate the pharmacy may be referred to the College's Accreditation Committee. The Accreditation Committee will independently consider the operator's conduct, and will use this same Decision-Making Tool and Framework to help inform their decision. Upon referral to the Accreditation Committee, the person who submitted the application to operate the pharmacy has 30 days to provide a written submission to the Committee explaining the conduct. After considering the application to operate the pharmacy and any submissions made on behalf of the pharmacy, the Committee has the authority to direct one or more of the following:

- Issue the Certificate of Accreditation and allow the pharmacy to operate
- Issue the Certificate of Accreditation with terms, conditions and limitations on the pharmacy's operation, as appropriate
- Refuse to issue the Certificate of Accreditation and not allow the pharmacy to operate

3. Refer Applicants to Registration Committee

If College staff deem the conduct of an applicant is to be potentially relevant to their suitability to register as a member of the College, the applicant will be referred to the College's Registration Committee. The Registration Committee will independently consider the applicant's conduct, and will use this same Decision-Making Tool and Framework to help inform their decision. Upon referral to the Registration Committee, the applicant has 30 days to provide a written submission to the Committee explaining the conduct. After considering the conduct and the applicant's submission, the Committee has the authority to direct one or more of the following:

- Issue the Certificate of Registration and allow the applicant to register as a member of the College
- Issue the Certificate of Registration if the applicant successfully completes additional examinations set by the Committee
- Issue the Certificate of Registration if the applicant successfully completes additional training set by the Committee
- Issue the Certificate of Registration with terms, conditions and limitations on the applicant's right to practise
- Refuse to issue the Certificate of Registration and now allow the applicant to register as a member of the College

REFERENCES

1. A mitigating factor is any piece of information, circumstance or evidence regarding the conduct that might lessen its impact
2. An aggravating factor is any piece of information, circumstance or evidence regarding the conduct that might increase its severity

Helping You Prepare for a Practice Assessment

As you are likely aware, as part of its commitment to continuous quality improvement, the College introduced enhancements to the routine community pharmacy inspection process in early 2015. Now called practice assessments, these visits include an assessment of pharmacy operations and processes, *and* an evaluation of an individual(s) practitioner's performance in their practice site.

The new practice assessments are designed to increase adherence to both pharmacy operations and individual practice standards, with the goal of providing support through coaching and mentoring to improve processes and procedures to deliver greater health outcomes for patients.

Nearly 1,000 of these new practice assessments have been completed since the beginning of the pilot early in 2015, and the response by practitioners has been positive — read more in the feature story in *Pharmacy Connection* Spring 2015, Practice Assessments Focus on Coaching.

Since it would be impossible to focus on all areas of practice during an assessment, the College established specific assessment criteria for both the pharmacy operations and the individual practitioner (pharmacist) components of the assessment. Focusing on practice areas that have the greatest impact on patient and public safety, the specific assessment criteria was pulled from Standards of Practice, Code of Ethics, legislation and policies. *(Please note that the assessment criteria for pharmacy technicians is currently under development.)*

In order to assist designated managers, other pharmacists, and pharmacy technicians in better understanding and/or preparing for a practice assessment, the College recently posted the Community Pharmacy Operations Assessment Criteria and Individual Practitioner (Pharmacist) Assessment Criteria on our website.

These documents identify the specific standards – which describe minimum operational and practice requirements – that a community practice advisor (formerly inspector) will focus on during a practice assessment. A guidance section is included to assist practitioners in better understanding and self-evaluating if their current processes, procedures and practice behaviours are effective in meeting the required standard. By providing this detail prior to an assessment, practitioners will be able to better prepare for the visit and maximize the coaching and mentoring opportunities that are proving to be so valuable.

Currently, pharmacies become notified of their upcoming assessment when the designated manager receives a prior notice letter from the College, by email. The letter includes links to the assessment criteria so that the designated manager, other pharmacists, and pharmacy technicians working in the pharmacy can prepare for their practice assessment. Given that the individual pharmacist(s) who will be assessed during the practice assessment are not identified in advance, all staff pharmacists should review the individual practitioner assessment criteria prior to the visit.

Although the addition of an individual practitioner assessment as part of every practice assessment is a substantial change to the College's quality assurance activities, perhaps the more significant change in the new assessment is the College's shift in focus from an emphasis on compliance to an emphasis on coaching and mentoring. Traditionally, inspections of pharmacies focused on a check-list of the pharmacy's adherence to legislation, policies and standards relevant to pharmacy operations. Less attention was placed the processes and procedures that shape and support an individual practitioner's practice and clinical decision-making.

> "The College recently posted the Community Pharmacy Operations Assessment Criteria and Individual Practitioner (Pharmacist) Assessment Criteria on our website."

For the individual practitioner component of the assessment, practice advisors focus on four key areas (categories) taken from the Standards of Practice:

1. Patient assessment
2. Decision making
3. Documentation
4. Communication/education

For each focus area, specific standards that describe the minimum practice requirement for all practitioners are identified. Through a combination of observation and retrospective review of documentation (chart stimulated recall) practice advisors evaluate the processes in place for each of these areas with respect to new and refill prescriptions, adaptations/renewals, comprehensive medication reviews and OTC counseling. The guidance section illustrates how pharmacists would apply the standard in practice and provides examples of activities that support each Standard.

The new practice assessments and shift in the College's focus supports the role of pharmacists as medication experts and clinical decision-makers, and is consistent with assessments of other primary healthcare practitioners such as physicians and nurses. Given the initial success of these new practice assessments, the College will continue the pilot into 2016.

To learn more visit the Key Initiative – New Practice Assessments on the College website. Pc

New Video Helps Patients Feel Confident and Comfortable With the Care They Receive

The College recently produced a video called "Trust in the Care Your Pharmacist Provides." The video is designed to help the public better understand the range of valuable services their pharmacy team is qualified and authorized to deliver. Pc

www.youtube.com/ocpinfo

"OPEN"ing the door to a better understanding of medication management in Ontario

Richard Violette, *Research Co-ordinator*,
Ontario Pharmacy Research Collaboration (OPEN)

ONTARIO PHARMACY RESEARCH COLLABORATION

As the Ontario College of Pharmacists Professor in Pharmacy Innovation, Dr. Nancy Waite is understandably enthusiastic about pharmacist's expanded role and ability to provide additional services such as MedsCheck, influenza vaccine administration, and prescribing.

"Like many pharmacists, I always hoped that one day we would have the authority to provide these services and be recognized and compensated for our contribution to patient care," Dr. Waite said.

