



Ontario College
of Pharmacists
Putting patients first, since 1871

PHARMACY CONNECTION

WINTER 2015 • VOLUME 22 NUMBER 1

THE OFFICIAL PUBLICATION OF
THE ONTARIO COLLEGE OF PHARMACISTS

**CONTINUOUS QUALITY
IMPROVEMENT BENEFITS
PATIENTS IN COMMUNITY
PHARMACIES**

See page 12

**COMMITMENT TO
TRANSPARENCY**

See page 7



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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COUNCIL MEMBERS

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

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Statutory Committees

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

Standing Committees

- Communications
- Drug Preparation Premises
- Elections
- Finance & Audit
- Professional Practice

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

“Standards of Practice are foundational, not aspirational – a concept that may not be as well understood as it needs to be.”

Maintaining the public's trust in the safe, effective and ethical delivery of pharmacy services by pharmacists and pharmacy technicians is central to our role as regulator for the profession of pharmacy in Ontario – whose mandate is to serve and protect the public interest.

Recent media stories – which have brought to light the importance of the role pharmacy professionals have in assuring medications are safe and appropriate for patients and the potential consequences when standards of practice are not met – are concerning to the College.

Holding pharmacists and pharmacy technicians accountable to the Standards of Practice is not a new expectation or unique to the profession of pharmacy. The *Regulated Health Professions Act (RHPA)*, which governs all health-care professions in Ontario, includes the requirement for regulatory colleges “to develop, establish and maintain programs and standards of practice to assure the quality of the practice of the profession”.

The [Standards of Practice for Canadian Pharmacists](#) (March 2009)

and the [Standards of Practice for Canadian Pharmacy Technicians](#) (November 2011), developed by the National Association of Pharmacy Regulatory Authorities (NAPRA), have been adopted by this College as the Standards governing the practice of pharmacy here in Ontario.

The Standards of Practice, as outlined in the introduction to these documents, are minimum standards that all registered pharmacists and pharmacy technicians must meet. Regardless of a practitioner's position or practice environment, when a pharmacist or pharmacy technician performs a specific role, they must perform it to the level specified in the Standards of Practice and meet all of the standards associated with that role.

The Standards cover all aspects of pharmacy practice including the appropriate provision of [Schedule II drugs](#), which require the professional intervention of pharmacists to determine appropriateness of medication for the patient.


Standards of Practice are foundational, not aspirational – a concept that may not be as well understood as it needs to be.

Collectively, we must do better. Just as the College holds individual practitioners accountable to continuous quality improvement, we also hold ourselves accountable to continuous quality improvement.

An example would be the recent introduction of the new practice assessment process, which will enhance routine pharmacy inspections. In addition to the assessment of pharmacy operations and processes, we are introducing an evaluation of an individual practitioner's performance and are shifting the focus throughout the assessment to an evaluation against practice standards.

With over 1,500 pharmacy visits a year, these new practice assessments provide a significant opportunity for College practice advisors to work directly with pharmacists and pharmacy technicians, in their own practice setting to coach, mentor and share best practices, with a goal of enhancing adherence to the Standards and improving patient health outcomes.

These new practice assessments are just one of the many examples of initiatives that we as a College, and you as individual practitioners, must embrace as a profession committed to a culture of continuous quality improvement.

By design, the Standards of Practice outline how all aspects of pharmacy practice are meant to be delivered to mitigate risk and maximize health outcomes. The College expects – and patients trust – that pharmacists and pharmacy technicians will diligently and conscientiously practice to these Standards each and every day. 

DECEMBER 2014 COUNCIL MEETING

As recorded following Council's regularly scheduled meeting held at the College offices on Dec. 8, 2014.

TRANSPARENCY:

RESPONSE TO MINISTER OF HEALTH AND LONG-TERM CARE

On Oct. 4, 2014, Minister Hoskins wrote to all health regulatory College Councils and transitional Councils and asked that each College report to the Ministry (by Dec. 1, 2014) outlining present and future initiatives relating to how the College is embracing transparency and making more information regarding decisions and processes available to the public. This College's response – as well as the Minister's letter – is posted on the College website under [Key Initiatives: Commitment to Transparency](#).

APPROVED AMENDMENTS TO BY-LAWS DEALING WITH INFORMATION ON THE PUBLIC REGISTER

Following consideration of comments received during the 60-day public consultation period (ending Nov. 19, 2014), Council approved amendments to College By-law No. 3 relating to phase one of the Transparency Project – a multi-staged initiative designed to make more relevant information regarding regulatory decisions and processes available to the public.

Specifically, the amended by-law includes the posting of a summary of any findings of guilt – made after April 1, 2015 – against a member in respect of a federal or provincial offence that the College becomes aware of, and that the Registrar believes is relevant to the member's suitability to practise. As well, a change was made to the wording of

the posted summaries of current custody or release conditions in provincial or federal offence processes that the College becomes aware of, and that the Registrar believes are relevant to the member's suitability to practise.

Finally, with respect to discipline hearings regarding professional or proprietary misconduct where the matter is outstanding, the amended by-law allows for the posting on the public register of the notice of hearing, if the hearing is awaiting scheduling a statement of that fact, and if the hearing is completed and awaiting a decision, a statement of that fact.

The approved [By-law No. 3](#) is now posted on the College's website.

PROPOSED AMENDMENTS TO BY-LAWS DEALING WITH INFORMATION ON THE PUBLIC REGISTER

Council also passed, for public consultation, additional proposed amendments to By-law No. 3 that will further expand the information made available on the public register about pharmacists and pharmacy technicians.

These amendments are related to phase two of the Transparency Project. A few of the key proposed provisions include: the posting of some complaint outcomes – cautions and specified continuing education or remediation programs (SCERP) resulting from the Investigations, Complaints and Reports Committee (ICRC) process – and any federal or provincial charges against a member that the College becomes aware of, and that the



Photos by DW Dorken

Registrar believes are relevant to the member's suitability to practise.

The proposed by-law amendments were posted for a 60-day public consultation (deadline Feb. 10, 2015). Feedback received will be considered at the March 2015 Council meeting.

DPRA REGULATIONS – REWRITE PROJECT

Prompted by the pending passage of Bill 21, *Safeguarding Health Care Integrity Act, 2014*, the regulations under the DPRA (*Drug and Pharmacies Regulation Act*) need to be redrafted. Council received, for information, the proposed framework for this project, noting that the newly drafted regulations will be performance based, will focus on high risk practices (i.e. those that impact patient and public safety), and will support practice evolution and change. It is anticipated that draft regulations will be brought to the March Council meeting for approval for public consultation.

REGISTRATION REGULATION REQUIREMENTS APPROVED BY COUNCIL

Under the Registration Regulation, there are references to requirements which are to be approved

by Council. These requirements are approved through resolutions and allow the College to make changes in these specific areas to keep the regulation current, without having to actually change the regulation.

Three such amendments were approved by Council at this meeting.

1. The addition of the University of Toronto PharmD for Pharmacists Program, as an approved bridging program
2. The addition of programs that will be considered to have met the requirements of the College's Structured Practical Training (SPT). These programs are:
 - The entry level PharmD program at the Leslie Dan Faculty of Pharmacy at University of Toronto
 - The entry level PharmD program at the School of Pharmacy at the University of Waterloo
 - The PharmD for Pharmacists Program at the University of Toronto

Read more information on [registration requirements](#) on the College website.

STRATEGIC PLANNING 2015

Progress continues towards 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 2014 Council meeting. Activities set in March 2012 are expected to reach completion in 2015 when Council will embark upon the development of the next 3-year Strategic Plan. To this end, the College has engaged the services of Dr. Elaine Todres, who has held various roles with the government of Ontario and whose firm specializes in corporate governance and strategy, to facilitate Council's strategic planning session set for March 2015. **PC**

FUTURE COUNCIL MEETING DATES

- Monday, March 9 and Tuesday, March 10, 2015
- Monday, June 15, 2015
- Thursday, Sept. 17 and Friday, Sept. 18, 2015

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

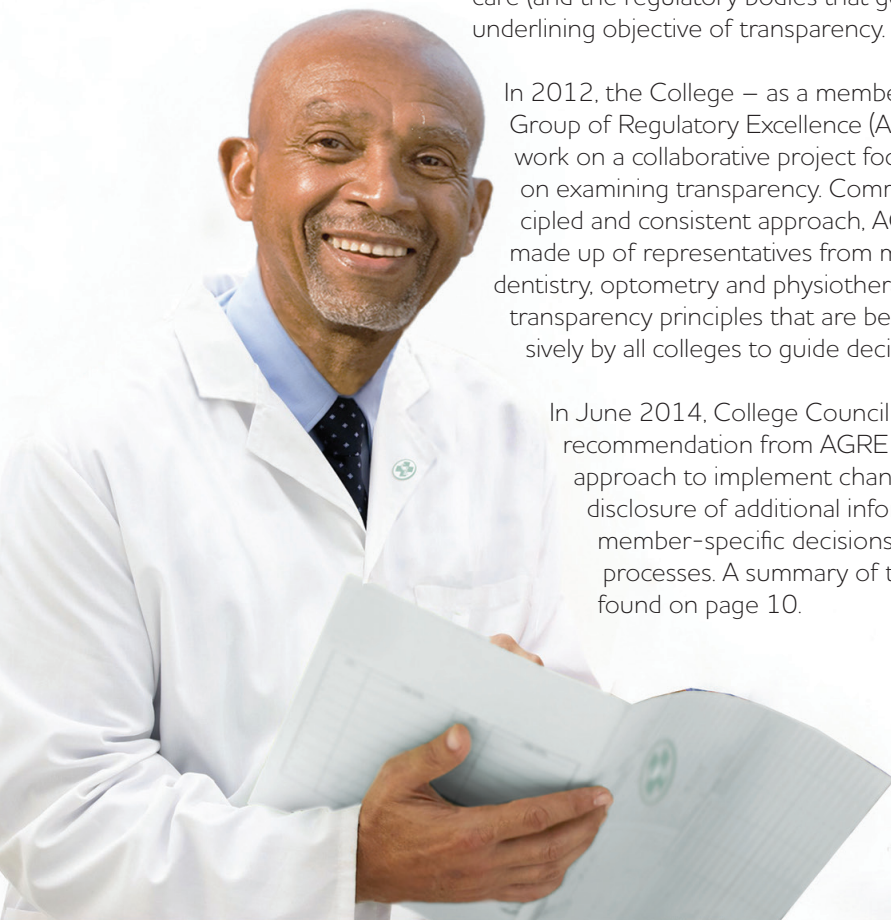
Commitment to Transparency

The College is committed to continuously and collaboratively working to identify and implement measures to enhance transparency, and ensure the public has access to the information that they need to make informed choices about their healthcare.

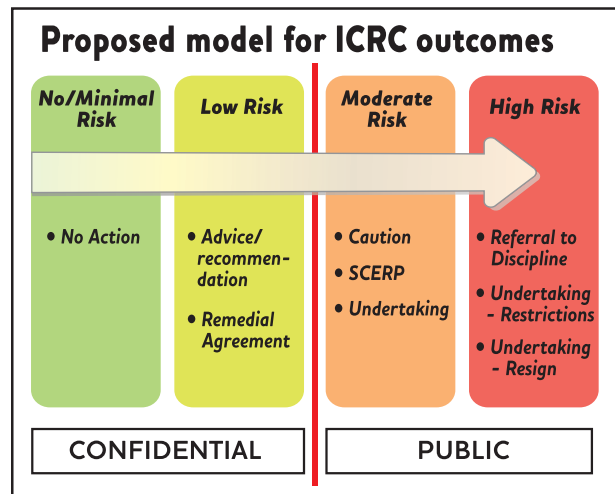
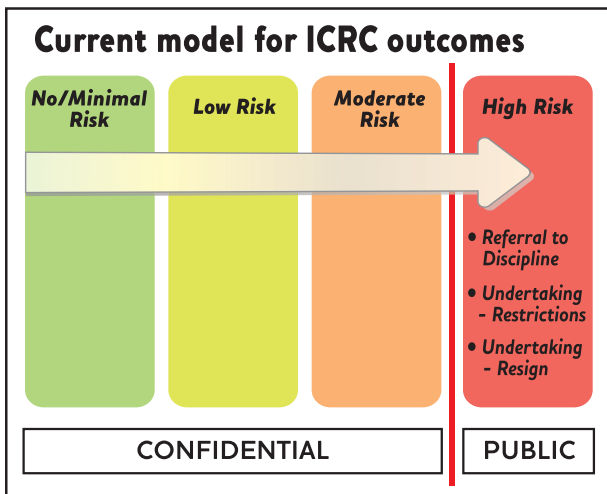
Transparency involves more than just providing timely access to relevant and accurate information about pharmacists, pharmacy technicians and pharmacies. It also requires a clear understanding of regulatory processes and decision-making. Enhancing the public's trust and confidence in the people who provide their care (and the regulatory bodies that govern them) is the underlining objective of transparency.

In 2012, the College – as a member of the Advisory Group of Regulatory Excellence (AGRE) – began work on a collaborative project focused exclusively on examining transparency. Committed to a principled and consistent approach, AGRE – which is made up of representatives from medicine, nursing, dentistry, optometry and physiotherapy – developed transparency principles that are being used extensively by all colleges to guide decision-making.

In June 2014, College Council approved the recommendation from AGRE for a two-phased approach to implement changes for the disclosure of additional information regarding member-specific decisions and regulatory processes. A summary of these can be found on page 10.



MEASUREMENT OF RISK



After approval from Council, the College conducted a 60-day consultation for both phase one (Sept. 19, 2014 to Nov. 19, 2014) and phase two (Dec. 12, 2014 to Feb. 10, 2015) recommendations on our website. The key questions and concerns raised during these consultations are summarized on page 11, with all comments archived at www.ocpinfo.com/about/consultations.

Council, having considered the feedback received during consultation, approved the changes for phase one recommendations at their December 2014 meeting. Council is scheduled to consider phase two recommendations at its March 2015 meeting, following the review of feedback received during the consultation.

Phase two proposed changes include, for the first time, making some information relating to the

outcomes of the College's Inquiries, Complaints and Reports Committee (ICRC) – specifically cautions and education orders called SCERPs (specified continuing education and remediation programs) – available to the public. Currently, only information about matters that the ICRC refers to Discipline is made public.

The College used the "Measurement of Risk" developed by AGRE in determining which additional ICRC outcomes should be made public. This ensures consistency among professions and will ultimately provide the public with access to similar information about each of their healthcare providers.

In developing the "Measurement of Risk", AGRE drew heavily from the transparency principles – in particular Principle 7: *the greater the potential risk to the public, the more important transparency becomes*. The result is a proposed shift from the public disclosure

TRANSPARENCY PRINCIPLES

PRINCIPLE 1:

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

PRINCIPLE 2:

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

PRINCIPLE 3:

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

PRINCIPLE 4:

In order for information to be helpful to the public, it must:

- be timely, easy to find and understand.
- include context and explanation.

“Phase two proposed changes include, for the first time, making some information relating to the outcomes of the College’s Inquiries, Complaints and Reports Committee available to the public.”

of only those high risk ICRC outcomes to one that includes moderate risk outcomes as well (see chart at left). Specifically, this would include the disclosure of cautions and SCERPs.

A panel of the ICRC cautions a member when there is significant concern about a member’s conduct or practice that could have direct impact on patient care, safety or the public interest if not addressed. Cautions require the member to meet with the ICRC for a face-to-face discussion concerning the member’s practice and the changes they have planned that will help avoid similar incidents from occurring in the future. The College would post a summary of the caution on the public register. This would apply to those complaints filed after April 1, 2015, which result in a caution.

A panel of the ICRC issues a SCERP when a serious care or conduct concern is identified and requires a pharmacist or pharmacy technician to upgrade his or her skills. Remediation – monitoring and follow-up – is required when a SCERP is issued. The College would post a summary of the required program on the public register and, as with cautions, this would apply to those complaints filed after April 1, 2015, which result in a caution.

The ICRC also uses risk assessment tools while reviewing matters to help maintain objectivity while striving for consistency in their decisions.

Phase two recommendations also include the proposed disclosure, if known, of criminal charges relevant to the member’s suitability to practice and whether a member is currently registered or licensed to practice the profession in another jurisdiction. Both criminal charges and licenses in other jurisdictions are already publicly available from other sources.

Work is also continuing on enhancements to the College’s public register to ensure that we are not just making more information available, but that the information that is available is easy to access and clearly understood. Once again, in an effort to provide consistency amongst health professions and to minimize public confusion, AGRE is providing a framework for this work.

Ensuring that Ontarians have access to information that is relevant, timely, useful and accurate – information that evokes public confidence and enhances their ability to make informed choices about their health-care – will continue to be a priority for this College.

More information regarding transparency can be found in the [Key Initiatives](#) section on the College website. **PC**

PRINCIPLE 5:

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

PRINCIPLE 6:

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

PRINCIPLE 7:

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

PRINCIPLE 8:

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

Summary of approved and proposed by-law changes relating to member-specific information posted on the College's public register

PHASE ONE: CHANGES APPROVED BY COUNCIL AT THEIR DEC. 10, 2014 MEETING

Public consultation was held from Sep. 19, 2014 to Nov. 19, 2014

1. Posting summarized findings of guilt (if relevant)

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

2. Posting of a notice of hearing

The College will post a notice of hearing for any discipline hearing regarding professional or proprietary misconduct where the matter is outstanding. If the hearing is awaiting scheduling, the College will post a statement of that fact. If the hearing is completed and awaiting a decision, the College will post a statement of that fact.

3. Posting of custody or release conditions (if relevant)

A change was made to the wording of the posted summaries of current custody or release conditions in provincial or federal offence processes that the College knows about, and the Registrar believes are relevant to the member's suitability to practise.

