



Ontario College  
of Pharmacists

Putting patients first since 1871

# PHARMACY CONNECTION

WINTER 2013 • VOLUME 20 NUMBER 1

THE OFFICIAL PUBLICATION OF  
THE ONTARIO COLLEGE OF PHARMACISTS



**NEARLY 2,500 PHARMACISTS HAVE BEEN REGISTERED TO ADMINISTER INJECTIONS, DELIVERING MORE THAN 200,000 FLU SHOTS TO ONTARIANS.**



# Ontario College of Pharmacists

Putting patients first since 1871

## 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 DIRECTIONS:

1. Optimize the evolving scope of practice of our members for the purpose of achieving positive health outcomes.
2. Promote the use and integration of technology and innovation to improve the quality and safety of patient care, and to achieve operational efficiency.
3. Foster professional collaboration to achieve coordinated patient-centred care and promote health and wellness.
4. Build and enhance relationships with key stakeholders, including the public, the government, our members, and other health care professionals.
5. Apply continuous quality improvement and fiscal responsibility in the fulfilment of our mission.

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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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# PHARMACY CONNECTION

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

“...it is not unusual for pharmacists to be at different places with respect to embracing our expanded role.”

It's been only four months since pharmacists received their new scope of practice and you can see by this edition of Pharmacy Connection that they have certainly stepped up in a big way in the delivery of influenza immunizations. Despite the very tight timelines, many pharmacies and pharmacists were able to prepare to provide flu shots during the 2012-2013 season. We will soon be meeting again with Public Health to determine lessons learned and how to improve the process so additional pharmacies can participate in the Universal Influenza Immunization Program (UIIP) next season, and provide flu shots in even more communities across Ontario.


With the flu season drawing to a close, attention may now be shifting to the other aspects of the new scope of practice. You might be one of those pharmacists who started adapting and renewing medications as soon as the regulations were passed, or perhaps you have been waiting to get a better idea of what this new scope would look like in practice. In consulting with our colleagues in other provinces, we

have learned that it is not unusual for pharmacists to be at different places with respect to embracing our expanded role. That is why the College is working with researchers to determine where pharmacists are with regard to the new scope and what types of education or resources would support them in their efforts to provide a greater level of care to patients.

Many of you completed a survey developed by Dr. Zubin Austin just before our new scope was proclaimed into legislation this past fall. He recently sent out another survey to designated managers to help understand their role in promoting and implementing the new scope. Some of you may be asked to fill out further surveys or participate in focus groups and the College appreciates your participation as the results of this research will be used to develop educational tools to assist pharmacists in practice.

As well, regulated pharmacy technicians are a great resource for supporting pharmacists' expanded scope. We now have over 1,000

technicians registered with the College and in the coming pages you will meet three of those new professionals. We know that hospital and community pharmacists are examining their work processes to determine how best to add regulated technicians to the workflow, appreciating that this can have a major impact in freeing up pharmacists' time so they can focus on the delivery of more clinical services.

It is a time of change, to new ways of providing enhanced patient care, and like all transition it will require some effort and patience as we each learn how to evolve. In this edition, we share the stories of some pharmacists and pharmacy technicians who have been able to make those changes, in the hopes that it will provide you with some examples to implement in your own workplace. 



**Marshall Moleschi,**  
R.Ph., B.Sc. (Pharm), MHA  
Registrar

For the past four months, beginning in St. Catharines (mid-October) and concluding in Aurora (mid-February), I had the privilege of criss-crossing the province, with College Council representatives and colleagues from the Ontario Pharmacists' Association (OPA), hosting nearly 40 live expanded scope orientation sessions, in 20 communities.

The sessions, designed to support pharmacists in their understanding and implementation of our expanded scope regulation, were two-hours long and included a presentation by the College and OPA followed by an engaging question and answer period. Participation, both in numbers and enthusiasm, far exceeded our expectations with more than 4,000 members attending.

With the final session now behind us (if you were unable to attend a live session an **online version** is available on the College website) it is the perfect time to reflect on the experience and share some of the key messages presented:

- Pharmacists only initiate, renew and adapt prescriptions for the **benefit of the patient** and based

“What we all came to realize is that it would be inappropriate to choose to do nothing.”

on the individual nature of the patient's need;

- Pharmacists assume full responsibility and liability for the initiated, renewed or adapted prescription – the **pharmacist's name goes on the prescription label**;
- Documentation is essential** and must include the rationale for the decision;
- Whenever the action taken is clinically significant the **prescriber must be notified**, and
- Collaboration**, amongst prescribers and pharmacists, is **critical** and it's important to remember that relationships are built one conversation at a time.

The most valuable lesson learned came out of the question and answer period where pharmacists were keen to share their specific examples in the hopes of finding the 'right' answer. As we

worked through these scenarios however, we discovered that there is no singular 'right' answer. Rather, individual pharmacists, facing the same situation may in fact arrive at different decisions, and that's OK.

The example commonly used to illustrate this, is determining the 'right' length of time to renew a prescription. One pharmacist may feel comfortable authorizing a three-month renewal, another may only advance a few tablets, yet another may decide that the best course of action would be to defer to what we have always done and contact the prescriber. Any of these choices would be 'right' as each would result in ensuring continuity of care for the patient. What we all came to realize is that it would be inappropriate to choose to do nothing. **PC**

## REMINDER:

### DECLARATION OF UNDERSTANDING

It is the expectation of the College that prior to exercising the expanded scope members will have read and understood both the *Regulation and the Expanded Scope Orientation Manual* (found on the College website at [www.ocpinfo.com](http://www.ocpinfo.com)). On member renewal in March 2013, the College will ask all members to declare that they have done so.

# DECEMBER 2012 COUNCIL MEETING

## EXPANDED SCOPE OF PRACTICE

The President and Registrar presented reports to Council on the expanded scope of practice, beginning with the official announcement of the Regulation by the Minister of Health and Long Term Care on October 9, 2012.

The various communication vehicles were referenced including: the Orientation Manual, the 'live' and 'online' Orientation Sessions, and the public information brochure which was produced to assist pharmacists in explaining to patients their expanded role. It was noted that members from across the province responded extremely positively to the Orientation Sessions, and with higher than anticipated attendance.

Feedback was also provided regarding pharmacists participation in the Universal Influenza Immunization Program (UIIP), acknowledging that over 140,000 flu shots had been given by pharmacists as of the beginning of December 2012.

Additionally, as part of ongoing collaboration relating to pharmacists' expanded scope legislation, this College, together with the College of Physicians and Surgeons of Ontario (CPSO), the Ontario Pharmacists' Association (OPA) and the Ontario Medical Association

(OMA) developed a joint letter that was shared with members of both professions. The letter clarified certain aspects of the regulation and addressed issues that are emerging in practice situations, acknowledging that both physicians and pharmacists have a role to play in optimizing medication management and educating patients on the importance of managing and maintaining continuity of care. Some of the services included in the expanded scope regulation were highlighted and open discussion between the two professions was encouraged with the goal of ensuring that the focus remains on the patient.

On a related matter, Council was provided an update on the "Ontario College of Pharmacists Enhancing the Scope of Practice Program", a joint initiative between the College and the Leslie Dan Faculty of Pharmacy at the University of Toronto. Dr. Zubin Austin provided a presentation on the results of base line data collected immediately prior to the introduction of the new expanded scope regulations. Dr. Austin's presentation focused on the pharmacists' response to the evolving scope of practice, whether the expectations for change aligned with skill sets, temperament and readiness to change, as well as a comparison of current practice vs. future/anticipated practice.



Preliminary results indicate that focused continuing education programs will help pharmacists develop some of the skills necessary to implement the expanded scope. To this end, the University is establishing a project advisory group to determine further steps for research and education in 2013.

#### **COUNCIL APPROVES UNIVERSITY OF TORONTO COMBINED DEGREE PROGRAM TRAINING FOR INTERNSHIP**

In September 2011, the Leslie Dan Faculty of Pharmacy at the University of Toronto introduced a combined BScPhm-PharmD program that allows pharmacy students in the BScPhm degree program the opportunity to continue their education and gain greater experience through the concurrent completion of a Doctor of Pharmacy degree. This program was established for a three year time period and only for those students already enrolled in the old BScPhm curriculum that will conclude with the graduates of 2014.


Students in the combined program complete an extra year of schooling in order to complete both degrees, and will therefore graduate in 2013, 2014, and 2015. As well, these students will have completed

a total of 44 weeks of experiential training, compared to the 16 weeks of training completed by students in the fourth year of the current undergraduate BScPhm degree program. Council noted that only those training sites and preceptors who meet specific practice requirements are selected to be involved in this program, and was satisfied that the combined degree program will prepare students with the practice skills needed for entry-to-practice. As such, Council approved the practical training program associated with the combined degree program as meeting the requirement for internship training.

It was acknowledged that students in the Waterloo School of Pharmacy program also have considerably more training hours than the standard structured practical training program through their co-op rotations, as will the future graduates of the University of Toronto's new pharmacy program. Although further evaluation of these training programs is necessary, it is anticipated that these programs will also seek approval as meeting the internship requirements in the future.

#### **OPERATIONAL PLAN UPDATE**

Progress continues toward meeting the goals and objectives set out in the Strategic Plan and Council

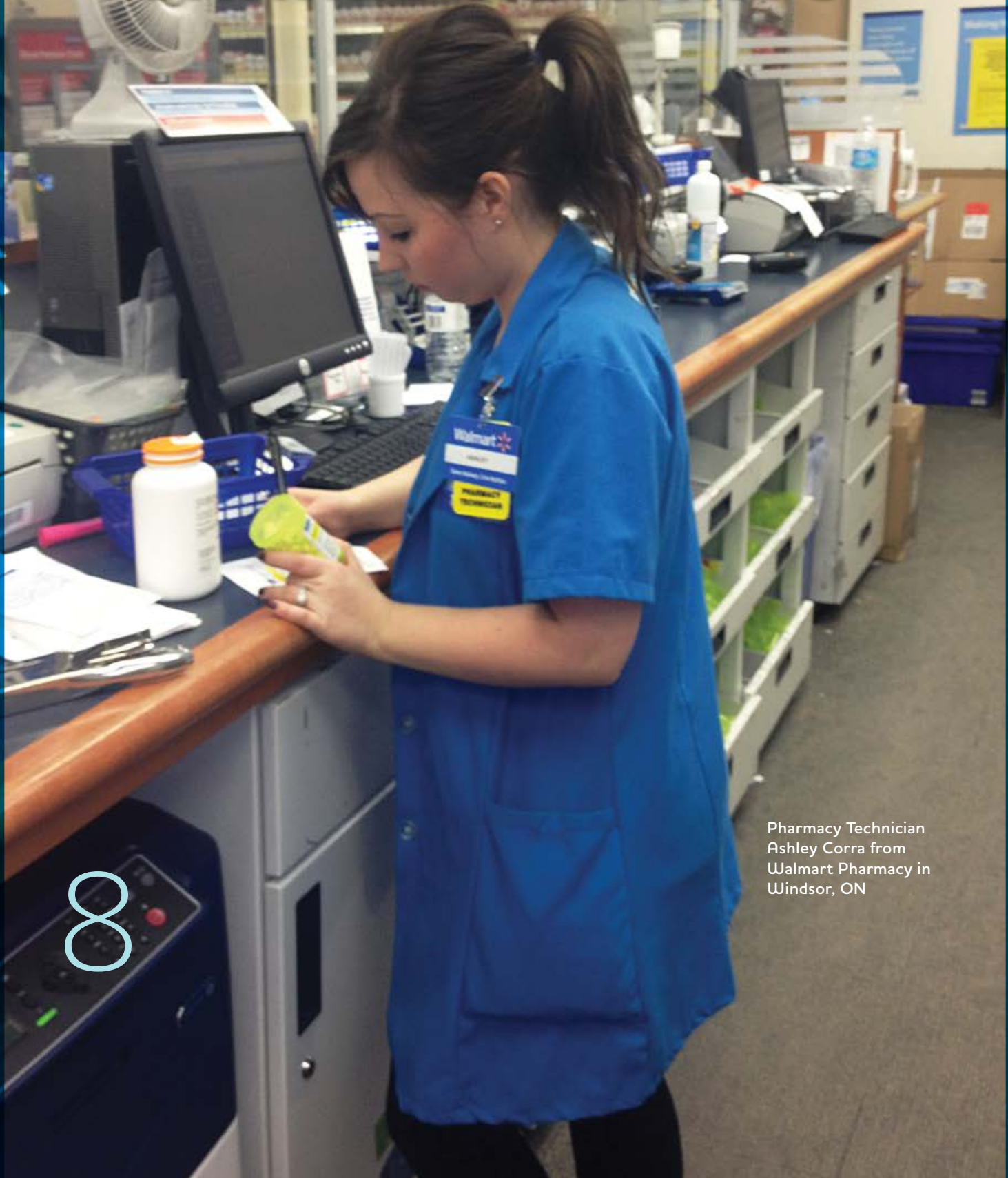
received the progress report of action taken by all College areas since the September 2012 Council Meeting. It was noted that considerable work has been done under strategic direction #5 - Apply continuous quality improvement and fiscal responsibility in the fulfillment of our mission. Over the next few months, discussion will occur to confirm goals for each program area and how these are to be measured. Council will continue to monitor the progress for each Strategic Direction. 

#### **COUNCIL MEETING DATES 2012 -2013 TERM**

- Monday 18 and Tuesday 19  
March 2013
- Monday 10 and Tuesday 11  
June 2013
- Monday 9 and Tuesday 10  
September 2013

For more information respecting Council meetings, please contact Ms. Ushma Rajdev, *Council and Executive Liaison* at [urajdev@ocpinfo.com](mailto:urajdev@ocpinfo.com)

# DIFFERENT SETTINGS, SHARED REWARDS



Pharmacy Technician  
Ashley Corra from  
Walmart Pharmacy in  
Windsor, ON



# COLLEGE MARKS 1,000 REGISTERED PHARMACY TECHNICIANS, AND COUNTING

By Stuart Foxman

Goran Petrovic, R.Ph.T. has enjoyed working in the pharmacy of Kitchener's Grand River Hospital, since starting there in 2001. Yet, he acknowledges that December 2010 was a turning point. "Before it was a job; now it's a career," says Petrovic.

What changed? Petrovic became registered as a pharmacy technician, one of the first in Ontario to fulfill all of the College requirements. Recently, the College reached the milestone of 1,000 registered pharmacy technicians. *Pharmacy Connection* spoke to three – Petrovic, Ashley Corra, R.Ph.T. and Laura Bruyere, R.Ph.T. – about what regulation has meant to them, the pharmacists they work with and the growth of the profession.

## IMPORTANT TO BE ACCOUNTABLE FOR ACTIONS

Petrovic waited patiently to practice as a registered pharmacy technician. He actually had that designation in Serbia. But in 1994, a few months before turning 20, the native of Bosnia emigrated to Canada. He found work in a diabetic specialty store, training people on blood glucose meters and selling sugar-free food. He joined a pharmacy in 1997, and moved to Grand River Hospital in 2001.

The inpatient pharmacy at Grand River Hospital includes 33 pharmacists; 19 pharmacy technicians; 10 technician applicants who have completed their education and who are preparing to write the PEBC qualifying exam; and 12 assistants who are in the process of completing the bridging program.

"I like the recognition that people are accountable for their actions," says Petrovic about becoming regulated.

He registered for the pilot bridging program courses offered by Sheridan College in Brampton in 2008, teaming with four other assistants to do it at the same time, so they could share the driving. The

course material was so new that Petrovic's instructors were sometimes printing information that came earlier that day.

Currently, Petrovic works with the critical care program. He enters medication orders in the pharmacy system, supports the ICU pharmacist to address issues or discrepancies, deals with any missing medications, and triages patient medication transfers. Petrovic also interacts closely with the RNs, adjusting IV bag sizes due to drip rate changes, and preparing IV meds in Code Blue situations.

Part of his job now involves inventory management. Along with monitoring expiry dates, he moves drugs from inert medication usage areas to hospital areas with high usage ("drug staging"). As well, he works as a pharmacy systems administrator assistant as part of the Pharmacy Informatics Team, helping to ensure that all pharmacy systems work better for the hospital's end users.

Petrovic has also become very involved with the College, as a preceptor in the Structured Practical Training (SPT) program, an evaluator for the Structured Practical Evaluation (SPE) component of the bridging program, and as a member of the College's Discipline Committee.

His range of duties at the hospital is highly rewarding, and valued by his colleagues. As Grand River pharmacist Terry Dean said, "Trained responsible technicians are the biggest asset a clinical pharmacist can have. This is the best thing that has happened in our profession in decades."

When Petrovic arrived in Canada, he was disappointed that Canada wasn't yet regulating pharmacy technicians. Now, he's grateful for the chance to apply his skills and knowledge more broadly. "It means higher self-esteem and accomplishment as an individual," he says, "and feeling that someone is steering us in the right direction to serve the public."



ICU Pharmacy Team at The Grand River Hospital in Kitchener, ON.  
Left to Right: Julia Groenestege ICU R.Ph., Goran Petrovic ICU R.Ph.T., Anders Foss ICU R.Ph. and Sharon Morris ICU R.Ph.T.

## THE NEXT BIG STEP

Ashley Corra decided to become a pharmacy technician early on, graduating from the pharmacy technician program at St. Clair College in Windsor. "They kept saying one day you might have this opportunity," she says. So when it came, having graduated from an accredited post-secondary program, she wasn't required to do the bridging program, but was eligible to just write the first PEBC qualifying exam.

She has worked at a Walmart pharmacy in Windsor for five years, and like Petrovic has been registered since December 2010. Her motivation? "There's not much room for advancement when you're an assistant, so this was the next big step."

Corra works alongside two pharmacists and four assistants; she's the only pharmacy technician. Her first days as a technician were a little anxious, realizing that a prescription may now be going from her directly into the patient's hands. "The buffer was gone," she said, referring to the pharmacist's check.

That apprehension faded quickly, and Corra takes great satisfaction not only from her role but from her ability to give her pharmacists more time for one-on-one counseling.

Last summer, her district manager selected her to work for a day at several other Walmart pharmacies, to expose their pharmacists to what it's like to have a pharmacy technician added to their workflow.

During one of those visits, Corra recalls a woman who came in overwhelmed by her new diagnosis of diabetes. While Corra checked prescriptions, the pharmacist spent 45 minutes with the woman. Later, the pharmacist said that if Corra wasn't there, she would only have been able to spend 10 minutes with the patient because of the traffic in the store. It reminded Corra of a big part of her impact: "I keep the workflow going."

She's a strong advocate for the pharmacy technician role, speaking at a Breaking Barriers conference on the topic in 2012, and becoming a preceptor with the College. For assistants who are still wondering about becoming technicians, Corra's message is clear: "If you don't go through with it now, you'll be sitting back later saying you wish you would have done it. I'm proud to be a licensed professional."



Pharmacy Technician Laura Bruyere from Rainy Lake First Nations Pharmacy in Fort Frances, ON

## SENSE OF TEAMWORK

Looking back, Laura Bruyere realizes that the spark to work in pharmacy came when she was five or six. "I was very close with my grandparents, and they both had diabetes and took tons of medications. I looked at the colours and shapes of the pills, and that really interested me. Then it made me wonder what they did and why so many."

Bruyere was born and raised in the northwestern Ontario town of Fort Frances, population 8,100, part way between Thunder Bay and Winnipeg on the Minnesota border. Though she studied at Fanshawe College in London, Bruyere knew she would return home to work. "I love the feeling of being somewhere where you know everybody by first name," she says.

Today Bruyere works in the Rainy Lake First Nations Pharmacy, part of a Health Access Centre. She is from the Couchiching First Nation, one of the communities that the pharmacy services.

Bruyere has been registered as a technician since October 2012, after taking bridging courses online and some evening classes. The pharmacy is staffed by her and one pharmacist, who she says offers her “immense support” – from embracing her role to providing on-the-job training – to work in every way possible to her fullest potential.


She longed to be regulated. Doing the entries and filling before, Bruyere always felt “if only I could go that one step further”. Especially in a pharmacy with only two staff, her expanded role has helped to eliminate bottlenecks in the practice.

“Now I’m checking the prescriptions, taking more interest in what the meds do and the interactions, and getting deeper into the practice,” says Bruyere. “In the community, people look at the pharmacist and me as a team.”

**MAKING A DIFFERENCE**

The first 1,000 pharmacy technicians in Ontario each have their own tales of renewed satisfaction for serving their pharmacies and their patients. Their settings differ across the province, and their experiences and rewards are their own. Yet they often express similar sentiments in describing what becoming a technician has meant.

When asked the question, Petrovic rattles off a dozen benefits, from being able to work outside a delegated model to heightened expectations of knowledge. It’s a detailed list, but to him it comes down to feeling more a part of the circle of care. “Every day I try to make a difference,” he says.

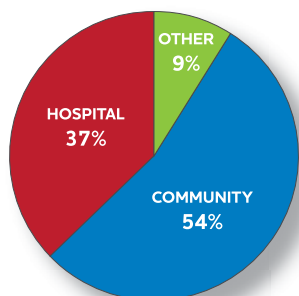
To Bruyere, that’s the key too. “I have the connections with the patients,” she says, “where I feel like I make a difference to them.” 

**TECHNICIANS BY THE NUMBERS**

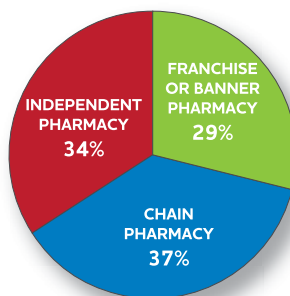
Who are the College’s 1,000-plus pharmacy technicians?

- o 95% female, average age 39
- o 67% work in an urban setting, 16% in a suburban, and 17% in a rural, with London, Mississauga, Barrie, Brampton and Kitchener being the five areas outside of Toronto with the most technicians
- o The charts below breakdown pharmacy technicians by workplace

**PHARMACY TECHNICIANS BY WORKPLACE**



**PHARMACY TECHNICIANS WORKING IN COMMUNITY PHARMACY**



# Understanding What a Technician Can Do . . .

## KEY TO INTEGRATION

As more and more pharmacists embrace their expanded role they are discovering that changes to their current workflow may be required in order to maximize the time necessary for them to focus on the delivery of these clinical services.

Integrating a registered pharmacy technician into practice offers a viable solution, particularly when maximizing the technician's scope. In order to do this however we must clearly understand what a pharmacy technician can do under their own authority as a regulated health care professional.