Now that expanded scope of practice has been in place for several years in Ontario many pharmacists are wondering, what's been the uptake of these new services? Are the right patients receiving them? What helps and hinders service provision and uptake? How have pharmacists improved patient care and health outcomes? How can the profession enhance its role and optimize service use? How can pharmacists collaborate with other healthcare providers to integrate medication management services into circles of care more efficiently and effectively?

These are precisely the questions that OPEN, the Ontario Pharmacy Research Collaboration, seeks to answer. Co-led by Dr. Nancy

Waite and Dr. Lisa Dolovich, OPEN is a multi-institutional research program funded primarily through the peer reviewed Health Services Research Fund administered by the Government of Ontario to provide evidence on the quality, outcomes and value of medication management services that pharmacists and other healthcare professionals provide.

"We need the best evidence to guide policy development and service delivery — and that's what OPEN was funded to provide," explains Dr. Dolovich.

Since its launch in May 2013, OPEN's team of researchers from University of Waterloo, McMaster University, University of Toronto, and Bruyère Research Institute have been conducting a series of studies to better understand these new pharmacist services. But research alone is not enough. Findings need to inform and influence health care policy and practice.

This is where OPEN's network of knowledge users comes in. With engagement of stakeholders from government, regulatory and professional associations, third-party payers, patient and health informatics representatives, OPEN's diverse knowledge users are helping to translate research into improved medication management policy and practice in the province.

OPEN is finding solid uptake by pharmacists and patients of services such as smoking cessation, influenza immunization, MedsCheck and Pharmaceutical Opinions, to name a few. "The number of services provided and pharmacists participating is impressive, and we see that even further capacity exists in the province," explains Dr. Waite.

OPEN has also found that patients place great value on the accessibility of pharmacists and the convenience of pharmacy locations and hours of operation. Importantly, patients trust pharmacists as members of their primary care team. Yet many are unaware that the services exist or why they are receiving them, and are not clear how these services interact with those provided by other healthcare providers.

OPEN's extensive survey and focus group work has shown that while pharmacists are committed to providing quality services that better meet patient needs, grow their businesses and benefit their communities, they also face obstacles that limit provision, tailoring and expansion of services.

A common refrain heard at the frontlines is that these new services compete with, rather than complete, regular service provision. There is also some indication that important services are not always reaching those who would benefit the most, such as vulnerable and high-needs patients. Anecdotally, Dr. Waite has heard that innovative, store-level pharmacist-led projects have tackled these challenges but often they are not assessed for scalability and sustainability.

Other OPEN studies evaluating emerging pharmacist services such as chronic pain management in community pharmacies and "deprescribing" — the tapering or stopping of medications that may be causing harm or are no longer providing benefit along with monitoring for adverse drug withdrawal reactions — provide evidence to how pharmacists can contribute to healthcare change creatively.

"One thing is clear: As a patient-centred profession, pharmacists can provide better care than ever before," says Dr. Waite. "Where we take this next is exciting. It will demonstrate pharmacists' resilience and adaptability, and their ability to be innovative to serve those most in need of our services."

"OPEN is beginning to understand existing service delivery," says Dr. Dolovich, "and now we need to re-think how best to use this expanded role, how to engage with the primary care team, how to target services to those most vulnerable, and how to engage local communities to understand and capitalize on these pharmacist services."

OPEN is now shifting its efforts toward research that helps pharmacists engage in practice change. This includes testing novel sustainable and scalable service delivery models that complement local community healthcare assets, tackle operational challenges, and are embedded within existing primary care systems.

OPEN's goal won't change — the program will continue to improve patient access to quality, evidence-based medication management services and ultimately improve patient and system level outcomes.

This is certainly an ambitious agenda that will bring together frontline pharmacists with researchers, knowledge users, patients, communities, and other health care providers. The OPEN team is excited about working together with pharmacists to make change for the patients we all serve.

Interested in finding out more about OPEN, getting involved in our projects or just keeping up to date with OPEN's work? Please visit our website at www.open-pharmacy-research.ca, subscribe to our newsletter (www.open-pharmacy-research.ca/about/subscribe-open-enewsletter) or send us an e-mail at open@uwaterloo.ca. Pc

Drug-induced Allergic Reactions

A MULTI-INCIDENT ANALYSIS BY ISMP CANADA

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INTRODUCTION

Drug-induced allergic reactions are one of the most common unpredictable manifestations of medication usage, accounting for approximately 5-10% of all adverse drug reactions.[1] Although there are various subtypes of unpredictable drug reactions that include drug intolerance, drug idiosyncrasy, drug allergy, and pseudo allergic reactions, they generally occur independently of the dose, are separate from the pharmacologic actions of the drug, and occur selectively in susceptible individuals.[2] Furthermore, for a given drug, there is a lack of homogeneity in the type and severity of allergic symptoms, which may range from mild local discomfort to life-threatening systemic anaphylaxis.[3] Hence, these frequent yet erratic adverse events have potentially serious outcomes that may not always be foreseen.

However, many medication incidents involving drug allergies are preventable in nature, especially in cases where the patient's allergies have been previously documented.[4] Thus, it is important to learn about the various ways in which errors could occur throughout the medication-use process, so that system vulnerabilities can be identified and consequently improved.

The Community Pharmacy Incident Reporting (CPhIR) Program (available at http://www.cphir.ca) is designed for community pharmacies to report near misses or medication incidents to the Institute for Safe Medication Practices Canada (ISMP Canada) for further analysis and dissemination of shared learning from the reported incidents.[5] CPhIR has allowed the collection of invaluable information to help identify system-based vulnerable areas in order to advance safe medication use.[4] This article provides an overview of a multi-incident analysis of drug-allergies-related incidents reported to the CPhIR program.

MULTI-INCIDENT ANALYSIS OF DRUG-INDUCED ALLERGIC REACTIONS IN COMMUNITY PHARMACY PRACTICE

Incidents reported to CPhIR were used to conduct a multi-incident analysis of medication incidents involving drug-induced allergic reactions. Using a search criterion of "Drug Therapy Problem – Documented allergy" for the type of medication incidents and related free-text search for symptoms of allergic reactions (e.g., hives, rash) for the incident description, a total of 788 incidents were retrieved from the CPhIR database between 2010 and 2014. Incidents that had information irrelevant to the topic of drug allergies, and inadequate descriptions for analysis were excluded. 273 incidents met inclusion criteria and were included in this multi-incident analysis.

Three major themes were identified through the analysis of these 273 incidents: (1) Missing documentation, (2) Computer detection incapacity, and (3) Alert bypass. The three major themes were further divided into subthemes, as shown in Table 1, Table 2, and Table 3, respectively. (Note: The "Incident Examples" provided in Tables 1, 2, and 3 were limited by what was inputted by pharmacy practitioners to the "Incident Description" field of the CPhIR program.)