PHASE TWO: PROPOSED CHANGES FOR APPROVAL AT COUNCIL'S MARCH 11, 2015 MEETING

Public consultation was held from Dec. 12, 2014 to Feb. 10, 2015

1. Posting known criminal charges (if relevant)

The College would post a summary of any federal or provincial charges against a member if the College knows about them, and the Registrar believes that they are relevant to the member's suitability to practise.

2. Disclosing members under investigation

The Registrar would confirm that the College is investigating a member if there is a compelling public interest reason to do so pursuant to 36(1)(g) of the *Regulated Health Professions Act*.

3. Posting of complaint outcomes: Cautions

The College would disclose when a panel of the Investigations, Complaints and Reports Committee (ICRC) cautions a member as a result of a complaint. The College would post a summary and date of the caution on the public register. This would apply to complaints filed after April 1, 2015.

4. Posting of complaint outcomes: SCERPs

The College would disclose when a panel of the ICRC requires a member to complete a specified continuing education or remediation program (SCERP) as a result of a complaint. The College would post a summary of the required program and its date on the public register. This would apply to complaints filed after April 1, 2015.


5. Posting of applications for reinstatement

The College would disclose if the Registrar has referred an applicant for reinstatement to the Discipline Committee.

6. Posting of known licenses in other jurisdictions

The College would disclose whether a member is currently registered or licensed to practice the profession in another jurisdiction, if known.

7. Posting of complaint outcomes: Summary of variation

The College would disclose when a panel of the ICRC was required, after a review, to remove or vary an original outcome of a caution or SCERP. This would include posting the process leading up to the review. 

What We Heard During Consultation

The College recently asked for feedback, in two phases, on our By-law No. 3 regarding changes to information we make available on our public register. Phase one of the consultation closed on Nov. 19, 2014 and phase two closed on Feb. 10, 2015. We received and considered comments and questions from both practitioners and members of the general public. Below are some of the common questions that we received.

1. Why are pharmacists being singled out?

Pharmacists are not being singled out. All six regulatory colleges that make up the Advisory Group for Regulatory Excellence (AGRE) – medicine, nursing, dentistry, optometry and physiotherapy – are in the process of implementing similar changes with all other health colleges in Ontario expected to follow.

2. Why is the College making findings of guilt made against a member in respect of a federal or provincial offence public?

Findings of guilt made in provincial and federal Court are already public information but can be difficult for the public to locate. In public polling conducted by AGRE, the public rated information about criminal convictions as important in their consideration when choosing members of their healthcare team.

3. Why is the College making charges made against a member in respect of a federal or provincial offence public?

Only those charges relevant to a member's suitability to practice will be made public. Members of the public can already request access to copies of charges through the court. By posting charges on the public register, the College is removing barriers to information that public polling conducted by AGRE identified as relevant, and allowing the public to determine what information is important in their consideration when choosing members of their healthcare team.

4. It seems like the Registrar will make decisions about what should be on the public register in isolation. Will there be a transparent process for decisions about what will be posted?

When by-laws refer to an action or process that will be undertaken by the "Registrar", the intent is not that


the individual will make the decision in isolation, but rather that there will be a College process for carrying out the action. This process is currently being developed, and will be made public once finalized.

5. Will the College be posting all complaints and investigations?

No. However, if approved by Council at their March 2015 meeting, the College will post outcomes from the Inquiries, Complaints and Reports Committee (ICRC) that result in a caution or a requirement for a practitioner to complete a specified continuing education or remediation program (SCERP). This would apply to complaints filed after April 1, 2015.

The proposed changes also include a provision allowing the College to make public the fact that a member is under investigation if there is a compelling public interest reason to do so.

6. Once information is posted on the public register, will there be a time limit on how long this information stays posted?

No. The current consideration is that given its ongoing relevance to the public, once posted information will remain on the public register. There is a process for a member to request removal of information, and requests are considered on a case-by-case basis. 

CQI BENEFITS PATIENTS IN COMMUNITY PHARMACIES

12



**LEARNING FROM
MEDICATION INCIDENTS
AND NEAR-MISSES
HELPS ENSURE A SAFE
SYSTEM AND IMPROVES
PATIENT OUTCOMES**

The College, as outlined in the Standards of Practice (SOP), sets clear expectations for community pharmacies to ensure that medication incidents and near misses – identified in their pharmacy and those shared from external sources – are used to strengthen the safety of the medication delivery system and improve patient outcomes. The application of a defined process for identifying and resolving systemic issues allows pharmacists and pharmacy technicians to share learnings with all staff members and observe that the changes implemented are effective.

Continuous quality improvement (CQI) consists of systematic and continuous actions that lead to measurable improvements in healthcare services and the health status of targeted patient groups.¹ The release of the Institute of Medicine's report "To Err is Human" in 2000 has resulted in increased attention to CQI in healthcare in North America. The report detailed the number of medical errors that occur in the healthcare system each year, and identified the need for increased efforts to create a safer healthcare delivery system.²

To achieve safer care for patients, CQI must focus on systemic improvements and not just the tasks that individual practitioners perform. An organization must understand its own delivery system, and the key processes involved in providing services to patients to make improvements. Change can be affected by influencing either what is done or how it is done (i.e. when,

“Continuous quality improvement (CQI) consists of systematic and continuous actions that lead to measurable improvements in healthcare services and the health status of targeted patient groups.”

where, and by whom service is delivered). Using a CQI process that focuses on the patient makes use of all members of the team. Basing decisions on data will help provide safer patient care.

Standards for the profession clearly outline that all pharmacists and pharmacy technicians, regardless of role or practice setting, have a responsibility to manage medication incidents and address unsafe practices. This includes promptly communicating and documenting all medication incidents and near misses with the rest of the staff in the pharmacy. It is the responsibility of the Designated Manager (DM) to ensure that there is an appropriate process in place for this to occur, and that learnings are continuously being identified and applied to improve processes within the pharmacy – with the objective of decreasing future incidents.

The processes for identifying medication incidents and near misses must be multi-pronged and incorporate the use of technology, in addition to the application of professional and clinical judgment. Over-reliance on any single approach causes weakness in the overall process. Technology presents challenges such as alert fatigue, while practitioners are subject to human error. Therefore, both approaches must support one another to provide the safest care to patients.

The College acknowledges the importance of having such systems in place. Medication incident detection (error reporting) and CQI are key focus areas during our pharmacy assessments. Each year the College conducts between 1,500 to 2,000 pharmacy visits through our inspection process. During the visits, College practice advisors review the current processes in place against the requirements in the SOP with the DM and support and educate the DM in meeting those requirements. Additionally, the College provides members with tools and frameworks to system-

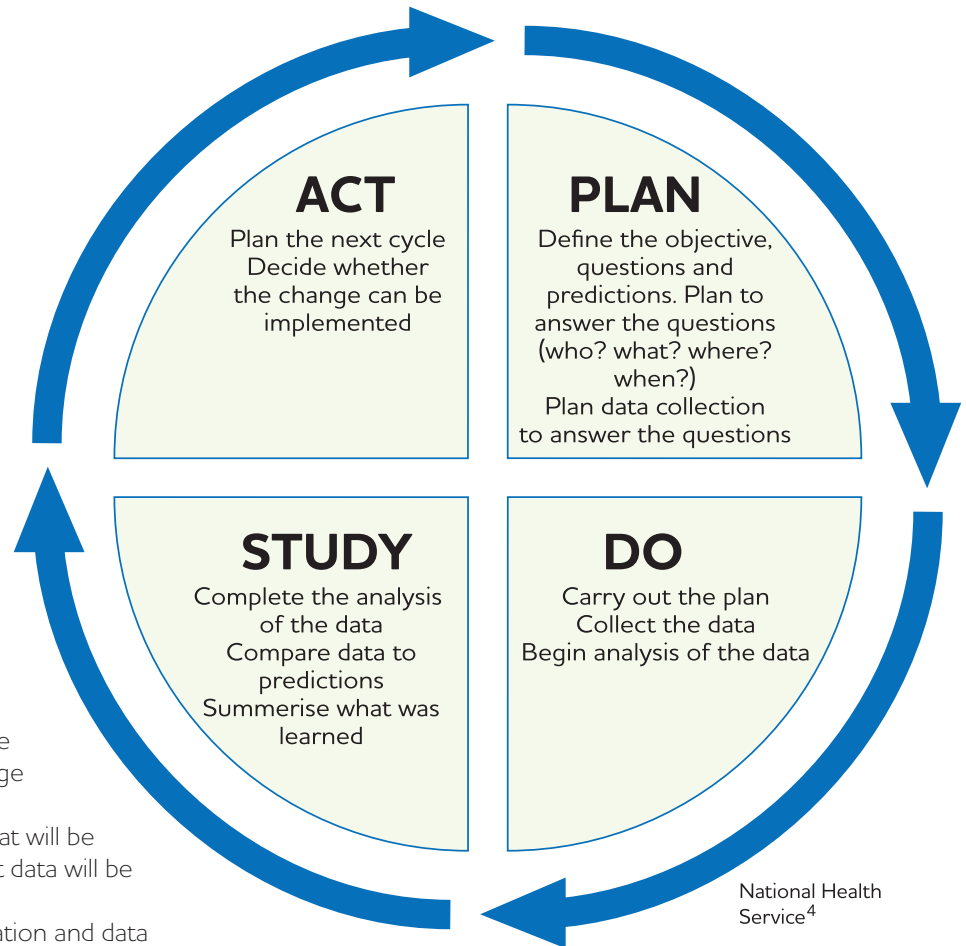
atically identify, document and share medication incidents on our website under the [Medication Incidents practice tool](#). Members are encouraged to report medication incidents to appropriate external sources such as the Institute for Safe Medication Practices (ISMP) to support broader learning for the profession. Links to the ISMP website and other resources are also provided on the medication incidents practice tool.

Using the lessons learned from medication incidents and near misses to continuously improve processes to minimize errors and maximize health outcomes plays a big part in improving the quality of care provided in community pharmacies.

One of the many tools that DMs could consider using to implement continuous changes in a systematic fashion and measure outcomes is the Plan Do Study Act (PDSA) framework. The PDSA framework allows for quick implementation of small changes in a successive manner, depending on the frequency of the change being tested. Small changes are implemented, and as data is collected and reviewed, the change idea is refined and a new PDSA cycle is used to implement and monitor the refined changes.

The PDSA tool can be used if pharmacies do not already have a tool and process in place to extract learnings from medication incidents and/or near misses, and to implement changes to mitigate future errors. The tool helps to identify the stages within the pharmacy process that could be contributing to errors, develop possible solutions that will address the problem, document and implement changes, and study the outcomes of the changes to determine if further investigation and changes are required. For example, the PDSA tool could be used to develop and implement solutions for dispensing the incorrect dosage or wrong drug, or if patients are not receiving counselling when required.

PLAN DO STUDY ACT FRAMEWORK



1. PLAN³

- Develop specific objectives for change
- Make predictions about what will happen and why (define your beliefs about the processes and operation of your pharmacy)
- Answer questions specifically and include a data collection plan
 - i. Who will be responsible for implementing change and collecting data?
 - ii. What is the change that will be implemented and what data will be collected?
 - iii. When will implementation and data collection begin?
 - iv. Where will implementation occur (i.e. physical location or point in workflow) and where will data be recorded?


2. DO

- Carry out the change
- Document the outcomes through data collection and subjective observations (both positive and negative)

3. STUDY

- Review data to see if changes are similar to your predictions
- Discuss what has been learned with all staff

4. ACT

- Depending on results, decide whether to adapt, adopt or abandon change
- Start preparing for the next PDSA 

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College to inspect hospital pharmacies



The legislation introduced by the Ontario government that will provide the Ontario College of Pharmacists with the authority to license and inspect pharmacies within public and private hospitals has passed third reading in the legislature – the last significant step before it becomes enacted into law.

When proclaimed, *Bill 21: Safeguarding Health Care Integrity Act, 2014* will:

- Provide the Ontario College of Pharmacists with the authority to license and inspect pharmacies within public and private hospitals, in the same manner it currently licenses and inspects community pharmacies
- Provide the College with the ability to enforce licensing requirements with regard to hospital pharmacies
- Allow the College to make regulations to establish the requirements and standards for licensing, operation and inspection of hospital pharmacies
- Provide government with the ability to extend the College's oversight to other institutional pharmacy locations in the future, as appropriate

UPDATE ON REGULATIONS

The College is currently drafting the necessary regulations to support Bill 21, which will outline the specifics for the inspection of hospital pharmacies. Council will review the draft regulations at their March 2015 meeting and it is expected that they will be circulated for a 60-day public consultation at that time. Following the consultation, Council will review and consider the feedback and approve the regulations before they are submitted to government for final approval. It is anticipated that regulations will be in place by the end of 2015.

ABOUT THE FIRST INSPECTION

College hospital practice advisors will be visiting all hospital pharmacy sites in Ontario by the end of 2015 to conduct the first round "baseline" inspections. To date, about 30 pharmacies have already undergone their first inspection, with about 230 left to go before the end of the year.

The first visit takes approximately one day. A pre-assessment package is sent to the hospital pharmacy ahead of the visit and some materials must



Meechen Tchen, Pharmacist at Children's Hospital of Eastern Ontario

be completed and returned to the College prior to the assessment. College practice advisors spend the day working with pharmacy staff members, those involved in the medication management


system, and the senior team discussing pharmacy processes and procedures, and touring the facility. Focus is on the areas of practice with the greatest risk for patient and public safety.

If any problems in the pharmacy or medication management system are identified, the practice advisor works with the team to mentor and coach them on how to rectify the problems as soon as possible. The outcomes of these initial baseline assessment visits will be made public once the College has officially received the necessary authority.

CANADIAN SOCIETY FOR HOSPITAL PHARMACISTS: PROFESSIONAL PRACTICE CONFERENCE 2015

This year OCP attended the annual CSHP Professional Practice Conference held Jan. 31 to Feb. 4, 2015 at the Sheraton Centre Hotel in Toronto. College representatives spoke with hospital pharmacists and pharmacy technicians from across the province about the importance of practicing to the standards, their professional responsibilities and what to expect when the College visits for a hospital pharmacy's first inspection.

FOR MORE INFORMATION

Visit the Key Initiatives section on the College website to learn more about hospital pharmacy inspections. <http://www.ocpinfo.com/about/key-initiatives/hospital-oversight/> 

NEW KEY INITIATIVE ON WEBSITE:

Practice Assessments


As the regulatory body for the profession of pharmacy in Ontario, the College is actively involved in initiatives that further support our mandate of protecting the public by ensuring the safe, effective and ethical delivery of pharmacy services.

To bring greater attention to these important topics – which all pharmacists and pharmacy technicians should familiarize themselves with – the College has created a section on the website titled Key Initiatives. This section, arranged by topic, includes a general overview of the initiative and provides regular updates and links to relevant resources.

The newest key initiative on the website is about the Practice Assessments – the College's new approach to pharmacy inspections.

As part of our commitment to continuous quality improvement, enhancements have been made to the routine pharmacy inspection process. These visits will now include both an assessment of a pharmacy's operations and processes, and an evaluation of an individual practitioner's performance in their practice site.

The College is currently piloting the new practice assessment model across the province, and anticipates an official launch in spring/summer 2015.

Learn more about practice assessments by visiting www.ocpinfo.com/about/key-initiatives/practice-assessments/ 



The screenshot shows the Ontario College of Pharmacists website. The header includes the logo and navigation links for 'HOME', 'PUBLIC', 'APPLICANT', and 'MEMBER'. The main navigation menu includes 'About the College', 'Protecting the Public', 'Registration', 'Practice & Education', 'Regulations & Standards', and 'Library'. The page title is 'Practice Assessments'. The content area includes a search bar, a list of key initiatives, and a detailed section on 'Practice Assessments' with a list of focus areas and a list of related articles.

Practice Assessments

As part of the College's commitment to continuous quality improvement, enhancements have been made to the routine pharmacy inspection process. Now called practice assessments, these visits include an assessment of pharmacy operations and processes, and an evaluation of an individual practitioner's performance in their practice site.

By assessing individual pharmacists and pharmacy technicians, the College will be able to better evaluate, coach and mentor practitioners to adhere to their [Standards of Practice](#), [Code of Ethics](#) and [Professional Responsibility Principles](#).

College practice advisors (formerly inspectors) will evaluate the process for new and refill prescriptions, adaptations/renewals and medication reviews in order to assess the practitioner in the following areas:

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

In determining these focus areas, the College considered which practice activities have the greatest impact on patient and public safety. The new practice assessment is designed to increase adherence to practice standards, support practitioners in practicing to their full scope and ultimately assist in the delivery of greater health outcomes for patients.

The College is currently piloting the new practice assessment model across the province, and anticipates an official launch in spring/summer 2015.