In general terms the division of responsibilities can be defined as:

- **TECHNICIANS** are accountable and responsible for the **technical aspects** of both new and refill prescriptions. (i.e. the correct patient, drug dosage form/route, dose, doctor) and;
- **PHARMACISTS** remain accountable and responsible for the **therapeutic/clinical appropriateness** of all new and refill prescriptions and all **therapeutic consultation**.

Each completed prescription must contain the signature, or some other identifying mechanism, of both the technician (for the technical functions) and the pharmacist (for the therapeutic functions).

Pharmacy technicians are also permitted to accept **verbal prescriptions** (with the exception of narcotics and controlled drug substances) and once legislative changes to the *Food and Drug Act* regulations are in place, will also be able to independently receive and provide **prescription transfers**.


While the objective of integration is to optimize the role of the technician and pharmacist, workflow will be dependent on a number of individual variables: physical layout, resources/staffing, patient population/characteristics etc. There is no 'one size fits all' approach and it is understood that pharmacies may face a number of barriers.

The College's initial requirement to have an 'independent double check', as an example, may have been a barrier to the integration of technicians in some practice settings. The introduction of the Standards of Practice for technicians however allowed for more flexibility, positioning the 'independent double check' as a best practice rather than a requirement.

Standards stipulate that whenever possible, a final check should be performed by a pharmacy technician (or a pharmacist) who did not enter the prescription into



the pharmacy software system or who did not select the drug from stock. However, if another member of the team is not available, all technical aspects, including the final check, can be completed by the same technician. Remembering of course that a prescription cannot be released to the patient until a pharmacist has performed the therapeutic check.

Clearly understanding technician's scope of practice and standards of practice is a key step in identifying the best way to integrate these valuable members of the health care team into your pharmacy practice. 

### DEFINING EACH ROLE

A **pharmacy technician** can ensure that this bottle contains 100 tablets of drug 'x', and that the information on the label including; name of patient, prescriber, drug and directions are correct, as per the prescription.



The **pharmacist** must have assessed the patient and authorized that drug 'x' is the appropriate medication to take, and counselled the patient on how to take it.

## IMPORTANT INFORMATION:

# Expiring Technician Requirements

*Be sure to complete registration with College, before requirements expire!*

Are you a pharmacy assistant working toward registration with the College? As you make your plans to complete all of the registration requirements, there are some important dates that you need to track.

Most importantly, if you have any bridging courses left to complete, remember that you must do so before January 1st, 2015. Given this deadline, the last eligible offering of classroom and online bridging courses will be in the fall of 2014 and Prior Learning Assessment (available for all courses with the exception of Professional Practice) will only be available until Summer of 2014.

As you complete the various requirements for registration, you must also remember that some of these activities have expiry dates. Two important dates to watch for are related to completion of the Structured Practical Evaluation known as SPE (or the final check of 500 scripts) and the Jurisprudence Exam.


Once you have successfully completed your Structured Practical Evaluation you will need to complete your registration within two years. Likewise, once you have successfully completed the

Jurisprudence exam you will need to complete your registration within three years. In the event that you apply for your certificate of registration after these expiry dates have passed, you will need to complete the expired requirement again in order to demonstrate that your knowledge and skill has remained current.

In addition to the expiry dates associated with the specific requirements of the SPE and Jurisprudence exam, the regulation requires that you are able to demonstrate overall currency of practice prior to completing your registration. Completion of the Bridging Program within the previous two years, or completion of the PEBC Qualifying Exam (Parts I and II) within the previous three years will serve as evidence of meeting this requirement. If you apply for your certificate of registration after these timelines have passed, a panel of the Registration Committee will need to determine if further training is required prior to finalizing your registration.

These dates are not new. They are built into the registration regulation in order to ensure that when an applicant makes their final application for a certificate of registration they have recently demonstrated that they possess the knowledge, skill and judgement needed for current practice.

It is not difficult to plan for timely completion of your registration. In fact most applicants complete the whole process well before any requirements expire. However, if you have completed all the requirements for registration and are waiting to make the final application for your certificate of registration at some future date, perhaps when your employer has mandated it, then you may need to confirm that these expiry dates will not affect you.

In order to help you understand and plan to meet these timelines, there is a tracking tool available on the College website at [www.ocpinfo.com](http://www.ocpinfo.com) (Fast track>Pharmacy Technician>Registration Process). 



# Giving it Their Best Shot

## **FLU IMMUNIZATION PROGRAM EXPANDS ROLE – AND PATIENT RELATIONS**

By Stuart Foxman

When pharmacists gained the right to administer the publicly-funded influenza vaccine, Susie Jin, R.Ph. and James Jin, R.Ph., of Cobourg jumped at the chance. Appreciating that it was not always easy for their patients to get to them, creative solutions were introduced. For the Rosewood Estates retirement home this meant busing residents to the pharmacy where in addition to receiving their flu shot, lollipops were handed out to the young at heart. "Everyone is a big kid," says James Jin.

While the seniors liked the treats, they were more thankful for the convenience. The Jins, too, appreciated the chance to give the vaccine. "It's an enhanced scope of practice," says Susie Jin. "I think we need to embrace everything that pharmacists can do to be a more active member of the health care team."

Nearly 600 pharmacies were approved to participate in Ontario's Universal Influenza Immunization Program (UIIP) for 2012-2013. Trained pharmacists were eligible to administer the publicly-funded vaccine to anyone at least five years of age.

According to data from the Institute for Clinical Evaluative Sciences, the UIIP annually prevents 300 influenza-related deaths, 1,000 hospitalizations, approximately 30,000 emergency room visits, and 200,000 visits to doctors' offices. Having pharmacists in the program has only strengthened

the UIIP's reach. Many of those pharmacists say that taking part has also helped them to build relations with patients and realize new professional rewards.

**NEW SKILLS SEEN AS PUBLIC SERVICE**

Jon MacDonald, R.Ph. of The Medicine Shoppe franchise in Sault St. Marie, also jumped at the chance to get trained in preparation for the UIIP.

"I saw it as a good public service, especially in the north where a lot of people are without a family doctor," says MacDonald.

He attended a two-day course

provided by the Ontario Pharmacists' Association (OPA) in January 2012, and was glad to gain such a broad understanding, from the physiology of muscles to different type of needles.

Susie Jin, who took an OPA course in June 2012, also felt she had a strong grounding. She notes that training isn't just about the manual dexterity to inject, but about knowing who could benefit from the shot, or what to do if someone has allergies to a preservative in the vaccine. "I was well-prepared for these types of questions," she says.

In offering flu shots, pharmacists tried to simplify access for patients. MacDonald had scheduled clinics in past years, but now allowed people

to just come in with no appointment necessary. "They filled in a questionnaire and I slotted them in."

For Ongwanada Pharmacy in Kingston, flu shots were a new experience, says Julie Carriere, R.Ph. The pharmacy is located in the resource centre of Ongwanada, a not-for-profit organization for people in group homes with developmental disabilities. The pharmacy serves these patients, as well as the organization's staff and their families, along with many mental health outpatients and other members of the public.

Carriere set up clinics at various times outside the pharmacy's normal hours, and encouraged people to make appointments

**James Jin, R.Ph. of Pharmacy 101 in Cobourg, ON giving the flu shot to MP Rick Norlock**

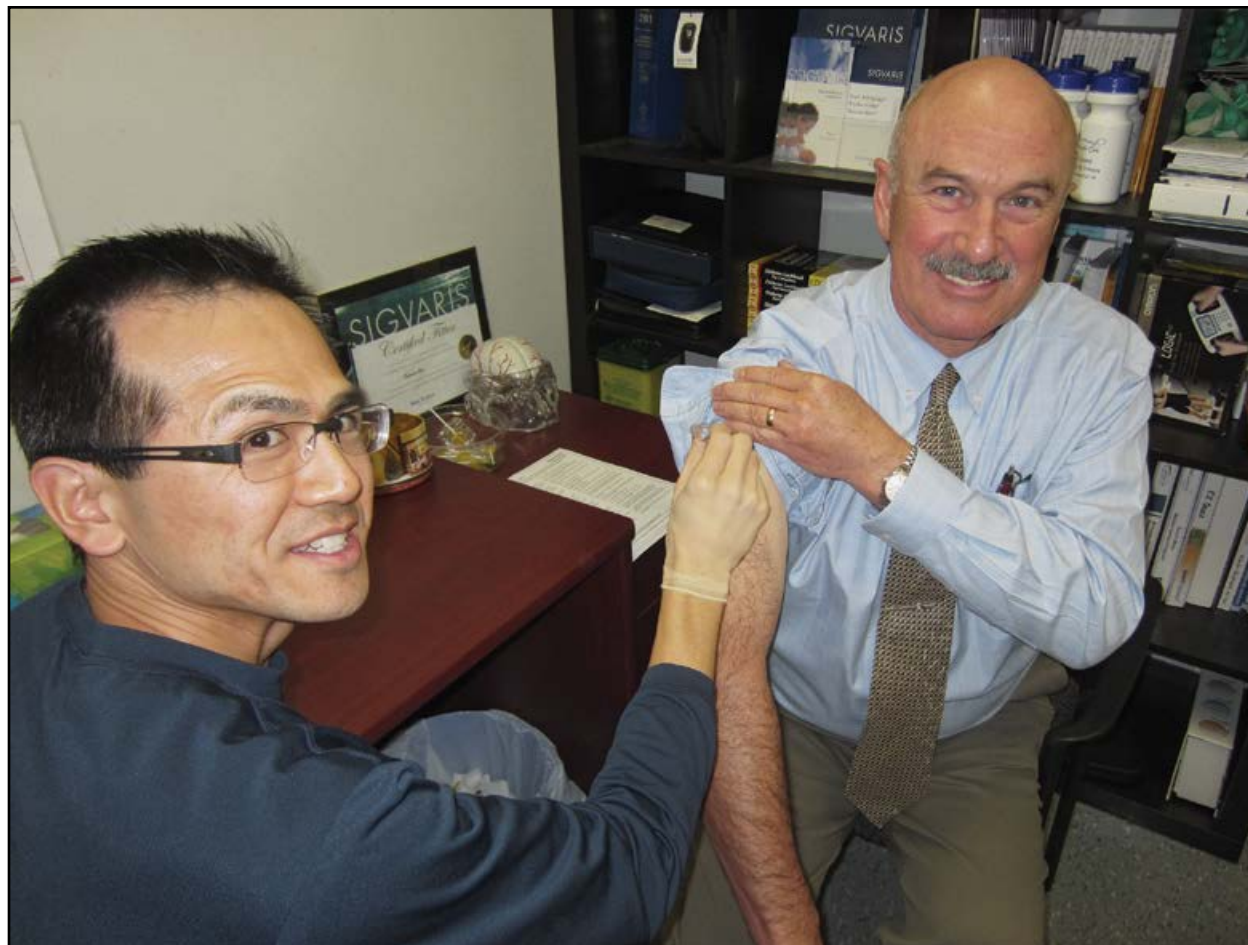






Photo by Jason Chow

**Susie Jin, R.Ph. of Pharmacy 101 in Cobourg, ON with patient Lois McCulloch**

during the day. She never turned anyone away who simply showed up. Ongwanada Pharmacy is located beside the Kingston, Frontenac and Lennox & Addington Public Health Unit, which ran their own flu shot clinics. If anyone arrived there without an appointment or outside clinic hours, the health unit redirected them to the pharmacy to receive their flu shot.

Several community pharmacists who weren't delivering the vaccine were also supportive, encouraging their patrons to go there for shots. "I think other pharmacists want to promote our new role," says Carriere.

#### **INCREASED ACCESS AND ADVICE**

Administering flu shots has provided a boost to pharmacists, patients and the health care system alike.

Getting pharmacists involved in UIIP has added another point of entry for the program. "A lot of people thanked us for making it so easy for them to get a flu shot," says Susie Jin, who offered shots during drop-in times or by appointment. "As pharmacists, we're the most accessible health care professional. This is what makes us unique and is one of the strengths of our profession and one of the advantages that we offer to the health care system."

Dr. Arlene King, Chief Medical Officer of Health of Ontario, reports that Ontario pharmacists collectively administered over 200,000 flu shots this flu season.

"Increasing coverage obviously reduces the incidences of flu and keeps Ontarians healthy," says Dr. King.

As Dr. King points out, 63% of

Ontarians live within walking distance of a pharmacy and 90% within a short drive, and evening and weekend hours add to that accessibility. The approved pharmacies for this year's UIIP are located all across Ontario, with at least one in each of the 36 public health unit jurisdictions.

"Pharmacists are already one of the most trusted sources of health information with the public," says Dr. King. "The combination of access and trust certainly influenced our decision to have flu shots offered by pharmacists throughout the province. The evidence suggests that when you improve access and convenience, that may influence the decision to actually get a shot. Our key objective is getting flu coverage rates up, and we're really grateful for pharmacists' addition to the mix of flu shot providers."

Many pharmacists, like MacDonald and Carriere, started slow by first immunizing their co-workers – who they describe with a laugh, as their guinea pigs.

Then they were off and running. MacDonald, who was delayed starting the program, has given about 150 shots, and Carriere and the Jins have delivered about 500 shots each, to ages from five to the 80s and 90s.

While the vaccines provided a value-added service for their patients, many pharmacists report that the program was also a shot in the arm to their practice.

“Some of my best education time came when giving a shot,” says Carriere, who did the immunizations in her counseling office. “When we’re counseling at the wicket, we tend to focus on the product we’re giving. Counseling while adminis-

tering a flu shot allowed for a more general discussion.”

For instance, Carriere used the opportunity to talk about hypertension and smoking cessation (she even wrote her first two prescriptions for Champix). She also promoted proper usage of the pharmacy’s blood pressure monitor.

MacDonald also relished the chance to spend even more time



**Julie Carriere, R.Ph. (front) of Ongwanada Pharmacy in Kingston, ON. Top left to right: Susan Boutilier, R.Ph.T., Diane Deegan (pharmacy assistant), Donna Phillips (pharmacy assistant) and Maggie Morgan (pharmacy clerk)**



**Jon MacDonald, R.Ph. of The Medicine Shoppe in Sault St. Marie, ON.**

with patients when giving shots in his counseling room. He's in a border town, and says that pharmacists a few kilometers away on the U.S. side were already providing flu shots as part of their professional service. "It was almost an expectation for people here that we should be doing it," he says.

#### **PROGRAM INCREASED JOB SATISFACTION**

MacDonald's only challenge with the UIIP involved timing. As pharmacy was a last minute addition to the program it was a challenge to complete all of the necessary inspection requirements prior to the beginning of the flu season.

Carriere had a different challenge, around workflow. "I'm fortunate to have two registered technicians who've proven to be invaluable, and I didn't realize how much until we started offering the flu shots," she says.

With people lining up for shots, she had to reevaluate what jobs she could assign to the pharmacy technicians. Before the UIIP, Carriere was still the one checking prescriptions. Now, in many circumstances, the technician checks the prescription.

Would that have happened without the UIIP? Maybe, but the program was the catalyst the pharmacy needed to give the technicians new duties. "We were underutilizing them and, as an aside, their job satisfaction has improved immensely with their added responsibilities," says Carriere.


The UIIP affected her own satisfaction too. The chance to broaden her professional skills, the confidence to do it, and the appreciation from patients have all increased Carriere's enthusiasm for her job.

James Jin says that the ability to provide flu shots raises the level of the pharmacy profession in the

public's eyes: "They see we have other roles besides filling prescriptions."

MacDonald echoes that, saying "I gained esteem." He says doing the shots himself, instead of having a nurse do it, enhances the professional appearance of his pharmacy.

All hope that pharmacists will be able to broaden their role with shots, like giving vaccinations for travellers or shingles, or B12 injections. They are also interested in continuing in the UIIP next year, and encourage their fellow pharmacists to provide this service as well.

"I'm excited about our expanded scope," says Carriere. "I feel it's vitally important to accept and partake in these new activities, to let the government know we're able and willing to do more, and let the public know how valuable we are as health professionals." 

# COMMUNITY PHARMACY STEPS UP TO FIGHT THE FLU

## **Pharmacists deliver more than 200,000 flu shots to Ontarians**

**TORONTO, On., February 5, 2013** — As many Ontarians cough, sneeze, sniffle and ache through one of the worst flu seasons in recent memory, community pharmacists have stepped up to help stop the spread of influenza.

This past October, the provincial government passed regulations to expand the scope of pharmacy practice and enable pharmacists to provide patients with new primary care services including flu shots. In just a few short weeks, pharmacies and pharmacists applied, prepared and qualified to participate in the 2012-2013 Universal Influenza Immunization Program (UIIP). Pharmacies and pharmacists have truly embraced their enhanced healthcare role.

“Our government is making it easier than ever to get the free flu shot by maximizing the services provided by pharmacists so that Ontarians can receive the care they need safely, quickly and closer to home,” says Deb Matthews, Minister of Health and Long-Term Care. “Pharmacists are highly-trained and trusted health providers. Getting immunized against the flu is the most effective way to stay healthy during this flu season.”

More than 580 pharmacies from every corner of the province, in large urban centres and remote rural towns, have made getting a flu shot more convenient and accessible for patients. Nearly 2,500 pharmacists have registered to administer injections, having successfully completed a program approved by the Ontario College of Pharmacists (OCP), and this number continues to grow.

**As a result, more than 200,000 Ontarians have visited a community pharmacy and received a flu shot from a certified pharmacist.**

“Those pharmacists who have completed their required injection training have played a significant role in safely immunizing Ontarians during this flu season,” explains Marshall Moleschi, Registrar of the Ontario College of Pharmacists. “The standards set by the College for injection training are equivalent to those of other health professionals so patients can trust their choice when selecting a pharmacist to provide this service.” As the regulatory body for the profession of pharmacy, OCP’s mandate is to set the standards for the delivery of safe and effective pharmacy services to the public.




"We are extremely happy to see how readily patients have embraced their pharmacy as a place to turn for expanded services such as flu shots. We are equally proud of the positive uptake from pharmacists in communities across the province who have both completed training and introduced flu vaccination programs into their pharmacies," says Dennis Darby, CEO of the Ontario Pharmacists' Association (OPA). "Enabling pharmacists to provide primary healthcare helps patients to more easily and efficiently access effective care while also helping to take some of the strain off other members of the healthcare team."

"The success of community pharmacy's integration into the Ontario flu shot program demonstrates the value of enabling pharmacies to provide more front-line healthcare services to patients," adds Denise Carpenter, President and CEO of the Canadian Association of Chain Drug Stores (CACDS). "Community pharmacy in Ontario is ready and willing to do even more for patients, families and caregivers. Building on this success, we look forward to working with our partners in government, at the Ontario Pharmacists' Association and the Ontario College of Pharmacists to expand the range of injections pharmacists are able to provide."

### **Looking Ahead to Next Year**

Pharmacists across Ontario are looking forward to doing even more next year.

The Ontario Pharmacists' Association has made a pledge to have an immunizing pharmacist available in every pharmacy in the province by the end of 2013. Community pharmacy's goal is to make getting a flu shot easier for patients. Pharmacists are already well on their way to achieving this goal. Thousands of pharmacists have been trained through OPA's Injection and Immunization Certificate Program — one of the College's approved training providers — and enrolment is showing no sign of slowing down.

The success of pharmacists providing flu shots indicates that, in the years to come, community pharmacy is well positioned to enhance the delivery of healthcare services to Ontarians. By working collaboratively with government to develop and implement additional services, pharmacy can help patients achieve better health outcomes .

# JOINT LETTER FROM OCP, CPSO, OPA & OMA REGARDING ADAPTING / RENEWING PRESCRIPTIONS

*As part of ongoing collaboration relating to pharmacists' expanded scope legislation, the Ontario College of Pharmacists (OCP), the College of Physicians and Surgeons of Ontario (CPSO), the Ontario Pharmacists' Association (OPA) and the Ontario Medical Association (OMA) have developed a joint letter which is circulating to pharmacists and physicians throughout Ontario.*

*The purpose of the letter is to clarify certain aspects of the regulations and address several issues that are emerging in practice situations. It is acknowledged that both physicians and pharmacists have a role to play in optimizing medication management and educating patients on the importance of managing and maintaining continuity of care. All pharmacists are urged to collaborate and communicate with prescribers in their area for the benefit of their mutual patients.*



## ADVISORY NOTICE – PHARMACISTS RENEWING AND/OR ADAPTING PRESCRIPTIONS A JOINT LETTER FROM THE OCP, CPSO, OPA, AND OMA



Dear Member:

On October 9, 2012, new expanded scope regulations came into effect for pharmacists in Ontario. Among the changes is the ability of pharmacists, under their own authority and within specified parameters, to renew or adapt prescriptions for continuity of care and optimization of patient outcomes.

The College of Physicians and Surgeons of Ontario (CPSO), the Ontario College of Pharmacists (OCP), the Ontario Medical Association (OMA), and the Ontario Pharmacists' Association (OPA) have a long- standing history of supporting the principles that facilitate interprofessional care of patients and of educating our members regarding the practical implications of legislative change. This statement will clarify certain aspects of the regulations and address several issues that are emerging in practice situations.

### OVERRIDING PRINCIPLES

The services included in the expanded scope regulation are part of ongoing medical care and a collaborative relationship between the pharmacist, the patient, and the patient's primary health care provider. The following overriding principles also apply:

- Pharmacists are accountable for practicing within their scope

of practice and in accordance with their knowledge, skills and judgment;

- Pharmacists adapt or renew prescriptions only for the benefit of the patient, based on clinical rationale (having distinguished patient's best interest from patient or provider 'convenience'); and
- Pharmacists assume full responsibility and liability for their decisions.

### RENEWALS

The purpose of pharmacists' renewals is to enable continuity of medication for patients with chronic conditions while ensuring appropriate monitoring and reassessment by the primary health care provider.

Pharmacists may choose to renew prescriptions based upon the circumstances of the particular patient and will give consideration to the following:

- the medication to be continued is for a previously diagnosed chronic condition, and
- the patient has tolerated the medication without serious side effects.

The quantity of the drug renewed will not exceed the lesser of:

- the quantity that was originally prescribed, including any refills that were authorized by the original prescriber; or
- a six month's supply.

Documentation in the pharmacy record and notification, to the original prescriber within a reasonable time period, is required for all prescription renewals.

**ADAPTATIONS**

Pharmacists may adapt prescriptions based upon the circumstances of the particular patient by adjusting the dose, dosage form, regimen, or route of administration to address the patient's unique needs and circumstances. The pharmacist's authority does not include therapeutic substitution.

All pharmacists' adaptations require patients' consent that must be documented along with the rationale for the adaptation and follow-up plan. Furthermore, if the adaptation is clinically significant, the original prescriber will be notified within a reasonable time period.

Pharmacists' renewing or adapting authority excludes narcotics, controlled drugs, targeted substances and drugs designated as a monitored drug under the Narcotics Safety and Awareness Act.