TABLE 1. Theme 1 – Missing Documentation

Subtheme	Incident Example	Commentary
Prescriber	*Our [pharmacy] system had up to date allergy information which stressed a penicillin allergy. [The doctor's] office did not have [the patient's allergy information]. [Pharmacist advised] patient to not start the medication and [had amoxicillin] switched to [a] more appropriate choice.*	Prescribers do not have direct access to allergy information stored in pharmacy computer systems Ensure that a standardized system is in place to notify prescribers and to follow up on potential drug allergies. Ideally, the notification would include therapeutic alternatives or appropriate courses of action.[6]
Pharmacy	*While counselling the [patient's] father, the pharmacist stated "amoxicillin is a similar antibiotic to penicillin." In response, the father noted the child was allergic to penicillin. The allergy to penicillin was not documented on her file. The reaction was described as "a rash and hives on her back."*	Patients may not always be conscious of their drug allergies nor understand the importance of communicating information about allergies. Drug allergy information should always be obtained and recorded in the patient's medical profile. Where computer functionality exists to detect drug allergies, enter the patient data needed to allow appropriate screening.[6] Engage in dialogue with the patient and/or the caregiver as a way to detect potential errors. For example, as an additional check before providing a medication at pick-up, ask the patient about drug allergies.[7]

TABLE 2. Theme 2 – Computer Detection Incapacity

Subtheme	Incident Example	Commentary
Inactive Ingredients	*Patient was prescribed Prometrium® as part of a HRT [hormone replacement therapy] regimen. [Patient's] husband picked up [the] prescription and was not counselled by [the] pharmacist. He was not asked about [patient's] peanut [allergies]. Patient read medication information sheet and saw the warning about not taking [it] if she has a peanut allergy.* *Patient was understandably upset that she had not been warned [even though] the peanut allergy [was] on her file. [The pharmacist] contacted [the] software provider [and asked] "The patient profile had [a] peanut allergy in [the] allergy field. Why didn't the software alert us?" Their response was that because the peanut oil isn't an active ingredient, the system will not catch it.*	Consider enhancement of the functionality of the pharmacy computer system for allergy detection, with elimination (as much as possible) of the need for "free-form texting" of allergy information. This would include ensuring that inactive ingredients were included in the computer allergy database.[8] As part of a continuous quality improvement program, periodically test software alert systems to ensure that expected allergy alerts appear when medications known to have cross-reactivity potential are entered into a patient's medication profile.[6] To avoid incidents related to documented drug allergies that are undetected by the computer, independent double checks should be performed for each prescription during the order entry and dispensing process.[9]
Cross-reactivity	*Patient had a documented allergy on file from a month [ago] to sulfonylureas. [The computer] did not [generate an alert] for the Septra® [prescription] filled 1 month later. Patient had the prescription [for Septra®] filled in May and never took them. The medication sat in the [patient's] cupboard for a year and when they developed another UTI [urinary tract infection], they took the Septra®, not realizing that they were allergic [to it]. Patient was treated for severe hives at [the] hospital and [was] prescribed Macrobid® instead.*	

continued

Subtheme	Incident Example	Commentary
Free-form Comments	*Patient had skin rash on face. A compound was made with Glaxal® Base, as ordered by the doctor. [The patient] had previous allergy to Glaxal® Base, [but] doctor and pharmacists did not see this on his file. [The information was entered] as a free-form allergy so [the computer did] not flash as an allergy [alert and it] was missed. Patient [was] advised to stop using [the medication].*	Engage in dialogue with the patient and/or the caregiver as a way to detect potential errors. For example, as an additional check before providing a medication at pick-up, ask the patient about drug allergies.[7]

TABLE 3. Theme 3 – Alert Bypass

Incident Example	Commentary
Patient presented with [a] prescription for Macrobid®. There was a note [on] her file that she was allergic to Macrobid®. Pharmacy student processed the prescription and bypassed [the] allergy warning. Pharmacist didn't catch the mistake and [the medication] was dispensed. Patient called the following day and said [that] she couldn't tolerate Macrobid®. It made her sick to her stomach. [The pharmacist] called the doctor and he ordered Cipro®. [The pharmacist] called the patient and [noted that] she [was] doing better.	Electronic order entry systems require continuous quality improvement to minimize the potential for "alert fatigue" with drug allergies.[10] Establish indicators and targets for use of the override function, and audit these indicators and targets regularly (e.g., monthly). Potential information to be tracked might include types of medications retrieved on override, along with time of day, and day of week.[11] Ensure that all orders for medications removed using the override function are reviewed by a pharmacist as soon as possible.[11] Establish a requirement for an independent double check of selected items removed through the override function.[11]

PATIENT SAFETY KEY LEARNING POINTS

Although the majority of incident reports related to documented drug allergies were near misses and did not lead to patient harm, a significant number of cases did result in allergic reactions and hospital visits. If the issue is ignored, more patients could potentially experience undesirable outcomes such as illnesses or even life-threatening anaphylaxis.

Pharmacies should be encouraged to adopt a workflow that allows independent double checks to verify stages of order entry, dispensing, and monitoring in the medication-use process. Engaging in a dialogue with the patient when the medication is being picked up may also serve as an **independent double check** to ensure that drug allergies have not been missed.

It is important to recognize the need to **communicate with patients** about drug allergies, especially when the information is not available in the computer or dispensing system. Gathering information, such as the type of allergen, the nature of the allergic reaction, and the severity of symptoms will help avoid the use of inappropriate medications and assure optimal medication therapy management for patients.

Continuous quality improvement of computer software is also central in addressing the systematic issue related to missing drug allergy detection and excessive alerts. Refining the comprehensiveness of allergy data input and detection, as well as minimizing the potential for alert fatigue of users will help reduce errors.

CONCLUSION

Medication incidents involving documented drug allergies continue to be a cause of preventable errors in community pharmacy practice. Learning from medication incidents is a major step to improve the limitations in the medication-use system. The results of this multi-incident analysis are intended to educate health care professionals about the vulnerabilities within our current healthcare system and offer some possible solutions in practice.

ACKNOWLEDGEMENTS

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ISMP Canada would like to acknowledge support from the Ontario Ministry of Health and Long-Term Care for the development of the Community Pharmacy Incident Reporting (CPhIR) Program (http://www.cphir.ca). The CPhIR Program also contributes to the Canadian Medication Incident Reporting and Prevention System (CMIRPS) (http://www.ismp-canada.org/cmirps/). A goal of CMIRPS is to analyze medication incident reports and develop recommendations for enhancing medication safety in all healthcare settings. The incidents anonymously reported by community pharmacy practitioners to CPhIR were extremely helpful in the preparation of this article.