Key Initiatives

- > College Oversight of Hospital Pharmacies
- > Commitment to Transparency
- > Practice Assessments
- > Professional Responsibility in Practice

Related Articles:

- [Article from PC Summer 2014 — College Shifts Focus to Practice Assessments](#)
- [Article from PC Fall 2014 — New Pharmacy Inspection Process](#)
- [Video Clip — College's Shift in Focus \(2014 District Meeting\)](#)
- [Standards of Practice](#)
- [Code of Ethics](#)

There are currently four key initiatives available on the website:

1. *College Oversight of Hospital Pharmacies*
2. *Commitment to Transparency*
3. *Practice Assessments*
4. *Professional Responsibility in Practice*

ADVERTISING

Factsheet: Advertising

Published: December 2014

Legislative References: *DPR*A O. Reg. 58/11, s. 46-48, *DPR*A O. Reg 58/11, Part IX, s. 49-53, *Pharmacy Act* O. Reg. 202/94, Part VII.2, s. 28, *Pharmacy Act* O. Reg. 681/93, *Ontario Drug Benefit Act*, RSO 1990, c 0.10, *Drug Interchangeability and Dispensing Fee Act*, RSO 1990, c P.23, *Controlled Drugs and Substances Act*

Additional References: Professional Responsibility Principles (Pharmacy Connection Spring 2014), Professionalism and Ethical Decision-Making (Pharmacy Connection Spring 2014), The Language of Regulation (Pharmacy Connection Winter 2014)

College Contact: Professional Practice

ADVERTISING – MEMBER’S RESPONSIBILITY:


It is the responsibility of individual members to determine the appropriateness of advertising based on legislative requirements and professional responsibilities. Advertising is addressed through regulations under the *Drug and Pharmacies Regulation Act* (O. reg. 58/11 Part VIII) and the *Pharmacy Act* (O. reg. 202/94 Part VII.2). In addition, the College has published multiple resources that a member can utilize to guide ethical and professional decision making. The Ontario College of Pharmacists cannot provide legal advice or make a determination as to whether an ad or sign is in violation of legislative requirements or professional responsibilities. The guidance provided in this fact sheet is not exhaustive and members who, after having read the information provided in the fact sheet, remain unsure about their particular circumstance, should exercise due diligence and obtain independent legal advice to address their outstanding concerns. The College has provided the following resources which a member can utilize to guide decision making with respect to advertising :

LEGISLATION TO CONSIDER WHEN DEVELOPING ADVERTISING

- The portion of the [Drug and Pharmacies Regulation Act, O. Reg. 58/11](#) that refers to Advertising is PART VIII (ADVERTISING), s. 46 to 48
- The portion of the [Pharmacy Act, O. Reg. 202/94](#) that refers to Advertising is Part VII.2 (ADVERTISING), s. 28 TO 30
- The relevant components of the [Professional Misconduct Regulations, O. Reg. 681/93](#),

- The relevant components on the [Proprietary Misconduct/Conflict of Interest Regulations, O. Reg. 58/11, Part IX](#)
- Advertising of narcotics is not permitted as per the [Narcotic Control Regulations](#) made under the *Controlled Drugs and Substances Act*, s.70

PROFESSIONAL RESPONSIBILITIES TO CONSIDER WHEN ADVERTISING:

- A member should review the [Standards of Practice](#) which demonstrate professional expectations when delivering pharmacy services
- Reviewing the [Code of Ethics](#) will provide a member with foundational principles of acceptable conduct that form a framework for ethics and professionalism for the delivery of pharmacy services
- A member must consider the [Professional Responsibility Principles](#) to ensure ethical delivery of pharmacy services
- A member must also consider [professionalism and ethical decision making](#)
- If considering advertising inducements a member may wish to consult the College’s [Loyalty Points Policy](#)
- Lastly, the [information published to support a member when interpreting legislation](#) should be reviewed 

One Year Later: OCP Website is a Great Resource for Practitioners

It's been one year since the College launched our new website and since then we've had thousands of visitors and heard tons of great feedback.

Did you know there are many great resources for practitioners available on the website?

Whether you're working in a community or hospital pharmacy, a corporate or industry environment, or are a student studying for the jurisprudence exam – our website has important information for you.

If you haven't already, check out the member homepage for quick and easy access to information you'll surely find useful.

Here are some highlights:

PRACTICE TOOLS

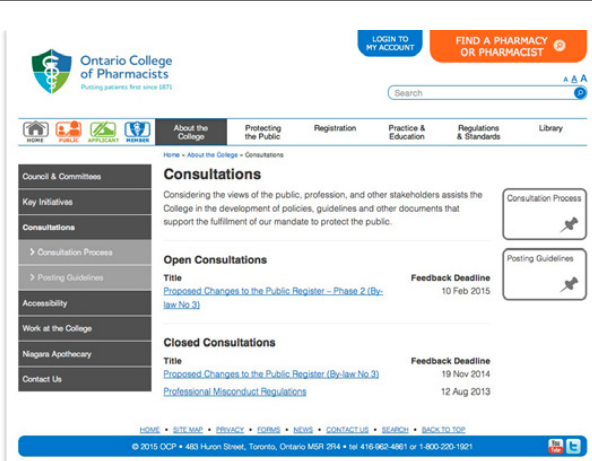
This special feature on the website brings together information about a number of different practice issues in one central location. Visitors can select a topic from the list and then quickly access any relevant articles, fact sheets, links to some regulations, FAQs, and more.

Current [Practice Tool topics](#):

- Administering Injections
- Compounding
- Designated Managers
- Drug Preparation Premises
- Expanded Scope
- Infection Control
- Interprofessional Collaboration & Teamwork
- Medication Incidents
- Methadone & Buprenorphine
- Narcotics
- Patient Relationships
- Pharmacy Technicians
- Prescription Information and Labelling

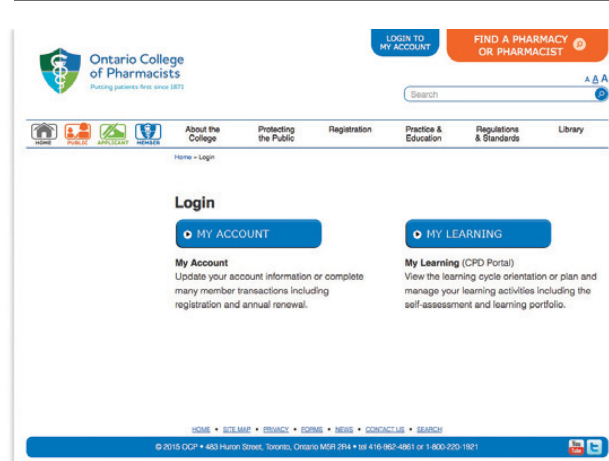
The screenshot shows the Ontario College of Pharmacists website. At the top, there are links for 'LOGIN TO MY ACCOUNT' and 'FIND A PHARMACY OR PHARMACIST'. Below the navigation menu, there are sections for 'PRACTICE TOOLS', 'REGULATIONS & STANDARDS', 'LIBRARY', and 'LOGIN TO MY ACCOUNT'. A 'MEMBER' section features a photo of three people and text stating that pharmacists and technicians are responsible for practicing in accordance with all relevant laws, regulations and standards, and are expected to engage in life-long learning. A 'NEWS' section lists recent updates: 'Feb. 5, 2015: New Issue of e-Connect Now Available', 'Feb. 4, 2015: Letter to Minister of Health: Patient Relations Program', 'Jan. 30, 2015: Join the College as a Pharmacy Practice Program Specialist', 'Jan. 22, 2015: Annual Renewal Now Open – Due March 10, 2015', and 'Jan. 13, 2015: Join the College as a Practice Consultant'. The footer includes links for 'HOME', 'SITE MAP', 'PRIVACY', 'EDMS', 'NEWS', 'CONTACT US', and 'SEARCH', along with copyright information: '© 2015 OCP • 485 Huron Street, Toronto, Ontario M5R 2P4 • tel: 416-963-4961 or 1-800-220-1921'.

- Professional Fees
- Record Keeping, Scanning and Documentation
- Remote Dispensing & Pharmacies Operating Internet Sites
- Standards for Accreditation & Operation



PUBLIC CONSULTATIONS

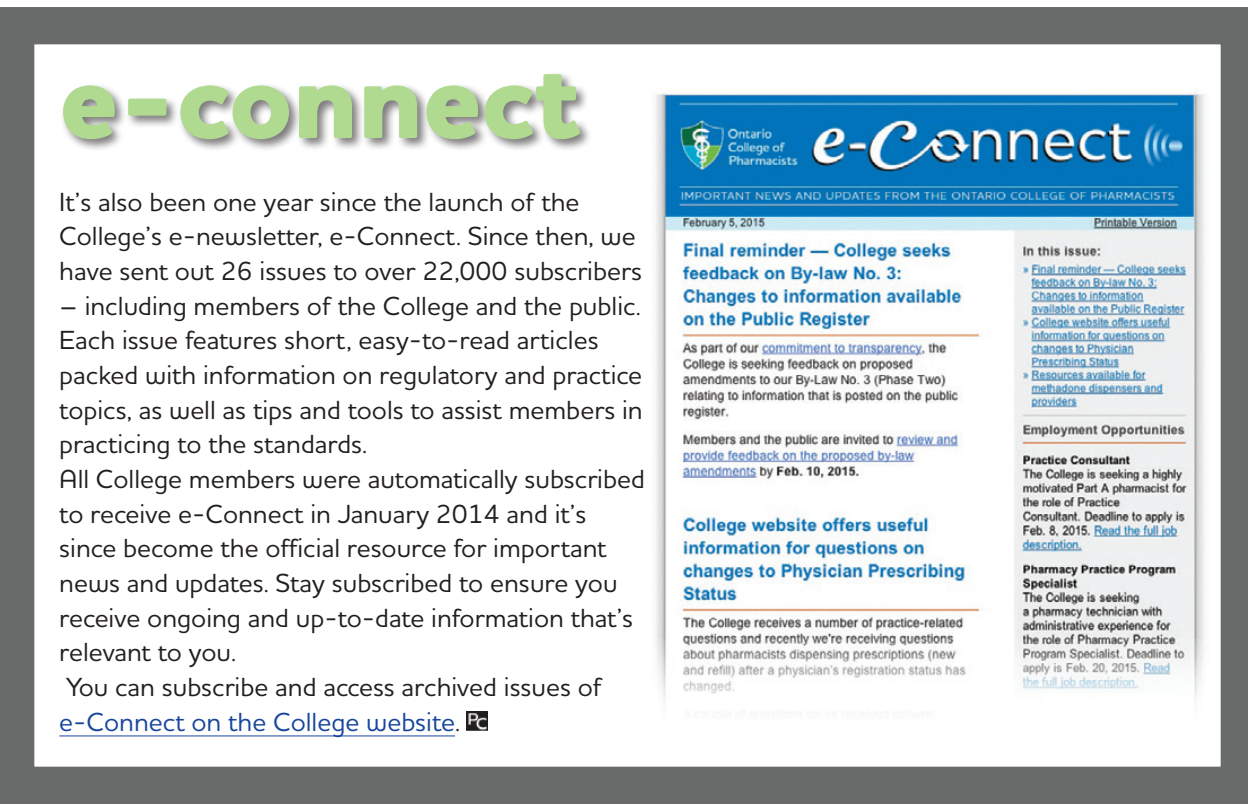
The College often requests input from members of the profession, the public and other stakeholders regarding new and revised by-laws, regulations, policies and other documents related to pharmacy practice. Information about current and closed consultations is posted at <http://www.ocpinfo.com/about/consultations/>.



LOGIN TO MY ACCOUNT

Get quick access to your account or learning (CPD Portal) through the “[Login to My Account](#)” button on the top of every page.

*Tell us what you think about the website.
Email communications@ocpinfo.com and share your thoughts!*



e-connect

It's also been one year since the launch of the College's e-newsletter, e-Connect. Since then, we have sent out 26 issues to over 22,000 subscribers – including members of the College and the public. Each issue features short, easy-to-read articles packed with information on regulatory and practice topics, as well as tips and tools to assist members in practicing to the standards.

All College members were automatically subscribed to receive e-Connect in January 2014 and it's since become the official resource for important news and updates. Stay subscribed to ensure you receive ongoing and up-to-date information that's relevant to you.

You can subscribe and access archived issues of [e-Connect on the College website](#).

Ontario College of Pharmacists e-Connect

IMPORTANT NEWS AND UPDATES FROM THE ONTARIO COLLEGE OF PHARMACISTS

February 5, 2015 Printable Version

Final reminder — College seeks feedback on By-law No. 3: Changes to information available on the Public Register

As part of our [commitment to transparency](#), the College is seeking feedback on proposed amendments to our By-Law No. 3 (Phase Two) relating to information that is posted on the public register.

Members and the public are invited to [review and provide feedback on the proposed by-law amendments](#) by Feb. 10, 2015.

College website offers useful information for questions on changes to Physician Prescribing Status

The College receives a number of practice-related questions and recently we're receiving questions about pharmacists dispensing prescriptions (new and refill) after a physician's registration status has changed.

In this issue:

- Final reminder — College seeks feedback on By-law No. 3: Changes to information available on the Public Register
- College website offers useful information for questions on changes to Physician Prescribing Status
- Resources available for methadone dispensers and providers

Employment Opportunities

Practice Consultant
The College is seeking a highly motivated Part A pharmacist for the role of Practice Consultant. Deadline to apply is Feb. 8, 2015. [Read the full job description.](#)

Pharmacy Practice Program Specialist
The College is seeking a pharmacy technician with administrative experience for the role of Pharmacy Practice Program Specialist. Deadline to apply is Feb. 20, 2015. [Read the full job description.](#)

A sample of questions we've received recently

Fentanyl Abuse Prevention – A Shared Responsibility

The Ontario Association of Chiefs of Police is leading a program to help limit the abuse of fentanyl patches across the province. The misuse of fentanyl is having a devastating effect in many communities. The *Patch 4 Patch* program aims to limit the availability of fentanyl patches and avoid unnecessary deaths.

The inappropriate use, abuse, diversion, storage, and disposal of prescription narcotics and other controlled substances is a public health and safety issue. Communities across Canada have seen a rise in deaths due to the misuse of fentanyl. In Ontario alone there were at least 103 deaths in 2013.

Patch 4 Patch is a collaborative effort between physicians, pharmacists, and patients to promote the safe, effective and responsible use of fentanyl patches. In general, it applies a “one in, one out” model, where patients are asked to return any patches previously dispensed to them back to the pharmacy before they are able to receive more. *Patch 4 Patch* promotes safety for patients and the community. In returning these patches, patients are contributing to reducing harm as a used patch poses many dangers to children and pets, and contains enough medication to be harmful or fatal to someone who is not prescribed the medication.

Pharmacists are encouraged to consider working together with physicians and patients to implement the *Patch 4 Patch* program where appropriate.

BACKGROUND

Fentanyl is an extremely potent synthetic opioid prescribed for the treatment of chronic pain, usually in patients already tolerant to high doses of less powerful opioids such as morphine or oxycodone. Fentanyl is approximately 100 times more potent than morphine and 40 times more potent than heroin. Fentanyl used for non-medical purposes is most commonly encountered in the form of diverted prescription patches. According to statistics from the Office of the Chief Coroner, deaths attributed to fentanyl in Ontario doubled between 2008 and 2012 from 45 to 116. During this time frame, only oxycodone – which is far more widespread – was connected to more deaths. Fentanyl is sold under the prescription names Duragesic® Mat, Apo-Fentanyl Matrix, Ran-Fentanyl Matrix Patch, Co Fentanyl, PMS-Fentanyl MTX and others.

NON-MEDICAL USE (OR ILLICIT USE)

Fentanyl is known by several street names: Apache, China Girl, China White, Dance Fever, Friend, Goodfella, Jackpot, Murder 8, TNT and Tango and Cash. Aside from using patches in a prescribed manner, users will extract the gel from patches and eat, smoke, inject and dissolve it under their tongues. Because fentanyl is highly soluble, users


“Pharmacists are encouraged to consider working together with physicians and patients to implement the *Patch 4 Patch* program where appropriate.”



will soak pieces of the patch in alcohol and then infuse herbs such as basil with the mixture to smoke. Since the patch is made for a 72-hour slow release, scraping off the medication and smoking or sucking the drug out of the patch can make a single patch lethal. Even patches that are properly used may retain 60 to 80 per cent of the original dosage. A single patch can sell for between \$150 and \$220 in central Ontario, and as much as \$500 in some First Nations communities in northern Ontario.

LEARN MORE

The Ontario College of Pharmacists and College of Physicians and Surgeons of Ontario (CPSO) both support initiatives that curb opioid abuse, including participation in the *Patch 4 Patch* program. The CPSO recently published an article in their magazine, *Dialogue*, sharing information about fentanyl overdoses and the *Patch 4 Patch* program.

Learn more about the program from the document [Patch 4 Patch Initiative: Fentanyl Abuse Prevention – A Shared Responsibility](#) published by the Ontario Association of Chiefs of Police. The document was developed with input from a number of community partners, including the Ontario College of Pharmacists, the College of Physicians and Surgeons of Ontario, and the Ministry of Health and Long-Term Care. 

ATTENTION: NARCOTICS MANAGEMENT & SECURITY

- Pharmacists are responsible for the management and security of all narcotics in their pharmacy or otherwise under their control
- The most common way to gain illegal access to narcotics or controlled substances is through the use of legitimate prescriptions and forgeries
- Pharmacists are reminded about two fact sheets developed by the College that are intended to reinforce the diligence expected of pharmacists and pharmacy technicians in reducing the number of forged prescriptions that are filled
 - [Identifying Forgeries and Fraudulent Prescriptions](#)
 - [Narcotic Reporting of Forgeries and Losses](#)
- Notices from the Ontario Public Drug Programs titled “Prescription Forgery” and alerts generated by the Narcotics Monitoring System are crucial pieces of information that should be made available and used within pharmacies



**CORONER'S INQUEST,
POLYPHARMACY AND
THE ELDERLY**

24

INQUEST INTO DEATH OF AN ELDERLY PATIENT ON FENTANYL

A 95 year old woman, TP, the subject of a coroner's inquest, died a year after being placed in a retirement home. The reported cause of death was acute myocardial infarction, secondary to coronary artery disease and a left hip fracture, with dementia reported as a contributor.

Documentation irregularities and concern about the use of fentanyl for pain control led the coroner's jury to refer the case for review to the Geriatric and Long-Term Care Review Committee (GLTCRC). The Committee's review and its recommendations to several institutions, in the areas of appropriate pain assessment, evaluation and titration of opioid pain medications, documentation and falls prevention as well as education of healthcare professionals on medication use in the elderly are summarized in Appendix B.