**COMMUNICATION AND COLLABORATION**

Good communication between health care professionals, particularly in a changing environment, is critical to ensuring the best care for patients. Physicians and

pharmacists both have a role to play in optimizing medication management and educating patients on the importance of managing and maintaining continuity of care. All practitioners are urged to collaborate and communicate for the benefit of their mutual patients.

**NO REFILL / NO ADAPTATION**

Some physicians have blanket 'no refill/no adaptation' policies, meaning they will not authorize refills/adaptations for any patient, any drug and in any circumstance. Such policies are inconsistent with patient-centred care and have no clinical basis. If there are situations where refills or adaptations may not be advisable for clinical reasons, we encourage open discussion between our two professions so that all professionals involved in the patient's care are best positioned to exercise their professional judgment where necessary and appropriate.

The health care system is undergoing considerable change. Collaboration and understanding among health care professionals is critical to ensure that the focus remains on the patient. The CPSO, OMA, OCP and OPA will continue to maintain open and regular dialogue with their respective members and with each other to ensure a smooth transition in the evolving professional relationship between Ontario's physicians and pharmacists. 

Sincerely,



**Rocco Gerace, M.D.**  
Registrar  
College of Physicians and Surgeons of Ontario



**Doug Weir, M.D., F.R.C.P. (C)**  
President  
Ontario Medical Association



**Dennis A. Darby, P. Eng., ICD. D.**  
Chief Executive Officer  
Ontario Pharmacists' Association



**Marshall Moleschi, R.Ph., B.Sc.(Pharm), MHA**  
Registrar  
Ontario College of Pharmacists



# RED TAPE AWARENESS WEEK

On January 21, during Red Tape Awareness Week, OCP Registrar Marshall Moleschi participated in a press conference with Minister Tony Clement to announce the introduction of legislation that will allow regulated pharmacy technicians to oversee the transfer of prescriptions from one pharmacy to another – a task currently restricted to pharmacists. The event, held at Snowdon’s Guardian Pharmacy in Toronto, was part of Minister Clement’s Red Tape Awareness Week. Community Pharmacist Jim Snowdon spoke during the event about how the reforms will help pharmacy technicians practice to their full scope and allow pharmacists to have more time to speak directly to patients to ensure they are getting the most from their medications.



Ontario College of Pharmacists Registrar Marshall Moleschi with the Honourable Tony Clement, President of the Treasury Board.



Registrar Marshall Moleschi and Rahila Ovais (Pharmacy Technician) of the Ontario College of Pharmacists, with pharmacist Jim Snowdon.

# Best Possible Medication Histories

*Ambika Sharma is a third year pharmacy student at the Lesley Dan Faculty of Pharmacy at the University of Toronto. The following paper is the result of Ambika's research into the practice, in some hospitals, of having pharmacy technicians rather than pharmacists perform the BPMH.*

## **ARE PHARMACISTS OR PHARMACY TECHNICIANS THE BEST POSSIBLE HEALTHCARE PROFESSIONALS TO PERFORM THEM?**

Ambika Sharma, Pharmacy Student

A Best Possible Medication History (BPMH) is a medication "history created using a systematic process of interviewing the patient/family, and a review of at least one other reliable source of information to obtain and verify all of a patient's [prescribed and non-prescribed] medication use"<sup>10</sup>. The completion of BPMHs in the hospital setting is a necessary part of the larger practice of medication reconciliation, which seeks to compare the medications the patient regularly uses with those ordered for the patient in-hospital; this is followed by a correction of any discrepancies to reduce potential patient harm<sup>10</sup>. According to the Canadian Adverse Events Study (2004), medication use was the second most common area for adverse events, and was the source of 24% of preventable adverse events. This study, along with many others from the Institute for Safe Medication Practices, illuminated the need for medication reconciliation (and thus, BPMHs) in order to minimize medication error by both the patient and the institution<sup>3</sup>. With the recent expansion of the role of the pharmacist into more clinical domains, there has been a concomitant push for the expansion of the role of pharmacy technicians. A posited avenue of pharmacy technicians'



## Both pharmacists and pharmacy technicians work in collaboration with each other, and other members of the interprofessional healthcare team, to foster a constructive work relationship.

role expansion has been the performance of BPMHs, but several important factors merit consideration before a decision can be made: legality and feasibility, accuracy and efficiency, and patient care.

Legality pertains to scopes of practice (to identify which BPMH-related actions are liable and permitted), and feasibility refers to the practicality of changing professional roles with regard to BPMHs. The National Association of Pharmacy Regulatory Authorities (2009 and 2011) outlines the model standards of practice for Canadian pharmacists and pharmacy technicians, allowing provinces the ability to adapt these competencies, and further, allowing individual hospitals to adapt competencies. The key responsibility of a pharmacist is expertise in medication and medication-use<sup>7</sup>, while the key responsibility of a pharmacy technician is expertise in drug distribution systems<sup>6</sup>. Both pharmacists and pharmacy technicians work in collaboration with each other, and other members of the interprofessional healthcare team, to foster a constructive work relationship. According to the standards of practice, pharmacists are responsible for direct patient care via medication therapy management<sup>7</sup>, while pharmacy technicians must defer to the pharmacist in instances that require patient assessment, clinical analysis, and/or the applica-

tion of therapeutic knowledge”<sup>6</sup>. Although pharmacy technicians are legally able to assist the pharmacist in compiling BPMHs<sup>6</sup>, having them conduct the patient/family interview independently – prior to referring certain patients to the pharmacist – requires a level of patient assessment that the pharmacist would then re-assess regardless of the pharmacy technician’s triage. Thus, having the pharmacy technician conduct the BPMH instead of the pharmacist does not necessarily allow the pharmacist to bypass certain patients deemed by the pharmacy technician to be ‘low risk’, as that assessment would need to be verified by the pharmacist before signing off on it. As such, each patient would be visited by two individuals from the pharmacy team, with no obvious practical improvement in workflow or convenience to the patient.

Accuracy is a measure of how closely a BPMH resembles the patient’s actual medication use, and efficiency is a measure of how quickly the BPMH is conducted. It is important to note that in practice, efficiency has no bearing on its own since a quick but inaccurate BPMH has too many negative consequences to be

of any value. Johnston *et al.* (2010) conducted a small study in a short period of time, and concluded that there was no statistically significant difference in the accuracy of the BPMHs conducted by pharmacists as compared to those by pharmacy technicians. Since only 59 patients were interviewed by the two pharmacy technicians and three pharmacists<sup>4</sup>, this small sample size did not lend itself well to statistical significance. Additionally, the pharmacy technicians were found to require less time for the patient interview, averaging about 2 minutes shorter than the pharmacists<sup>4</sup>. The author acknowledged that this was likely due to pharmacists inquiring about clinical issues<sup>4</sup>, but this factor should not be so easily overlooked since clinical intervention is an important step that needs to be taken. Furthermore, the pharmacy technicians at the author’s institution may not represent the average pharmacy technician because they had been involved with more technical aspects of BPMHs in the Emergency Department for several years prior to this study<sup>4</sup>. With greater comfort in the acute hospital setting outside the dispensary, and a 2-week training program designed to improve one’s BPMH process, the generalizability of this finding to other hospitals is limited<sup>[4]</sup>. With hospitals needing to invest in the training of pharmacy technicians to specifically conduct

With considerable knowledge of medications and their usual dosing, the pharmacy technician may even use that opportunity to highlight any potential issues for the pharmacist to clarify during the interview

BPMHs, the outcomes need to be more favourable in all respects to warrant such an investment.

Patient care from a pharmacy practice perspective requires the pharmacist to work with the patient and other members of the health-care team in order to “promote health, prevent disease, and to assess, monitor, initiate and modify medication use to assure that drug therapy regimens are safe and effective”<sup>1</sup>. Since the BPMH allows for an assessment of a patient’s medication use, it is an important first step in providing pharmaceutical care. Dersch-Mills *et al.* (2011) found that compared to other sources of BPMHs – such as a patient chart, a provincial prescription database, and a community pharmacy record – the informed interview of the patient/family by a trained professional provided the most complete description of a patient’s medication use. Thus, positive patient outcomes are hinged on the patient interview more so than the other sources of a BPMH<sup>2</sup>. Leung *et al.* (2009) trained a pharmacy technician to obtain BPMHs from haemodialysis patients, and concluded that the pharmacist could successfully identify drug-related therapeutic problems from that BPMH. In order to determine the accuracy and completeness of the BPMH by the pharmacy technician, however, the pharmacist conducted a follow-up

interview with each patient<sup>5</sup>. The drug-related therapeutic problems were then identified and classified by the pharmacist, but since this occurred after they themselves spoke to the patient, it is impossible to conclude that all the information relevant to the provision of safe and effective medication therapy was found solely in the BPMH. When assessing a patient’s medication use, particularly with regard to the patient’s level of cognizance and compliance, pharmacists often rely on nuances during the patient encounter, including the patient’s recall or storytelling, pauses or hesitations, and general approach to their medications. Since pharmacists are responsible for the assessment of each patient and subsequent recommendations regarding the patient’s drug therapy, it may be important for the continued safety and efficacy of that therapy that the pharmacist be allowed to experience the encounter with the patient as a whole person, not merely a list of medications.

The question of whether pharmacists or pharmacy technicians should perform BPMHs limits a very practical answer: they both should. Although pharmacy techni-

cians can likely produce a fairly accurate list of medications in a timely manner within their scope of practice, the BPMH generated does not stand alone. Rather, this

list of medications is retrieved by pharmacists so that they can evaluate the patient’s medication use and determine if there are any drug-related therapeutic problems – especially those that may have contributed to the patient’s hospital visit. Furthermore, the pharmacist must incorporate the patient’s clinical lab values (such as serum creatinine, hemoglobin, etc.) when judging the efficacy of the drug therapy and/or the patient’s compliance, and when making recommendations for their care. The collaboration of pharmacists and pharmacy technicians is made possible by the fact that there are both technical and therapeutic components to the BPMH process. By delegating certain tasks to the pharmacy technicians, the pharmacists would have more time to analyze in-depth clinical issues, without sacrificing any of the tools necessary for them to make clinical recommendations. The more technical BPMH tasks that can safely be delegated to pharmacy technicians would include retrieving a medication list from a provincial database, a community pharmacy, and/or an institution chart (hospital or long-term care facility), as well as updating the BPMH in the charting system. With these multiple


sources, the pharmacy technician can create a pre-reconciled list for the pharmacist prior to the patient/family interview. With considerable knowledge of medications and their usual dosing, the pharmacy technician may even use that opportunity to highlight any potential issues for the pharmacist to clarify during the interview<sup>6</sup>. The more therapeutic BPMH task that should still be conducted by pharmacists would be the patient/family interview since some drug-related therapeutic problems can be identified, clarified, and even resolved within that interaction; and the pharmacist's subsequent recommendations can be more detailed following an extensive examination of the patient and his/her medication use. The technical components of the BPMH

consumes about one-third of the time a pharmacist uses in conducting BPMHs, thus delegating these tasks to a pharmacy technician would improve workflow and allow the pharmacy team to evaluate every patient at the hospital's first point of contact – often the Emergency department – in order to identify and resolve drug-related therapeutic issues as soon as possible.

With the ever-changing healthcare climate in Ontario, it is important for hospitals to be able to deliver cost-effective patient care without sacrificing quality of care. In the method outlined above, the BPMH process can be carried out by qualified healthcare professionals in practical collaboration, with accurate and efficient results, and optimiza-

tion of patient care. To definitively decide how best to perform BPMHs, however, a larger study over a longer period of time must be done comparing pharmacists alone, pharmacy technicians alone, and a collaborative team of both (as proposed above).

**ACKNOWLEDGEMENTS**

I would like to thank my preceptor, Nicole Crichton, for encouraging me to analyze the literature on this topic and recommend solutions based on my research and personal experience in the hospital's Emergency Department. I would also like to express my gratitude to Professor Marie Rocchi for her support during every stage of writing this paper. 

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# THE COLD CHAIN

## Part Two

In spring 2012, in preparation for the administration of the influenza vaccine by pharmacists, the College published an article on protecting the cold chain, and followed up with the development of a cold chain policy in time for the launch of the Universal Influenza Immunization Program (UIIP). This follow-up article – The Cold Chain: Part Two – builds on the information presented in the last edition of *Pharmacy Connection* and focuses on a few additional areas, including:

- Patient transport of temperature sensitive medications
- What to do in the event of a cold chain breach
- Choosing between purpose-built or domestic refrigeration equipment
- Temperature-monitoring devices

### **PATIENT TRANSPORT OF TEMPERATURE SENSITIVE MEDICATIONS**

A pharmacy has control of a drug from the moment it lands on the receiving floor to the time it is handed over to the patient. Therefore, it is critical for

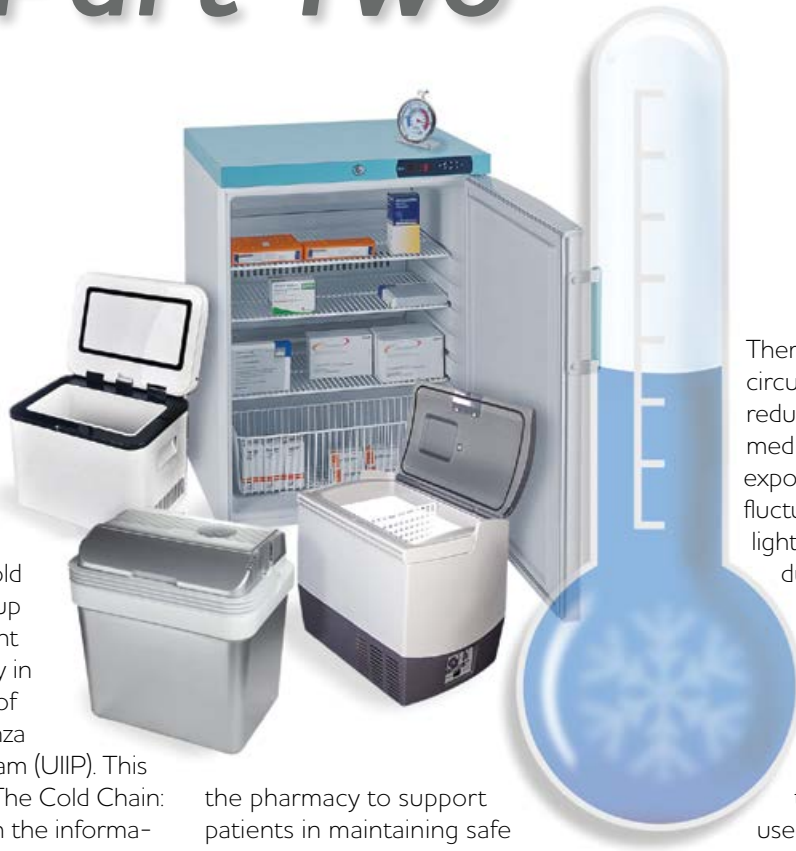
the pharmacy to support patients in maintaining safe transport of their medications. Pharmacies must establish and implement policies and procedures on receiving, storing and dispensing medications that will protect patients' safety and help maintain the potency of their medications.

It is recommended that a written protocol be developed for the transportation of each temperature-sensitive drug so that patients are clear on how they should handle the medication. It is good practice for pharmacy staff to review the information available from manufacturers or Public Health regarding the transport of vaccines to offsite locations and clinics as these principles and safeguards are similar to those for transport to a patient's home.

There are several circumstances that can reduce the shelf-life of medications including exposure to moisture, or fluctuations in oxygen, light or temperature during transportation. Some drugs require continued refrigeration once dispensed, while others can be kept at room-temperature and used until an identified expiry date.

Suggested packing materials for temporary transport of medications that must be kept cool include: insulated containers, refrigerator packs, frozen packs (tap water filled ice packs), and dry ice (where products must remain frozen). One way to assist patients in transporting their drugs is to use the packing supplies that manufacturers use to send temperature-sensitive shipments to the pharmacy.

In addition to information on proper transport and storage conditions, patients should also receive information on when unused medications should be returned to the pharmacy for disposal.



## WHAT TO DO IN THE EVENT OF A COLD CHAIN BREACH

The integrity and effectiveness of pharmaceutical products are dependent upon maintaining chemical, physical, microbiological, therapeutic and toxicological stability throughout storage and use. A cold chain breach occurs when storage temperatures go outside of the recommended range, generally +2°C to +8°C for vaccines and medicines and +2°C to +6°C for blood and blood products. Some of the basic steps to ensure that products are kept safe and maintain their potency include:

- Storage under recommended environmental conditions
- Rotation of stock and observance of expiration dates
- Inspecting products for evidence of stability
- Proper treatment of products subjected to additional manipulations (repackaged, diluted, or mixed with another product)
- Informing and educating the patient


The primary environmental factors that can reduce stability include exposure to adverse temperatures, light, humidity, oxygen, and carbon dioxide. The manufacturer should provide written documentation on how to handle medications that have been exposed to adverse conditions.

Policies and procedures should clarify the protocol in the event of a cold chain breach. Policies can also address common pitfalls, for example, by including a requirement that prescriptions that need cold chain protection are returned to the refrigerator once dispensed and before being picked up by the patient; or, if the pharmacy administers the influenza vaccine, by requiring that individual doses are refrigerated until needed.

## UNIVERSAL INFLUENZA IMMUNIZATION PROGRAM

In 2012, more than 580 Ontario pharmacies provided pharmacist-administered flu vaccines as part of the Universal Influenza Immunization Program. Nearly 2,500 Ontario pharmacists completed and registered their certified injection administration training programs with the College. Participating pharmacies were inspected by their local Public Health units and were approved based on the requirements in the UIIP User Agreement. Each pharmacy was required to have equipment and processes that met the established provincial standards for vaccine storage. Public Health staff indicated that many pharmacies demonstrated expert attention to cold chain management. There were, however, some pharmacies that required support from Public Health to bring their operations up to the standard required to store the publicly-funded vaccine.

Some of the issues identified through the Public Health inspections were related to thermometers, temperature documentation, inventory management, rotation of stock and maintenance of the freezer. The College's policy on Protecting the Cold Chain recommends the use of a digital-automatic temperature recording and monitoring device that indicates minimum, maximum and current temperatures in increment readings of 0.1°C. In addition to using an appropriate temperature recording device, pharmacies also need to observe and document refrigerator temperatures twice daily, as outlined in the Ministry's Vaccine Storage and Handling Guidelines (p. 9). Public Health staff observed that, in some cases, the correct refrigeration equipment was being used but the vaccine was stocked so tightly that it did not allow for adequate air circulation, proper inventory tracking or appropriate stock rotation. It is recommended that no more than one month of inventory be kept in purpose-built refrigerators, and where a smaller bar-type fridge is used, no more than two weeks worth. Finally, it was noted that some units were not self-defrosting and were not manually defrosted regularly, which could impact the stability of temperatures for vaccine storage.

The Ministry outlined the actions pharmacies should take in the event of a cold chain breach in the UIIP User Agreement. Generally, vaccines that are not stored according to the manufacturer's recommendations are considered to be 'exposed' and must be reported to Public Health for their assessment and action. 

As a priority, any medication suspected of exposure outside the recommended temperature range should be set aside and not dispensed until the stability of the drug is investigated, or not dispensed at all if there is a concern for patient safety.

### CHOOSING BETWEEN PURPOSE-BUILT OR DOMESTIC REFRIGERATION EQUIPMENT

A good rule of thumb when choosing equipment is to consider the types of materials that will be stored in the pharmacy. In the event that the pharmacy is considering participating in the UIIP program, it is important to review current Health Canada (National Vaccine Storage and Handling Guidelines for Immunization Providers (2007) and MOHLTC (Vaccine Storage and Handling Guidelines) guidelines and recommendations. Both the provincial and national guidelines recommend the use of a purpose-built refrigerator (also referred to as a pharmacy, lab-style or laboratory grade refrigerator).

#### Purpose-Built Refrigerator:

The technical features provided by a purpose-built refrigerator ensure that temperature regulation is very sensitive, with quick reaction times to temperatures outside of the set range. These units also have a mechanism to defrost ice without raising the temperature within the unit. In addition, the units feature constant fan-forced circulation of air within the refrigerated compartments which helps maintain the temperature to a set range, even when ambient (room) temperature changes. Since these units have glass doors, extra steps must be taken to protect vaccines from light exposure. As well, the units do not provide proper insulation in the event of a power interruption.

#### Domestic Refrigerator:

A domestic refrigerator/freezer unit is acceptable to store temperature-sensitive products; however, there are several issues that need to be considered and addressed in advance. Thermostats have a wide temperature-tolerance and are slow to react to an increase in temperature; therefore, it can be difficult to accurately set the temperature. In addition, there is no air circulation when the compressor is off and as a result the defrost function can cause temperature fluctuations. Units may also be subject to changes in ambient temperature.

In order to address these limitations, it is critical to identify and measure the temperature 'zones' within the refrigerator so that vaccines can be stored in the optimum location. If the pharmacy is considering storing vaccines, a bar fridge (or any small single-door fridge) should not be used. The temperatures in these units are unpredictable, as the sensor in the refrigerator compartment reacts to the temperature of the evaporator, rather than to the air in the compartment, resulting in varying temperatures as the ambient temperature changes. Also, the freezer compartment is incapable of maintaining consistent temperatures to store freezer-stable vaccines.

#### TEMPERATURE-MONITORING DEVICES


A temperature monitoring device is essential for storing vaccines and other temperature-sensitive medications. Regardless of the type of device used, it is important to calibrate the device and ensure it is accurate. Examples of temperature-monitoring devices include:

- Data loggers – continuous temperature recording devices.

May be single-use (for transport) or multi-use (for storage). The multi-use device creates a historical record of temperatures by storing readings, which can then be downloaded onto a computer and printed out as necessary.

- Strip Monitors – single-use battery-powered units that record continuous temperature readings on a paper strip. Generally used to monitor temperatures during transport.
- Chart Recorders – utilize a wheel that records temperatures on graph paper as the wheel turns. Records continuously, 24-hours a day.
- Digital Minimum and Maximum Thermometers – measure current temperature and record minimum and maximum temperatures over a period of time. The units provide three readings: the current temperature, the maximum temperature since last reset, and the minimum temperature since last reset.

#### CONCLUSION

In order to protect the safety and efficacy of medications, and ultimately for the benefit of patient health and well-being, continuing vigilance to every link of the cold chain should be fully integrated into pharmacy practice. Every pharmacy needs to customize their practices to fit both the requirements of the medications that will be stored and the needs of their patients. 



# Risk Management in Community Pharmacy

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## INTRODUCTION

Similar to high-risk industries like aviation and the operation of nuclear power plants, the medication distribution system has a potential to cause harm as well as benefit. For example, the following medication incident was voluntarily reported to ISMP Canada.