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CLOSE-UP ON COMPLAINTS

Delivering pharmacy services is a complex, human process. Even with the assistance of technology, mistakes can still occur. "Close-Up on Complaints" presents some of these errors so that practitioners can use them as learning opportunities.

Ideally, pharmacists and pharmacy technicians will be able to identify areas of potential concern within their own practice, and plan and implement measures to help avoid similar incidents from occurring in the future.

The Importance of Sensitivity & Communication

SUMMARY OF THE INCIDENT

The patient in this incident is a man who suffers from mental health and addiction issues. The evening prior to the incident, the patient visited the hospital after overdosing on clonazepam. Upon his release, the hospital physician gave the patient a prescription for 25 tablets of lorazepam as a temporary supply until he could visit his regular physician.

After leaving the hospital, the patient visited his pharmacy to have his new prescription filled, and he presented the prescription to the pharmacy assistant for processing. The patient reported that after entering some information into the computer, the assistant yelled across the pharmacy that the patient's prescription was rejected, since he just filled a prescription for 30 tablets of clonazepam two days prior.

As a result of the computer alert, the pharmacist called the hospital physician to verify the prescription. After speaking with the physician and receiving confirmation to fill the 25 tablets of lorazepam, the

Have a Complaint?

Anyone who is not satisfied with the care of services provided by a pharmacy, pharmacist, pharmacy technician, student or intern can file a formal complaint with the College. Complaints must be received in writing and include as much detail as possible. The College investigates all written complaints.

pharmacist began speaking loudly and stating that the patient did not need this medication or others that he had filled at that pharmacy because there was nothing wrong with him. The patient was embarrassed and asked the pharmacist to lower her voice and be more professional while filling his prescription. As a result of the pharmacy staff loudly discussing his health information and lack of empathy, the patient began to suffer a panic and anxiety attack while waiting for his prescription. As well, the patient reported that when he later returned to the pharmacy after the incident, the pharmacist continued to give him dirty looks, make him wait a long time for his prescriptions, and ignore him.

The patient stated in his complaint to the College that he suffers from very deep depression, which has worsened as a result of this incident.

WHY DID THIS HAPPEN?

In her response to the complaint, the pharmacist in this incident seemed unable to identify the cause of the patient's complaint – she thought the complaint was primarily about a delay in dispensing. Based on her response to the complainant, the pharmacist did not appear to realize that the complaint was about the patient's compromised privacy and embarrassment due to her unprofessional behaviour. The pharmacist did not respond to the patient's verbal and non-verbal cues, and she failed to treat the patient with sensitivity, respect and empathy. As well, she did not demonstrate personal or professional integrity.

COMPLAINT OUTCOME

The College's Inquiries, Complaints & Reports Committee (ICRC) oversees investigations of each complaint the College receives. The Committee considers a practitioner's conduct, competence and capacity by assessing the facts of each case, reviewing submissions from both the complainant and the practitioner, and evaluating the available records and documents related to the case.

The Committee found that this pharmacist acted unprofessionally and compromised the patient's privacy. She failed to identify the need to communicate with the patient in a private space, using the appropriate tone and sensitivity. The Committee also found that the pharmacist did not recognize that her interaction with the patient caused him to suffer from a panic and anxiety attack. They noted that it appeared as though the pharmacist lacked empathy for the patient, and had little to no insight into mental health and addition issues, or the challenges that this patient population faces.

The Committee ordered that the pharmacist appear in person to receive an oral caution, and that she complete remedial training — a specified continuing education or remediation program (SCERP) — on sensitivity and communications.

LEARNING FOR PRACTITIONERS

According to the Standards of Practice, pharmacy professionals must demonstrate professionalism in their daily work. This means treating patients with sensitivity, respect and empathy, and demonstrating personal and professional integrity at all times. Pharmacy professionals must be caring, and exude a professional attitude. Dealing with vulnerable patient populations — like those who suffer from mental health and addiction issues — often requires extra understanding, sensitivity and empathy. As healthcare professionals who provide patient-focused care, pharmacists must have an understanding of each patient's needs and circumstances — something the pharmacist in this complaint did not appear to have. Ultimately, she did not recognize the unique needs of her patient, did not treat him with sensitivity and respect, and therefore was unable to provide appropriate patient-focused care.

Effective communication is critical in pharmacy practice. Pharmacy professionals have a responsibility to communicate with their patients reasonably and ethically, and to ensure that any comments or images communicated are not offensive. Conversations with patients must always have an appropriate tone and understanding. Conversations must also take place in an appropriate setting. It's important for pharmacists to recognize when a more private space is required for a discussion. In this case, the pharmacist failed to realize that the situation called for discretion, and did not ensure the conversation was private.

The Code of Ethics explains the ethical principle of non-maleficence, which outlines the requirement for pharmacy professionals to refrain from harming their patients. Non-maleficence also states that practitioners should respect the patient's right to privacy and confidentiality by preventing unauthorized or accidental disclosure of confidential patient information. In this case, the pharmacist's actions caused harm to the patient by triggering a panic and anxiety attack. As

well, her loud talking caused an unauthorized disclosure of patient information. As such, the pharmacist caused harm to her patient.

All healthcare professionals must ensure that their personal views about a patient — including opinions about a disability, such as in this case — do not prejudice their attitude toward the patient, or affect the quality of service that they provide. In this case, the pharmacist allowed her personal views about the patient to influence the quality of care she provided.

The Standards also state that pharmacists should act as positive role models for others colleagues working in the pharmacy. Although the pharmacy assistant mentioned in this complaint is not regulated by the College, she should have been able to identify appropriate professional behaviour from the pharmacist working in the dispensary. Pharmacists should work constructively with students, interns, peers and other members of their inter-professional team, and act as role models. They have a duty to exemplify the behaviour that is expected of other members of their pharmacy team, including pharmacy assistants. Pc

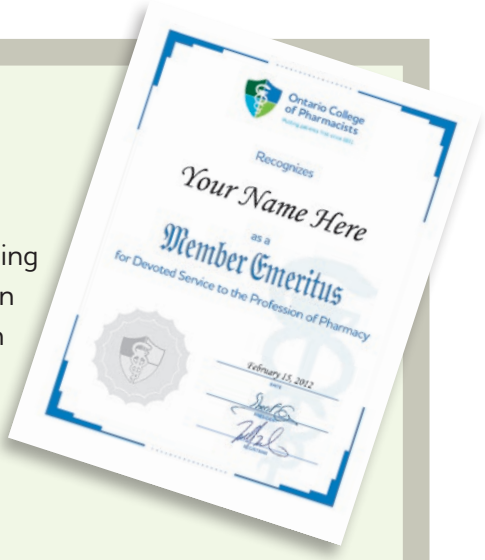
ORAL CAUTIONS

An oral caution is issued as a remedial measure for serious matters where a referral to the Discipline Committee would not be appropriate. Oral cautions require the practitioner to meet with the ICRC in person for a face-to-face discussion about their practice and the changes they will make that will help avoid a similar incident from occurring in the future. It is not an opportunity for the practitioner to further argue their position, provide additional documentation, or attempt to change the ICRC's view with respect to their final decision. For all complaints filed after April 1, 2015, we post a summary of the oral caution and its date on the "Find a Pharmacy or Pharmacist" section of our website.