CASE HISTORY:

Apart from documentation irregularities, this case highlights areas where a frail elderly patient on multiple medications was exposed to avoidable risks, with several missed opportunities for timely intervention and optimization of health outcomes.

On admission to the retirement home in April 2011, TP, observed to be in no overt distress, had several documented co-morbid conditions, including chronic kidney disease, hypothyroidism, osteoarthritis, diverticulitis, controlled hypertension, recent TIA and remote history of stroke. Medications in TP's chart that month and updated at various time points, documented as medication reviews, are listed in Appendix A. An initial physiotherapist visit on April 11 identified the patient to be at high risk of falls and a management plan was outlined. A later note, but dated April 4, recorded the finding of two fentanyl patches on the patient.

Over the next few months, TP began to exhibit signs of confusion and a tendency to fall. In May, she had a temporary episode of day/night reversal and a hand injury when going to the bathroom. In September, she suffered a few broken ribs from a fall in the bathroom. Pain from the fall led to an increase in dosage of acetaminophen (now scheduled) and a doubling of her fentanyl patch to 50 mcg every three days. A medication review at this time failed to capture the doubled dose of fentanyl. TP's confusion increased and a week later her fentanyl dose was reduced back to 25 mcg. In November, TP fell and sustained a head injury. That month, episodes of increased blood pressure and angina culminated in two emergency room visits and the prescribing of nitroglycerin patch, after which no further angina was recorded. TP suffered another episode of day/night reversal in January 2012 and three falls during February and March 2012, after which a medication review was recorded. Her family, concerned that TP's pain medication was resulting in confusion, asked that a different doctor assume her care. TP had another fall that month, the fourth in the span of six weeks. This resulted in a hip fracture necessitating surgery. In April 2012, three weeks post-op, TP died of a myocardial infarction.

This is another example where the Principles of Professional Practice (<http://www.ocpinfoc.com/about/key-initiatives/prof-respon/>) should draw attention to an especially vulnerable population.

POLYPHARMACY AND THE ELDERLY

While some elderly adults remain fit and active as they age, many are assailed by complex chronic health conditions. This makes them prey to polypharmacy, defined as taking five or more medications.

- In Canada, a 2009 nationwide population survey reported polypharmacy in over 50 per cent of seniors in institutions and 13 per cent of those at home¹.
- A 2012 report by the Canadian Institute of Health Information (CIHI) cites 66 per cent of Canadian seniors with claims for five or more drug classes, and close to 40 per cent of seniors over the age of 85 with claims for 10 or more drug classes². These figures do not take into account any additional over-the-counter medications.

These statistics give rise to concern because the well known risks of polypharmacy are heightened in the elderly³:

- **Age-related physiologic changes** influence the metabolism and response to medications
 - Many medications therefore have increased potential for harm in the elderly and are considered inappropriate.
- **Presence of complex co-morbid conditions**, requiring the use of multiple medications, increases risks of
 - Drug interactions and adverse effects
 - Non-adherence due to complex and multiple drug regimens
 - Prescribing cascades to treat adverse effects of an existing medication
 - Impaired function and cognition in older adults.
- **Efficacy and safety of medications is not always well established in older patients**
 - Despite being the largest consumers of medications, older patients are often underrepresented or excluded from drug efficacy trials.

The consequences of polypharmacy in the elderly, in addition to adverse drug effects and impact on function and cognition, include increased risk of falls, poorer health quality of life, hospitalizations and death⁴. Between 20 per cent and 30 per cent of adults over the age of 65 fall each year from multiple and often avoidable causes. A strong association with fall risk has been observed when certain medications such as antidepressants, antipsychotics, benzodiazepines or those that cause drowsiness, dizziness, hypotension, ataxia and visual impairment are included in the polypharmacy mix.⁵

Lists and criteria for potentially inappropriate medications (PIMs) in the elderly, i.e., medications where actual or potential harms outweigh the benefits, have been developed for clinician reference by expert panels and include the updated Beers criteria^{6,7}, the STOPP criteria⁸ and the Anticholinergic Burden Scale⁹. Indiscriminate prescribing of PIMs, however, continues to be reported. In 2012, CIHI reported more than a third of Canadian seniors using a PIM as identified by the Beers Criteria². Internationally, the results of a systematic review suggest one in five prescriptions for community dwelling older patients are inappropriate¹⁰. This does not include medications or herbals bought without a prescription, many of which could be inappropriate in themselves or have dangerous interactions with other prescribed medications.

MITIGATING RISKS OF POLYPHARMACY

One way to mitigate the risks of polypharmacy and PIMs is by 'deprescribing', a term gaining increasing prominence, and the subject of current research. It involves assessing the benefits and risks of medications, followed by a process of tapering, stopping or withdrawing medications that are not required or that have potentially harmful consequences for the individual patient.¹¹

Available evidence indicates that medications may be withdrawn successfully with little or no harm to the patient¹¹.

- **Benefits** shown from cohort and observational studies include improved patient health outcomes from resolution of adverse drug events when specific medication classes are withdrawn.¹²
 - Studies have generally been of insufficient duration to determine long-term clinically significant benefits such as reduced hospitalization or improved functionality. Some trials, however, have demonstrated reduced fall risk.
- **Risks** of stopping medications include the potential for adverse drug withdrawal reactions, pharmacokinetic and pharmacodynamic changes and return of the medical condition.
 - Risks can be mitigated with appropriate tapering, monitoring after withdrawal and reinstating the medication if the condition returns.¹²
- **Barriers**¹³ to stopping a medication that has been prescribed over months or years is complicated by many factors, including but not limited to
 - Patient reluctance and physician inertia, due to fear of unknown negative consequences of discontinuing medications
 - Lack of insight on harms of PIMs
 - Lack of sufficient data on methods to safely discontinue medications, resulting in clinicians having to rely on their experience and clinical judgement when attempting to taper or stop medications.

Empowering clinicians with evidence based guidance to safely and effectively discontinue inappropriate medications is the subject of current research:

- The Ontario Pharmacist Research Collaboration (OPEN)¹⁴, with its team of experts, led by pharmacist and scientist Dr. Barbara Farrell and scientist James Conklin, has been awarded a three year grant by the Ministry of Health & Long-Term Care in 2013 to develop deprescribing guidelines for the elderly.¹⁵

- Reeves et al¹² have proposed a patient-centred deprescribing process, utilizing a five-step cycle that includes a comprehensive medication history, identifying PIMs, assessing if any PIM can be discontinued, planning the withdrawal process – e.g., tapering, and providing monitoring support and appropriate documentation.

ROLE OF PHARMACIST

Pharmacists can play an important role as part of the circle of care for the elderly. As medication experts, and ranking amongst the most approachable and accessible of healthcare providers in Canada, pharmacists are in a position to positively impact the health outcomes of their patients, including the especially vulnerable senior population.

Focusing on the individual patient's needs is pivotal, guided by evidence and with direct input from the patient/caregiver. The acronym MINDFUL below sets out a common-sense approach enabling the pharmacist to optimize the health outcomes of their senior patients^{3,11,12}:

- **Medical History (M)**
 - Review the patient's medical and medication history:
 - Ask about prescribed and non-prescribed (over-the-counter) medications, including herbals and vitamins.
 - Ask about changes to health status and medications at every visit.
 - Match medication therapy to the patient's condition, age and goals.
 - Assess appropriateness of each medication by considering
 - Patient-specific co-morbid conditions, age, renal and liver function
 - The need for existing or new medications e.g., for a palliative care patient with a short life expectancy, prescribing a prophylactic medication that requires several years to realize a benefit may not be considered appropriate.
- **Identify PIMs (I)**
 - Use evidence to identify medications that have significant interactions, are unnecessary, constitute duplication of therapy, PIMs, as well as conditions not receiving optimal treatment
 - Assess benefits vs risks of continuing or stopping PIM in that individual patient.

- **Negate PIMs (N)**

- Use available evidence and patient-specific criteria to determine the process for safely discontinuing PIM (e.g., taper if in doubt)
- Obtain patient consent and contact the prescriber to provide the recommendation and rationale and effect the change.

- **Document the decision and rationale (D)**

- **Follow up with the patient (F)**


- Monitor the outcome of the change and provide education and support.

- **Understanding (U)**

- Elicit patient understanding of the changes and information provided to ensure medications are taken as indicated.

- **List all current medications (with any changes) (L)**

- Provide an updated medication list for the patient to carry
- Inform all relevant healthcare practitioners in the patient's circle of care of medication changes.

Deprescribing guidelines such as those by the OPEN group, once published, will enhance the ability of clinicians to more confidently reduce medications that are inappropriate or no longer necessary for older patients, thus helping to decrease risks of adverse drug effects and optimize health related quality of life. It is hoped that such guidelines will translate ultimately into a cultural shift in healthcare where reassessing medications as people age becomes part of routine care.^{11,14,15} 

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APPENDIX A. TP'S MEDICATIONS

April 20, 2011 (admission month)	May 4, 2011 (documented as a 'six month review')	Sept. 14, 2011 (documented as a 'six month review')	March 14, 2012 Medication review
<p>Scheduled:</p> <ul style="list-style-type: none"> • Fentanyl patch 25 mcg q3days <p>PRN:</p> <ul style="list-style-type: none"> • Pain: Acetaminophen • Allergies: Dimenhydrinate • Nausea: Diphenhydramine • Bowel regimen laxatives: Fleet enema, glycerin, loperamide, lactulose, sennosides, milk of magnesia • Antacid: Magnesium hydroxide /aluminium hydroxide • Cough: Guaifenesin 	<p>Scheduled:</p> <ul style="list-style-type: none"> • Fentanyl patch 25 mcg q3days • Metoprolol 25 mg bid • Clopidogrel 75 mg daily • Rabeprazole 10 mg daily • Venlafaxine XR 75 mg daily • Levothyroxine 112 mcg daily • Tiotropium inhaler daily <p>PRN:</p> <ul style="list-style-type: none"> • Salbutamol inhaler • Nitrospray 	<p>Scheduled:</p> <ul style="list-style-type: none"> • Fentanyl patch 25 mcg q3days • Metoprolol 25 mg bid • Clopidogrel 75 mg daily • Rabeprazole 20 mg daily • Venlafaxine XR 75 mg daily • Levothyroxine 0.125 mg daily • Spiriva inhaler daily • Acetaminophen 650 qid • Alendronate 70 mg every Wednesday • Candesartan 16 mg/HCT 12.5 mg daily • Docusate 100 mg tid • Domperidone 10 mg tid ac • Ferrous gluconate 300 mg daily • Lorazepam 1 mg at bedtime <p>PRN:</p> <ul style="list-style-type: none"> • Nitroglycerin spray • Salbutamol inhaler • Medical directive for Acetaminophen Diphenhydramine Dimenhydrinate Milk of magnesia Magnesium hydroxide/ aluminium hydroxide Fleet enema Glycerin Guaifenesin Loperamide Lactulose Sennosides 	<p>Scheduled:</p> <ul style="list-style-type: none"> • Fentanyl patch 25 mcg q3days • Metoprolol 25 mg bid • Clopidogrel 75 mg daily • Rabeprazole 20 mg daily • Venlafaxine XR 75 mg daily • Levothyroxine 125 mcg daily • Tiotropium inhaler daily • Acetaminophen 650 qid • Alendronate 70 mg every Wednesday • Candesartan 16 mg/HCT 12.5 mg daily • Docusate 100 mg tid • Domperidone 10 mg tid ac • Ferrous gluconate 300 mg daily • Lorazepam 1 mg at bedtime • Nitroglycerin patch 0.2mg/ hr <p>PRN:</p> <ul style="list-style-type: none"> • Salbutamol inhaler • Medical directive for Acetaminophen Diphenhydramine Dimenhydrinate Milk of magnesia Magnesium hydroxide/ aluminium hydroxide Fleet enema Glycerin Guaifenesin Loperamide Lactulose Sennosides

APPENDIX B. GLTCRC REVIEW

Issue	Review	Recommendations
Documentation	<p>Difficulties in interpreting and analyzing medical and nursing notes:</p> <ul style="list-style-type: none"> - inconsistent charting methods - notes in English or French - notes written out of order, not labeled as 'late entry' - difficulty reading medication administration sheets in both electronic and printed formats. 	<p>To the Retirement Home:</p> <ul style="list-style-type: none"> - Conduct a review of documentation policies - Focus on standardizing how dates are written - Ensure notes are dated correctly with late entries recorded as such. - Records selected for photocopy or scan should be legible.
Pain Management	<ul style="list-style-type: none"> - No formal assessment conducted on the cause, type, location, severity of pain, nor of the appropriateness of pain medications, on admission or on subsequent fall-related increase in pain - Inappropriate doubling of fentanyl patch for new acute pain caused by rib fractures, leading to worsening cognition in TP - Family's concerns for TP's cognition and narcotic use could have been addressed, for example, by reviewing and discontinuing the fentanyl patch, and titrating a shorter acting narcotic to determine an optimal opioid dose to balance pain relief and cognitive function. 	<p>1. To Ontario Ministry of Health and Long-Term Care (MOHLTC) and Ontario Association of Long-Term Care Physicians:</p> <p>Reminders to healthcare providers that</p> <ul style="list-style-type: none"> - falls prevention in any seniors' facility requires an inter-professional approach, and the physician is an important part of that approach. Falls should prompt a review. - while narcotics for musculoskeletal pain in the elderly may be indicated, appropriate use requires: <ul style="list-style-type: none"> • Accurate diagnosis and description of pain • Frequent re-evaluation and appropriate titration • Use of short acting opiates for treatment of acute musculoskeletal pain • Description of goals of therapy e.g., mobility <p>2. To MOHLTC, Ontario Association of Long-Term Care Physicians, College of Physicians and Surgeons, Ontario College of Family Physicians, Ontario College of Pharmacists and medical schools in Ontario:</p>
Falls Prevention	<ul style="list-style-type: none"> - Despite the physiotherapist's note indicating TP to be at high risk of falls, and despite ensuing multiple falls, there was no evidence of review by the attending physician of potential medical or medication-related causes for falls. - Multiple medications, associated with increased risk of falls in the elderly, were prescribed for TP, including lorazepam, venlafaxine, metoprolol, nitroglycerin and narcotics. 	
Bowel regimen	<ul style="list-style-type: none"> - A PRN bowel regimen is insufficient to prevent serious constipation in an elderly patient on narcotics. - The nausea for which domperidone was prescribed might have been secondary to inadequately managed constipation. - Occasional diarrhea in this case may have been caused by overflow and the directive to use loperamide was inappropriate. 	<p>Education directed to the appropriate health professionals regarding drug therapy for the elderly should be a national priority at all levels: undergraduate, graduate, and continuing education.</p>
Anticholinergic load	<p>Despite cognitive impairment, TP was prescribed dimenhydrinate and diphenhydramine, medications with known anticholinergic effects. Anticholinergics have the propensity for severe adverse effects including confusion, constipation, dizziness and falls and are considered potentially inappropriate in the elderly.</p>	

ISMP CANADA SAFETY BULLETIN

An Opioid-Related Death in a Small Community Hospital



Pain management is a complex process that can involve a number of pharmacologic treatment modalities, including traditional pain medications (e.g., non-opioids and opioids) and adjunctive pharmacotherapy (e.g., anticonvulsants, antidepressants). Choosing an appropriate starting dose for an opioid, titrating opioid doses, using more than one opioid, and converting from one opioid to another are all elements of pain management wherein errors can lead to significant harm. This bulletin shares findings and recommendations from an ISMP Canada review of an unexpected death that occurred after admission to a small community hospital for management of acute pain. The system vulnerabilities identified during this analysis likely exist in other facilities, and all those affected by this case sincerely hope that the learning shared here will lead to system improvements in hospitals across Canada.

INCIDENT DESCRIPTION

A woman was admitted to hospital for management of pain. Five years earlier, she had undergone back surgery for chronic pain, and her condition was reported to have improved until an injury occurred about 2 months before the hospital admission. According to available prescription records, opioid medication had been prescribed for previous injuries, and it was believed that the patient was taking about 4 tablets of an oxycodone–acetaminophen combination tablet daily before this most recent injury. The combination tablet had been taken more frequently subsequent to the injury, and hydromorphone in both immediate-release (IR) and controlled-release (CR) formulations had also been trialled to address the patient's uncontrolled pain.

The most recent prescriptions, written and dispensed 1 week before the admission, were for CR oxycodone and IR hydromorphone. However, at the time of admission, the patient described use of CR oxycodone only. Opioid usage for the week before admission is detailed in Figure 1. Other medications being taken just before

admission included metformin, glyburide, irbesartan, and amitriptyline. After admission, the patient continued taking CR oxycodone, and several other pain medications (including fentanyl patch) were initiated, as shown in Figure 2.

On the evening of Day 14, the fentanyl dose was increased. Overnight, the patient did not sleep well and was awake for part of the night. On the morning of Day 15, she was left to sleep and was not awakened for breakfast or for usual medication administration. She was found with vital signs absent at about 11 am. Resuscitative efforts were unsuccessful.

The cause of death was determined to be “mixed drug toxicity” on the basis of autopsy and toxicology findings. This determination of mixed drug toxicity takes into consideration the toxicological findings and the combined effects of several of the medications detected post mortem.