*"A patient received a prescription for digoxin 0.25 mg to be taken once daily. At the pharmacy, both the technician and the pharmacist misread the numeral "2" as "7" and therefore misinterpreted the prescription as "digoxin 0.75 mg po daily". When a drug information reference was consulted to verify appropriateness of the dose, the dosage used in "rapid digitalization" was misinterpreted as an appropriate daily dose for digoxin. Several days later, after taking daily doses of 0.75 mg, the patient experienced nausea and dizziness, and admission to hospital was required." [1]*

Incidents like the one above are not unique. They likely occur every day in pharmacies across Canada. Is there anything that pharmacists can do in order to prevent the above from happening? At a minimum, risk management strategies should be in place in order to help reduce the risk of errors. Literature related to risk management in community pharmacy practice covers topics ranging from development of a culture of safety to actual measures that improve safety such as bar-coding and clinical support tools. Fortunately, most of these topics have been incorporated into continuous quality improvement (CQI) tools, which are mostly readily accessible to pharmacy practitioners.

In this article, we will focus on selected CQI tools that can facilitate risk management within the community pharmacy practice setting. In order to implement changes in a pharmacy, a culture of safety must first

TABLE 1. SUMMARY OF CONTINUOUS QUALITY IMPROVEMENT (CQI) TOOLS [2-6]

Authors / Organization	Purpose of CQI Tool	Focus of CQI Tool
<b>UK: Manchester Patient Safety Assessment Framework (MaPSAF) [2]</b>		
University of Manchester, Manchester, UK	<ul style="list-style-type: none"> <li>To facilitate reflection and raise awareness on patient safety.</li> <li>To stimulate discussion about strengths and weaknesses of patient safety culture.</li> <li>To reveal any differences in perception on patient safety among staff members.</li> <li>To identify areas for improvement.</li> <li>To evaluate safety interventions and monitor progress over time.</li> <li>To develop a mature safety culture.</li> </ul>	Illustrate dimensions of patient safety and risk management culture that are applicable to community pharmacy practice: <ol style="list-style-type: none"> <li>1. Commitment to patient safety</li> <li>2. Incident reporting</li> <li>3. Investigating causes of incidents</li> <li>4. Learning from incidents</li> <li>5. Communication</li> <li>6. Staff management</li> <li>7. Staff education and risk management training</li> <li>8. Teamwork</li> </ol>
<b>UK: Pharmacy Safety Climate Questionnaire (PSCQ) [3]</b>		
University of Manchester, Manchester, UK	To seek pharmacy staff members' viewpoints on patient safety issues and incident reporting in their community pharmacy practice setting.	This 34-item questionnaire correlates to dimensions of patient safety and risk management culture in the MaPSAF (see above). This tool was developed by the University of Manchester and validated in several European countries [8].  See Table 2 for relationship between MaPSAF and PSCQ.
<b>US: Pathways for medication safety®: Looking collectively at risk [4]</b>		
American Hospital Association, Health Research and Educational Trust, and ISMP (US)	Help hospital personnel assess and act on medication risks. Selected components can be applied to community pharmacy practice.	Describe processes to enable implementation of medication safety initiatives.  Offer assessment tools to evaluate and monitor progress of risk reduction strategies.
<b>US: Improving medication safety in community pharmacy: Assessing risk and opportunities for change (AROC) [5]</b>		
ISMP (US)	To educate pharmacists on error prone processes and strategies to reduce risks and enable self-assessment	Recommend strategies that can reduce errors from occurring in 10 Key Elements of medication use processes: <ol style="list-style-type: none"> <li>1. Patient information</li> <li>2. Drug information</li> <li>3. Communication of drug orders and other drug information</li> <li>4. Drug labelling, packaging, nomenclature</li> <li>5. Drug standardization, storage, distribution</li> <li>6. Medication device acquisition, use, monitoring</li> <li>7. Environmental factors, workflow, staffing patterns</li> <li>8. Staff competency and education</li> <li>9. Patient education</li> <li>10. Quality processes and risk management</li> </ol> AROC also includes useful information in appendices such as dangerous abbreviations and look-alike drug names with recommended tall man lettering.
<b>Canada: Medication Safety Self-Assessment® for Community/Ambulatory Pharmacy™ (MSSA-CAP) [6]</b>		
ISMP Canada	Identify and assess safe medication practices in community/ambulatory pharmacy; and monitor improvements in safe medication practices via the online interface	Categorize known medication safety strategies into 10 Key Elements (see below) and 20 Core Distinguishing Characteristics. <ol style="list-style-type: none"> <li>1. Patient information</li> <li>2. Drug information</li> <li>3. Communication of drug orders and other drug information</li> <li>4. Drug labelling, packaging and nomenclature</li> <li>5. Drug standardization, storage and distribution</li> <li>6. Use of devices</li> <li>7. Environmental factors</li> <li>8. Staff competence and education</li> <li>9. Patient education</li> <li>10. Quality processes and risk management</li> </ol> The MSSA-CAP is being updated in 2012 in order to accommodate the expanding scope of pharmacy practice in Canada and a new online interface is currently under development.

## Recommended Use of CQI Tool

Encourage individual staff member to honestly assess the pharmacy practice setting on the various aspects of risk management culture. This exercise will take approximately 1 hour to complete. Discuss individual ratings with the rest of the pharmacy team. Identify areas for improvement; discuss strategies, evaluate interventions, and track changes or progress over time.

**Available at:**

<http://www.pharmacy.manchester.ac.uk/cip/resources/MaPSAF>

Encourage individual staff member to complete the questionnaire honestly; to indicate his/her agreement or disagreement with the statements or items about the community pharmacy in which he/she works. This exercise will take approximately 10 to 15 minutes to complete. Then, as a team, discuss and identify areas for improvement, implement interventions, evaluate, and track changes over time.

**Available at:**

<http://www.pharmacy.manchester.ac.uk/cip/resources/pscq/>

Pharmacy managers can use this manual as a guide for fostering a culture of safety in the practice setting. Section 2.1 – Building Blocks for Assessing Risk and Section 2.2 – Failure Mode and Effects Analysis can serve as a universal educational tool for all pharmacy practitioners.

**Available at:**

<http://www.medpathways.info/medpathways/tools/tools.html>

Pharmacy staff members can consult this document and reflect on current practices and identify areas for improvement.

**Available at:** <http://www.ismp.org/communityRx/aroc/>

Pharmacy members can complete the MSSA-CAP items as a team during 2 to 3 one-hour meetings. Use the MSSA-CAP online interface to track trends and monitor progress or improvements in safe medication practices.

**Available at:**

<https://www.ismp-canada.org/amssa/index.htm>

be in place that encourages blame-free reporting and shared learning. The CQI tools *Manchester Patient Safety Assessment Framework (MaPSAF)* [2] and *Pharmacy Safety Climate Questionnaire (PSCQ)* [3] are a good starting point to evaluate the culture of safety in your pharmacy. Once a patient safety culture is established, the *Pathways for Medication safety®: Looking Collectively at Risk* [4] document can facilitate a top-down approach (from management to frontline staff) to enhance the culture of safety and assist the investigation of a near-miss or a medication incident.

Finally, tools such as ISMP (US) *Improving Medication Safety in Community Pharmacy: Assessing Risk and Opportunities for Change (AROC)* [5], and the *ISMP Canada Medication Safety Self-Assessment® for Community/Ambulatory Pharmacy TM (MSSA-CAP)* [6] can be used to improve existing medication distribution systems and encourage shared learning from peers.

Further information regarding the above CQI tools can be found in Table 1 and Table 2.

### **CULTURE OF PATIENT SAFETY: EMBRACING CHANGE, INCIDENT REPORTING, AND SHARED LEARNING**

The ability for an organization to develop risk management strategies starts with voluntary incident reporting by healthcare professionals. Unfortunately, fear of punitive action often hampers practitioners' willingness to report. [4] To encourage reporting and shared learning, organizations must move from the culture of "blame and shame" to a culture of patient safety that embraces the possibility of human errors and focuses on developing more resilient systems. For instance, the following incident was voluntarily reported to ISMP Canada by a practitioner for the purpose of shared learning:

*"In a community pharmacy, bisoprolol 5 mg tablets were dispensed to a patient instead of bisacodyl 5mg tablets. The error was discovered when the pharmacist was returning the stock bottles to the shelf and realized that although a prescription had been prepared from the stock bottle of bisoprolol, no bisoprolol prescriptions had recently been processed by the pharmacy."* [7]

TABLE 2. RELATIONSHIP BETWEEN MAPSAF AND PSCQ [3]

Dimensions of Patient Safety and Risk Management Culture in MaPSAF	Items in PSCQ
(1) Commitment to patient safety (Correspond to 3 items in PSCQ)	7, 17, 22
(2) Incident reporting (Correspond to 6 items in PSCQ)	4, 10, 14, 20, 25, 30
(3) Investigating causes of incidents; and (4) Learning from incidents (Correspond to 8 items in PSCQ)	3, 11, 13, 19, 23, 28, 32, 34
(5) Communication (Correspond to 6 items in PSCQ)	1, 6, 9, 16, 21, 27
(6) Staff management (Correspond to 5 items in PSCQ)	2, 12, 24, 29, 31
(7) Staff education and risk management training (Correspond to 3 items in PSCQ)	8, 18, 33
(8) Teamwork (Correspond to 3 items in PSCQ)	5, 15, 26

The shared learning from the above incident is as follows:

*“Because both “bisoprolol” and “bisacodyl” begin with the letters “bis”, these medications may be stored side by side in both community and hospital dispensaries. Cues may or may not be present to alert healthcare professionals to the potential for a mix-up. In this particular incident, the medications had been obtained from the same generic manufacturer. In such circumstances, the potential for a mix-up may be increased if the labelling and packaging are similar, and also because the drugs’ brand names have the same prefix (the abbreviated manufacturer’s name) followed by the name “bisoprolol” or “bisacodyl”.” [7]*

What can we do to develop a more resilient medication distribution system? With respect to the above incident, the following risk management strategies can be considered.

### 1. DRUG STANDARDIZATION, STORAGE, AND DISTRIBUTION

*“Review pharmacy storage areas to determine if look-alike/sound-alike products are stored in close proxim-*

*ity. Consider the following strategies to enhance differentiation:*

- *Purchase look-alike/sound-alike products from different manufacturers.*
- *Place warning labels on look-alike/sound-alike products and/or in their storage areas (regardless of whether they are stored separately or in close proximity).” [7]*

### 2. QUALITY PROCESS AND RISK MANAGEMENT

*Consider the use of bar-coding technology to allow for automated verification of the dispensed drug or conduct independent double checks (for example, by marking or verifying the Drug Identification Number on the prescription hard copy) during the dispensing process. [7]*

As mentioned above, the *Manchester Patient Safety Assessment Framework (MaPSAF)* and the *Pharmacy Safety Climate Questionnaire (PSCQ)* are CQI tools that pharmacists can use to evaluate and monitor the culture of safety in the pharmacy. The MaPSAF was developed by the University of Manchester and is based on the notion that a culture

of safety enables safe medication practices. [2] It includes a matrix that describes the 8 dimensions of patient safety culture. [2] To further assess a pharmacy’s safety culture, pharmacies can use the PSCQ, a 34-item questionnaire to generate staff feedback, reflection, and discussion for CQI purposes. [3] Each of the 34 items directly correlates to the 8 dimensions of patient safety in the MaPSAF. Table 2 illustrates the relationship between the PSCQ and the MaPSAF.

While cultural limitations can be identified relatively easily, implementation of change is a more challenging task. The existing culture may make pharmacy staff members feel insecure when they are involved in a near-miss or a medication incident. Therefore, senior management or pharmacy managers should be the driver and leader in embracing and enhancing the culture of safety. [4] Staff will report and hence discuss a near-miss or an incident only if they feel comfortable to do so. Pharmacy managers can refer to the *Pathways for Medication Safety®: Looking Collectively at Risk* [4] or <http://www.justculture.org/> for strategies about embracing

change and fostering a culture of patient safety in the practice setting.

### MEDICATION SAFETY SELF-ASSESSMENT AND LEARNING FROM PEERS

Policies and procedures of individual pharmacies may differ, but elements of patient care and pharmacy workflow should be similar to a certain extent. This allows pharmacists and pharmacy technicians to learn from their peers. Consider the bisoprolol and bisacodyl mix-up incident described above, it is conceivable that similar incidents could occur at any pharmacy. [7] By reporting this medication incident to ISMP Canada, the pharmacist offered the opportunity to other health care practitioners to learn from this event. In an effort to summarize shared learning from reported near misses and medication incidents, ISMP US and ISMP Canada developed the *Improving medication safety in community pharmacy: Assessing risk and opportunities for change (AROC)* and the *Medication Safety Self-Assessment® for Community/Ambulatory Pharmacy™ (MSSA-CAP)*, respectively. These risk assessment tools categorize known medication safety strategies into

10 Key Elements and 20 Core Distinguishing Characteristics. Pharmacists can use them to assess the safety of medication practices in their work settings and identify opportunities for continuous quality improvement.

### CONCLUSION


As pharmacists in Ontario take on additional responsibilities, we must first ensure that we have an adequate risk management system in place to strive for patient safety and medication safety. Pharmacies can first use the MaPSAF and PSCQ to assess their safety culture. Pharmacy managers can subsequently use *Pathways for Medication Safety®: Looking Collectively at Risk* to devise a plan for embracing change and enhancing the cultural competency of the practice setting. Finally, medication safety self-assessments such as the AROC from ISMP US and the MSSA-CAP from ISMP Canada can help pharmacists learn from each other and improve the medication distribution system as a whole. Risk management is a collaborative and iterative process. We recommend using the above CQI tools with all staff in the pharmacy at least annually in order to ensure continuous quality improvement.

### REMARKS

ISMP Canada Safety Bulletins (<https://www.ismp-canada.org/ISMPCSafetyBulletins.htm>) are designed to disseminate timely, targeted information to reduce the risk of medication incidents. The purpose of the bulletins is to confidentially share the information received about medication incidents which have occurred and to suggest medication system improvement strategies for enhancing patient safety. The bulletins will also share alerts and warnings specific to the Canadian market place. Complimentary subscription is available at <https://www.ismp-canada.org/subscription.htm>.

Additional relevant Continuing Education (CE) opportunities can be found on page 57.

### ACKNOWLEDGMENT

The authors would like to acknowledge Dilpreet Bhathal, BScPhm, School of Pharmacy, University of Waterloo; Analyst, ISMP Canada, for his assistance in conducting the literature search for this report. 

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# DISCIPLINE DECISIONS



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**Member:** Yasmin Virji, R.Ph.

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At a hearing on June 6, 2012, a Panel of the Discipline Committee found Ms. Virji guilty of professional misconduct. The allegations of professional misconduct against Ms. Virji related to engaging in long-term unauthorized dispensing in the form of fraudulent prescriptions that she submitted for reimbursement but did not actually dispense, as well as engaging in other unauthorized dispensing practices, including dispensing drugs to self-prescribing physicians and their family members.

The Panel imposed a penalty which included:

- A reprimand;
- Directing the Registrar to impose specified terms, conditions or limitations on the Member's Certificate of Registration, and in particular:
- that she complete successfully, at her own expense, within 12 months of the date of the Order, the ProBE Program – Professional/ Problem Based Ethics, offered by The Centre for Personalized Education for Physicians, or equivalent program acceptable to the College
- for a period of three years from the date of the Order, that she shall:
  - o be prohibited from having any proprietary interest in a pharmacy of any kind;
  - o be prohibited from acting as a Designated Manager in any pharmacy;

- o be prohibited from receiving any remuneration for her work as a pharmacist other than remuneration based only on hourly or weekly rates, and not on the basis of any incentive or bonus for prescription sales;
- o notify the College in writing of any employment in a pharmacy; and
- o ensure that her employers confirm in writing to the College that they have received and reviewed a copy of the Discipline Committee Panel's decision in this matter and their Order, and confirming the nature of the Member's remuneration.

- A suspension of seven months, with one month of the suspension to be remitted on condition that the Member complete the remedial training;
- Costs to the College in the amount of \$7,500.

**Member:** Marianne Songgadan, R.Ph.

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At a hearing on November 9, 2012, a Panel of the Discipline Committee found Ms. Songgadan guilty of professional misconduct. The allegations of professional misconduct against Ms. Songgadan related to unauthorized access, use and/or disclosure of health information.

The Panel imposed a penalty which included:

- A reprimand;
- Directing the Registrar to impose specified terms, conditions or

limitations on the Member's Certificate of Registration, and in particular, that the Member complete successfully, at her own expense, within 12 months of the date of the Order, the ProBE course and any evaluation offered by The Centre for Personalized Education for Physicians.

**Member:** Samuel Shek, R.Ph.

At a motion on November 15, 2012, a Panel of the Discipline Committee considered allegations of professional misconduct against Mr. Shek which related to submitting insurance claims for drugs and other products as though those drugs and other products had been prescribed when no prescriptions had been provided, dispensing Schedule I/Schedule F drugs without authorization, failing to keep records, amongst other allegations.

In resolution of the matter, Mr. Shek entered into an Undertaking, Agreement and Acknowledgment with the College whereby he resigned permanently as a member of the College, irrevocably surrendered his certificate of registration, and will no longer work or be employed in a pharmacy, in any capacity whatsoever, in Ontario.

Accordingly, the parties made a joint submission to the Discipline Committee to issue an Order for a stay of the allegations of professional misconduct against Mr. Shek.

On the basis of the Undertaking, Agreement and Acknowledgment Mr. Shek entered into with the College, the Discipline Committee accepted the joint submission of the parties and issued an Order staying the allegations of professional misconduct against Mr. Shek.

**Members:** Samuel Lai, R.Ph.

At a hearing on January 8, 2013, a Panel of the Discipline Committee found Mr. Lai guilty of professional misconduct. The allegations of professional misconduct against Mr. Lai related to the Member's dispensing of narcotic and non-narcotic medications.

The Panel imposed a penalty which included:

- A reprimand;
- Directing the Registrar to suspend the Member's certificate of registration for a period of five months;
- Directing the Registrar to impose the following specified terms, conditions and limitations on the Member's certificate of registration:
  - o the Member shall successfully complete, at his own expense, the ProBE Program on Ethics for Healthcare Professionals, with such course to be completed within three (3) months of the Order becoming final; and
  - o the Member's practice shall be monitored by the College

by means of inspection(s) by a representative or representatives of the College at such time or times as the College may determine, to a maximum of four (4) inspections, during the thirty six (36) months following the lifting of the suspension referred to above. The Member shall cooperate with the College during the inspections and, further, shall pay to the College in respect of the cost of monitoring, the amount of \$600.00 per inspection, such amount to be paid immediately after completion of each of the inspections.

- Directing the Registrar to suspend two months of the suspension referred to above if the Member successfully completes, at his own expense, the ProBE Program on Ethics for Healthcare Professionals, within three months of the Order becoming final. For greater clarity, the Member must successfully complete the ProBE Program on Ethics for Healthcare Professionals regardless of whether a portion of the suspension is suspended;
- Ordering the Member to pay costs to the College in the amount of \$3,500.00 no later than four months following the Order becoming final. **PC**

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

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



# THANK YOU, PRECEPTORS' & EVALUATORS!

The success of our programs, both SPT & SPE, can largely be attributed to the commitment, enthusiasm and professionalism of our preceptors and evaluators.

As we begin a new year, we look back at 2012 and reflect on all of our accomplishments. Nine hundred and twenty-five students, interns and pharmacy technician applicants successfully demonstrated their competence for practice through the structured practical training (SPT) program. This is no small feat, and credit should be given to preceptees who focussed their energies on performing their scope of practice, as well as to the preceptors who mentored them and assessed their readiness for practice. We also had 807 pharmacy technician applicants meticulously complete the structured practical evaluation (SPE), or 500 prescription check activity, under the supervision of their dedicated evaluators.

The success of our programs, both SPT & SPE, can largely be attributed to the commitment, enthusiasm and professionalism of our preceptors and evaluators. They dedicate their time, energy and knowledge to provide objective assessment on preceptees' performance while also mentoring them through the transition into independent practice.


Why do pharmacists and pharmacy technicians precept? There is great satisfaction, both personally and professionally, in giving back to the profession. As SPT, in one form or another, has been around since the beginning of the profession, pharmacists, and more recently, pharmacy technicians, have been paying it forward, by mentoring others, who, in turn, continue the long-standing tradition of being preceptors. Although it is often unpaid, the reward is the satisfaction of see-

ing the preceptee succeed and becoming a colleague.

There is also the opportunity to use the preceptorship as a means of continuing professional development and staying current with the profession. A common remark from preceptors is that they are surprised by how much they learned from their preceptee during

the experience. It helped to keep them on their toes and engage them in the new knowledge and ideas that their preceptees bring to their practice. Did you know that you can include your experience as a preceptor as part of your learning portfolio?

Demand for preceptors continues to be high as preceptors are needed for so many different experiential programs, including the College's SPT program. It would be great to see more pharmacists and pharmacy technicians getting involved and making a difference. For those that have not participated as preceptors or evaluators, you will find that it is a great way to reinvigorate the passion for the profession which may have waned. Or if you are recently registered as a pharmacist or pharmacy technician and have been in practice for at least one year in Canada, you may want to keep that energy alive by participating in such a rewarding experience. We hope to acknowledge the dedication of even more preceptors and evaluators next year.

Please visit the College's website for more information about how to become a preceptor for SPT and/or an evaluator for SPE. 