REMEDIAL TRAINING (SCERPS)

A SCERP is ordered when a serious care or conduct concern requiring a pharmacist or pharmacy technician to upgrade his or her skills has been identified. The ICRC orders SCERPs when they believe that remediation is necessary. For all complaints filed after April 1, 2015, we post a summary of the required program and its date on the "Find a Pharmacy or Pharmacist" section of our website.

Members Emeritus



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

For more information, contact Client Services at 416-962-4861 ext 3300 or email memberapplications@ocpinfo.com

More Online Learning Modules to Help Pharmacists Practise to Their Full Scope

In the Spring 2015 issue of ***Pharmacy Connection***, we discussed the joint initiative between the University of Toronto and OCP designed to help pharmacists and pharmacy technicians overcome key barriers to change, embrace their full scope of practice, and ultimately enhance the quality of care provided to patients.

Part of this initiative, called "Optimizing Patient Care," has been the development of online learning modules available free of charge to pharmacy professionals. Three new modules were released in November 2015 (so far six modules have been developed in total with a final three on their way).

The new modules cover the following topics:

"How Can I Manage Workflow in My Busy Community Pharmacy to Provide Optimal, Patient-Focused Care?" challenges the audience to rethink how pharmacy services can be delivered to maximize patient outcomes, highlights different approaches to workflow, and showcases different ways to utilize pharmacy assistants, technicians, and/or students to optimize patient-focused care.

"What Will the Doctor Think? Managing Relationships with Physicians" identifies strategies that can be used to mitigate tensions and build solid relationships between pharmacists and physicians, and promotes a collaborative approach to caring for shared patients.

"'What Can You Do For Me?' Managing Relationships with Patients" identifies the difference between customers and patients, provides new methods to manage patient expectations, and offers examples to enhance dialogue between pharmacists and patients about the expanding scope of practice and the role of the pharmacist in the healthcare team.

The modules are available to watch on the University of Toronto's Optimizing Patient Care website and on the College's YouTube channel.

The first set of modules were very successful, with thousands of views from pharmacists not only within Ontario and Canada but around the world. The modules covered clinical decision making in pharmacy practice, managing issues due to expanded scope, and documentation in the world of expanded scope.

"The success of our first round of modules reveals the significant interest from pharmacists to immerse themselves in continuous learning opportunities to further their skill sets and provide enhanced care to their patients," said Dr. Jamie Kellar, Academic Lead, Optimizing Patient Care Program.

"Moreover, the international interest in these modules shows the leadership role that Canada and Canadian practitioners can play in implementing the expanding role of pharmacists in the healthcare system. As a result, we're proud to present three additional modules to help pharmacists around the world continue to grow their skills and enhance the type of care they offer their patients."

The modules will be instrumental in helping pharmacy professionals improve their skills in collaborating with physicians, working and communicating with patients, managing workflows, and more.

OCP recommends that all pharmacists and pharmacy technicians review the six modules currently available to ensure they're meeting and exceeding the standards of practice and delivering the highest level of patient care.

To learn more about the Optimizing Patient Care program and to view the modules, visit www.optimizingpatientcare.ca.

DISCIPLINE DECISIONS

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Member: Khan Qaisar (OCP #215265)

At a hearing on July 29, 2015, a Panel of the Discipline Committee made findings of professional misconduct against Mr. Qaisar with respect to the following incidents:

- As set out in reasons dated June 20, 2014, the Hearing Tribunal of the Alberta College of Pharmacists found that he committed an act of unprofessional conduct, in that:
  i. On March 14, 2011, while on duty as a pharmacist at a pharmacy he touched the groin area of a three-year-old boy over top of the boy's clothing as shown in the pharmacy surveillance video; and
  ii. His touching of a very young member of the public in the groin area was inappropriate and was a very serious boundary violation;

- In written and/or electronic material he submitted to the College during the renewal of his certificate of registration in or about January 2012 and February 2013, he indicated to the College that he was not the subject of any current proceeding in respect of any offence in any jurisdiction, whereas he ought to have known this information was false or misleading, in that he was the subject of charges under the Criminal Code of Canada, as set out in an information sworn on or about December 8, 2011;

- In written and/or electronic material he submitted to the College during the renewal of his certificate of registration in or about March 2014, he indicated to the College that he was not currently the subject of professional misconduct, incompetence or incapacity proceeding or any like proceeding, in Ontario or any other jurisdiction in relation to pharmacy or any other profession or occupation, whereas he ought to have known this information was false or misleading, in that he was the subject of allegations of unprofessional conduct before the Hearing Tribunal of the Alberta College of Pharmacists, as set out in a Notice of Hearing dated on or about June 27, 2013; and

- He contravened a term, condition or limitation imposed on his certification of registration, and specifically the terms set out in s. 5, paragraph 1(ii) and paragraph 1(iv) of Ontario Regulation 202/94, in that:
  i. he failed to provide to the Registrar the details of charges against him under the Criminal Code of Canada, as set out in an information sworn on or about December 8, 2011; and
  ii. He failed to provide to the Registrar the details of allegations against him of unprofessional conduct before the Hearing Tribunal of the Alberta College of Pharmacists, as set out in a Notice of Hearing dated on or about June 27, 2013.

In particular, the Panel found that that

- the governing body of a health profession in a jurisdiction other than Ontario found that he committed an act of professional misconduct that would be an act of professional misconduct as defined in the regulations under the Pharmacy Act, 1991, S.O. 1991, c. 36, as amended, and in particular, as defined in s. 1, paragraph 30 of Ontario Regulation 681/93, namely conduct relevant to the practice of pharmacy that, having regard to all of the circumstances, would reasonably be regarded by members of the profession as disgraceful, dishonourable and/or unprofessional;

- he contravened a term, condition or limitation imposed on his certification of registration, and specifically the terms set out in s. 5, paragraph 1(ii) and paragraph 1(iv) of Ontario Regulation 202/94;

- he engaged in conduct relevant to the practice of pharmacy that, having regard to all of the circumstances, would reasonably be regarded by members

of the profession as disgraceful, dishonourable and/or unprofessional.