ISMP CANADA'S FINDINGS

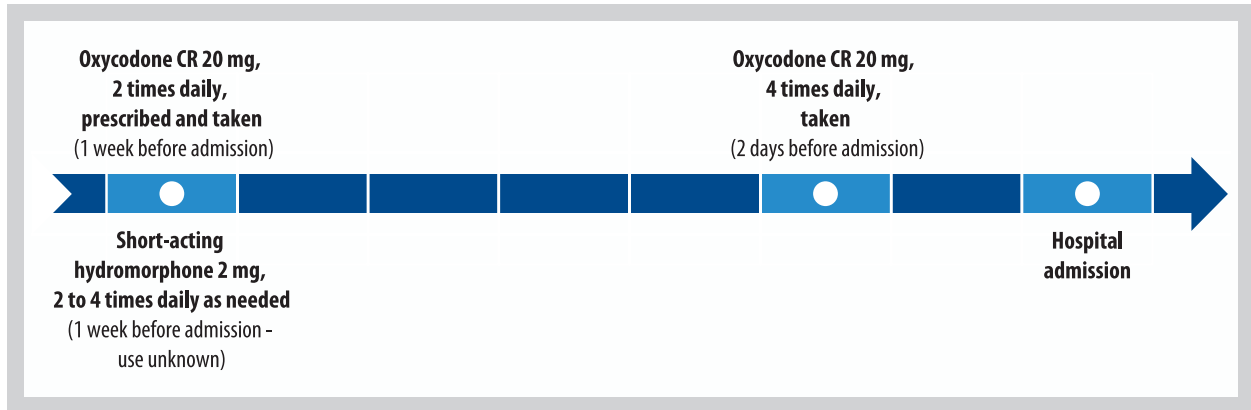
An interdisciplinary review identified several system-based vulnerabilities and factors potentially contributing to the patient's death. Key opportunities to prevent future deaths were thought to be related to the overall approach to pain management, including opioid selection, dose conversion and titration, and monitoring of symptoms and adverse effects. These opportunities, along with other selected factors, are highlighted in the current bulletin.

APPROACH TO PAIN MANAGEMENT

Opioid Selection

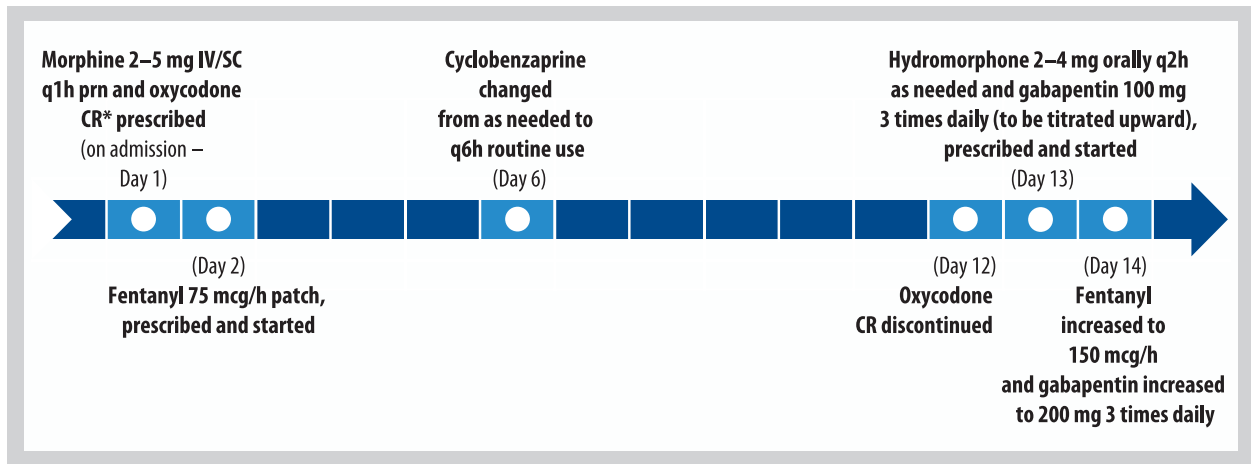
The hospital did not have a standardized protocol for pain management, and the patient's pain was being managed with several different opioid analgesics and a

Figure 1. Timeline of known opioid use in the week leading up to hospital admission (according to available prescription records).



CR = controlled-release

Figure 2. Timeline of use of opioids and other regularly scheduled adjunct medications during the hospital admission



*the daily dose of CR oxycodone varied from 40 to 80 mg until it was discontinued on Day 12
IV = intravenously; SC = subcutaneously

number of adjunctive agents (amitriptyline, cyclobenzaprine, gabapentin, and naproxen). Use of more than one opioid at the same time increases the complexity of dosing and titration and complicates conversion from one opioid to another.

Of particular concern was the use of a fentanyl patch for a patient whose analgesic needs had not been fully determined. Other concerns included the initial and titration doses of fentanyl, concomitant use of more than one long-acting opioid, absence of orders to address breakthrough or variable pain, and use of adjunctive agents with sedative properties without a corresponding reduction in opioid dosage.

Opioid Dose Conversion and Titration

Initial and titration doses (based on generally accepted conversion factors) used in this case were higher than doses recommended in available protocols.^{1,2} Calculation of "morphine equivalents" provides a way to compare the relative potency of other opioids with that of morphine. This calculation is particularly important for converting from one opioid to another and for evaluating the total opioid dose when multiple opioids are being used concurrently. Research has shown that doses of opioids exceeding the equivalent of 200 mg of oral morphine daily are associated with an increased risk of opioid-related death.³ This research has also

shown that calculation of morphine equivalents can help the practitioner to assess whether a patient's overall opioid dose is reaching levels that might cause concern.

On the basis of available prescription records and information provided by the patient at the time of admission, the reviewers estimated that the 24-hour oral morphine equivalent on the day before admission was 120 mg. By Day 3 and for the remainder of the admission, the daily morphine equivalent was calculated to be well over 300 mg, and rose to over 400 mg with the increase in the fentanyl dose on

Day 14. On the day of death (Day 15), it was estimated that the patient would have received the equivalent of 540 mg/day of morphine, if the full dose of fentanyl had been given as prescribed. However, this is a conservative estimate, as one manufacturer's conversion guideline indicates that a 75 mcg/h fentanyl patch is equivalent to a range of 270 to 314 mg oral morphine.²

Despite the high doses of opioids received during her hospital stay, the patient continued to complain of pain. There is a common misperception among health care professionals that patients who continue to experience pain, despite receiving pain medications, are not at risk of opioid toxicity. For such patients, opioids can indeed be titrated to very high doses, but the titration must be done slowly and carefully to avoid toxic effects. The total opioid dose (in terms of estimated morphine equivalents) placed this patient at high risk of opioid-related toxicity and death.

Changing from one opioid to another and selecting an appropriate dose of the next opioid is an inexact science and the selection of a particular conversion factor can have a profound effect on the suggested dose of the intended opioid. For example, hydromorphone is considered to be 4 to 8 times more potent than morphine, so 10 mg of hydromorphone is equivalent to a morphine dose of 40 mg to 80 mg.^{4,5} Depending upon the conversion factor used in a particular guideline, this difference can also have a profound effect on the dosing of other opioids, such as fentanyl patches. Incomplete cross-tolerance, whereby a patient may be more sensitive to the same relative potency of the new opioid than the previous agent, must also be taken into account. A number of guidelines and web-based applications are available to support calculation of conversions from one opioid to another; however, a wide range of conversion factors are used in these guidelines and programs. Having another practitioner, such as a pharmacist, indepen-

dently perform the conversion calculations can be a valuable safeguard.

Monitoring of Symptoms and Adverse Effects

Formal and consistent evidence of pain and symptom assessment, systematic determination of the effectiveness of analgesics, and routine evaluation for opioid toxicity were not apparent in the nursing or medical notes available for this patient. Vital signs were documented at most once daily, and no vital signs were documented on 5 separate days during the patient's hospital stay. On those days when vital signs were obtained, the documented heart rate was above the upper limit of the normal range. Patient monitoring and assessment were compromised by approved leaves of absence during the admission, whereby the patient was absent from the hospital for most of the day on nearly every day of the admission.

During her hospitalization, the patient expressed concern about how her medication therapy made her feel to the care team and to her family and friends. She reported feeling "wobbly", "unsteady", "groggy", and "whacked out". Despite these voiced concerns, staff members noted that the patient appeared to function fairly well, both physically and cognitively. The medical record included few notes related to the symptoms of toxicity. Where symptoms potentially attributable to medication toxicity were documented (e.g., one instance of noticeable unsteadiness and another instance of the patient being found slumped over in her chair), there did not appear to have been any follow-up with the attending physician. An impending opioid overdose may be difficult to detect because patients may appear to be alert when engaged, despite exhibiting signs of toxicity. These patients are at risk for succumbing to the overdose when left unmonitored.

OTHER FACTORS

Resuscitation Process

The health record indicated that when the patient was found without vital signs, it was presumed, because of her medical history and risk factors that a cardiac event had occurred. The opioid reversal agent naloxone was not administered during resuscitation efforts.

Organizational Factors

The death occurred in a small hospital in a remote community. Access to advanced diagnostic modalities and specialist care is often limited in such communities,

and these factors are difficult to mitigate. In this case, access to a neurologist or pain specialist via remote consultation could have been beneficial.

At the time of this incident, there was no process in place for routine review by a pharmacist of inpatient medication orders at this hospital, a gap that has now been addressed. The importance of independent review of medication orders was highlighted in early patient safety work, which showed that nearly 40% of medication errors occur at the prescribing stage, and of these, nearly half are intercepted through review by nurses and pharmacists.⁶ In the community where this patient lived, a pharmacist was not available, which meant that physicians both prescribed and dispensed medications without independent review by a second practitioner.

In addition, the patient was a healthcare provider in the community, which may have influenced decision-making on issuing leaves of absence from the hospital.

RECOMMENDATIONS

A number of recommendations were offered for consideration in this case. Those recommendations thought to be generally applicable to all acute care hospitals are presented here.

Pain Management

- Develop or adopt predefined order sets and protocols for pain management. Ensure that order sets include guidance on opioid selection, recommended initial doses (with consideration of patient risk factors), guidance for dose titration, specific monitoring requirements, and triggers for intervention. Protocols should specifically state that the transdermal fentanyl patch should not be used for management of acute or acute-on-chronic pain.
- Ensure that all medication orders are reviewed by a pharmacist in a timely manner, with particular attention to orders for high-alert medications such as opioids. The review of opioid orders should include a review of opioid tolerance and morphine equivalents.
- Consider consulting an experienced opioid prescriber (e.g., acute pain service) if the patient's daily opioid needs are greater than the equivalent of 80 to 120 mg of oral morphine, especially in cases where the patient's pain and function have not improved.⁷
- Undertake a detailed assessment of all processes associated with the management of opioids, including prescribing, order processing, dispensing, administration, and monitoring. Use the results of the assess-

ment to identify and address vulnerabilities in opioid management.

- Develop clear policies and processes for management of pain medications required during a patient's leave of absence in the course of an admission. Existing policies related to the criteria for granting leaves of absence should be reviewed to ensure appropriate consideration to the need for patient monitoring and establishment of a standard period for a leave of absence, when granted.
- Provide ongoing education for all staff about the signs and symptoms of opioid overdose.
- Consideration should always be given to non-pharmacologic treatment options to manage pain.

Patient Monitoring

- Establish clear expectations for assessment of vital signs and their documentation in the health record for patients who are receiving opioids. When developing protocols for assessment and monitoring, consider the requirements for the initial period of opioid therapy, the period after a dose increase, and when concomitant medications that may depress respiration are added.
- Establish clear processes for assessment and documentation of pain level and the patient's response to any analgesics administered. Assessment and documentation processes should establish expectations for all members of the care team.
- Provide patients and family members with information about the signs and symptoms of opioid toxicity and when to seek medical attention. An example of a patient handout developed by ISMP Canada can be found at http://www.ismp-canada.org/download/HYDRO_morphone/ISMPCanada_OpioidInformationForPatientsAndFamilies.pdf, and a video is available from: <http://youtu.be/SDMz4lqnpPk>.

Resuscitation

- Develop medical directives and protocols for the use of naloxone to ensure appropriate and timely management of opioid overdose when a need for intervention is identified.
- Ensure that naloxone administration is considered in resuscitation protocols.

Product Documentation (for Manufacturers)

- Revise monographs and conversion tables for fentanyl patches to indicate that these tables are for initial dose conversion only and emphasize that subsequent titration doses should never exceed 25 mcg/h.


CONCLUSION

The use of opioids to manage pain is a complex process. Previous ISMP Canada Safety Bulletins have highlighted important aspects of numerous harmful incidents associated with opioids, in particular underappreciation of the potency of hydromorphone and fentanyl.^{8,9} It is challenging to balance the desired outcomes of a medication regimen comprising several drug classes with mitigation of the adverse effects and potential interactions that can arise when medications with overlapping toxicities are combined. The concurrent use of more than one opioid further increases the complexity of initial dosing and dose titration. In addition, conversion calculations can be cumbersome and are prone to error. The importance of independent review of dose-conversion calculations, as can be accomplished through timely review of medication orders by a pharmacist, cannot be overstated.

The case presented here illustrates the importance of a clear care plan and a stepwise approach to managing pain that considers initial opioid selection, dose conversion and titration, monitoring parameters, and triggers for intervention, with appropriate interdisciplinary and consultative support. Readers are encouraged to use this bulletin to support review of internal processes associated with opioids in their own practice settings to avoid similar tragic events.

ACKNOWLEDGEMENTS

ISMP Canada gratefully acknowledges the following individuals for their expert review of this bulletin (in alphabetical order):

Matthew Bowes MD, Chief Medical Examiner, Nova Scotia Medical Examiner Service, Halifax, NS; Dan Cass MD FRCPC, former Deputy Chief Coroner – Investigations and Chair, Patient Safety Review Committee, Office of the Chief Coroner for Ontario, Toronto, ON; Meldon Kahan, MD CCFP FRCPC, Medical Director, Substance Use Service Women's College Hospital, Toronto, ON; Paul-André Perron PhD, conseiller en recherche, Bureau du coroner en chef du Québec, Québec, QC; and R. Kent Stewart, Chief Coroner of Saskatchewan, Regina, SK. 

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No Place for Stigma

5 THINGS TO KNOW

Anne Kalvik, Pearl Isaac
Centre for Addiction and Mental Health
Leslie Dan Faculty of Pharmacy



“It’s important for pharmacists to know that their interaction with patients is a therapeutic moment that can be beneficial or detrimental, depending on their attitude. Some of Toronto’s great community pharmacists have a significant impact on recovery and these positive relationships certainly promote patient retention!”

Dale Wiebe
Physician, Addiction Medicine Service, CAMH.

Stigma refers to negative attitudes and behaviours towards people including those treated with buprenorphine or methadone for opioid use disorders.¹ Stigma may be based on fear or the belief that somehow “these people brought this (i.e. their addiction) upon themselves”. Pharmacists involved in the treatment of opioid dependence need to recognize that “a non-judgmental and non-stigmatizing attitude towards this area of healthcare is an essential starting point for quality care”^{3,4} Pharmacists and other pharmacy staff need to ensure that there is no place for stigma in their practice as they deliver their professional service to this or any group of patients.^{4,5}

1

Stigma has a negative effect on patient recovery. Pharmacists’ understanding of how stigma negatively impacts patient outcomes, can inform how they interact with patients especially in view of their frequent contact with patients in Opioid Agonist Maintenance Treatments (OAMT).

2 All pharmacy staff needs to be ‘on board’ with delivering professional, courteous, sensitive, supportive and non-judgmental care. Conversations, both among staff and with patients, should remain respectful at all times. Patients often overhear how and what is discussed in the dispensary.

Pharmacy staff should also be aware that many maintenance patients, both male and female, come to treatment with a history of trauma. Many have not been treated well by healthcare providers in the past. This may help to explain disruptive behaviours that are sometimes seen in the pharmacy. Some useful strategies may be to remember to be proactive in explaining procedures/expectations in the pharmacy, showing empathy, offering patients’ choices and support, and not making assumptions. Focusing on concern for the patient and using motivational interviewing techniques may help to de-escalate difficult circumstances. Modelling appropriate behaviour can help create a climate of mutual respect.

3 Patients are sensitive to how they are treated by pharmacy staff.

Wait Times: Patients may misinterpret longer wait times as a sign of stigma. Prepare your patients in case they have to wait longer than other patients. There’s a lot of work involved in dosing a maintenance patient—checking pattern of dosing, evaluating condition of patients, etc. This may end up taking more time than is spent for other patients in the pharmacy. It is important that pharmacy staff prepare patients for this and indicate that this is not because the pharmacy “serves other patients first”. Continuing communication is very important.

Privacy: It’s useful for pharmacy staff to discuss ahead of time why it might be preferable that patients on OAMT receive their doses in a private area. Checking under the tongue to see if a buprenorphine dose is dissolved may be problematic if other patients are in the vicinity. Drinking a methadone dose from a cup may lead other patients to ask inappropriate questions. Most patients value privacy while others may be comfortable with discrete respectful dosing in an open area.

4 Instilling hope and belief in the benefits of opioid dependence treatment can improve outcomes. Recovery takes time. It’s unrealistic to expect perfect adherence to the treatment regimen. Remember most patients with chronic illnesses such as hypertension or diabetes have challenges in this regard as well. Language is important. Patients who have suboptimal adherence with other medical conditions are not stigmatized for this to the same extent as OAMT patients may be. For instance, someone with diabetes may have an “elevated glucose level”, but someone with an opioid use disorder may be described as having a “dirty urine” sample.²

5 Relapse happens. Substance use disorder is, by its nature, defined as a chronic and relapsing disorder. Relapse is to be expected and should be regarded as an opportunity to learn how to manage differently in the future, not as “failure”. Patients should not be stigmatized if they have a lapse or a relapse. Retention in treatment is one important measure of success in this field. Pharmacy staff can help their patients by supporting them to make positive changes going forward. Patients have a tough time managing relapse and healthcare providers should not be discouraged when this happens. Pharmacy staff plays an important role in encouraging positive change. **PC**

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DISCIPLINE DECISIONS



38

Member: Amany Hanna, R.Ph.