**ACTON**

Olivia Nashed ..... Urgent Care Pharmacy

**AJAX**

Patrick Garcha ..... Shoppers Drug Mart  
 Sweta Gupta ..... Loblaw Pharmacy  
 Haider Jaffry ..... Costco Pharmacy  
 Shafina Juma ..... Shoppers Drug Mart  
 Giovanni Spina ..... Shoppers Drug Mart  
 Giselle Trikkas ..... Ajax Pickering Health Centre  
 Amanda Weber ..... Ajax Pickering Health Centre

**ALEXANDRIA**

Michelle Dumas ..... Glengarry Memorial Hospital  
 Helene Lauzon ..... Pharmacie Jean Coutu Pharmacy

**ALFRED**

Marie Hebert ..... Pharmacie Alfred

**ALLISTON**

Vicki Hoffman ..... Stevenson Memorial Hospital  
 Johnny Wong ..... Alliston Family Pharmacy

**AMHERSTBURG**

Lili Hong ..... Rexall Pharma Plus  
 Mary Wolff ..... Shoppers Drug Mart

**ANCASTER**

Syed Ahmed ..... Costco Pharmacy  
 Varun Kakkar ..... Shoppers Drug Mart

**ARNPRIOR**

Geoffrey Van Den Boom ..... Rexall

**ARTHUR**

Joseph Walsh ..... Walshs Pharmacy Ltd

**AURORA**

Faraz Chaudary ..... Shoppers Drug Mart  
 Gabrielle Ho ..... Medical Pharmacy  
 Sean Latendresse ..... Remedy's Rx  
 Kai Lui ..... Remedy's Rx  
 David Onizuka ..... Shoppers Drug Mart  
 Laurene Pang ..... Remedy's Rx  
 Parag Shah ..... Shoppers Drug Mart  
 Robert Tran ..... Wal Mart Pharmacy

**BANCROFT**

Katherine Armour ..... Bancroft IDA Drug Mart  
 Angela Sattler ..... Shoppers Drug Mart

**BARRIE**

Faris Al Akeedi ..... Costco Pharmacy  
 Paula Bouchard Howe ..... Royal Victoria Hospital  
 Andrea Desrosiers ..... Shoppers Drug Mart  
 Alireza Goudarzi ..... Costco Pharmacy  
 Arulanathan Govender ..... Royal Medical Court Pharmasave  
 Sarah Haney ..... Wal Mart Pharmacy  
 Rebecca Hardwick ..... Royal Victoria Hospital  
 Kevin MacCarthy ..... Pharmasave Simcoe  
 Corinna Miller ..... Royal Victoria Hospital  
 Gregory Pierce ..... Medisystem Pharmacy

Alison Ross ..... Shoppers Drug Mart  
 Paula Wright ..... First Medical Pharmacy  
 Julie Yandt ..... Royal Victoria Hospital

**BARRY'S BAY**

Savminderjit Dhaliwall ..... St Francis Memorial Hospital

**BAYFIELD**

Adam McDowell ..... Pharmasave Michael's Pharmacy

**BEAMSVILLE**

Dianne Bocock ..... Rexall

**BEETON**

David Vanderwater ..... Shoppers Drug Mart

**BELLEVILLE**

Vanessa Buchko ..... Quinte Healthcare Corporation  
 Nicola Edwards Carswell ..... Quinte Healthcare Corporation  
 Dinie Engels ..... Quinte Healthcare Corporation  
 Sherrie Gao ..... Quinte Healthcare Corporation  
 Laura Heath ..... Quinte Healthcare Corporation  
 Andrea Johnston ..... Quinte Healthcare Corporation  
 Jennifer Leavitt ..... Quinte Healthcare Corporation  
 Sherry McConnell ..... Quinte Healthcare Corporation  
 Jugana Milosevic ..... Wal Mart Pharmacy

**BELMONT**

Albair Faltas ..... Belmont Pharmacy

**BOLTON**

Nabil Gobran ..... Total Health Pharmacy  
 Yin Siow ..... Shoppers Drug Mart

**BOWMANVILLE**

Nancy Coffey ..... Bowmanville Clinic Pharmacy Limited  
 Prem Raja ..... Shoppers Drug Mart  
 Patricia Rice ..... Bowmanville Clinic Pharmacy Limited  
 Nan Zhao ..... Loblaw Pharmacy

**BRACEBRIDGE**

Leo Krahn ..... Rexall Pharma Plus

**BRAMALEA**

Maria Cardozo ..... Pharma Plus  
 Salwa Mekhail ..... North Bramalea Pharmacy

**BRAMPTON**

Seema Ahmed ..... Costco Pharmacy  
 Alvin Ashamalla ..... Brampton Civic Hospital  
 Jaspreet Bajaj ..... Father Tobin Pharmacy  
 Jay Barat ..... Brampton Civic Hospital  
 Kiran Bassan ..... West Brampton Pharmacy  
 Ada Ceci ..... Rexall  
 Kalpesh Chauhan ..... Shoppers Drug Mart  
 Roger Daher ..... Pharmasave  
 Nader Danyal ..... Methadrug  
 Jasmine Dhanoa ..... BramQueen Pharmacy  
 Abhaya Dixit ..... Dukh Bhanjan Pharmacy  
 Sherif El Sabakhawi ..... Shoppers Drug Mart  
 Cosimo Fragomeni ..... Vodden Medical Arts Pharmacy  
 Sarah Gartenburg ..... Brampton Civic Hospital  
 Awais Hanif ..... Brampton Civic Hospital

Rania Hanna	Shoppers Drug Mart
Emad Henein	Bramdale Pharmacy
James Hernane	Shoppers Drug Mart
Momeena Hussain	Wal Mart Pharmacy
Alnoor Kassam	Southgate Pharmacy
Ram Kaushik	Rexall
Sharanjit Khachh	Shoppers Drug Mart
Carolyn Khan	Queen Lynch Pharmacy
Munawar Khan	Costco Pharmacy
Sunitha Kondoor	Shoppers Drug Mart
Bhaves Kothari	Ace Pharmacy
Saima Mahmood	Shoppers Drug Mart
Marina Mani	Castlemore Pharmacy
Rose Margaret	Rexall
Samuel Messiha	Shoppers Drug Mart
Amna Mian	Brampton Civic Hospital
Amarjit Midha	Shoppers Drug Mart
Hossam Moustafa	Wal Mart Pharmacy
Nishant Parikh	Westbram Pharmacy
Jayantkumar Patel	Connaught Place Pharmacy
Meena Patel	Shoppers Drug Mart
Sangeeta Patel	Charolais Pharmacy
Ann Petgrave	Brampton Civic Hospital
Celia Prioste Galle	Main St Pharmacy
Muneera Qureshi	Brampton Medical Plex Pharmacy
Andria Reich	Springdale Pharmacy
Nina Riar	Zellers Pharmacy
Ethel Rizari	Shoppers Drug Mart
Asif Rizvi	Brampton Civic Hospital
Domenico Romano	Shoppers Drug Mart
Neven Saad	Greencross Drugs
Fatema Salem	Wal Mart Pharmacy
Nadeem Sayani	Connaught Place Pharmacy
Ashish Sheth	Zellers Pharmacy
Hany Silwanes	Conestoga Pharmacy
Anoop Singh	Brampton Civic Hospital
Parvinder Singh	Bramcentre Pharmacy
Shuchita Srivastava	Drugstore Pharmacy

## BRANTFORD

Luke Agada	Shoppers Drug Mart
Rosmarie Bauer	The Brantford General Hospital
Bruno Bove	Shoppers Drug Mart
Jennifer D'Souza	The Brantford General Hospital
Jennifer Jones	The Brantford General Hospital
Gowtham Kavikondala	Shoppers Drug Mart
Denise O'Hanian	Rexall Dell Pharmacy
Lisa Reeder	The Brantford General Hospital
Andrew Shi	Loblaws Pharmacy

## BRIGHTON

Peter Arbiter	Rexall Pharma Plus
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## BRIGHTS GROVE

Robert Cowan	Shoppers Drug Mart
Abdul Haffejee	Shoppers Drug Mart
Kelly Haggerty	Bright's Grove Family Pharmacy

## BROCKVILLE

Carolyn Burpee	Shoppers Drug Mart
Stephanie Freake	Shoppers Drug Mart
Islam Ghazi	Brockville General Hospital
Ronald Harrison	Brockville General Hospital
Mark Leslie	Shoppers Drug Mart
Akash Luhadia	Wal Mart Pharmacy
John Silke	Wal Mart Pharmacy

## BURLINGTON

Tahseen Abedi	Classic Care Pharmacy
Najat Abu Halimeh	Jasmin Pharmacy
Dorcas Adeoye	Costco Pharmacy
Marvin Basar	Shoppers Drug Mart

Fred Chung	Innomar Specialty Pharmacy
Marilyn Cousins	Classic Care Pharmacy
Ashley Desouza	Smartmeds Pharmacy
Dina Dichek	Joseph Brant Memorial Hospital
Nicole Do Souto	Joseph Brant Memorial Hospital
Jason Handa	Smartmeds Pharmacy
Tauseef Hassan	Smartmeds Pharmacy
Dina Ibrahim	Shoppers Drug Mart
Sanjay Jariwala	The Medicine Shoppe
Yusuf Khanbhai	Classic Care Pharmacy
Sanjay Khosla	Shoppers Drug Mart
Manjeet Pannu	Appleby Pharmacy
Ludmilla Queiroz	Classic Care Pharmacy
Ranjeev Singh Sandhu	Caroline Family Health Team of Burlington
Chee Kong Shi	Halton Family Pharmacy
Sandhya Sukul	Costco Pharmacy

## CAMBRIDGE

Shazia Ashraf	Drugstore Pharmacy
Salwa Hanna	Cambridge Memorial Hospital
Permdip Johal	Cambridge Memorial Hospital
Christine Lau	Cambridge Memorial Hospital
Jason Lee	Drugstore Pharmacy
Thomas McFarlane	Cambridge Memorial Hospital
Rana Mimar	Drugstore Pharmacy
Kuveshan Naidoo	Shoppers Drug Mart
Sanjay Patel	Drugstore Pharmacy
Bashir Sachoo	Shoppers Drug Mart
Muhammad Saji	Forbes Park Pharmacy
Natalie Scott	Cambridge Memorial Hospital
Gregory Streppel	Langs Medical Pharmacy
Ellen Thomas	Preston Medical Pharmacy
Michael Tsandelis	Wal Mart Pharmacy
Karen Wells	Cambridge Memorial Hospital
Susan Winter	Coronation Medical Pharmacy

## CARLETON PLACE

Abolhasan Ahangaran	Drugstore Pharmacy
Ashraf Al Taslaq	Carleton Place IDA Drugmart
James Steeves	Shoppers Drug Mart

## CHATHAM

Ulonna Biodun Adefarasin	Wal Mart Pharmacy
Janet Johnston	Chatham Kent Health Alliance
Nancy Kay	Chatham Kent Health Alliance
Christopher Mazaris	Shoppers Drug Mart

## COBOURG

Robert Scherz	Zellers Pharmacy
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## COCHRANE

Savminderjit Dhaliwall	The Lady Minto Hospital
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## COLLINGWOOD

Lesley Paul	Stuart Ellis Pharmacy
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## CONCORD

Carmen Li	Shoppers Drug Mart
Peter Shams	Shoppers Drug Mart

## CORNWALL

Erica Cumming	Shoppers Drug Mart
Eslam Hamed	Shoppers Drug Mart
Jane McCain	Shoppers Drug Mart
Joenaída Namingit	Cornwall Medical Pharmacy

## PRECEPTORS

Rachelle Ouellet .....Cornwall Medical Pharmacy  
Anishkumar Sanghavi.....Cornwall Community Hospital

### COURTICE

Louise Smith.....Health Centre Pharmacy

### DEEP RIVER

Philip Cahoon.....Harding's Pharmacy

### DELHI

Jane Bamford.....Pharmasave  
John Stanczyk.....Pharmasave

### DON MILLS

Ahsan Khan.....Guardian Medi Pharm Pharmacy  
Shelina Salehmohamed.....Shoppers Drug Mart  
Vasiliki Theofilopoulos.....Shoppers Drug Mart

### DOWNSVIEW

Sarah Awadalla.....Total Health Pharmacy  
Mandeep Bharaj.....Shoppers Drug Mart  
Darren Hu.....Humber River Regional Hospital  
Safwat Khair.....The Medicine Shoppe  
Jaymesh Khetia.....Shoppers Drug Mart  
Fady Suliman.....Oakdale Pharmacy

### DUNDAS

Dipakrai Mistry.....Lee's Dundas Pharmacy

### DUNNVILLE

Ashwin Gandhi.....Grand River Pharmacy  
Philip Hauser.....Hausers Pharmacy

### DUTTON

Ronald Campigotto.....Highland Pharmacy

### EAST GWILLIMBURY

Atossa Babaie Nami.....Costco Pharmacy  
Eliza Chu.....Costco Pharmacy  
Parinaz Saifi.....Costco Pharmacy

### ELLIOT LAKE

Jay Reaume.....Shoppers Drug Mart  
Cresencio Villangca.....Drugstore Pharmacy

### ELMIRA

Stefan Gudmundson.....Shoppers Drug Mart

### ERIN

Myrtle Lesco.....Pharma Plus

### ESPANOLA

Erin Dearing.....Espanola General Hospital  
Karen Lalonde.....Remedy's Rx

### ESSEX

James Craig.....Shoppers Drug Mart

### ETOBICOKE

Michael Abdelmalak.....Cloverdale Clinic Pharmacy  
Muhammad Ashraf.....Woodbine Pharmacy  
Marta Cunha.....Drugstore Pharmacy  
Hai Ling Huang.....Medical Pharmacy  
Raouf Ibrahim.....Stonegate Community Pharmacy (IDA)  
Patrick Joseph.....Total Health Pharmacy  
Anne Lee.....Medical Pharmacy  
Emad Mankaruos.....Sav On Drug Mart  
Elena Mikhaelian.....Costco Pharmacy  
Dipika Patel.....Total Health Pharmacy  
Ian Stewart.....Shoppers Drug Mart  
Ragavan Sundaramoorthy.....Shoppers Drug Mart  
Adesh Vora.....Total Health Pharmacy  
Okhwa Yi.....Cosmo Pharmacy  
Jie Young Youn.....Shoppers Drug Mart  
Vyacheslav Zlydennyy.....Markland Wood Pharmacy Limited

### EXETER

Natalie Korotky.....Drug Store Pharmacy

### FERGUS

Catherine Freeman.....Loblaw Pharmacy  
Mary McKenzie.....Loblaw Pharmacy

### FONTHILL

Ronald Parton.....Fonthill Pharmasave  
Franco Sicoli.....Shoppers Drug Mart

### FOREST

Al Karim Ladak.....Forest Pharmasave

### FORT ERIE

John Beach.....Wal Mart Pharmacy  
Joseph Seliske.....Douglas Memorial Hospital

### FORT FRANCES

Amanda Allan.....Pharmasave Clinic Pharmacy

### GARSON

Sean Simpson.....Nickel Centre Pharmacy

### GEORGETOWN

Nicolette Hillebrand.....Halton Healthcare

### GLOUCESTER

Tanya Rodrigues.....Costco Pharmacy  
Jason Tran.....Costco Pharmacy

### GRIMSBY

Alykhan Kassam.....Shoppers Drug Mart

### GUELPH

Catherine Brown.....Guelph Family Health Team  
Judith Krusky.....Guelph General Hospital  
Raymond Lam.....Homewood Health Centre  
Kenneth Manson.....Rexall Pharma Plus  
Jane McKaig.....Drugstore Pharmacy  
Mark McNamara.....Shoppers Drug Mart  
Radmila Obradovic.....Homewood Health Centre  
Suzy Rouman.....Speedvale Pharmasave & Compounding Centre

Jennifer Smith ..... Drugstore Pharmacy  
Edwin Yau ..... Rexall Pharma Plus

## HAGERSVILLE

David Millar ..... West Haldimand General Hospital

## HALIBURTON

Gary Chow ..... Rexall

## HAMILTON

Mohamed Abbas ..... Mohawk Drug Mart  
Mina Antonios ..... Shoppers Drug Mart  
Nancy Birchenough ..... Rexall Dell Pharmacy  
Anna Brooks ..... Juravinski Hospital  
Deborah Chang ..... St. Joseph's Hospital  
Hoi Choi ..... St. Joseph's Hospital  
Rosa Chow ..... Cancer Centre Pharmacy  
Anthony Cinquina ..... Victoria Pharmacy  
Jordan Cross ..... McMaster University Medical Centre  
Christa Connolly ..... St. Joseph's Hospital  
Susan Davidson ..... Juravinski Cancer Centre  
Samuel Dyer ..... Loblaw Pharmacy  
Ayman El Attar ..... Daniel Drug Mart  
Ehab Fayez ..... Shoppers Drug Mart  
Linda Ghobrial ..... Juravinski Cancer Centre  
Ali Ghoreshi ..... Main Methaclinic Pharmacy  
Ramon Goomber ..... Charlton Medical Pharmacy  
Shari Gray ..... Hamilton Health Sciences Corp  
Jafar Hanbali ..... Shoppers Drug Mart  
Wassim Houneini ..... Shoppers Drug Mart  
Young Huh ..... St. Joseph's Hospital  
Janice Hunks ..... Shoppers Drug Mart  
Andrew Hurley ..... Wal Mart Pharmacy  
Muhammad Ishfaq ..... Shoppers Drug Mart  
Susan Janssens ..... Doctor's Choice Pharmacy  
Luay Khaled ..... Shoppers Drug Mart  
Michael Korkut ..... Mediserve Pharmacy  
Damiani Kotsios ..... Cancer Centre Pharmacy  
Betty Kurian ..... People's Pharma Choice  
Prabha Kurian ..... Shoppers Drug Mart  
Magali Laprise Lachance ..... St. Joseph's Hospital  
Kathleen Leach ..... Sutherland's Pharmacy Limited  
Robert Lewis ..... Hamilton Health Sciences Corp  
Kim Ngoc Lu ..... Juravinski Hospital  
Teresa McGinley ..... Hamilton Health Sciences Corp  
Roman Moroz ..... Rexall Dell Pharmacy  
Olivera Muratovic ..... Shoppers Drug Mart  
Maninder Nagra ..... Shoppers Drug Mart  
Patience Olisemeka ..... Pharma Plus  
Stephanie Olthof Gilbreath ..... Marchese Pharmacy  
Nita Patel ..... Westmount Pharmacy  
Phyllis Patzalek ..... Medical Arts Pharmacy  
Lalitha Polamreddy ..... Centre For Mountain Health Services  
David Rodden ..... Shoppers Drug Mart  
Laura Savatteri ..... Marchese Pharmacy  
Ehab Sefain ..... King Medical Pharmacy  
Usama Shamshon ..... Lopresti Pharmacy  
Alison Shipley ..... St. Joseph's Hospital  
Khalid Syed ..... Shoppers Drug Mart  
Ramsis Tadrus ..... Shoppers Drug Mart  
Sylvie Trudel Chow ..... Hamilton Health Sciences Corp  
Lillian Tumalian ..... Remedy's Rx Healthcare Plus Pharmacy  
Elizabeth Tung ..... McMaster Pharmacy  
Christine Wallace ..... St. Joseph's Hospital  
Natalie Yee ..... Cancer Centre Pharmacy  
Christine Yu ..... Shoppers Drug Mart  
Ashraf Zaki ..... Queenston Pharmacy

## HANMER

Gregory Balaz ..... Valley Plaza Pharmacy Pharmasave  
Giovanni Lagiorgia ..... Drugstore Pharmacy

## HANOVER

Michele Scarborough ..... Hanover Pharmasave  
Yusuf Suida ..... Wal Mart Pharmacy

## HARRISTON

Stanley Cushing ..... Acheson Pharmacy Ltd

## HAWKESBURY

Abdel Hakim Ait Aoudia ..... Pharmacie Jean Coutu Pharmacy  
Roxana Gorun ..... Loblaw Pharmacy  
Lyne Hebert Maillette ..... Hawkesbury & District Gen Hosp  
Sylvie Robillard ..... Jean Coutu Sante 484

## HENSALL

Mammdouh Haddad ..... Hensall Pharmacy

## HUNTSVILLE

Troy Cox ..... Pharmasave  
Susan Lang ..... Muskoka Algonquin Healthcare  
Carolyn Murray ..... Loblaw Pharmacy

## INNISFIL

Brent Chan ..... Shoppers Drug Mart

## JARVIS

Vinod Gandhi ..... Cavanagh IDA Pharmacy

## KANATA

Georges Farah ..... Shoppers Drug Mart  
Kamilia Hanna ..... Costco Pharmacy  
Joey Maltais ..... Shoppers Drug Mart  
Ashok Patel ..... Loblaw Pharmacy  
Jason Tran ..... Costco Pharmacy

## KAPUSKASING

Nadia Giancola ..... Rexall  
Jocelyn Lewis ..... Shoppers Drug Mart

## KEMPTVILLE

Jamie Temple ..... Shoppers Drug Mart

## KENORA

Danielle Mae Lajeunesse ..... Loblaw Pharmacy

## KESWICK

Alexander Anapolsky ..... Shoppers Drug Mart

## KINCARDINE

Kristen Ban ..... Shoppers Drug Mart

## KING CITY

Haiderali Meghjee ..... King City Pharmacy

## KINGSTON

Ann Ajram ..... Costco Pharmacy  
Nicole Armstrong ..... Rexall Pharma Plus  
Julie Carriere ..... Ongwanada Pharmacy  
Joel Donnelly ..... Medical Arts Pharmacy  
Adam Doyle ..... Shoppers Drug Mart  
Scott Ford ..... Shoppers Drug Mart  
Gunther Ha ..... Kingston General Hospital

## PRECEPTORS

Selmin Hincer .....Rexall Pharma Plus  
George Ho.....Medisystem Pharmacy  
Mary Ho.....Regional Pharmacy  
Bozica Kokanovic Popovic.....Loblaw Pharmacy  
William Legere.....Kingston General Hospital  
Paula Newman.....Kingston General Hospital  
Hitesh Patel.....Loblaw Pharmacy  
Louise Reynen.....Drugstore Pharmacy  
Gillian Turnbull.....St. Mary's of the Lake Hospital

### KIRKLAND LAKE

Jennifer Goulding.....BDR Drug Mart  
Chad Wallace.....Kirkland Pharmacy

### KITCHENER

Ehab Abdel Sayed.....The Tannery Pharmasave  
Michael Abdelmalak.....Health Park Pharmacy  
Rebecca Agar.....St. Mary's General Hospital  
Shamim Asif.....Shoppers Drug Mart  
Yehia Atia.....Health Park Pharmacy  
Susan Bain.....Medical Village Pharmacy Inc.  
Rabinder Bains.....Zellers Pharmacy  
Chandra Bompalli.....Loblaw Pharmacy  
Amgad Elgamal.....Shoppers Drug Mart  
Annapurna Gandikota.....Wal Mart Pharmacy  
Melanie Gillison.....St. Mary's General Hospital  
Erin Hunt Dienesch.....St. Mary's General Hospital  
Michael Johnson.....Wal Mart Pharmacy  
Tency Kadavil.....Pharma Plus  
Andrea Kelly.....St. Mary's General Hospital  
Lucinda Kwan.....St. Mary's General Hospital  
Sanjita Laing.....Medical Pharmacy  
Nusrat Muhammad.....Costco Pharmacy  
Janice Nuque.....Wal Mart Pharmacy  
Goran Petrovic.....The Grand River Hospital  
Maged Saad.....Shoppers Drug Mart  
Klarida Serjani.....Shoppers Drug Mart  
Bela Shah.....Shoppers Drug Mart  
Nabil Shaker.....Frederick Mall Pharmacy  
Todd Spetter.....Methadrug  
Shaun Toolsie.....Reipert Pharmasave