The Panel imposed an Order which included as follows:

1. A Reprimand

2. That the Registrar be directed to suspend the Member's certificate of registration for one (1) month, to be fully remitted if the member satisfies the condition set out in paragraph 3. If the Member does not satisfy the condition set out in paragraph 3, the suspension shall commence on August 2, 2016, and run without interruption until September 1, 2016, inclusive;

3. That the Registrar be directed to impose a condition on the Member's certificate of registration that he successfully complete, within 12 months of the date of the order, a course with Gail E. Siskind Consulting Services, or another professional ethics consultant chosen by the College, to be designed by the consultant, but with the general aim of addressing the objectives of professional regulation and the importance to the public interest of complying with a practitioner's regulatory obligations, including complying with reporting requirements to the College. The following terms shall apply to the course:
   a. The number of sessions shall be at the discretion of the consultant.
   b. The manner of attendance at the session(s) (e.g. in person, via Skype, etc.) is a matter to be discussed in advance between the Member and the consultant, but shall ultimately be at the discretion of the consultant.
   c. The Member shall be responsible for the cost of the course.
   d. Successful completion of the course will include completion of an essay, acceptable to the Registrar, addressing the objectives of professional regulation and the importance to the public interest of complying with a practitioner's regulatory obligations, including complying with reporting requirements to the College.
   e. The essay shall be at least 1000 words in length. The Member shall be responsible for the cost of review by the consultant to assist the Registrar to determine whether the essay is acceptable, up to a maximum of $500.

4. Costs to the College in the amount of $2,000.

5. That the Member provide evidence satisfactory to the Registrar within 45 days from the date that the Member receives the written Decision and Order of the Discipline Committee Panel demonstrating that he has provided the Alberta College of Pharmacists, or any other regulatory body of which he is a member, with a copy of this Panel's Decision, Reasons and Order.

In its reprimand, the Panel observed that the practice of pharmacy is a privilege and carries obligations, and that the Member did not uphold these obligations and compromised the integrity of the profession. The Panel pointed out that the College reporting system relies on the honour system, and the Member's violation of this premise is of significant concern to both the College and the public.

The Panel explained that the nature of the allegations of the professional misconduct against the Member in another jurisdiction is exactly the type of conduct that this College needs to know. The Panel indicated that the fact that the Member was not aware that is type of misconduct would warrant reporting to this college caused deep concern.

The Panel expressed its expectation that the Member's involvement in these discipline proceedings has impressed the seriousness of his actions upon him, and that he will not be before another panel of the discipline committee again.

Member: Bhavesh Kothari, R.Ph. (OCP #217389)

After a hearing held on November 25-28, 2014, December 5, 2014, and March 20, 2015, a Panel of the Discipline Committee made findings of professional misconduct against Mr. Kothari on March 31, 2015, with respect to the following incidents:

- that the Member submitted accounts or charges for services that he knew were false or misleading to the Ontario Drug Benefit program for one or more drugs and/or products;

- that the Member falsified pharmacy records relating to his practice in relation to claims made to the Ontario Drug Benefit program for one or more drugs and/or products.

In particular, the Panel found that Mr. Kothari:

- failed to maintain a standard of practice of the profession;

- falsified records relating to his practice;

- submitted accounts or charges for services that he knew to be false or misleading;

- contravened a federal or provincial law or municipal by-law with respect to the distribution, sale or dispensing of any drug or mixture of drugs, and in particular, sections 5 and 15(1)(b) of the Ontario Drug Benefit Act, R.S.O. 1990, c. O.10, as amended, and/or Ontario Regulation 201/96 made thereunder;

- engaged in conduct or performed an act or acts relevant to the practice of pharmacy that, having regarding to all the circumstances, would reasonably be regarded by members of the profession as disgraceful, dishonourable or unprofessional.

After submissions heard on June 16, 2015, the Panel issued the following Order on September 25, 2015:

1. A reprimand

2.That the Registrar suspend the Member's certificate of registration for a period of eighteen (18) months with one (1) month of the suspension to be remitted on condition that the Member complete the remedial training specified below;

3. Directing the Registrar to impose specified terms, conditions or limitations on the Member's certificate of registration as follows;
   i. The Member must successfully complete, at his own expense and within twelve (12) months of the date the Order is imposed, the ProBE Program on professional problem-based ethics for health care professionals offered by the Centre for Personalized Education for Physicians;
   ii. The Member shall be prohibited from having any proprietary interest in a pharmacy of any kind and/or receiving remuneration for his work as a pharmacist other than remuneration based on hourly, or weekly rates only, provided that this term, condition and limitation may be removed by an Order of a panel of the Discipline Committee, upon application by the Member, such application not to be made sooner than five (5) years from the date the Order is imposed;
   iii. For a period of five (5) years from the date the Order is imposed, the Member shall be prohibited from acting as a Designated Manager in any pharmacy;
   iv. For a period of five (5) years from the date the Order is imposed, the Member shall be required to notify the College in writing of the names(s), address(s) and telephone numbers(s) of all employer(s) within fourteen (14) days of commencing employment in a pharmacy;
   v. For a period of five (5) years from the date the Order is imposed, the Member shall provide his pharmacy employer with a copy of the Discipline Committee Panel's decision in this matter and its Order; and
   vi. For a period of five (5) years from the date the Order is imposed, the Member shall only engage in the practice of pharmacy for an employer who agrees to write to the College within fourteen (14) days of the Member's commencing employment, confirming that it has received a copy of the required documents identified above, and confirming the nature of the Member's remuneration.

4. Costs to the College in the amount of $180,000.

The reprimand in this matter is outstanding pending scheduling.

Member: Flora Farsad-Abarjy, R.Ph. (OCP #215689)

At a hearing on September 28, 2015, a Panel of the Discipline Committee made findings of professional misconduct against Ms. Farsad-Abarjy with respect to the following:

- That she falsified pharmacy records relating to her practice in connection with claims made for drugs and/or other products;

- That she signed or issued, in her professional capacity, a document that she knew contained a false or misleading statement in connection with claims made for drugs and/or other products;

- That she submitted an account or charge for services that she knew was false or misleading in connection with claims made for drugs and/or other products.

- That she falsified pharmacy records relating to her practice, in her professional capacity, prescription #216102, that she knew contained a false or misleading statement in connection with an audit being conducted by the Ministry of Health and Long-Term Care between March 29, 2012 and April 12, 2012.