At a hearing held on November 3, 2014 and November 4, 2014, a Panel of the Discipline Committee made findings of professional misconduct against Ms. Hanna in that she

- was found guilty on March 21, 2012 to a charge of fraud over \$5,000, contrary to the Criminal Code, s. 380(1)(a);
- submitted false claims to the Ontario Drug Benefit Program totaling approximately \$200,000 for 20 different drug products that were not actually dispensed to patients, in or about January 2008–October 2009;
- created false records of dispensing and/or billing transactions in relation to the false claims submitted to the Ontario Drug Benefit program, in or about January 2008–October 2009; and/or
- provided false information and documentation regarding drug purchases from Main Drug Mart, Capital Rx and/or Guardian Pharmacy to the Ministry of Health and Long-Term Care in the course of the Ministry's investigation, in or about November 2009–January 2010

In particular, the Panel found that Ms. Hanna:

- was found guilty of an offence that is relevant to her suitability to practise;
- failed to maintain a standard of practice of the profession;
- falsified a record relating to her practice;
- signed or issued, in her professional capacity, a document that she knew contained a false or misleading statement;
- submitted an account or charge for services that she knew was false or misleading;
- contravened, while engaged in the practice of pharmacy, a federal or provincial law or municipal by-law with respect to the distribution, sale or dispensing of any drug or mixture of drugs, and in particular, the Ontario Drug Benefit Act, ss. 5, 6 and/or 15(1);
- engaged in conduct or performed an act relevant to the practice of pharmacy that, having regard to all

the circumstances, would reasonably be regarded by members of the profession as disgraceful, dishonourable or unprofessional.

The Panel imposed an Order which included the following:

1. A reprimand;
2. That the Registrar impose specified terms, conditions or limitations on the Member's Certificate of Registration, and in particular:
 - a) that the Member complete successfully, at her own expense, within 12 months of the date of the Order, the ProBE program on Professional/ Problem Based Ethics for healthcare professionals;
 - b) that the Member be prohibited, for a period of 5 years from the date of the Order:
 - i) from acting as a Designated Manager for any pharmacy; and
 - ii) from having any proprietary interest in a pharmacy as a sole proprietor or partner, or director or shareholder in a corporation that owns a pharmacy, or in any other capacity, or receiving any remuneration for her work as a pharmacist, or related in any way to the operation of a pharmacy, other than remuneration based on hourly or weekly rates or salary and in particular, not on the basis of any incentive or bonus for prescription sales.
 - c) that the Member must, for a period of 5 years from the date of the Order, provide a copy of the Discipline Committee's decision to prospective employers where she works more than 10 days out of a 14 day period.
3. A suspension of eighteen months, commencing the date of the Order i.e. November 4, 2014;
4. Costs to the College in the amount of \$20,000.

In its reprimand to the Member, the Panel noted that it viewed the Member's conduct as an abuse of trust placed in the Member, as a pharmacist. The Panel acknowledged the Member's family circumstances

but stated that those circumstances did not justify the course of action she chose, namely to manipulate the system over an extended period of time to maximize her financial gain. The Panel pointed to the fact the public had paid a price for the Member's avarice, leading to a detrimental impact on the welfare and potential safety of the public. The Panel viewed the Member's conduct as disgraceful, dishonorable and unprofessional. While acknowledging that the suspension the Member had received was significant, the Panel expressed its view that it appropriately addressed the conduct for a first time offender who has the potential for rehabilitation.

Member: Ramez Tawfik, R.Ph.

At a hearing held on December 9 and 10, 2014, a Panel of the Discipline Committee made findings of professional misconduct against Mr. Tawfik in that he

- submitted accounts or charges for services that he knew or ought reasonably to have known were false or misleading to the Ontario Drug Benefit program for one or more drugs and/or products;
- falsified pharmacy records relating to his practice in relation to claims made to the Ontario Drug Benefit program for one or more drugs and/or products. In particular, the Panel found that Mr. Tawfik:
 - failed to maintain a standard of practice of the profession;
 - falsified records relating to his practice;
 - submitted accounts or charges for services that he knew or reasonably ought to have known to be false or misleading;
 - contravened a federal or provincial law or municipal by-law with respect to the distribution, sale or dispensing of any drug or mixture of drugs, and in particular sections 5 and 15(b) of the Ontario Drug Benefits Act, R.S.O. 1990, c. O.10, as amended, and/or Ontario Regulation 201/96 made thereunder;
 - engaged in conduct or performed an act or acts relevant to the practice of pharmacy that, having regard to all the circumstances, would reasonably be regarded by members of the profession as disgraceful, dishonourable or unprofessional.

The Panel imposed an Order which included the following:

1. A reprimand;
2. Directing the Registrar to impose specified terms, conditions or limitations on the Member's Certifi-

cate of Registration, and in particular,

- (a) that the Member complete successfully within 12 months of the date of the Order, the ProBE Program on Professional/Problem Based Ethics for Healthcare Professionals;
- (b) that the Member shall be prohibited, for a period of 3 years from the date the Order is imposed, from acting as a Designated Manager in any pharmacy;
- (c) the Member shall be required, for a period of 3 years from the date the Order is imposed, to notify the College in writing of any employment in a pharmacy;
- (d) the Member, for a period of 3 years from the date the Order is imposed, shall ensure that his employer has confirmed 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.

3. A suspension of eight months with one month of the suspension remitted on condition that the Member complete the remedial training cited above. The suspension commences the date of the Order i.e. December 10, 2014;
4. Costs to the College in the amount of \$10,000.

In its reprimand, the Panel reminded the Member that integrity and trust are paramount to the profession and, as such, felt it necessary to impress upon the Member the seriousness of his misconduct. The Panel expressed its disappointment with the Member's failure to maintain a standard of practice of the profession with respect to falsifying records, submitting claims for payment to the Ontario Drug Benefit program where no payment was required and committing acts of professional misconduct. The Panel further expressed to the Member that the practice of pharmacy is a privilege that carries with it significant obligations to the public, the profession and to oneself, and that the Member's actions had eroded the public trust in the pharmacy profession.

Member: Leisa Barrett, R.Ph.

At a hearing held on January 12, 2015, a Panel of the Discipline Committee made findings of professional misconduct against Ms. Barrett in that:

- in or about the period from June 30, 2010, to June 27, 2013, she failed to maintain the

professional boundaries of the pharmacist-patient relationship when she developed a non-professional, personal relationship with a patient, J.S.;

- in or about the period from January 1, 2010, to March 31, 2014, she failed to keep records as required by the Medication Procurement and Inventory Management Policy with respect to the inventory of narcotics and controlled drugs;
- in or about the period from January 1, 2010, to March 31, 2014, she allowed an individual, J.S., whom she knew to be addicted to narcotics and whom she suspected of stealing narcotics from the pharmacy, to have a key to the pharmacy and access to the dispensary area and/or drug vault;

In particular, the Panel found that Ms. Barrett

- failed to maintain a standard of practice of the profession;
- failed to keep records as required respecting her patients;
- contravened, while engaged in the practice of pharmacy, any federal or provincial law or municipal by-law with respect to the distribution, sale or dispensing of any drug or mixture of drugs, and in particular, section 43 of the Narcotics Control Regulations, C.R.C., c. 104;
- engaged in conduct or performed an act relevant to the practice of pharmacy that, having regard to all the circumstances, would reasonably be regarded by members of the profession as disgraceful, dishonourable or unprofessional.

The Panel imposed an Order which included as follows:

1. A reprimand;
2. 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 with an unconditional pass, at her own expense and within 12 months of the date of the Order, the ProBE Program on Professional/Problem Based Ethics for Healthcare Professionals;
3. A suspension of 5 months with 2 months of the suspension remitted on condition that the Member complete the remedial training cited above. The suspension commenced on the date of the Order i.e. January 12, 2015;
4. Costs to the College in the amount of \$5,000.00.

In its reprimand to the Member, the Panel reminded the Member that integrity, trust and professional conduct are at the core of the practice of Pharmacy and the delivery of care to the public. Furthermore, the Panel highlighted that pharmacy, as a self-regulated profession, bears the responsibility to ensure the trust of the members of the profession and the public. The Panel stated that it was of the view that the Order imposed on the Member was fair and reasonable, and that the Member's actions were dishonourable, disgraceful and unprofessional.

Member: Lawrence Zachidniak, R.Ph.

At a hearing held on January 13, 2015, a Panel of the Discipline Committee made findings of professional misconduct against Mr. Zachidniak with respect to the following incidents:

- discrepancies in the inventory of narcotics and other controlled drugs, as recorded in the inventory counts conducted between September 2012 and May 2013, and in particular:
 - (i) failing to maintain security of narcotics and other controlled drugs;
 - (ii) failing to maintain accurate records of purchases, sales and remaining inventory for narcotics and other controlled drugs; and/or
 - (iii) failing to make timely reports of losses of narcotics and other controlled drugs to Health Canada; and/or
- discrepancies in methadone administration practices, and in particular:
 - (i) failing to record properly new prescriptions for dosage changes for methadone, including Rx 9398600/Rx 9400957 for the patient, D.C., and/or Rx 9399672/Rx 9400965 for the patient T.Q., on or about May 14-15 2013; and/or
 - (ii) failing to ensure a pharmacist witnessed doses of methadone taken at the pharmacy in or about March-May 2013.

In particular, the Panel found that Mr. Zachidniak

- failed to maintain a standard of practice of the profession;
- failed to keep records as required respecting his patients;
- contravened the Pharmacy Act, the Drug and Pharmacies Regulation Act, the Regulated Health Professions Act, 1991 or the regulations under

those Acts, and in particular, the Drug and Pharmacies Regulation Act, R.S.O. 1990, c.H.4, s. 156;

- contravened a federal or provincial law or municipal by-law with respect to the distribution, sale or dispensing of any drug or mixture of drugs, including the Narcotic Control Regulations, sections 30, 40, 42 and/or 43, under the Controlled Drugs and Substances Act, S.C. 1996, c. 19, and/or the Food and Drug Regulations, sections G.03.001, G.03.004, G.03.007, G.03.010, G.03.012, G.03.013 and/or G.03.015, under the Food and Drugs Act, R.S.C. 1985 c.F-27, as well as the Narcotic Safety and Awareness Act, 2010, S.O. 2010, Chapter 22, section 11;
- engaged in conduct or performed an act relevant to the practice of pharmacy that, having regard to all the circumstances, would reasonably be regarded by members of the profession as disgraceful, dishonourable or unprofessional.

The Panel imposed an Order which included as follows:

1. A reprimand;
2. 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 the following courses, programs, and instruction, including any evaluations, at his own expense and within 12 months of the date of the Order:
 - a. the CAMH Opioid Dependence Treatment Core Course;
 - b. Module 5: Practice and Pharmacy Management II (including JP #7-Controlled Drugs and Substances Act) from the Canadian Pharmacy Skills Program II;
 - c. instruction by an experienced pharmacist acceptable to the College regarding comprehensive reconciliation reports for narcotics and other controlled drugs, following review by the Member of written materials to be identified by the College; and,
 - d. session with Gail Siskind, expert in ethical issues for regulated health care professionals, or other expert acceptable to the College, regarding the risk to the public posed by controlled substances, including narcotics and targeted substances, that are missing or cannot otherwise be accounted for in a pharmacy, before which session the Member will review published materials to be identified by the College, and provide copies of the Reasons for Decision and the publications to the expert at least one week in advance of the session.

3. Directing the Registrar to impose additional specified terms, conditions or limitations on the Member's Certificate of Registration requiring the Member to demonstrate following the instruction in paragraph 2 (c) that he has understood and put into practice the requirements for comprehensive reconciliation reports by providing at least four examples of such reports acceptable to the College that have been prepared by him during the 12-month period following the date of the instruction.
4. Directing the Registrar to impose additional specified terms, conditions or limitations on the Member's Certificate of Registration restricting the Member from having ownership interest in any pharmacy, or being the Designated Manager of any pharmacy, for a period of three years from the date of this Order, with one year of the restrictions to be remitted on condition that the Member complete the courses, programs and instruction set out in paragraphs 2 and 3 above as specified.
5. A suspension of 3 months with 1 month of the suspension to be remitted on condition that the Member complete the remedial training cited in paragraph 2 above. The suspension commences on January 14, 2015;
6. Costs to the College in the amount of \$3,000.00.

In its reprimand, the Panel reminded the Member that integrity and trust is paramount in the profession of pharmacy. The Panel stated its disappointment in the Member, noting that the Panel was quite shocked by the lack of control over narcotics for which the Member was responsible, suggesting that the Member had acted in a cavalier manner. The Panel stated its expectation that the Member would complete the remedial actions in the agreed upon time frame and use the opportunity to improve his professional conduct. **PC**

The full text of these decisions is available at www.canlii.org

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FOCUS ON

ERROR PREVENTION

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

SIMILAR DRUG NAMES

The similarity of drug names is a common factor in the dispensing of an incorrect drug. Poor verbal or written skills can increase the risk of errors involving drugs with similar names.

CASE:

A sixty year-old patient has been taking Valsartan 40mg once daily for an extended period of time. On a recent visit to his family physician, he was given a prescription for Telmisartan 40mg once daily. The prescription was taken to his regular pharmacy for processing.

As per the prescription, 90 Telmisartan 40mg was prepared and dispensed to the patient. The patient was asked if he would like to speak to the pharmacist. He replied that he did not because he has been taking the medication for some time.


The patient therefore took the Telmisartan home in the bag provided. Two days later, the patient opened the bag to take the medication and notice that the tablets were different to the Valsartan that he had been taking. He therefore contacted the pharmacy to inquire regarding the change in medication. After confirming that the pharmacy did dispense the drug

that was prescribed, a call was made to the prescriber. The doctor confirmed that he did not intend to change the patient's drug therapy, and wanted Valsartan 40mg to be dispensed as previous.

POSSIBLE CONTRIBUTING FACTORS:

- Valsartan and Telmisartan have similar names, indications and strengths (40mg).
- The patient's medication history was not consulted by the pharmacy assistant entering the prescription or the pharmacist checking the prescription to identify any changes in drug therapy.
- The patient did not receive counselling though the pharmacy believed that he did not take the medication previously.

RECOMMENDATIONS:

- Be aware of the potential for error when dispensing drugs with similar names. To the left is an abbreviated list of problematic drug pairs. A more comprehensive list can be accessed at: <http://www.ismp.org/tools/confuseddrugnames.pdf>. Accessed Jan. 30, 2015.
- The patient's medication history should be consulted to identify changes in drug therapy or potential prescribing errors.
- New drug therapy should be flagged to ensure the patient receives the appropriate counselling. If the patient indicates they have the taking the medication, investigate the discrepancy.
- Advise pharmacy staff to avoid asking patients receiving new drug therapy if they would like to speak with the pharmacist. Patients in a hurry may simply say no. Hence, an opportunity to provide much needed information and to catch a potential error is missed. Instead, the patient can be informed that "the pharmacist would like to speak with you regarding your medication." 

Please continue to send reports of medication errors in confidence to Ian Stewart at: ian.stewart2@rogers.com. Please ensure that all identifying information (e.g. patient name, pharmacy name, healthcare provider name, etc.) are removed before submitting.

Hydralazine.....	Hydroxizine
Chlorpromazine.....	Chlorpropamide
Ceftin ®	Cefzil ®
Dicetel ®	Diclectin ®
Desipramine.....	Imipramine
Dimenhydrinate	Diphenhydramine
Fluocinonide.....	Fluocinolone
Hycomine ®	Hycodan ®
pantoprazole mag.....	pantoprazole sodium
Lasix ®	Losec ®
Nitrazadon ®	Nefazodone
Percodan ®	Percocet ®

STRUCTURED PRACTICAL TRAINING:


Now and the Future

As one of the registration requirements to become a pharmacist or pharmacy technician in Ontario, Structured Practical Training (SPT) allows registered pharmacy students, interns and pharmacy technician applicants (preceptees) to develop and demonstrate their competence for entry-to-practice and prepares them for the transition into independent practice. It is a requirement that they all have to complete, regardless of where they completed their education. This requirement can be met either by completing the College's SPT Program or through other experiential rotations that have been approved by Council. Examples of this include the entry-level PharmD programs at the universities of Toronto and Waterloo, whose programs continue to evolve and allow significant opportunities for students to engage in practice through experiential training rotations at an advanced level.

Within OCP's SPT Program, preceptees complete various activities over the course of 12 weeks that are based in practice so that they have an opportunity to engage in the full scope of the profession under the supervision of a trained preceptor. Throughout the training, the preceptors will guide, help develop and most importantly, assess the performance of their preceptee to determine if they have demonstrated the competencies necessary to practice as an independent pharmacist or pharmacy technician.

Moving forward, the College has been looking to make significant changes to the SPT Program as a result of the formal evaluation that was conducted on the program. This was done to allow the College to ensure that its requirements are fair and necessary while also ensuring public protection. It was found that the SPT Program is effective in providing opportunities to develop and demonstrate competence and prepare for independent practice. However, the review also found that SPT should not be based around a one-size fits all model, which requires everyone to undergo training. From those findings, the College has been working to redesign the program to become a truly competency-based model.

This means that the College is looking to offer a program that begins with an assessment to determine competence for practice. Training would only be required if gaps are identified which require development. Either the individual will have met the SPT requirement by the end of the assessment or they will enter into a period of self-directed training before being reassessed.

The College is in the process of piloting the new program this spring and will be evaluating it to ensure that it meets the desired outcomes. For more information, or to participate in the pilot, please send an email to regprograms@ocpinfo.com. 