### LASALLE

George El Turk.....Essential Pharmacy  
Anindya Sinha.....Andy's Pharmacy and Wellness Centre

### LEAMINGTON

Dawnmarie Field.....Leamington Medical Pharmacy  
Oluwadamilola Gbadamosi.....Zehrs Drugstore Pharmacy  
Natalie Morse.....Wal Mart Pharmacy  
Jayant Patel.....Leamington Wellness Pharmacy

### LEVACK

Amanda Edward.....Levack Pharmacy

### LINDSAY

Deborah Bruyns.....Rexall Pharma Plus  
Michael Cavanagh.....Kawartha Lakes Pharmacy  
Susan Fockler.....Ross Memorial Hospital  
Teresa Stanavech.....Ross Memorial Hospital

### LISTOWEL

Pascal Niccoli.....Shoppers Drug Mart  
Marina Pinder.....Drugstore Pharmacy

### LIVELY

Vahid Ghorbani.....Drugstore Pharmacy  
James Palys.....Lively Pharmacy

## LONDON

Nadia Amadio.....Shoppers Drug Mart  
Sarah Arbeau.....North Tower Prescription Centre  
Gerhard Banman.....Rexall Specialty  
Graham Barham.....Shoppers Drug Mart  
Delio Bartolozzi.....Pharma Plus  
John Baskette.....London Health Sciences Centre  
Elke Bohdanowicz.....London Health Sciences Centre  
Anne Bombassaro.....London Health Sciences Centre  
Joseph Boudreau.....Shoppers Drug Mart  
Sarah Burgess.....London Health Sciences Centre  
Colleen Bycraft.....London Health Sciences Centre  
Robert Campbell.....Beaverbrook Pharmacy  
Ronald Chilelli.....Prescription Shop  
Shannon Conliffe.....Pharma Plus  
Felvant De Padua.....Shoppers Drug Mart  
Mark Delamere.....Oxford Medical Pharmacy  
Allykhan Dhalla.....London Health Sciences Centre  
Karan Dhami.....Shoppers Drug Mart  
Patricia Dool.....London Health Sciences Centre  
Patricia Francis.....Prescription Shop  
Rhonda Freeman.....Parkwood Hospital  
Cynthia Garrick.....Prescription Centre  
Christine Gawlik.....London Health Sciences Centre  
Dagmara Gluszynski.....Wal Mart Pharmacy  
Bogumila Gurgul.....Pharma Plus  
Nina Hanif.....My Care Pharmacy  
Asteir Hanna.....Ernest Pharmacy  
Celia John.....London Health Sciences Centre  
Shamez Kassam.....Chapmans Pharmacy  
Claire Knauer.....Shoppers Drug Mart  
Daniel Kutz.....Rexall Pharma Plus  
Joel Lamoure.....London Health Sciences Centre  
Nisha Lattanzio.....Wal Mart Pharmacy  
Joanne Lau.....London Health Sciences Centre  
David Ledger.....Wortley Village Pharmasave  
Yun Leung.....Pharma Plus  
Syed Mahmood.....Shoppers Drug Mart  
Wing Ki Marini.....London Health Sciences Centre  
Lynne Montpetit Kelly.....London Health Sciences Centre  
Sophie Myner Dhalla.....Shoppers Drug Mart  
Siamak Nassori.....Costco Pharmacy  
David Perlman.....Shoppers Drug Mart  
Marcie Prior.....Shoppers Drug Mart  
Irina Rajakumar.....London Health Sciences Centre  
Rebecca Rock.....London Health Sciences Centre  
Hubert Sashegyi.....Medical Pharmacy  
Lori Sax.....London Health Sciences Centre  
Sharon Semchism.....Prescription Shop  
Raied Shatara.....Costco Pharmacy  
Karen Skubnik.....Classic Care Pharmacy  
Kelly Smith.....London Health Sciences Centre  
Amanda Suarez.....London Health Sciences Centre  
Betty Wright.....Pharma Plus  
Paul Yip.....Pharma Plus  
Eiman Zourob.....Wal Mart Pharmacy

## MAPLE

Daniel Fazzari.....Maple Guardian Pharmacy  
Ahsan Khan.....I.D.A Medi Pharm Pharmacy

## MARKHAM

George Abd El Messih.....Costco Pharmacy  
Nadine Awadalla.....Main Drug Mart  
Safaa Azziz.....Costco Pharmacy  
Hamat Bhana.....Shoppers Drug Mart  
Michael Chowdhury.....Wal Mart Pharmacy  
Derek Ho.....Shoppers Drug Mart  
Christine Howe.....Markham Stouffville Hospital  
Kinh Huynh.....Shoppers Drug Mart  
Dilip Jain.....Shadlock Steeles Pharmacy  
Hui Jin.....Costco Pharmacy  
Deborah Katchky.....Dale's Pharmacy

Saleem Khamis	Hillcroft Pharmacy
Jennifer Kwong	Shoppers Drug Mart
Kamna Leekha	Shoppers Drug Mart
Ying Lui	Wal Mart Pharmacy
Mamdouh Menkarios	Main Drug Mart
Charing Ng	Markham Stouffville Hospital
Faranak Pashang	Costco Pharmacy
Fanny Poon	Applecreek Pharmacy
Mukta Rathore	Loblaws Pharmacy
Michael Sung	Health With Care Pharmacy
Manizheh Toutouchian	Costco Pharmacy
Cecilia Wong	Markham Stouffville Hospital

**MASSEY**

Heather Preuss	Janeway PharmaChoice
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**MEAFORD**

Kristin Davies	Muxlow Pharmacy Limited
David Glass	Muxlow Pharmacy Limited

**MIDLAND**

Jason Mackie	Arcade and Jory Guardian Pharmacy
Vaughan Mallows	Georgian Bay General Hospital

**MILTON**

Renu Choudhary	Shoppers Drug Mart
Sherif Garras	Total Health Pharmacy
Michael Gobran	Maple Medical Pharmacy
Monika Gorska Kijak	Zellers Pharmacy
Hee Jeon	Rexall
Manpreet Kular	Medicine Shoppe Pharmacy
Joseph Lum	Shoppers Drug Mart
Rania Makar	Milton Square Pharmacy
Mariana Miron	Wal Mart Pharmacy
Gehan Nazmy	Total Health Pharmacy
Hany Philips	St. George Pharmacy
Chantalle Saad	Hawthorne Pharmacy
Vivian Salib	Total Health Pharmacy

**MISSISSAUGA**

Dima Abdullaheem	Costco Pharmacy
Jauher Ahmad	Shoppers Drug Mart
Navid Ahmad	Battleford Pharmacy Inc
Adnan Ahmed	Shoppers Drug Mart
Eiman Amin	Noor Drug Mart
Mina Awad	City Care Pharmacy
Ehab Aziz	Marcos Pharmacy
Farid Aziz	Shoppers Drug Mart
Manuela Berbecel	Costco Pharmacy
Mandy Bibawi	The Credit Valley Hospital
Narinder Bining	The Trillium Health Centre
Branka Bradic	The Credit Valley Hospital
Pui Kar Chan	Shoppers Drug Mart
Nadim Chaudhry	Carl's Pharmacy
Lot Chee	Wal Mart Pharmacy
Angelo Dias	Derry Village IDA
Sangita Doshi	The Trillium Health Centre
Sahar El Narekh	Total Health Pharmacy
Wael El Zahabi	Midnite Pharmacy
Mohamed Elsbakhawi	Shoppers Drug Mart
Monaliza Esguerra	Shoppers Drug Mart
Tarek Gamaleldin	Shoppers Drug Mart
Adel Gergis	Glenderry Pharmacy
Mariam Ghattas	Total Health Pharmacy
John Girgis	Apple Hills Medical Pharmacy
Michelle Goh	Rexall Pharma Plus
Spiridon Goussios	Credit Valley Pharmacy
Mohamad Haj Bakri	Hiway 10 Pharmacy
Marian Hanna	Churchill Meadows Pharmacy

Khurram Hussain	Shoppers Drug Mart
Ksenija Jankovic	Shoppers Drug Mart
Jennifer Kallu	Shoppers Drug Mart
Neema Kapadia	The Trillium Health Centre
Sabina Kapoor	Shoppers Drug Mart
Anwar Khan	Zellers Pharmacy
Jiwon Kim	The Credit Valley Hospital
Alaric Kimson	Wal Mart Pharmacy
Gurdeep Kithoray	Shoppers Drug Mart
Firas Kiyork	Medical Building Pharmacy
Vincenzo Lamonica	Derry Road Pharmacy
Ameesh Lekhi	Shoppers Drug Mart
Aysha Lodhi	Jennas I.D.A. Pharmacy
Duy Luong	Shoppers Drug Mart
Jagjit Maghera	Shoppers Drug Mart
Tamer Mahrous	Eglinton Churchill Medical Pharmacy
Rick Mak	Zellers Pharmacy
Rania Melek	Living Arts Pharmacy (Remedy's Rx)
Nabil Morgan	Cooksville Pharmacy Limited
Mona Naguib	St. Mary Dixie Pharmacy
Jack Overland	The Credit Valley Hospital
Anand Parikh	Meadowvale Professional Centre Pharmacy
Jai Patel	Unicare Pharmacy
Shilpa Pattani	Shoppers Drug Mart
Narinder Pharwaha	Shoppers Drug Mart
Victoria Pilkington	The Trillium Health Centre
Tajammal Qureshi	Battleford Pharmacy Inc
Archita Rai	Wal Mart Pharmacy
Jasbir Rajput	Zellers Pharmacy
Tarulata Ravji	Shoppers Drug Mart
Lilian Santos	Heritage Hills Pharmacy
Qaisar Shafqat	Battleford Pharmacy Inc
Peter Shalvardjian	Shoppers Drug Mart
Ashish Sheth	Floradale Medical Pharmacy
Sandra Shin	Marketplace Pharmacy
Sameh Sidrak	King Medical Arts Pharmacy
Nancy Simonot	N.K.S. Health
Maged Soliman	Janepharm Drug Mart
Anmol Soor	Shoppers Drug Mart
Yousuf Syed	Costco Pharmacy
Christine Tadros	Dream Crest Pharmacy
Hing Tam	Cooksville Pharmacy Limited
Timothy Towers	Keene Pharmacy
Asim bin Waheed	Costco Pharmacy
Barbara Wong	Calea
Yvette Youssef	Centre City Pharmacy
Syed Zaidi	Greenfield Pharmacy

**MITCHELL**

William Appleby	Walthers IDA Pharmacy
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**MOUNT BRYDGES**

Diane Staines	Southwest Middlesex Health Centre Pharmacy
Daniel Untch	CDS Pharmacy

**NEPEAN**

Tamer Badawy	Medisystem Pharmacy
Angela Frankenne	Loblaws Pharmacy
Shubha Nagnur	Queensway Carleton Hospital

**NEW LISKEARD**

Andrew McCaig	Findlay's Drug Store
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**NEWMARKET**

Hoda Ibrahim	Newmarket Pharmacy
Julianne Labelle	Southlake Regional Health Centre
Bryan Pick	Southlake Regional Health Centre
Anisa Shivji	Rexall

**NIAGARA FALLS**

Ashraf Boulus .....Loblaw Pharmacy  
 James Friesen .....The Greater Niagara General Hospital  
 Frederick Hammond .....The Greater Niagara General Hospital  
 Adrienne Kurpis .....The Greater Niagara General Hospital  
 Sonja Linta .....Pharmachoice  
 Ihab Rezkalla .....Valley Way Pharmacy

**NORTH BAY**

Kalvin Brown .....Kalvin Brown Pharmasave  
 Lyla Burnett .....Pharma Plus  
 Michele Cameron .....North Bay Regional Health Centre  
 Enrich Co .....Pharmacy  
 Mary Godreau .....Shoppers Drug Mart  
 Biqi He .....Shoppers Drug Mart  
 Curtis Latimer .....Shoppers Drug Mart  
 Kimberley Lazaridis .....North Bay Guardian Pharmacy  
 Ronnie McFadden .....North Bay Regional Health Centre  
 Yasser Mohamed .....North Bay Regional Health Centre  
 Victoria Nichol .....Medical Pharmacy  
 Veronica Prior .....North Bay Regional Health Centre  
 Lisa Randall .....North Bay Regional Health Centre  
 Pamela Simpson .....Pharmasave

**NORTH YORK**

Ahmed Abou Zeid .....Finch Weston Medical Pharmacy  
 Dakshesh Amin .....York Gate IDA Drug Mart  
 Yuen Chan Lau .....North York General Hospital  
 Cindy Cheong .....Main Drug Mart  
 Jenny Chiu .....North York General Hospital  
 Joyce Choy .....North York General Hospital  
 Sanaz Darki .....Shoppers Drug Mart  
 Tamara Douglas .....North York General Hospital  
 Janice Fan .....North York General Hospital  
 Slavica Fincur .....York Downs Pharmacy  
 Michel Iskander .....Main Drug Mart  
 Grace Lee .....St. John's Rehabilitation Hospital  
 Marisa Lin .....St. John's Rehabilitation Hospital  
 Esther Liu .....North York General Hospital  
 Zahra Pouya .....Shoppers Drug Mart  
 Yevgeniya Soroka .....Shoppers Drug Mart  
 Sylvia Tadros .....Shoppers Drug Mart  
 Norman Tang .....North York General Hospital Pharmacy  
 Kim Truong .....North York General Hospital Pharmacy  
 Sau Wong .....Shoppers Drug Mart  
 Sonia Yam .....North York General Hospital

**NORWICH**

John Chang .....Shoppers Drug Mart

**OAKVILLE**

Edward Akladios .....Kingsridge Pharmacy  
 Adel Bebawy .....Queen's Drug Mart  
 Fabio De Rango .....Shoppers Drug Mart  
 Jacqueline Duyile .....Halton Healthcare Services  
 Mena Fanous .....Pharma Sense  
 Sherif Gendy .....White Oaks Pharmacy  
 Michael Gouda .....Shoppers Drug Mart  
 Amgad Hakim .....River Oaks Medical Pharmacy  
 Nasreen Karim .....Postmaster IDA  
 Dominic Kwok .....Shoppers Drug Mart  
 Aly Khan Mussani .....Madill Pharmacy  
 Kamal Powar .....Halton Healthcare Services  
 Rania Saghir .....Shoppers Drug Mart  
 Emad Sourial .....Oak Park Community Pharmacy  
 Felix Tam .....Pharmacy  
 Silvana Yassa .....Royal Oak Pharmacy

**OHSWEKEN**

Kimberly Corner .....Pharmasave

**ORANGEVILLE**

Daniel De Maria .....Shoppers Drug Mart  
 Catherine Morrison .....Headwaters Health Care Centre

**ORILLIA**

Rukhsana Ali .....Loblaw Pharmacy  
 Gloria Beazley Broad .....Shoppers Drug Mart  
 Leslie Braden .....Orillia Soldiers' Memorial Hospital  
 Christina Chung .....Shoppers Drug Mart  
 Angela Crichton .....Rexall Pharma Plus  
 Heather Dunlop .....Orillia Soldiers' Memorial Hospital  
 David Freeman .....Orillia Soldiers' Memorial Hospital  
 Tiffany Hawkes .....Orillia Soldiers' Memorial Hospital  
 Nora Jackiw .....Orillia Soldiers' Memorial Hospital  
 Uchenna Onwuocha .....Wal Mart Pharmacy  
 Vera Smith .....Orillia Soldiers' Memorial Hospital  
 Serena Smith .....Shoppers Drug Mart  
 Yash Vashishta .....Loblaw Pharmacy

**ORLEANS**

Guy Caron .....Beausejour Clinic Pharmacy Ltd  
 Raafat Khalil .....St. Mary Health Center Pharmacy  
 Marc Nashed .....Asclepios Pharmacy  
 Ngoc thanh Phan .....Wal Mart Pharmacy  
 Essame Thabet .....Shoppers Drug Mart

**OSHAWA**

John Antony .....The Medicine Shoppe  
 Viveka Appadoo .....Clinic Pharmacy  
 Neha Dengre .....Loblaw Pharmacy  
 Maxine Fitzgerald .....Lovell Drugs Limited  
 Sarah Robertson .....Lovell Drugs Limited  
 Yahya Salem .....Clinic Pharmacy  
 Linda Skinner .....Lakeridge Health  
 Ba Trinh .....Clinic Pharmacy  
 Dileep Tripuraneni .....Loblaw Pharmacy

**OTTAWA**

Mohamed Abdalla .....Shoppers Drug Mart  
 Amira Abdalla .....Shoppers Drug Mart  
 Majed Abed .....Costco Pharmacy  
 Fatima Alibhai .....Classic Care Pharmacy  
 Jacinthe Auxrix Lefebvre .....Pharmacie Desjardins Limited  
 Mario Bedard .....The Ottawa Hospital  
 Helen Blanchard .....Children's Hospital Of Eastern Ontario  
 Antranik Boghossian .....Bell Pharmacy  
 Siphone Boualavong .....Pharma Plus  
 David Cecillon .....University Of Ottawa Heart Institute  
 Cindy Changoor .....Shoppers Drug Mart  
 Lillian Chisholm .....Shoppers Drug Mart  
 Richard Cho .....Costco Pharmacy  
 Kathryn Coleman .....Classic Care Pharmacy  
 Ra'ed Darras .....Shoppers Drug Mart  
 Paul Davies .....Glebe Apothecary  
 Navjoet Dhillon .....Shoppers Simply Pharmacy  
 Ali Elbeddini .....Loblaw Pharmacy  
 Samuel Fleming .....Bayshore Pharmacy Limited  
 Marie Delia Goulet .....Children's Hospital Of Eastern Ontario  
 Michael Guest .....Medico Dental Pharmacy  
 Bassem Guirguis .....Medical Arts Dispensary of Ottawa  
 Nabil Hanna .....Shoppers Drug Mart  
 Maryann Hopkins .....The Ottawa Hospital  
 Palmerina Howell .....Bruyere Continuing Care  
 Danica Irwin .....Children's Hospital Of Eastern Ontario  
 Robert Johns .....Montfort Hospital  
 Marie Jolin .....Bruyere Continuing Care  
 Eun Young Ju .....Shoppers Drug Mart  
 Suchdev Kalsi .....Wal Mart Pharmacy  
 Marie Pierre Lamarche .....Canadian Forces Health Services Centre Ottawa  
 Thi Le .....Montfort Hospital



Krista Leil	Shoppers Drug Mart
Adam Lloyd	Shoppers Drug Mart
Jane MacKenzie	The Ottawa Hospital
George MacPherson	Rexall Pharma Plus
Brittany Matthews	Glebe Apothecary
Ian McNeil	Hunt Club Pharmacy
Benny Mizrahi	Shoppers Drug Mart
Uzoamaka Onochie Roy	Ottawa Hospital
Norma Pearson	The Ottawa Hospital
Sue Pinnell	Shoppers Drug Mart
Virginia Pora	Sco Hospital
Mandana Pour Ghorban	Costco Pharmacy
Ishrat Rehmani	Drugstore Pharmacy
Adel Rizk	Shoppers Drug Mart
Dima Rustom	New Edinburgh Pharmacy
Karen Shore	Classic Care Pharmacy
Jennifer Spencer	The Ottawa Hospital
Carolyn Stewart	Children's Hospital Of Eastern Ontario
Jimrod Suello	We Care Pharmasave
Jennifer Swetnam	Shoppers Drug Mart
Joseph Thibault	Shoppers Drug Mart
Sallyanne Tierney	Bruyere Continuing Care
Narcisa Tripsa	Shoppers Drug Mart
My Hanh Truong	Montfort Hospital
Nisha Varughese	Children's Hospital Of Eastern Ontario
Cibele Walsh	Shoppers Drug Mart
Michael Watson	Watson's Pharmacy and Compounding Centre

## OWEN SOUND

Allegra Connor	DrugStore Pharmacy
Wanda Kazarian	Medical Pharmacy
Gordon Kletzel	Rexall Pharma Plus
Anne Kathleen Payumo	Pharma Plus
Marc Vacheresse	Grey Bruce Health Services

## PARIS

Maureen Balicki bencic	Sobeys Pharmacy
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## PARRY SOUND

Candace Pletzer	Pollard IDA Pharmacy
Stephanie Williams	Wal Mart Pharmacy

## PEMBROKE

Lynn Keon	Pembroke Regional Hospital
Joan Weise	Mulvihill Drug Mart
Jia Qi Wu	Shoppers Drug Mart

## PENETANGUISENE

Lori Livingston	Waypoint Centre for Mental Health Care
Sean Moore	Village Square Pharmacy

## PETAWAWA

Kwok Ling Lui	Base Hospital
Andrew Rey McIntyre	Shoppers Drug Mart

## PETERBOROUGH

Carolee Awde Sadler	Peterborough Regional Health Centre
Kiranjeet Garcha	Loblaw Pharmacy
Raj Kashyap	Kashyap's Pharmasave
Stephen Lovick	Medical Centre Pharmacy
Tracy Lycett	Medical Pharmacy
Brenden McReelis	Rexall
Warren Oake	Costco Pharmacy
Gregory Soon	Peterborough Regional Health Centre
Catherine White	Peterborough Regional Health Centre
El Younis	Westmount Pharmacy

## PICKERING

Christopher Dyanand	Shoppers Drug Mart
Adel Hanna	Glendale Pharmacy
Stephana Hung	Medical Pharmacies Group Inc
Ajish Prasad	Shoppers Drug Mart
Boi Tran	Loblaw Pharmacy

## PLANTAGENET

Nadine Niyongere	Pharmacie Plantagenet Pharmacy
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## PORT COLBORNE

Gary Matheson	Matheson's Drug Store
Joseph Seliske	Port Colborne General Hospital
Shailendra Sharma	Port Medical Pharmacy

## PORT PERRY

Fareea Mohammed	Durham Pharmacy
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## PORT ROWAN

Glenn Coon	Pharmasave
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## RENFREW

Margaret Lee	Rexall Pharma Plus
Andrew Ritchie	Aikenhead's Drug Store

## REXDALE

Rashin Fakhrian	William Osler Health Centre
Hina Marsonia	William Osler Health Centre
Suhas Nirale	Rexdale Pharmacy
Komal Pandya	Rexdale Pharmacy
Sheridan Sarhan	William Osler Health Centre
Lise Sau	William Osler Health Centre
Jashanjot Singh	William Osler Health Centre