In particular, the Panel found that she:

- Failed to maintain the standards of practice of the profession;

- Signed or issued, in her professional capacity, a document that she knew contained a false or misleading statement;

- Submitted an account or charge for services that she knew was false or misleading;

- Contravened, while engaged in the practice of pharmacy, a federal or provincial law or municipal by-law with respect to the distribution, sale or dispensing of any drug or mixture of drugs, and in particular, sections 5, and 15(1) of the Ontario Drug Benefit Act, R.S.O. 1990, c. O.10, as amended;

- Engaged in conduct or performed an act relevant to the practice of pharmacy that, having regard to all the circumstances, would reasonably be regarded by members of the profession as disgraceful, dishonourable or unprofessional.

The Panel imposed an Order which included as follows:

1. A reprimand

2. That the Registrar is directed to impose specified terms, conditions or limitations on the Member's Certificate of Registration, and in particular:
   a. that the Member complete successfully with an unconditional pass, at her own expense, and within 12 months of the date the Order is imposed, the ProBE Program on Professional / Problem-based Ethics for Health Care Professionals offered by the Center for Personalized Education for Physicians; and,
   b. that the Member shall be prohibited, for a period of three years from the date the Order is imposed, from acting as a Designated Manager in any pharmacy;
   c. that the Member be prohibited, for a period of three years from the date the Order is imposed, from having any proprietary interest in a pharmacy as a sole proprietor or partner, or director or shareholder in a corporation that owns a pharmacy, or in any other capacity, or receiving any remuneration for her work as a pharmacist, or related in any way to the operation of a pharmacy, other than remuneration based on hourly or weekly rates or salary and in particular, not on the basis of any incentive or bonus for prescription sales.

3. That the Registrar suspend the Member's Certificate of Registration for a period of 12 months, with one month of the suspension to be remitted on condition that the Member complete the remedial training as specified in paragraph 2(a). The suspension shall commence on October 26, 2015, and shall continue until September 25, 2016, inclusive. If the remitted portion of the suspension is required to be served by the Member because she fails to complete the remedial training as specified in paragraph 2(a), that portion of the suspension shall commence on September 29, 2016, and shall continue until October 28, 2016, inclusive.

4. Costs to the College in the amount of $10,000.

In its reprimand, the Panel observed that integrity and trust are paramount to the profession of pharmacy. The Panel voiced its disappointment with the Member's actions and her disregard for the trust that has been placed on the profession of pharmacy to exercise good judgment when delivering patient care. The Panel related that the Member's conduct was unbecoming of a pharmacist. The Panel expressed its expectation that the Member has learned from this process and will not appear before a panel of the Discipline Committee again.

Member: Luke Agada (OCP #612540)

At a hearing on October 7, 2015, a Panel of the Discipline Committee made findings of professional misconduct against Mr. Agada with respect to the following:

- That he dispensed prescription drugs, controlled drugs, narcotics, and/or targeted substances without a prescription and/or proper authorization from on or about December 31, 2011 to about April 9, 2013;

- That he recorded authorizations for prescriptions and/or refills of prescriptions where no such authorization was given, and/or altered one or more written prescriptions without proper authorization.

In particular, the Panel found that Mr. Agada:

- Failed to maintain a standard of practice of the profession;

- Falsified records relating to his practice;

- Signed or issued, in his professional capacity, a document that he knew contained a false or misleading statement;

- Contravened the Pharmacy Act, 1991, the Drug and Pharmacies Regulation Act, the Regulated Health Professions Act, 1991, or the regulations under those Acts, and in particular s. 155 of the Drug and Pharmacies Regulation Act, R.S.O. 1990, c. H-4, as amended, and/or s. 40 of Ontario Regulation 58/11 made thereunder;

- Contravened, while engaged in the practice of pharmacy, a federal or provincial law or municipal by-law with respect to the distribution, sale or dispensing of any drug or mixture of drugs, and in particular section G.03.002 of the Food and Drug Regulations C.R.C., c. 870, as amended, to the Food and Drugs Act, R.S.C. 1985, c. F-27, as amended, and/or s. 51 of the Benzodiazepines and Other Targeted Substances Regulations, S.O.R/2000-271 under the Controlled Drugs and Substances Act, S.C. 1996, c. 19, as amended;

- Engaged in conduct or performed an act or acts relevant to the practice of pharmacy that, having regarding to all the circumstances, would reasonably be regarded by members of the profession as disgraceful, dishonourable or unprofessional.

The Panel imposed an Order which included as follows:

1. A reprimand

2. That the Registrar is directed to impose specified terms, conditions or limitations on the Member's Certificate of Registration, and in particular:
   a. that the Member complete successfully with an unconditional pass, at his own expense, within 12 months of the date of this Order, the ProBE course and any related evaluations offered by the Centre for Personalized Education for Physicians, or provide evidence satisfactory to the College that he has completed this course and any related evaluations within the 12 months prior to the date of this Order;
   b. That the Member, within 60 days of the date the Order is imposed, provide the College with proof that he has reimbursed his drug plan insurer the amount of $631.60

3. That the Registrar suspend the Member's Certificate of Registration for a period of 4 months, with two months of the suspension to be remitted on condition that the Member complete the remedial training as specified in paragraph 2(a) and make the reimbursement specified in paragraph 2(b). The suspension shall commence on October 8, 2015, and shall continue until December 7, 2015, inclusive. If the remitted portion of the suspension is required to be served by the Member because he fails to complete the remedial training and reimbursement as specified in paragraphs 2(a) and 2(b), that portion of the suspension shall commence on December 8, 2015, and run until February 7, 2016, inclusive.

4. Costs to the College in the amount of $3,500.

In its reprimand, the Panel observed that the Member engaged in conduct that was disgraceful, dishonorable and unprofessional. The Panel noted that he failed in his obligations to adhere to the standards of practice with respect to dispensing without proper authorization, and falsified records. The Panel pointed out that this conduct can cause the public to mistrust and lose confidence in the profession. The Panel related that the Member breached the public trust and let down the profession of pharmacy. The Panel expressed its hope that the Member has learned from this experience and will not appear before a panel of the Discipline Committee again.