Thank You Preceptors

Pharmacists and pharmacy technicians consistently demonstrate commitment to their students, interns and pharmacy technician applicants – and to the profession – by fulfilling their roles as preceptors in the SPT Program. 2014 was no exception. The tremendous dedication our preceptors put forward in supporting future colleagues is the backbone of the program and is pivotal to its success. Thank you, preceptors.

To add your name to future lists of appreciations, please contact the Registration Programs department.

AJAX

Cassin, Tammy	.....	Ajax Pickering Health Centre
Chen, Bowen	.....	Target Pharmacy
Cook, Laurie	.....	One Healthcare Pharmacy
Garcha, Patrick	.....	Shoppers Drug Mart
Ghassemi, Amir	.....	Costco Pharmacy
Hanna, George	.....	Medical Place Pharmacy
Jaffry, Haider	.....	Costco Pharmacy
Juma, Shafina	.....	Shoppers Drug Mart
Mavadia, Asmita	.....	Ajax Pickering Health Centre
McQuaid, Patricia	.....	Ajax Pickering Health Centre
Torchia, Rosamaria	.....	Ajax Pickering Health Centre

ALLISTON

Shah, Ketan	.....	Drugstore Pharmacy
Wong, Johnny	Alliston Family Pharmacy

AMHERSTBURG

Wolff, Mary	Shoppers Drug Mart
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AMHERSTVIEW

Patel, Jagrutiben	Shoppers Drug Mart
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ANCASTER

Agwa, Lydia	Wal-Mart Pharmacy
Gilbertson, Amanda	Trutina Pharmacy Inc.
Kakkar, Varun	.....	Shoppers Drug Mart
MacKinnon, Jesse	Costco Pharmacy

ANGUS

Privado, Cristina	Rainbow Pharmasave
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ARNPRIOR

Dombroski, Courtney	Rexall
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ASTRA

Clark, Frederick	24 Canadian Forces Health Services Centre
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AURORA

Azemodeh Ardlan, Elaheh	Wellington Pharmacy
Chaudary, Faraz	Shoppers Drug Mart
Ling, Christine	.....	Enhanced Care Pharmacy
Lui, Kai	.....	Remedy's Rx
Onizuka, David	.....	Shoppers Drug Mart
Pang, Vincent	.....	Remedy's Rx
Piquette, Cindy	Shoppers Drug Mart
Shenouda, John	Hollandview Pharmacy

AZILDA

Chiu, Jacqueline	Rexall
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BANCROFT

Bansal, Viney	Shoppers Drug Mart
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BARRIE

Al-Akeedi, Faris	Costco Pharmacy
Forsy, Shauna	Shoppers Drug Mart
Gloria, John Paul	Shoppers Drug Mart
Kamel, Magdy	.....	PureHealth Pharmacy
Labelle, Raymond	.....	Procure Pharmacy Ltd
MacCarthy, Kevin	.....	Pharmasave Simcoe
Nowroozi Dayeni, Hamid Reza	.....	Costco Pharmacy
Rajan, Shamin	Shoppers Drug Mart

BEAVERTON

El Hanan, Ahmed	Ben's Pharmacy
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BELLEVILLE

Bekker, Wynand	Shoppers Drug Mart
Edwards-Carswell, Nicola	Quinte Health Care

Engels, Dinie	.....	Quinte Health Care
Fearman, Jessica	.....	Rexall Pharma Plus
Galloway, Vaughn	.....	Kellys Drug Store
Gao, Sherrie	.....	Quinte Health Care
Guimbatan, Lloyd	.....	Shoppers Drug Mart
Heravi, Samira	.....	Quinte Health Care
Kelly, Ashley	.....	Rexall Pharma Plus
Parker, Nicole	.....	Quinte Health Care
Vieira, Leanne	Quinte Health Care

BOBCAYGEON

Tan, Phong	Village Gate Pharmasave
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BOLTON

Awad, Medhat	Total Health Pharmacy
Desai, Virenkumar	Loblaw Pharmacy

BOWMANVILLE

Paul, Wendy	.....	Bowmanville Clinic Pharmacy Limited
Zhao, Nan	.....	Loblaw Pharmacy
Bracebridge	.....
Coker, Kelly	.....	South Muskoka Memorial Hospital

BRADFORD

Arrigo, Anne	.....	Rexall
Gill, Stephen	.....	Shoppers Drug Mart
Kent, Jacqueline	.....	Rexall

BRAMPTON

Ahmed, Seema	.....	Costco Pharmacy
Ashamalla, Alvin	.....	Brampton Civic Hospital
Bajaj, Jaspreet	.....	Father Tobin Pharmacy
Bedford, Kareen	.....	Brampton Civic Hospital
Bhardwaj, Arun	.....	Healthplex Pharmacy
Bhatti, Balpreet	.....	Shoppers Drug Mart
Briganti, Cinzia	.....	Brampton Civic Hospital
Buendia, Conni	.....	Kings Cross Pharmacy
Ceci, Ada	.....	Rexall
Chowdhury, Farzana	.....	Drugstore Pharmacy
Darji, Dharmegn	.....	Rexall
Dhillon, Manveer	.....	Pharmasave Bramcity Pharmacy
D'Souza, Sandra	.....	Shoppers Drug Mart
Hanif, Awais	.....	Brampton Civic Hospital
Hanna, Rania	.....	Shoppers Drug Mart
Hernane, James	.....	Shoppers Drug Mart
Karmali, Sadiq	.....	Costco Pharmacy
Kaushik, Ram	.....	Rexall
Kazmi, Jawairia	.....	Costco Pharmacy
Khachh, Sharanjit	.....	Shoppers Drug Mart
Khan, Carolyn	.....	Queen-Lynch Pharmacy
Kondoer, Sunitha	.....	Shoppers Drug Mart
Mahmood, Saima	.....	Shoppers Drug Mart
Mani, Marina	.....	Castlemore Pharmacy
Manroy, Gagandeep	.....	Target Pharmacy
Messiha, Samuel	.....	Shoppers Drug Mart
Midha, Amarjit	.....	Shoppers Drug Mart
Mikhael, Marian	.....	Brampton Civic Hospital
Nejat, Jinous	.....	Shoppers Drug Mart
Nolan, Kelly	.....	Avita Integrative Health & Restoration Clinic
Oliveiro, Christopher	.....	Springdale Pharmacy
Patel, Nisha	.....	Brameast Pharmacy
Patel, Sangeeta	.....	Clinik Pharmacy
Riar, Nina	.....	Target Pharmacy
Rizarri, Ethel	.....	Shoppers Drug Mart
Rizvi, Asif	.....	Brampton Civic Hospital
Sachdeva, Jagmohan	.....	Brampton Civic Hospital
Salama, Heba	.....	Shoppers Drug Mart
Salem, Fatema	.....	Wal-Mart Pharmacy
San Jose, Maila	.....	Wal-Mart Pharmacy
Sehdev, Naresh	.....	Shoppers Drug Mart
Shukla, Piyushkumar	.....	Loblaw Pharmacy
Silwanes, Hany	.....	Conestoga Pharmacy

PRECEPTORS

Singh, Devinder Shoppers Drug Mart
Singh, Parvinder Bramcentre Pharmacy
Sodhi, Jaspreet Shoppers Drug Mart
Wang, Sharon Shoppers Drug Mart
Yousef, Joseph Sandalwood Medical Pharmacy

BRANTFORD

Asad, Irene Brantford Medical Pharmacy
Bauer, Rosmarie The Brantford General Hospital
Chitnis, Sunil Trimbak Colborne Pharmacy & Medical Centre
D'Souza, Jennifer The Brantford General Hospital
Manjunath, Santosh Kumar Loblaw Pharmacy
Meleka, Nervana Terrace Hill Pharmacy
Morgan, John Brantford Life Care Pharmacy
Pearson, Jason The Brantford General Hospital
Pickering, Crystal The Brantford General Hospital
Qayum, Abdul Wal-Mart Pharmacy
Steele, Jacqueline Medisystem Pharmacy
Thomson, Tara The Brantford General Hospital

BRIGHT'S GROVE

Galloway, Karen Bright's Grove Family Pharmacy

BROCKVILLE

Baker, Christine Shoppers Drug Mart
Chiu, Jennifer Brockville General Hospital
De Murtas, Donnabelle Wal-Mart Pharmacy
Leslie, Mark Shoppers Drug Mart
Sham, Lap-wai Brockville General Hospital

BURFORD

Poreba, Richard Pharmasave Burford Pharmacy

BURLINGTON

Abu-Halimeh, Najat Jasmin Pharmacy
Chan, Anthony Maple Pharmacy
Chung, Fred Innomar Specialty Pharmacy
Desouza, Ashley Smartmeds Pharmacy
Do Souto, Nicole Joseph Brant Hospital
Forrester, Antonietta Smartmeds Pharmacy
Ghafari, Parnian Smartmeds Pharmacy
Gooderham, Claire Morelli's Pharmacy
Ibrahim, Dina Shoppers Drug Mart
Kanni, Paranjothy Mountinside Pharmacy
Kot, Remon Shoppers Drug Mart
Lopes, Renata Costco Pharmacy
Marshall, Katelyn Joseph Brant Hospital
Morrison, James Wal-Mart Pharmacy
Nayiager, Masantha Shoppers Drug Mart
Pinkus, David Shoppers Drug Mart
Qureshi, Kaiser Joseph Brant Hospital
Stojanovic-Kojic, Jelena Pharma Plus
Sukul, Sandhya Costco Pharmacy
Thomas, Nadia Joseph Brant Hospital
Yasseen, Baseer Shoppers Drug Mart
Zabawa, Melanie Innomar Specialty Pharmacy

CAMBRIDGE

Digiovanni, Matthew Hespeler Pharmacy
El-Najdawi, Raed Shoppers Drug Mart
Smith, Juanita Shoppers Drug Mart

CAMPBELLFORD

Jahanzeb, Maleeha Rexall
Zhang, Jing Campbellford Memorial Hospital

CARLETON PLACE

Hasan, Debie Shoppers Drug Mart

CARP

White, Ryan West Carleton Drug Mart

CHATHAM

Chopra, Sanjeev Loblaw Pharmacy
Collodel, Michael Rexall
Deroo, Gary Chatham Kent Health Alliance
Dovancescu, Monica Shoppers Drug Mart
Johnston, Janet Chatham-Kent Health Alliance
Meades, Jennifer Medical Place Pharmacy

CHELMSFORD

Gagne, Michelle Loblaw Pharmacy
Tetreault, Louise Chelmsford Pharmacy

COBOURG

Barrett, Leisa The Medicine Shoppe

COCHRANE

Gravel, Marc-André The Lady Minto Hospital
Louvelle, Francis John Wallace Drug Store

COLLINGWOOD

Matthews, Mark Shoppers Drug Mart

CONCORD

Adriano, Brenda Costco Pharmacy
Rudakas, Theresa Glen Shields Pharmacy
Rusli, Alice Glen Shields Pharmacy
Waheed, Asim-bin Costco Pharmacy
Yong, Pei Wal-Mart Pharmacy

CONISTON

Giguere, Bryan Coniston Pharmacy

CORNWALL

Hanna, Andrew Wal-Mart Pharmacy
Lemay, Josee Medical Arts Pharmacy
Sanghavi, Anishkumar Cornwall Community Hospital
Trottier, Paul Jean Coutu Pharmacy

DEEP RIVER

Shah, Nina Rexall Pharma Plus

DELHI

Stanczyk, John Pharmasave

DON MILLS

Salehmohamed, Shelina Shoppers Drug Mart
Yoo, Peter Shoppers Drug Mart

DORCHESTER

Molnar, Stephen Shoppers Drug Mart

DOWNSVIEW

Aslam, Sohail Shoppers Drug Mart
Boin, Sonya Total Health Pharmacy
Hu, Darren Humber River Regional Hospital
Ismail, Fatima Nor-Arm Pharmacy
Khetia, Jaymesh Shoppers Drug Mart
Silver, Avi Rexall
Yip, Linda Shoppers Drug Mart

DUNDALK

Hanna, Peter Dundalk Village Pharmacy

DUNDAS

Borg, Hazel Shoppers Drug Mart
Fisher, Cale Shoppers Drug Mart

DUNNVILLE

Gurney, Susan Haldimand War Memorial Hospital
Vaidya, Arvind Rexall

EAST GWILLIMBURY

Ayoub, Diana Costco Pharmacy
Hanna, Christine Costco Pharmacy
Saifi, Parinaz Costco Pharmacy

EAST YORK

Lum, Walter Victoria Park Pharmacy

EGANVILLE

Ritchie, Debra Conways Pharmacy
Roosen, Shannon Conways Pharmacy

ELLIOT LAKE

Angus, Peter Rexall
Fullerton, Murray St. Joseph's General Hospital

ESSEX

Craig, James Shoppers Drug Mart

ETOBICOKE

Abou Zeid, Ahmed Kingsway Pharmacy
Ashraf, Muhammad Woodbine Pharmacy Pharmachoice
Chan, Christopher Shoppers Drug Mart
Der-sahakian, Sylvia Shoppers Drug Mart
Eskandar, Wael Alf Kirillos Renforth Pharmacy
Fraser, Minglin Pharma Plus
Hassan, Farhana Woodbine Pharmacy Pharmachoice
Joseph, Patrick Sherway Medical Pharmacy
Mankaruos, Emad Sav-On Drug Mart
Mofid, Marjan Costco Pharmacy
Oseli, Karl Glen Cade Pharmacy
Pamalpadi, Balaji Loblaw Pharmacy
Prabhakar, Thakur Kipling Heights Pharmacy
Raheem, Arif Wal-Mart Pharmacy
Semeniuk, Zita Shoppers Drug Mart
Sourial, Ramy Sav-On Drug Mart
Stewart, Ian Shoppers Drug Mart
Sundaramoorthy, Ragavan Shoppers Drug Mart
Trat, Daniel Costco Pharmacy
Vaidya, Parth Shoppers Simply Pharmacy
Wajid, Abdul Loblaw Pharmacy
Wu, Ming La Rose Pharmacy
Youn, Jie-Young Shoppers Drug Mart
Zlydeny, Vyacheslav Markland Wood Pharmacy Limited

EXETER

Cook, Gerald Huron Apothecary Ltd

FENELON FALLS

Tan, Phong Pharmasave Fenelon Falls Pharmacy

FERGUS

Ayoub, Maged St. Andrew Pharmacy
Oosterveld, Jennifer Groves Memorial Community Hospital

FONTHILL

Sicoli, Franco Shoppers Drug Mart

FORT ERIE

De Angelis, Aven Shoppers Drug Mart

FORT FRANCES

Cousineau, Stephanie La Verendrye Health Centre
Nielson, Kevin Shoppers Drug Mart

GANANOQUE

Tang, Jean Pharmasave

GARSON

Jussila, Tammi Nickel Centre Pharmacy

GEORGETOWN

Hanna, Peter Young's Pharmacy And Homecare
Trigiani, Anne Halton Healthcare

GLOUCESTER

Bhatti, Sarah Medical Pharmacy
Crotty, Kelly Medical Pharmacy
Padura, Schenneth Rexall

GODERICH

Asher, John Rexall Pharma Plus

GRAND BEND

Bannerman, James Grand Bend Pharmacy

GRAVENHURST

De Peralta, Clarissa Shoppers Drug Mart

GUELPH

Abdelmalak, Medhat Royal City Pharmacy
Chan, Kenneth University Square Pharmacy
Daniels, Gary Shoppers Drug Mart
Edmonds, Kristen Prime Care Pharmacy Arboretum
Howard, Theresa Guelph General Hospital
Husain, Diary Costco Pharmacy
Kidston, Heather Ontario Veterinary College
Krusky, Judith Guelph General Hospital
Lui, Danny Prime Care Pharmacy Arboretum
Manson, Kenneth Rexall Pharma Plus
Nelson, Michele Guelph General Hospital
Oliver, Jeannine Kortright Pharmacy
Smith, Jennifer Drugstore Pharmacy
Yoannus, Nardin Campus Drugmart

HALIBURTON

Gooley, Lauren Loblaw Pharmacy
Mansfield, Aimee Shoppers Drug Mart

HAMILTON

Ahmad, Muhammad Basil Shoppers Drug Mart
Anderson-Muwonge, Alecia Shoppers Drug Mart
Birkness, Ravinder Hamilton General Hospital
Boneo, Joy Wal-Mart Pharmacy
Chang, Deborah St. Joseph's Hospital
Cheriyian, Ezzy Shoppers Drug Mart
Cheriyian, Renu Shoppers Drug Mart
Chkaroubo, Anatoli Cancer Centre Pharmacy
Choi, Hoi St. Joseph's Hospital
Clarke, Nicole Hamilton Health Sciences Corp
Davidson, Susan Juravinski Cancer Centre
Deif, Sarah Hamilton General Hospital
D'Silva, Christina Wal-Mart Pharmacy
Durrani, Saika Shoppers Drug Mart
Edillo, Ansberta St. Joseph's Hospital Outpatient Pharmacy
George, Elizabeth Shoppers Drug Mart
Gray, Shari Hamilton Health Sciences Corp
Gunning, Robin St. Joseph's Hospital
Hanbali, Jafar Shoppers Drug Mart
Ho, Caroline Stonechurch Pharmacy
Ho, Joseph Rexall Pharma Plus
Hosiassohn, Philip Rexall
Houneini, Wassim Shoppers Drug Mart
Ishak, Salwa Daniel Drug Mart
Jankovic, Ivana St. Peter's Hospital
Jorge, Margaret Charlton Medical Pharmacy