## RICHMOND HILL

Kai Wing Au	A & W Pharmacy
Vera Avetissov	Shoppers Drug Mart
Imad Awadalla	Elgin Care Pharmacy
Brian Blatman	Mackenzie Richmond Hill Hospital
Giuseppe Colella	Shoppers Drug Mart
Magdy Yashoue Rizkalla Hanna	Total Health Pharmacy
Mohamedamin Jagani	Hayyan Healthcare
Francine Liu	Costco Pharmacy
Fai Lo	Shoppers Drug Mart
Richardo Loduca	Shoppers Drug Mart
Mark Mandlsohn	Shoppers Drug Mart
Ehab Mekhail	The Medicine Shoppe
Kit Ching Miu	FreshCo Pharmacy
Parissa Mortazavi	Mackenzie Richmond Hill Hospital
Massoud Motahari	Costco Pharmacy
Maged Naguib	Procure Pharmacy
Debra Ohara	Mackenzie Richmond Hill Hospital
Mirette Rafla	Elgin Care Pharmacy
Samy Saad	Richpoint Pharmacy
Serina Wong	Shoppers Drug Mart

## RIDGEWAY

Wessam Bashta	Brodies Drug Store
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## ROCKLAND

Ahmed Idrissi Kaitouni	Drugstore Pharmacy
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## PRECEPTORS

### SARNIA

Louise Bandiera	Bluewater Health	Mitton Site
John Baxter	Hogan Pharmacy	
Stefanie Bombardier	Shoppers Drug Mart	
Amrou Ibrahim	Rapids Pharmachoice	
Marcel Laporte	BMC Pharmacy	
Susan McQuaid	Shoppers Drug Mart	
Sameh Mekhaeil	Rapids Pharmachoice	
Karen Riley	Hogan Pharmacy	
Devotham Thangella	Loblaws Pharmacy	
June Weiss	Bluewater Health	Norman Site

### SAULT STE MARIE

Maria Coccimiglio	Sault Area Hospital	
Gregory Cummings	Shoppers Drug Mart	
Mary Davies	Sault Area Hospital	
Manuel Dos Reis	Medicine Shoppe	
Jordan Jack	Shoppers Drug Mart	
Dawn Jennings	Sault Area Hospital	
Tyler Kaupp	Medicine Shoppe	
Jordan Law	Group Health Centre Pharmacy	
Amanda Pozzebon	Sault Area Hospital	
Taryn Reid	Loblaws Pharmacy	

### SCARBOROUGH

Ahmad Abdullah	Shoppers Drug Mart	
Moe Amro	Shoppers Drug Mart	
Mariam Attia	Pharmasave	
Asad Baig	Shoppers Drug Mart	
Darshana Balpande	Shoppers Drug Mart	
Karen Barbiero	Centenary Health Centre	
Paul Baui	National Pharmacy	
Rubina Bhaidani	Remedy's Rx 3000 Medical Pharmacy	
Neil Bornstein	West Hill Pharmasave	
Carrie Boudreau	Scarborough Grace Hospital	
Sean Chai Chong	Providence Healthcare	
Patrick Chan	Providence Healthcare	
Joe Chin	Centenary Health Centre	
Anoja Devaranjan	Valueplus Pharmacy	
Fatima Dewji	Rexall	
Akil Dhirani	Village Square Pharmacy	
Jamil Ebrahimzadeh Ahari	Loblaws Pharmacy	
Douglas Gamoff	Surrey Drug Mart	
Ankur Gandhi	Markham Discount Pharmacy	
Nayre Garabet	Costco Pharmacy	
Debra Goldberg	Providence Healthcare	
Christina Habib	Costco Pharmacy	
Marina Hadar	Pharmore Pharmacy	
Patricia Hayton	Centenary Health Centre	
Jannet Hsieh	Centenary Health Centre	
Hoa Huynh	Shoppers Drug Mart	
Jerry Ip	Shoppers Drug Mart	
Ana Marie Kabigting	Rexall	
Pavlos Karakolis	Providence Healthcare	
Mohammed Khan	Pharmasave	
Betsy Ko Takounlao	Centenary Health Centre	
Remon Kot	Shoppers Drug Mart	
Karen Lam	A & W Pharmacy	
Khanh Le	Loblaws Pharmacy	
Loretta Kwok Yin Lee	The Scarborough General Hospital	
Wai Yee Lo	Centenary Health Centre	
Cecilia Lui	Centenary Health Centre	
Rajeshkumar Mehta	Health Check Pharmacy	
Chimanlal Mistry	Mornelle Drug Mart	
Leaggy Mwanza	Shoppers Drug Mart	
Medhat Nakhla	Port Union Pharmacy	
Dominic Ng	Shoppers Drug Mart	
Nasrin Pahlavanmiragha	Shoppers Drug Mart	
Dang Pham	Shoppers Drug Mart	
Maria Rascu	Shoppers Drug Mart	
Namiesh Seth	Shoppers Drug Mart	
Bhavin Shah	Eglinton Discount Pharmacy	
Parmanand Singh	Pharmasave	
Bijan Sohai	Costco Pharmacy	
Shiela Sombilon	National Pharmacy	

Sansanee Srihirun	Greystone Pharmacy	
Nevine Surani	National Pharmacy	
Elena Sze	The Scarborough General Hospital	
Claudia Tam	Scarborough Grace Hospital	
Suresh Thambirajah	Centenary Health Centre	
Vivian Tolentino	Loblaws Pharmacy	
Hanna Vo	The Scarborough General Hospital	
Adesh Vora	Total Health Pharmacy	
Victor Wong	Shoppers Drug Mart	
Ali Yehya	Quints Medical Pharmacy	
Norma Young	Scarborough Grace Hospital	

### SIMCOE

Tara Collver	Roulston's Discount Drugs Ltd	
Constance Eppel	Norfolk General Hospital	
Helen Jonker	Clark's Pharmasave Whitehorse Plaza	
Kareena Martin	Roulston's Discount Drugs Ltd	

### SMITHS FALLS

Sherin Chacko	Pharma Plus	
Keith Pratt	Pharma Plus	

### ST. CATHARINES

Sameh Awad	Court Street Pharmacy	
Amir Awadalla	Glenridge Pharmacy	
David Costiniuk	Shoppers Drug Mart	
Gerald Driver	Niagara Health System	
Barbara Gahn	Rexall	
Belinda Gamotin	Costco Pharmacy	
Olia Holynsky	Shoppers Drug Mart	
Subuddhi Kulkarni	Hotel Dieu Shaver Health and Rehabilitation Centre	
Eileen Mcfarlane	Niagara Health System	
Satyajeet Rathi	Loblaws Pharmacy	
Maged Riad Mikhail	Tremont Medical Pharmacy	
Chung Tong	Medical Pharmacy	
Sharon Vancise	Shoppers Drug Mart	

### ST. CLAIR BEACH

Pauline Bloch	Shoppers Drug Mart	
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### ST. THOMAS

Stephen Bond	Yurek Pharmacy Limited	
Kathryn Fletcher	St. Thomas Elgin General Hosptl	
Susan Kolator Cotnam	St. Thomas Elgin General Hosptl	
Richard Nemett	Shoppers Drug Mart	
James Zimmer	Yurek Pharmacy Limited	

### STRATFORD

Ligia Grada	Loblaws Pharmacy	
Paul Roulston	Shoppers Drug Mart	
Theresa Ryan	Sinclair Pharmacy	
Alicia Stevens	Stratford General Hospital	
Catherine Stokes	Shoppers Drug Mart	

### STRATHROY

Kathleen Clark	Strathroy Middlesex General Hospital	
Samantha Foxcroft	Strathroy Middlesex General Hospital	
Hemal Mamtara	Drugstore Pharmacy	
Ashley Nethercott	Shoppers Drug Mart	
Drew Peddie	Shoppers Drug Mart	

### STREETSVILLE

Randa Tawfick	Robinson's IDA Pharmacy	
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### STURGEON FALLS

Manon Gagne	Loblaws Pharmacy	
Leslie Wilkinson	The West Nipissing General Hospital	

**SUDBURY**

Frances Brisebois	Health Sciences North Ramsey Lake Health Centre
Jason Chenard	Rexall
Michelle Gagne	Rexall
Majid Ghanbari	Health Sciences North Horizon Sante Nord
Micheal Kilby	Costco Pharmacy
Susan Loewen	Shaw's Pharmacy
Glen McDonald	Pharma Plus
Stephanie McKague	Health Sciences North Ramsey Lake Health Centre
Terry McMahon	Bradley Pharmacy Ltd
Walter Mozek	Plaza 69 Pharmacy
Scott Mullen	Herman's Pharmacy
Stephanie Lynn Mumford	Health Sciences North Ramsey Lake Health Centre
Catherine Nolin	Shoppers Drug Mart
Jean Robert Paquette	Health Care Pharmacy
Lisa Parrotta	Michaud Medical Pharmacy
Luisa Ranger	Shoppers Drug Mart
Eric Stiller	Pharma Plus
Julie Thompson	Loblaw Pharmacy
Patricia Thompson	Wal Mart Pharmacy

**SUTTON WEST**

Nader Abd El Sayed	Bens Pharmacy
Ayman Wasef	Bens Pharmacy

**TECUMSEH**

Hani Ramadan	Royal Oasis Pharmacy Inc.
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**THORNHILL**

Dimiana Botros	Pharma Plus
Poulette Ibrahim	Main Drug Mart
Sharatchandra Kanchan	Main Exchange Pharmacy Inc
Shirley Keller	Shoppers Drug Mart
David Liberman	Shoppers Drug Mart
Bichoy Maurice	Main Drug Mart
Farshid Razavi Rezvani	Shoppers Drug Mart
Lynda Scheftz	Allan's Community Pharmacy
Jae Ihn Song	Galleria Pharmacy
Laureen Tang	Shoppers Drug Mart

**THUNDER BAY**

Brenda Adams	Janzen's Pharmacy
Augustine Daniar	Shoppers Drug Mart
Paul Dennison	Lakehead Psychiatric Hospital
Ashley English	Shoppers Drug Mart
Richard Feliciano	Shoppers Drug Mart
Vinay Kapoor	Shoppers Drug Mart
Sherri Krywy	Pharmacy
Todd Krywy	Shoppers Drug Mart
Chi Luu	Shoppers Drug Mart
Paul Manary	Thunder Bay Regional Health Sciences Centre
Mina Rizkalla	Wal Mart Pharmacy
Edoardo Veneruz	Shoppers Drug Mart

**TILBURY**

Seana Hennessey	Shoppers Drug Mart
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**TILLSONBURG**

Daniel Cotnam	Shoppers Drug Mart
Susan Mathew	Shoppers Drug Mart
Ian McDowell	Coward Pharmacy Ltd
Linda Schafer	Coward Pharmacy Ltd

**TIMMINS**

Lee Anne Larocque	Timmins And District Hospital
Sandra Pasi	Shoppers Drug Mart
Fiona Tjoo	Loblaw Pharmacy
Natalie Torrens	Timmins And District Hospital
Derek Vogl	Timmins Pharmacy

**TORONTO**

Joseph Abd El Maseh	Kingsway Drugs
Muhammad Basil Ahmad	Methadruq
Seh Hwan Ahn	Medisystem Pharmacy
Intekhab Alam	Shoppers Drug Mart
Froozan Mohamed Amin	Sunnybrook Health Sciences Centre
Shalini Anand	Shoppers Drug Mart
Elizabeth Au	The Toronto Western Hospital
Marilyn Bacher	Ambulatory Patient Pharmacy Sunnybrook Site
Conchita Belo	Pharma Cita
Brian Beven	The Hospital For Sick Children
Wendy Bordman	Shoppers Drug Mart
Amir Botros	Albion Medical Pharmacy
Frederick Bristow	Loblaw Pharmacy
Cherry Brittain	Shoppers Drug Mart
Michael Bushey	Beach Apothecary Limited
Gregory Callaghan	Centre for Addiction and Mental Health
Dennis Cazzin	Ambulatory Patient Pharmacy
So Chae	Charles Pharmacy
Albert Chalet	Centre for Addiction & Mental Health (CAMH)
Rizwan Champs	Shoppers Drug Mart
Selina Chan Ying	Thornclyffe Pharmacy
Betty Chang	The Toronto Western Hospital
Yan Chen	Shoppers Drug Mart
Rita Cheung	St. Joseph's Health Centre
Anna Chow	The Toronto Western Hospital
Elizabeth Crichton	Ambulatory Patient Pharmacy Sunnybrook Site
Fabrizio Damiani	Shoppers Drug Mart
Anthony Danial	Toronto Rehab. Institute
Peter Davies	St. Michael's Hospital
Marci Dearing	Loblaw Pharmacy
Michael Demian	Metro Drugs
Nermin Dervis	Holland Bloorview Kids Rehabilitation Hospital
Shruti Dev	Toronto East Pharmasave
Jatinderjit Dhaliwall	Shoppers Drug Mart
Tazeem Dhalla Sunderji	Shoppers Drug Mart
Preetjit Dhatt	GeriatRx Pharmacy
Stanley Dinoff	Shoppers Drug Mart
Van Do	Sunnybrook Health Sciences Centre
Speros Dorovenis	Loblaw Pharmacy
Zvenyslava Dovhanyk	West End Medical Pharmacy
Drena Drenic Stojanovic	York Downs Chemists
Basem Elias	Islington IDA Pharmacy
Onimisi Etudaiye	Wal Mart Pharmacy
Jennifer Fan	Rexall Pharma Plus
Sahar Farag	Silverstone Pharmacy
Jeffrey Farrand	Shoppers Drug Mart
Erin Fedoruk	Queen Street Mental Health Centre
Carla Findlater	Sunnybrook Health Sciences Centre
Neda Foroozannasab	Shoppers Drug Mart
Maja Gavrilovic	Queen Street Mental Health Centre
Alaa Gergis	Albion Finch Pharmacy
Amir Girgis Boktor	College Medical Pharmacy
Ashraf Guigati	Sunnyside Medical Pharmacy
Guirguis Guirguis	Pharmacy By The Grange
Bradley Hamilton	Shoppers Drug Mart
Louis Hanna	Total Health Pharmacy
Manjit Hansra	Shoppers Drug Mart
Amit Harilall	Toronto East Pharmasave
Mohamed Hetata	Guardian Family Health Pharmacy
Ann Hirst	Drugstore Pharmacy
Shuk Kwan Ho	The Princess Margaret Hospital
Rayburn Ho	Shoppers Drug Mart
Julie Hoang	Wal Mart Pharmacy
Roxanne Hook	The Hospital For Sick Children
Robert Siu Lin Ip	Shoppers Drug Mart
Rumina Ishani	Remedy's Rx Eglinton Bayview Pharmacy
Imatiaz Jaffer	Shoppers Drug Mart
Akeel Jaffer	Shoppers Drug Mart
Suhail Javaid	Shoppers Drug Mart
Padma Kakani	Shoppers Drug Mart
Olesya Kaliy	Shoppers Drug Mart
Zahra Kanani	Medisystem Pharmacy
Alexandra Karmiris	Shoppers Drug Mart
William Kassel	Kassel's Pharmacy Limited
Semainesh Kidane	Rexall Pharma

## PRECEPTORS

James Kim .....Princess Margaret Hospital Outpatient Pharmacy  
Clarissa Kim .....St. Joseph's Health Centre  
Makiko Kishida .....Charles Pharmacy  
Chrystyna Kolos .....Sunnybrook Health Sciences Centre  
Josephine Kong .....Costco Pharmacy  
Vojka Kostic .....Bridgepoint Hospital  
Rita Kutti .....The Hospital For Sick Children  
Ivy Lam .....St. Joseph's Health Centre  
Michael Leung .....Sunnybrook Health Sciences Centre  
Pui Leung .....The Princess Margaret Hospital  
Wilson Li .....Shoppers Drug Mart  
Yuk Ting Lo .....Sunnybrook Health Sciences Centre  
Anne Longo .....The Hospital For Sick Children  
Rowena Malik .....The Toronto Western Hospital  
Abdounaser Mansoubi .....Shoppers Drug Mart  
Miodrag Marinkovic .....Shoppers Drug Mart  
Gihan Massoud .....Leaside Community Pharmacy  
Wahib Megellie .....Main Drug Mart  
Sabrina Mellor .....The Princess Margaret Hospital  
Hany Messih .....Action Pharmacy  
Nermine Michael .....Best Care Village Pharmacy  
Maher Mikhail .....Dufferin Drug Mart  
Manika Mody .....Loblaws Pharmacy  
Tammy Moeser .....Medisystem Pharmacy  
Leila Moiseeva .....Shoppers Drug Mart  
Nadine Mondenge .....Shoppers Drug Mart  
Faddy Morgan .....Regency Pharmacy  
David Morkos .....Woodgreen Pharmacy  
Robert Morkos .....Main Drug Mart  
Alessandro Mosnia .....Shoppers Drug Mart  
Laura Murphy .....The Toronto Western Hospital  
Preveshen Naidoo .....Centre for Addiction & Mental Health (CAMH)  
Falzana Nathoo .....St. Michael's Hospital  
Lesley Neves Azevedo .....Wellcare College Pharmacy  
Andrew Ng .....Welcome Guardian Drugs  
Wenzie Ng .....The Princess Margaret Hospital  
Annie Ngan .....Sunnybrook Health Sciences Centre  
Jonathan Nhan .....Shoppers Drug Mart  
Benson Ning .....Princess Margaret Hospital Outpatient Pharmacy  
Jessie Niu .....Shoppers Drug Mart  
Niphaphone Omdara .....The Princess Margaret Hospital  
Mary Pakh .....Sunnybrook Health Sciences Centre  
Parisa Pakbaz .....Shoppers Drug Mart  
Hitesh Pandya .....Shoppers Drug Mart  
John Papastergiou .....Shoppers Drug Mart  
Hyun Jung Park .....Shoppers Drug Mart  
Jeffrey Petten .....Prescription Care Centre  
Be Phan .....Princess Margaret Hospital Outpatient Pharmacy  
George Phillips .....Shoppers Drug Mart  
Phoebe Quek .....Ambulatory Patient Pharmacy Sunnybrook Site  
Romy Ramzy .....Procare Pharmacy  
CLETTE Raphael .....Queen Street Mental Health Centre  
Nancy Rebellato .....St. Michael's Hospital  
Brunilda Reci .....Don Russell Drug Mart  
Vera Riss .....The Hospital For Sick Children  
Mary Rofael .....Pharmasave Wynford Heights  
Abraam Rofael .....Care and Health Pharmacy  
Candice Rowntree .....Shoppers Drug Mart  
Ghulam Rubbani .....Shoppers Drug Mart  
Bonita Rubin .....Toronto Rehab. Institute  
Sara Sadooghi .....Bridgepoint Hospital  
Niloofer Saiy .....Shoppers Drug Mart  
Dalia Salib .....Shoppers Drug Mart  
Jenny Seah .....St. Joseph's Health Centre  
Ehab Sedarous .....Care and Health Pharmacy  
Ashraf Seiha .....Bathurst Bloor IDA Drug Mart  
Ronald Seto .....The Salvation Army Grace Hospital  
Mohidur Shameem .....Danforth Medical Pharmacy  
Mohamed Shawky .....Rexall  
Christine Singh .....Shoppers Drug Mart  
James Snowdon .....Snowdon Pharmacy  
Ashraf Soliman .....Pharma Docs  
Zahid Somani .....The Village Pharmacy  
Safwat Sourial .....Shoppers Drug Mart  
William Sylvester .....Toronto Rehab. Institute  
Mina Tadros .....Smith's Pharmacy

Kenny Tan .....Shoppers Drug Mart  
Mehari Tekeste .....Omni Pharmacy  
Suresh Thomas .....Shoppers Drug Mart  
Suzanne Thompson .....The Toronto General Hospital  
Eliza To .....The Toronto General Hospital  
Christine Tse .....Princess Margaret Hospital Outpatient Pharmacy  
Jennifer Tung .....The Toronto Western Hospital  
Md Ullah .....Shoppers Drug Mart  
Jefter Vandenburg .....Shoppers Drug Mart  
Diana Vaughan .....Kassel's Pharmacy Limited  
Kelly Vitullo .....Shoppers Drug Mart  
Laura Weyland .....Shoppers Drug Mart  
Ossama William .....Main Drug Mart  
Carol Wong .....Pharma Plus  
Shalene Wong .....St. Michael's Hospital  
Cindy Wong .....Mount Sinai Hospital  
Michael Wong .....Medical Pharmacy  
Simon Wong .....Pharmasave Spadina's Neighbourhood Pharmacy  
Wai yan Wu .....Wellcare Pharmacy  
Dean Yang .....Sunnybrook Health Sciences Centre  
Kamal Yeganegi .....Willowdale Pharmacy  
Andy Yiu .....Broadon Pharmacy  
Aziz Yousef .....Bloor Park Pharmacy  
Kamal Yousf .....Greendale Drugs  
Roudolph Zaky .....Sone's Pharmacy  
Stefano Zannella .....Regional Cancer Centre

### TRENTON

Debra Moffatt .....Shoppers Drug Mart

### TWEED

Rosalie Dellar .....Dellars IDA Drug Store

### VAL CARON

Robert Bignucolo .....Val Est Pharmacy  
Christopher Lafleur .....Rexall  
Sean Lahti .....Valley Prescription Centre

### VANIER

Farideh Atabakhsh .....Pharmacie Jean Coutu Pharmacy  
Neda Toeg .....Parkway Pharmacy

### VAUGHAN

Shaminder Kahlon .....Shoppers Drug Mart  
Gurpreet Lall .....Shoppers Drug Mart  
Janna Mistry .....Shoppers Drug Mart  
Manuela Moldovan .....Drugstore Pharmacy

### VINELAND

Jennifer Hopkins .....Hopkins IDA Pharmacy

### VIRGIL

Julie Dyck .....Simpsons Pharmacy  
Sandra Ritter .....Simpsons Pharmacy  
Sean Simpson .....Simpsons Pharmacy  
Lisa Simpson .....Simpsons Pharmacy

### WALKERTON

Rosanne Currie .....Pellow Pharmasave  
Ryan Fullerton .....Brown's Guardian Pharmacy

### WALLACEBURG

Charles Chimunya Nzekwe .....Wal Mart Pharmacy

### WALPOLE ISLAND

Allan Lau .....Walpole Island First Nation Pharmacy Ltd.