Member: Paul Hellier (OCP #212100)

At a hearing on October 21, 2015, a Panel of the Discipline Committee made findings of professional misconduct against Mr. Hellier with respect to the following:

- That he uttered a forged document contrary to section 368(1)(b) of the Criminal Code of Canada

- That he dispensed drugs and/or products for which prescriptions are legislatively required without an authorized prescriber's authorization

- That he misappropriated drugs and/or products

- That he participated in the forging or falsification of prescriptions and pharmacy records

- That he failed to maintain the professional boundaries of the pharmacist-patient relationship when he developed a professional relationship with his spouse

In particular, the Panel found that he

- Was found guilty of an offence that is relevant to his suitability to practice
- Failed to maintain a standard of practice of the profession
- Dispensed drugs for an improper purpose
- Falsified records relating to his practice
- Signed or issued in his professional capacity a document that he knew to contain a false or misleading statement
- Submitted an account or charge for services that he knew was false or misleading
- Contravened the Act, the Drug and Pharmacies Regulation Act, the Regulated Health Professions Act, 1991 or the regulations under those Acts, in particular s. 40 of Ontario Regulation 58/11 under the Drug and Pharmacies Regulation Act and ss. 155 and 156 of that act
- Contravened, while engaged in the practice of pharmacy, a federal or provincial law or municipal by-law with respect to the distribution, sale or dispensing of any drug or mixture of drugs, in particular, s. 31 of the Narcotic Control Regulations, C.01.041 of the Food and Drug Regulations, and G.03.002 of the Food and Drug Regulations
- Engaged in conduct or performed an act relevant to the practice of pharmacy that, having regard to all the circumstances, would reasonably be regarded by members of the profession as disgraceful, dishonourable or unprofessional

The Panel imposed an Order which included as follows:

1. A reprimand

2. That the Registrar suspend the Member's Certificate of Registration for a period of 15 months, with two months of the suspension to be remitted on condition that the Member complete the remedial training as specified in paragraph 3(a). The period of suspension shall commence on February 24, 2016, and shall continue until March 23, 2017, inclusive. If the remitted portion of the suspension is required to be served by the Member because he fails to complete the remedial training as specified in paragraph 3(a), that portion of the suspension shall commence on March 24, 2017, and shall continue until May 23, 2017, inclusive;

3. That the Registrar shall impose specified terms, conditions or limitations on the Member's Certificate of Registration, and in particular:
   (a) that the Member complete successfully with an unconditional pass, at his own expense and within 12 months of the date of this Order, the ProBE Program on Professional/Problem Based Ethics for Healthcare Professionals;
   (b) that the Member shall be prohibited, for a period of 2 years from the date on which the Member returns to Part A of the College Register after the suspension referred to in paragraph 2 is completed, from:
      i. Acting as a Designated Manager in any pharmacy;
      ii. Acting as a Narcotic Signer at any pharmacy.

In its reprimand, the Panel noted that trust and integrity are integral to the profession of Pharmacy and the Panel expressed its disappointment with the Member's actions. The Panel related that the frequency and nature of these unacceptable activities over an extended period of time further exacerbate the egregiousness of the Member's behavior. The Panel was of the view that the Member's behaviour demonstrated disregard for the trust that is placed in the profession of Pharmacy to self-regulate and exercise good judgment with respect to delivering optimal patient care. The Panel expressed its expectation that the Member has learned from this experience and will not appear before a Panel of the Discipline Committee again. Pc

The full text of these decisions is available at www.canlii.org
CanLii is a non-profit organization managed by the Federation of Law Societies of Canada. CanLii's goal is to make Canadian law accessible for free on the Internet.

CE COORDINATORS

OCP hosted the annual Continuing Education (CE) Coordinators meeting on October 23, 2015. Thank you to all CE Coordinators for your support throughout the year.

FOCUS ON ERROR PREVENTION

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

ERRORS INVOLVING ORAL METHOTREXATE

There are a number of drugs with an increased risk of causing significant patient harm when taken incorrectly. Due to its unique dosing schedule and potential toxicity, methotrexate is an example of such a high risk drug. There have been a number of fatalities reported from errors involving oral methotrexate[1]. Pharmacists must therefore be extra vigilant when dispensing high risk drugs such as methotrexate.

CASE:

A seventy-eight year old male patient whose medical history includes chronic kidney disease (stage 4), hypertension and prostate cancer receives his medications from a local community pharmacy in compliance packaging.

The patient was seen by his nephrologist and the medication metolazone 2.5 mg was added to his regimen to be taken orally once daily on Mondays, Wednesday and Friday for diuresis.

In error, the pharmacist at his regular pharmacy dispensed methotrexate 2.5 mg with the instructions to take one tablet orally once daily on Monday, Wednesday and Friday. These methotrexate tablets were added to the patient's existing medications and dispensed in a blister pack.

Two weeks later, the patient presented to the hospital with complaints of bright red blood per rectum and fatigue. On examination in the emergency department, the patient was found to have significant oral ulcers, agranulocytosis (white blood cell count 1.2 x 109/L, neutrophils 0.77 x 109/L, lymphocytes 0.29 x 109/L and platelets 16 x 109/L), melena stools (hemoglobin 61 g/L) and mild hepatotoxicity (AST 46 U/L, ALT 69 U/L). The patient was admitted to hospital for treatment of what was diagnosed as methotrexate toxicity.

The error was detected by a pharmacy student and hospital pharmacist upon admission during the best possible medication history interview and medication review. During the medication review, the pharmacy student and pharmacist noted many indicators that methotrexate was odd.

1. The patient had no past medical condition to indicate a need for methotrexate.
2. The methotrexate was prescribed by a nephrologist.
3. The dose was inconsistent with the usual dosing frequency for methotrexate.
4. The patient reported that his nephrologist informed him the new medication was a diuretic.

The dispensing error was confirmed with the patient's nephrologist and the patient's community pharmacy who acknowledged that the prescription was indeed written for metolazone.

The patient was treated in-hospital with leucovorin, packed red blood cells and platelet transfusions. Two weeks later, the patient was discharged with full resolution of oral ulcers, agranulocytosis, and hepatoxicity.

POSSIBLE CONTRIBUTING FACTORS:

- The dispensing pharmacist failed to identity the inappropriateness of methotrexate for the patient.
- METolazone and METhotrexate have similar looking names especially if the prescriber's handwriting is illegible.
- Both metolazone and methotrexate are available as 2.5 mg oral tablets.
- Patient may not have been comprehensively counseled on the indication for methotrexate and its associated adverse effects.

RECOMMENDATIONS:

- When dispensing methotrexate, ensure that the indication for use and dosage is appropriate. Contact the prescriber to confirm the indication if necessary.

- Ensure that the patient receives and fully understands key information about methotrexate. At a minimum, this information must include the name of the medication, purpose for using, the dosage, potential side effects, and the danger of taking too much. Ask the patient to repeat the information to ensure it is fully understood.
- Provide additional information in written form whenever possible and highlight key information including the dosing schedule.
- Establish a system to ensure the patient receives this important information before the medication leaves the pharmacy.
- It would be good practice to follow up with these patients to ensure they are taking the medication appropriately and are not experiencing any adverse effect. Pc

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

Please ensure that all identifying information (e.g. patient name, pharmacy name, healthcare provider name, etc.) are removed before submitting.

REFERENCES

1. Acute Care- ISMP Medication Safety Alert, April 3, 2002.

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