**WATERLOO**

Veneta Anand ..... Shoppers Drug Mart  
 Anjali Bedi ..... Student Health Pharmacy  
 Maria Horner ..... Shoppers Drug Mart  
 Dragana Nedeljkovic ..... Shoppers Drug Mart

**WELLAND**

Joseph Seliske ..... Welland County General Hospital

**WELLINGTON**

Gail Wilson ..... Wellington Pharmacy

**WHITBY**

Vesna Brzovska ..... Ontario Shores Centre for Mental Health Sciences  
 Shaun Lee ..... Ontario Shores Centre for Mental Health Sciences  
 Kelvin Lee ..... Shoppers Drug Mart  
 Pruthwishkumar Patel ..... The Medicine Shoppe Pharmacy  
 Parnia Razi ..... Ontario Shores Centre for Mental Health Sciences  
 Rosemary Rofail ..... Loblaw Pharmacy  
 Colin Rule ..... Shoppers Drug Mart  
 Christopher Yee ..... Shoppers Drug Mart

**WIARTON**

Barbara Avery ..... McKenzie's Pharmacy Limited

**WILBERFORCE**

Khosrow Ataollahieshkour ..... Wilberforce Pharmacy

**WILLOWDALE**

Jasvinder Buttoo ..... Shoppers Drug Mart  
 Riad Elsobky ..... Cliffwood IDA Pharmacy  
 Yong Lin ..... Shoppers Drug Mart  
 Merfat Mikhail ..... Bathurst Drug Mart  
 Vinit Rajan ..... Shoppers Drug Mart  
 Ibrahim Saad ..... Health Drug Mart  
 Uday Pratap Singh ..... Shoppers Drug Mart  
 Shohreh Torabi ..... Metro Pharmacy  
 Clara Yang Kim ..... Shoppers Drug Mart

**WINDSOR**

Salam Abdul ..... Yee Pharmacy South Limited  
 David Babineau ..... Shoppers Drug Mart  
 Susanne Bastable ..... Hotel Dieu Grace Hospital  
 Michael Blacher ..... Family Health Pharmacy  
 Timothy Brady ..... Shoppers Drug Mart  
 Cathie Bunt ..... Hotel Dieu Grace Hospital  
 Frank Cappellino ..... Remedy's Rx  
 Robin Chang ..... Provincial Pharmacy  
 Ghada Cheikh ..... Sobeys Pharmacy  
 Sebastiano Di Pietro ..... Shoppers Drug Mart  
 Shelley Donovan ..... Windsor Regional Hospital  
 Peter Dumo ..... Novacare Pharmacy  
 Kinga Filas ..... Hotel Dieu Grace Hospital  
 Frank Foote ..... Hotel Dieu Grace Hospital  
 Alfred George ..... Central Mall Drug Mart  
 Shelly Gerard ..... Hotel Dieu Grace Hospital  
 Sherif Girgis ..... Ottawa Street Pharmacy  
 Timothy Gregorian ..... Student Centre Pharmacy  
 Janet Groulx ..... Shoppers Drug Mart  
 Amal Hijazi ..... Windsor Clinical Pharmacy  
 Brigida Iacono ..... First Medical Pharmacy  
 Lisa Jazvac ..... Windsor Regional Hospital  
 Abey John ..... Wal Mart Pharmacy  
 Snezana Krunic ..... Costco Pharmacy  
 Claudine Lanoue ..... Windsor Regional Hospital  
 Michael Ledoux ..... Windsor Regional Hospital  
 Diana Lev ..... Riverside Pharmacare Drug Mart  
 Ivana Levnjic ..... Shoppers Drug Mart

Yun Loo ..... Yee Pharmacy South Limited  
 Lynn Nadeau ..... Hotel Dieu Grace Hospital  
 Anisha Nayar ..... Shoppers Drug Mart  
 Patricia Paraschak ..... Shoppers Simply Pharmacy  
 Angel Rublik ..... Hotel Dieu Grace Hospital  
 Derrick Soong ..... Hotel Dieu Grace Hospital  
 Vesna Spadafora ..... Hotel Dieu Grace Hospital  
 Sean Tennant ..... Methadrug  
 Richard Van Hooren ..... First Medical Pharmacy  
 Anne Wilbur ..... Shoppers Drug Mart  
 Richard Yee ..... Yee Pharmacy Limited

**WINGHAM**

Joanne Fox ..... Wingham And District Hospital  
 Vishal Mehta ..... Pharma Plus

**WOODBRIDGE**

Ahmed Abou Zeid ..... Weston Rutherford Medical Pharmacy  
 Gautam Bhatia ..... Weston Pharmacare  
 Saman Daneshkhah ..... Costco Pharmacy  
 John Gerges ..... Weston Rutherford Medical Pharmacy  
 Imran Latif ..... Costco Pharmacy  
 Ying Lau ..... Costco Pharmacy  
 James Lawrence ..... Pulse Rx LTC Pharmacy  
 Jitendra Manuja ..... Weston Pharmacare  
 Franca Mendolia Moriana ..... Langstaff Pharmacy  
 Prajna Shetty ..... Shoppers Drug Mart

**WOODSTOCK**

Susan Lam ..... Woodstock General Hospital  
 Sejal Marvania ..... Huron Street Dispensary Pharmasave  
 Edward Odumodu ..... Springbank Dispensary Pharmasave  
 Elizabeth Silverthorne ..... Shoppers Drug Mart  
 Lee Tuan ..... All About Health Remedy's Rx

# FOCUS ON ERROR PREVENTION

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

## COMPUTERIZED PHYSICIAN ORDER ENTRY (CPOE)

The misinterpretation of handwritten prescriptions is a common source of medication errors. However, the increase in use of computer generated prescriptions is a positive step in the prevention of errors caused by illegible handwriting.

With the introduction of this new technology, pharmacists must be aware of the potential for new types of errors. Errors seen with computerized physician order entry (CPOE) include: omission of key information, inappropriate abbreviation, conflicting information, selection of an incorrect drug from a drop down menu, etc.

### CASE:

Rx

Medication: pantoprazole magnesium 40mg tablet

Sig: 1 tablet two times daily

Quantity: 180 tablets

Limited Use code: 293

The above prescription was computer generated, signed and given to a 75 year old patient. The prescription was taken to a local community pharmacy for processing. The pharmacy assistant noticed that

the patient was over sixty five years old and therefore covered by the Ontario Drug Benefit Program. She also noticed that the prescriber included a Limited Use code of 293 which is a "reason for use code" for Pantoloc®. The prescription was therefore entered as Apo-Pantoprazole® 40mg tablets.

On checking the prescription, the pharmacist noticed that Apo-Pantoprazole® was pantoprazole sodium and not pantoprazole magnesium as prescribed. The prescription was therefore cancelled and dispensed as pantoprazole magnesium (Tecta®).

Approximately three months later, the patient requested a refill of the Tecta® tablets. On contacting the prescriber for authorization to dispense the medication, he stated that he did not prescribe Tecta® initially. Following an investigation, the error was discovered and the details discussed with the physician.

### POSSIBLE CONTRIBUTING FACTORS:

- The computer generated prescription included conflicting information. The physician prescribed pantoprazole magnesium (Tecta®), but provided the Limited Use code for pantoprazole sodium (Pantoloc®).


**TABLE 1**

Pantoprazole sodium	Pantoprazole magnesium
Diclofenac potassium	Diclofenac sodium
Hydrocortisone (Emo-Cort®)	Hydrocortisone acetate (Hyderm®)
Morphine sulphate	Morphine HCL
Docusate sodium	Docusate calcium
Testosterone cypionate	Testosterone enanthate



- The pharmacist did not contact the prescriber to clarify the ambiguous information.
- The physician likely selected pantoprazole magnesium from a drop down menu instead of pantoprazole sodium as he had intended to prescribe.

#### RECOMMENDATIONS:

- Though computer generated prescriptions can minimize medication errors due to illegible handwriting, be aware that new types of errors may be introduced.
- Always contact the prescriber to clarify ambiguous prescriptions.
- Become familiar with drugs that are available in different forms that are not interchangeable. Examples are included below in Table 1. 

Please continue to send reports of medication errors in confidence to:

**Ian Stewart at: [ian.stewart2@rogers.com](mailto:ian.stewart2@rogers.com)**

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

## BULLETIN BOARD

### CLASS OF 8T8 REUNION

Our 25th reunion will be taking place on the weekend of June 1/2 in Toronto. We have started a Facebook page - 8T8 Pharmacy and would encourage you all to join so that we can get information out to everyone. Alternatively, please email Jane Bamford at [rbamford@execulink.com](mailto:rbamford@execulink.com).

### CLASS OF 9T3 REUNION

20 Year Reunion! Class of 9T3, Faculty of Pharmacy, UofT. We will be holding an event to mark this momentous occasion on the weekend of Aug 10, 2013. This is the weekend after the long weekend. The reunion will take place at Deerhurst Resort in lovely Huntsville, Ontario which has something for everybody, adult and kids alike.

Please contact Tom Kontio at [tkontio@rogers.com](mailto:tkontio@rogers.com) for registration information. Room bookings have already begun, don't miss out.

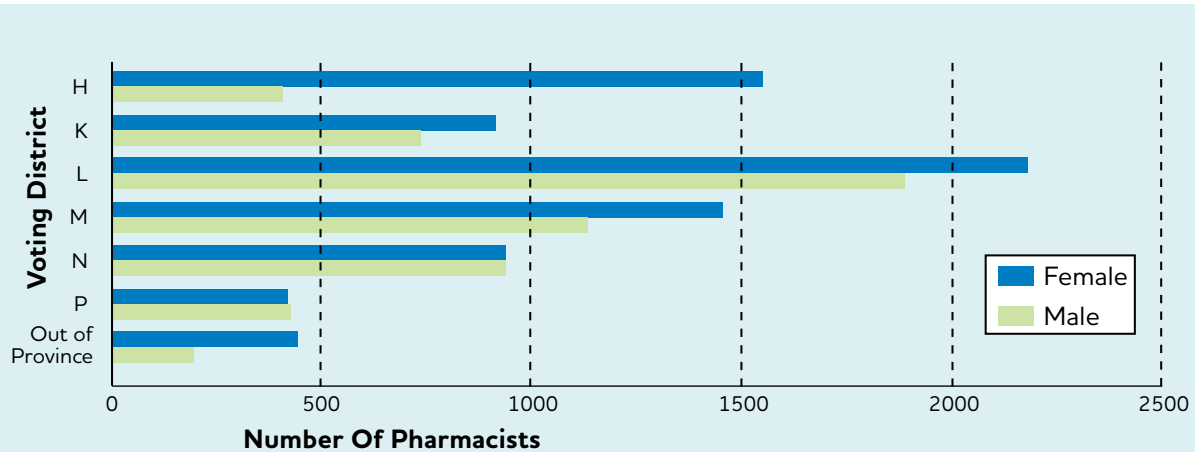
### MEMBERS EMERITUS

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

For more information, contact Client Services at 416-962-4861 ext 3300 or email [ocpclientservices@ocpinfo.com](mailto:ocpclientservices@ocpinfo.com)

# Member Statistics 2012

## PHARMACISTS BY GENDER & VOTING DISTRICT



District	H	K	L	M	N	P	Out of Province	Total
<b>Female</b>	1,545	850	2,251	1,469	930	337	348	7,730
<b>Male</b>	399	716	1,871	1,191	929	341	223	5,670
<b>Total</b>	<b>1,944</b>	<b>1,566</b>	<b>4,122</b>	<b>2,660</b>	<b>1,859</b>	<b>678</b>	<b>571</b>	<b>13,400</b>

Net increase from 2011 of 508

## PHARMACY TECHNICIANS BY GENDER & VOTING DISTRICT

District	T	TH	Total
<b>Female</b>	612	363	975
<b>Male</b>	31	17	48
<b>Total</b>	<b>643</b>	<b>380</b>	<b>1,023</b>

T = Registered Pharmacy Technician

TH = Registered Pharmacy Technician Practising at a Hospital

Net increase from 2011 of 598

## ANNUAL REPORT COMING SOON

More statistical information, including audited financial statements, will be included in the College's Annual Report, which will be published on the College website ([www.ocpinfo.com](http://www.ocpinfo.com)) before the end of March 2013



# CONTINUING EDUCATION

This CE list is provided as a courtesy to members and is by no means exhaustive. Inclusion of a CE on this list does not imply endorsement by the Ontario College of Pharmacists. For information on local live CE events in your area you may wish to contact your Regional CE coordinator (list available on the OCP website).

Updates available on the OCP website, [www.ocpinfo.com](http://www.ocpinfo.com) under **Fast Track > Continuing Education (CE)**

## LIVE

February 23 - 24, 2013: Part I (Toronto)

April 20-21, 2013: Part II (Toronto)

### **Introductory Psychopharmacology for Clinicians**

University of Toronto

Contact: <http://www.pharmacy.utoronto.ca/cpd>

February 23, 2013 (Toronto)

April 28, 2013 (London)

### **Neurology for Pharmacists**

Ontario Pharmacists Association

<http://www.opatoday.com/>

Contact: [education@dirc.ca](mailto:education@dirc.ca)

February 28 – March 1, 2013 (Toronto)

### **TEACH Specialty Course: Tobacco Interventions for Patients with Mental Health and/or Addictive Diseases**

Centre for Addiction and Mental Health

Contact: <http://www.camh.ca/en/education/>

March 1 – 2, 2013 (Toronto)

### **Diabetes Management in the Community – Diabetes Level 1**

Ontario Pharmacists Association

<http://www.opatoday.com/>

Contact: [education@dirc.ca](mailto:education@dirc.ca)

March 1 – 2, 2013 (Toronto)

### **Pain and Palliative Care**

Ontario Pharmacists Association

<http://www.opatoday.com/>

Contact: [education@dirc.ca](mailto:education@dirc.ca)

March 2, 2013 (Toronto)

### **13th Annual Toronto Psychopharmacology Update Day**

University of Toronto

Contact: <http://www.cepd.utoronto.ca/>

March 6, 13, 20, 27 and April 3, 10, 17, 24, 2013 (8 Evening Sessions) (Toronto)

### **Dialectical Behaviour Therapy Part C: Problem Based Learning**

Centre for Addiction and Mental Health

Contact: <http://www.camh.ca/en/education/>

March 21 – April 21, 2013 (Toronto)

April 25 – May 25, 2013 (Toronto)

May 16 – June 16, 2013 (Toronto)

### **Opioid Dependence Treatment Core Course**

Centre for Addiction and Mental Health

Contact: <http://www.camh.ca/en/education/>

March 21, 2013 & September 26, 2013 (Toronto)

### **Root Cause Analysis (RCA) Workshop for Pharmacists**

ISMP Canada

Contact: <http://www.ismp-canada.org>

March 23, 2013 (Toronto)

### **Natural Health Products**

Ontario Pharmacists Association

<http://www.opatoday.com/>

Contact: [education@dirc.ca](mailto:education@dirc.ca)

March 23, 2013 (Toronto)

April 27, 2013 (London)

### **Paediatrics Patient Care**

Ontario Pharmacists Association

<http://www.opatoday.com/>

Contact: [education@dirc.ca](mailto:education@dirc.ca)

March 23, 2013 (Toronto)

### **Diabetes Management in the Community – Diabetes level 1**

Ontario Pharmacists Association

<http://www.opatoday.com/>

Contact: [education@dirc.ca](mailto:education@dirc.ca)

March 24, 2013 (Kitchener)

### **Methadone and the Community Pharmacist**

Ontario Pharmacists Association

<http://www.opatoday.com/>

Contact: [education@dirc.ca](mailto:education@dirc.ca)

March 26, 2013 & September 27, 2013 (Toronto)

### **Failure Mode and Effects Analysis (FMEA)**

ISMP Canada

Contact: <http://www.ismp-canada.org>

March 27, 2013 (Toronto)

August 21, 2013 (Toronto)

### **Confronting Medication Incidents – Continuing**

**Education Program**

Ontario Pharmacists Association  
<http://www.opatoday.com/>  
 Contact: [education@dirc.ca](mailto:education@dirc.ca)

April 6, 2013

**Immunization Competencies Education Program  
 The Canadian Paediatric Society**

Contact: <http://www.cps.ca/en/icep-pfci>

April 10, 2013

**Multi-Incident Analysis Workshop –  
 Analyzing your medication incidents one group at a time  
 (ISMP)**

ISMP Canada  
 Contact: <http://www.ismp-canada.org/education/>

April 13 – 14, 2013 (Toronto)  
 December 14 - 15, 2013 (Toronto)

**Minor Ailments**

Ontario Pharmacists Association  
<http://www.opatoday.com/>  
 Contact: [education@dirc.ca](mailto:education@dirc.ca)

April 19 - 21, 2013 (Toronto)

**Certified Diabetes Education (CDE) Preparation Course  
 - Diabetes Level 2**

Ontario Pharmacists Association  
<http://www.opatoday.com/>  
 Contact: [education@dirc.ca](mailto:education@dirc.ca)

April 20, 2013 (Ottawa)

**Mise a jour/Update 2013 Conference**

The Ottawa Valley Regional Drug Information Service  
 (OVRDIS)  
[www.ottawaconventioncentre.com](http://www.ottawaconventioncentre.com)  
 Contact: [www.rxinfo.ca](http://www.rxinfo.ca)

May 11, 2013 (Toronto)

**Addictions Medicine for Pharmacists**

Ontario Pharmacists Association  
<http://www.opatoday.com/>  
 Contact: [education@dirc.ca](mailto:education@dirc.ca)

June 13 - 15, 2013 (Toronto)

**Antimicrobial Stewardship Educational Program**

University of Toronto  
 Contact: University of Toronto  
 Contact: [www.antimicrobialstewardship.com](http://www.antimicrobialstewardship.com)

Multiple dates and locations – contact course providers

**Immunizations and Injections training courses**

Ontario Pharmacists Association <http://www.opatoday.com/>  
 RxBriefcase, CPS and PHAC <http://www.advancingpractice.com/>  
 Pear Health <http://www.pearhealthcare.com/training-injection-training.php>  
 University of Toronto <http://www.pharmacy.utoronto.ca/cpd>

**ON-LINE/ WEBINARS/ BLENDED CE**

Centre for Addiction and Mental Health (CAMH)  
 On-line courses with live workshops in subjects including mental health, safe and effective use of opioids, opioid dependence treatment core course (with additional elective courses), motivational interviewing, interactions between psychiatric medications and substances of abuse.

February 12, 2013 - 12:00 to 1:00 p.m. (Toronto)

**Making a Case for Medication Reconciliation in Primary Care**

ISMP Canada  
 Contact: <http://www.ismp-canada.org/>

March 6, 2013 – 12:00 to 1:00 p.m. (Toronto)

**Medication Safety Learning from Ontario Coroners' Cases – Focus on Opioids**

ISMP Canada  
 Contact: <http://www.ismp-canada.org/>

April 22 - May 11, 2013 (Toronto)

June 3 – June 22, 2013 (Toronto)

**Safe and Effective Use of Opioids for Chronic Non-cancer Pain**

Centre for Addiction and Mental Health  
 Contact: <http://www.camh.ca/en/education/>



April 22 – June 14, 2013 (Toronto)

### **Fundamentals of Addiction**

Centre for Addiction and Mental Health

Contact: <http://www.camh.ca/en/education/>

April 22 – June 14, 2013 (Toronto)

### **Interactions Between Psychiatric Medications And Drugs of Abuse**

Centre for Addiction and Mental Health

Contact: <http://www.camh.ca/en/education/>

April 22 – June 14, 2013 (Toronto)

### **Legal Issues in Mental Health in Ontario**

Centre for Addiction and Mental Health

Contact: <http://www.camh.ca/en/education/>

April 22, 2013 (Toronto)

### **ADAT (Admission, Discharge and Assessment Tools)**

Centre for Addiction and Mental Health

Contact: <http://www.camh.ca/en/education/>

### **Canadian Pharmacists Association**

Home Study Online education programs accredited by the Canadian Council on Continuing Education in Pharmacy (CCCEP), including the ADAPT Patient Skills Development certificate program, Diabetes Strategy for Pharmacists, Micronutrients, QUIT: Quit Using & Inhaling Tobacco and Respiratory care

<http://www.pharmacists.ca/index.cfm/education-practice-resources/>

### **Canadian Society of Hospital Pharmacists (CSHP)**

Online education program accredited by CCCEP

[www.cshp.ca](http://www.cshp.ca)

### **Canadian Healthcare Network**

On-line CE Lessons

[www.canadianhealthcarenetwork.ca](http://www.canadianhealthcarenetwork.ca)

### **Clinical Tobacco Interventions for Health Care Professionals**

Online CE

[www.opacti.org](http://www.opacti.org)

### **Communimed**

A Practical Guide to Successful Therapeutic Drug Monitoring and Management (TDM & M) in Community Pharmacy: Focus on Levothyroxine

[www.tdm-levothyroxine.ca](http://www.tdm-levothyroxine.ca)

### **Continuous Professional Development - Leslie Dan Faculty of Pharmacy, University of Toronto**

Infectious Diseases Online Video Lectures and Slides, Influenza DVD

<http://www.pharmacy.utoronto.ca/cpd/>

### **Ontario Pharmacists Association (OPA)**

Online certificate programs in therapeutic areas including Pain and Palliative care and Diabetes level 1.

Complimentary online programs in therapeutic areas including the Common cold and Flu, Methadone, Smoking Cessation, Ulcerative colitis and Vitamin D in osteoporosis.

<http://www.opatoday.com/index.php/education/>

Contact: [onlinelearning@opatoday.com](mailto:onlinelearning@opatoday.com)

### **RxBriefcase**

On-line CE Lessons (Clinical and Collaborative care series) and the Immunization Competencies Education Program (ICEP).

[www.rxbriefcase.com](http://www.rxbriefcase.com)

*Ontario is fortunate to have a dedicated team of regional CE Coordinators, who volunteer their time and effort to facilitate CE events around the province.*

**OCP extends its sincere appreciation and thanks to each and every member of these teams for their commitment and dedication in giving back to the profession.**

## **CONTINUING EDUCATION (CE) COORDINATORS:**

For members interested in expanding their network and giving back to the profession, OCP is looking for regional CE coordinators in regions 4 (Pembroke and area), 9 (Lindsay area), 10 (North Bay area), 17 (Brantford area), 25 (Sault Ste Marie area), 27 (Timmins area). A complete list of CE coordinators and regions by town/city is available on our website. To apply, please submit your resume to [ckuhn@ocpinfo.com](mailto:ckuhn@ocpinfo.com)

# REMINDER:

## **MEMBER ANNUAL RENEWAL IS DUE MARCH 10, 2013**

***The College's online Member Annual Renewal is now available.***

***Before you begin your online renewal you will need:***

- Credit Card or Interac (Debit Card) if paying online
- User ID - This is your OCP number
- Password - If you have forgotten your password, click 'Forgot your Password or User ID?' and a new password will be emailed to you.

***Once you're ready:***

- Go to [www.ocpinfo.com](http://www.ocpinfo.com) and click on '**Member Login**'.
- Enter your User ID (your OCP number) and your password.
- Once you have successfully logged in, click on '**Member Renewal**' on the left hand side of the screen.