PRECEPTORS

Kandeil, Marwa	Hamilton General Hospital
Khalil, Hany	Hamilton Community Pharmacy
Kodsy, Maged	Rexall
Kotsios, Damiani	McMaster Drugstore
Kurian, Betty	People's Pharma Choice
Kurian, Prabha	Shoppers Drug Mart
Labelle-Stimac, Sylvie	Juravinski Hospital
Labib, Maged	West End Pharmacy
Le, Kim	Juravinski Hospital
Lewis, Robert	Hamilton Health Sciences Corp
Lo, Allan	Rexall
Makhova, Daria	Hamilton Health Sciences Corp
Marriott, Brittany	Juravinski Hospital
McDiarmid, Tamara	Hamilton Health Sciences Corp
McGinley, Teresa	Hamilton Health Sciences Corp
Nagra, Maninder	Shoppers Drug Mart
O'Neal, Leah	Juravinski Hospital
Parihar, Kavita	Hamilton Health Sciences Corp
Parihar, Vikas	St. Peter's Hospital
Paterson, Georgina	Hamilton Health Sciences Corp
Polamreddy, Lalitha	Centre For Mountain Health Sciences
Polamreddy, Vijay Sekar	St. Joseph's Hospital Outpatient Pharmacy
Roic, Durdica	Rexall
Root, Melissa	Hamilton Health Sciences Corp
Ross, Ivan	McMaster University Medical Centre
Safi, Rami	Shoppers Drug Mart
Sekharan, Santhosh	Rexall
Seliskar, Brigit-Ann	McMaster Drugstore
Shamshon, Usama	Lopresti Pharmacy
Shaw, April	Hamilton Health Sciences Corp
Stevenson, Michelle	Juravinski Hospital
Syed, Khalid	Shoppers Drug Mart
Tejura, Bhikhu	St. Peter's Hospital
Tung, Elizabeth	Hamilton Health Sciences Corp
Voon, May	Westmount Pharmacy
Wighardt, Zoltan	First Place Pharmacy
Wong, Kirk	Hamilton General Drugstore
Wood, Alicia	Rexall Pharma Plus
Zaki, Ashraf	Queenston Pharmacy

HANMER

Balaz, Gregory	Valley Plaza Pharmacy Pharmasave
Tourigny, Sandra	Loblaws Pharmacy

HANOVER

Patel, Anand	Pharma Plus
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HAWKESBURY

Giroux, Francine	Phcie Lise St-Denis Pharmacy
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HEARST

Brunet, Theresa	Pharmacie Novena
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HUNTSVILLE

Cox, Troy	Pharmasave
Lang, Susan	Muskoka Algonquin Healthcare
Murdy, Dana	Shoppers Drug Mart

INGERSOLL

Parsons, Robert	Pharmasave
Sawler, Christopher	Shoppers Drug Mart

IQUALUIT

Baikie, Laura	Qikiqtani General Hospital
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IROQUOIS FALLS A

Bertrand, Brian	Family Care Pharmacy
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JACKSON'S POINT

Eustace, Peter	Eustace Pharmasave
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KANATA

Gabr, Ghada	Shoppers Drug Mart
MacDonald, Russell	Shoppers Drug Mart
Mardasi, Babak	Costco Pharmacy
Taban, Katayoun	Shoppers Drug Mart
Tran, Jason	Costco Pharmacy
Wasay, Munaza	Drugstore Pharmacy
Yeo, Sarah	Shoppers Drug Mart

KEMPTVILLE

Yari Pour, Sepideh	Loblaws Pharmacy
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KENORA

English, Ashley	Shoppers Drug Mart
Simpkin, Bethany	Shoppers Drug Mart

KINCARDINE

Elzinga, Taralee	South Bruce Grey Health Centre
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KINGSTON

Baker, Jennifer	Medical Arts Pharmacy
Burke, Elaine	Loblaws Pharmacy
Carriere, Julie	Ongwanada Pharmacy
Chong, Sharon	Kingston General Hospital
Chong, Yuen Kei	Bioscript Pharmacy Ltd
Donnelly, Joel	Medical Arts Pharmacy
Doyle, Adam	Shoppers Drug Mart
Giddey, Jana	Kingston General Hospital
Ho, George	Medisystem Pharmacy
Hussein, Tarek	Target Pharmacy
Kerr, Suzanne	Drugsmat Pharmacy
Koob, Ronald	Kingston General Hospital
Lau, Pui Yu	Kingston General Hospital
Leung, Cynthia	Medisystem Pharmacy
Luhadia, Priti	Rexall
Mather, Jennifer	Kingston General Hospital
McReelis, Brenden	Rexall Pharma Plus
Moretti, Roman	CATP
Peterson, Carol	Kingston General Hospital
Reynen, Louise	Drugstore Pharmacy
Scheel, Wendy	Kingston General Hospital
Schell, Maria	Shoppers Drug Mart
Smith, Alan	Kingston General Hospital
Talaat, Gihan	Wal-Mart Pharmacy
Wall, Amanda	Shoppers Drug Mart

KITCHENER

Adam, Lavinia	St. Mary's General Hospital
Ashraf, Shazia	The Grand River Hospital
Christie, Kyla	Riepert Pharmasave
Coutu, Jennifer	CATP
Dean, Terrance	Health Care Centre Pharmacy
Digiovanni, Sheri	The Grand River Hospital
Ghannam, Maha	The Grand River Hospital
Guirguis, Amira	Costco Pharmacy
Halim, Nader	Shoppers Drug Mart
Hastie, Bryan	Medicine Shoppe
Husain, Diary	Costco Pharmacy
Iqbal, Syed Asad	Costco Pharmacy
Linseman, Sandra	Health Care Centre Pharmacy
Miller, Christopher	Forest Hill Pharmacy
Nagge, Jeffrey	Centre for Family Medicine
Patel, Dhananjay	Savant Pharmacy
Petrovic, Goran	The Grand River Hospital
Saad, Maged	Shoppers Drug Mart
Saad, Mervat	Main Drug Mart
Sampath, Shanthy	The Pharmashoppe
Thai, John	Medical Pharmacy

LAKEFIELD

Fazzari, Daniel	Lakefield IDA Pharmacy
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LAKESHORE

Masotti, Lareina Sobeys Pharmacy

LASALLEEl-Turk, George Essential Pharmacy
Modestino, Roberto Rexall**LEAMINGTON**Brady, Timothy Leamington Medical Pharmacy
Morse, Natalie Wal-Mart Pharmacy
Palmer, Jennifer Leamington District Memorial Hospital**LINDSAY**Allen, Sheri Ross Memorial Hospital
Fockler, Susan Ross Memorial Hospital
Milbury, Ryan Pharma Plus
Noorbakhsh, Mahvash Shoppers Drug Mart
Puffer, Catherine Remedy's Rx on Kent
Quan, Chang Ling Loblaw Pharmacy**LISTOWEL**

Niccoli, Pascal Shoppers Drug Mart

LIVELY

Palys, James Lively Pharmacy

LONDONAmadio, Nadia Shoppers Drug Mart
Ammoun, Norman Shoppers Drug Mart
Baskette, John London Health Sciences Centre
Bohdanowicz, Elke London Health Sciences Centre
Bombassaro, Anne London Health Sciences Centre
Bosta, Milad Pond Mills Medical Pharmacy
Chilelli, Ronald Prescription Shop
Cimino, Gino Greenhills Pharmacy Ltd
Coomo, Tracy Shoppers Drug Mart
Cunningham, Maria London Health Sciences Centre
Dale, Vasile Shoppers Drug Mart
De Padua, Felvant Shoppers Drug Mart
Delamere, Kimberly London Health Sciences Centre
Delamere, Mark Oxford Medical Pharmacy
Dhami, Karan Shoppers Drug Mart
Dool, Patricia London Health Sciences Centre
Garrick, Cynthia Prescription Centre
Gurgul, Bogumila Pharma Plus
Jarman, Heather St. Joseph's Hospital
John, Celia London Health Sciences Centre
Kassam, Shamez Chapmans Pharmacy
Kolendowski, Kimberly London Health Sciences Centre
Kutz, Daniel Rexall Pharma Plus
Lau, Joanne London Health Sciences Centre
Ledger, David Wortley Village Pharmasave
Lefave, Laura Prescription Centre
Li, Beisi Shoppers Drug Mart
Liem, Rudolf Classic Care Pharmacy
Lin, Ammy London Health Science Centre
Linton, Bradley London Health Sciences Centre
Luo, Vicky Prescription Centre
MacDonald, Hugh Classic Care Pharmacy
Maghari, Nabil Wal-Mart Pharmacy
Montpetit-Kelly, Lynne London Health Sciences Centre
Muylaert, Mindy London Health Sciences Centre
Nassori, Siamak Costco Pharmacy
Neilson, Andrea Shoppers Drug Mart
O'Hara, Robert Medcen Pharmacy
Plant, Geoffrey Medisystem Pharmacy
Prior, Marcie Shoppers Drug Mart
Przeracki, Pawel London Health Sciences Centre
Redae, Sahleslassie Masonville Pharmacy
Romaine, Kelli London Health Sciences Centre
Rumble, Philip Shoppers Drug MartRyser, Linda London Health Sciences Centre
Sashegyi, Hubert Medical Pharmacy
Shanghavi, Puja Rexall Specialty
Sinclair, Norma St. Joseph's Hospital
Suleiman, Munir Shoppers Drug Mart
Taylor, Grant Shoppers Drug Mart
Todorovic, Dragana Shoppers Drug Mart
Tompkins, Brian Shoppers Drug Mart
Trainor, John Wal-Mart Pharmacy
Twining, Jane Regional Mental Health Care - London
Van Waes, Shirley Parkwood Hospital
Woo, Stephen Shoppers Drug Mart
Yadav, Neeta Shoppers Drug Mart
Yausie, Amanda London Health Sciences Centre
Zaharia, Angela Precise Pharmacy**LUCKNOW**

O'Kafka, Stephanie Lucknow Pharmasave

MANOTICKAbdalla, Mohamed Shoppers Drug Mart
Mortin, Andrea Paul's Pharmasave**MAPLE**Ahmad, Naveed Medi Pharm 2 Pharmacy
Dalimonte, Jack Shoppers Drug Mart
Khan, Ahsan Medi Pharm 2 Pharmacy
Lad, Mitali Medi Pharm 2 Pharmacy
Noorwala, Muhammad Haroon Medi Pharm 2 Pharmacy**MARKDALE**

Barry, Stephen Markdale Pharmacy

MARKHAMAhmed, Syed Costco Pharmacy
Bhana, Hamat Shoppers Drug Mart
Cheung, Tina Shoppers Drug Mart
Daoud, Fiby Costco Pharmacy
Faheim, Marianne Bayshore Specialty Rx
Foroozannasab, Neda Bayshore Specialty Rx
Howe, Christine Markham Stouffville Hospital
Huynh, Kinh Shoppers Drug Mart
Jin, Hui Costco Pharmacy
Khamis, Saleem Hillcroft Pharmacy
Khan, Mohamed Shoppers Drug Mart
Leekha, Kamna Shoppers Drug Mart
Leung, Janet Pui Sea Costco Pharmacy
Ma, Jacqueline Shoppers Drug Mart
Matthew Tong, Karen Markham Stouffville Hospital
Patel, Aniket Drugstore Pharmacy
Tafreshi, Newsha Costco Pharmacy
Tam, Jonathan Shoppers Drug Mart
Tsang, Jessica Markham Stouffville Hospital
Twfic, Mina Main Drug Mart
Vali, Parvaneh World Pharmacy
Wong, Michelle Shoppers Drug Mart
Zaidi, Syed Muhammad Costco Pharmacy**MEAFORD**

Davies, Christopher Muxlow Pharmacy Limited

MIDLANDCebrynski, Lara Loblaw Pharmacy
Keller, Robert Clinic Pharmacy
Mackie, Jason Arcade and Jory Guardian Pharmacy
Mallows, Vaughan Georgian Bay General Hospital
Tolmie, Michael Shoppers Drug Mart

PRECEPTORS

MILTON

Atia, Yehia	Zak's Pharmacy
Hillebrand, Nicolette	Halton Healthcare Services
Johal, Puneet	Halton Healthcare Services
Kular, Manpreet	Medicine Shoppe Pharmacy
Makar, Rania	Milton Square Pharmacy
Philips, Hany	St. George Pharmacy
Shalvardjian, Peter	Shoppers Drug Mart

MISSISSAUGA

Abd El Malak, Jakleen	Lisgar Pharmacy
Abdulraheem, Dima	Costco Pharmacy
Abraham, Elizebeth	The Trillium Health Centre
Ahmad, Jauher	Shoppers Drug Mart
Ahmad, Navid	Battleford Pharmacy Inc
Ahmad, Sarah	Medisystem
Ahmed, Nadeem	Total Health Pharmacy
Awad, Mina	City Care Pharmacy
Aziz, Ehab	Marcos Pharmacy
Bath, Jagdeep	The Credit Valley Hospital
Berbecel, Manuela	Costco Pharmacy
Bining, Narinder	The Trillium Health Centre
Cabading, Leonora	Total Health Pharmacy
Chambers, Carol	The Credit Valley Hospital
Chan, Pui Kar	Shoppers Drug Mart
Cheng, Lucy	Shoppers Drug Mart
Cheung, Arthur	Shoppers Drug Mart
Ehteshamnia, Bahar	Costco Pharmacy
El-Hennawy, Reem	Floradale Medical Pharmacy
Elsabakhawi, Mohamed	Shoppers Drug Mart
Esguerra, Monaliza	Shoppers Drug Mart
Fazeli, Fatemeh	Loblaws Pharmacy
Ghattas, Mariam	Total Health Pharmacy
Gould, Kelly	Baxter Pharmacy Services
Gupta, Chakshu	Costco Pharmacy
Hadden, Heather	Credit Valley Family Health Team
Haj-Bakri, Mohamad	Hiway 10 Pharmacy
Hanna, Marian	Churchill Meadows Pharmacy
Henein, Maged	Glen Erin Pharmacy
Hiebert, Donna	Guru Nanak Dev Pharmacentre
Hussain, Khurram	Shoppers Drug Mart
Jaferi, Zehra	Rexall
Jankovic, Ksenija	Shoppers Drug Mart
Kapoor, Shivani	Express Scripts Canada Pharmacy
Khan, Munawar	Costco Pharmacy
Kim, Jiwon	The Credit Valley Hospital
Kular, Kulbir	The Credit Valley Hospital
Lamonica, Vincenzo	Shoppers Simply Pharmacy
Le, Wayne	Shoppers Drug Mart
Lee, Anne	Medical Pharmacy
Lee, Ka Man	Shoppers Drug Mart
Li, Wing	Medical Pharmacy
Li, Yuriy	Medisystem
Lodhi, Aysha	Jennas I.D.A. Pharmacy
Lozovska, Tetyana	Hooper's Pharmacy
Luong, Duy	Shoppers Drug Mart
Maalawy, Moheb	Sandalwood Drugs
Maghera, Jagjit	Shoppers Drug Mart
Mah-Allum, Yee-ping	Costco Pharmacy
Mahrous, Tamer	Eglinton Churchill Medical Pharmacy
Makar, Nancy	Erin Centre Pharmacy
Morgan, Nabil	Shoppers Drug Mart
Nguyen, Ellie	Shoppers Drug Mart
Nonomura, Margaret	The Credit Valley Hospital
Overland, Jack	The Credit Valley Hospital
Paggos, Marios	Shoppers Drug Mart
Panchmatia, Mehul	Woodland I.D.A. Pharmacy
Parikh, Anand	Meadowvale Professional Centre Pharmacy
Patel, Anil	Shoppers Drug Mart
Patel, Devendra	Loblaws Pharmacy
Patel, Jai	Unicare Pharmacy
Patel, Nikki	Shoppers Drug Mart

Patel, Pradip	River Run Pharmasave
Philemon, Maggie	Eglinton Churchill Medical Pharmacy
Pilkington, Victoria	The Trillium Health Centre
Post, Eric	Guru Nanak Dev Pharmacentre
Prajapati, Poonam	Shoppers Drug Mart
Qureshi, Tajammal	Battleford Pharmacy Inc
Rajput, Jasbir	City Centre Remedy's Rx
Ravji, Tarulata	Shoppers Drug Mart
Rifai, Reem	City Centre Remedy's Rx
Saad, Adel	Woodchester IDA Pharmacy
Salonga-Abule, Arlene	The Credit Valley Hospital
Samonis, Ruta	Guru Nanak Dev Pharmacentre
Sarma, Vijay	Target Pharmacy
Sidrak, Sameh	King Medical Arts Pharmacy
Simonot, Nancy	N.K.S. Health
Singh, Bharpur	The Credit Valley Hospital
Tawfik, Olivia	Van Mills IDA Pharmacy
Towadros, Adel	Courtesy IDA Pharmacy
Ur Rehman, Najeeb	Shoppers Drug Mart
Uy-gallardo, Janeth	Medical Pharmacy
Varma, Kalpeshkumar	Costco Pharmacy
Vora, Adesh	Total Health Pharmacy
Waseem, Ahmad	Shoppers Drug Mart
Yun, Anna	The Trillium Health Centre

MOOSONEE

Hermogeno, Ofelia	Northern Pharmacy
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MORRISBURG

Bonyun, Sandra	Seaway Valley Pharmacy Morrisburg
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NAPANEE

Hager, Jason	Gray's IDA Drug Store
McBride, John	Lennox-Addington Count General Hospital

NEPEAN

Badawy, Tamer	Medisystem Pharmacy
Bazarjani, Homa	Loblaws Pharmacy
Darras, Ra'ed	Target Pharmacy
Dyyat, Moh'd Yaser	Shoppers Drug Mart
Forbes, Cameron	Queensway-Carleton Hospital
Frankenne, Angela	Loblaws Pharmacy
Gabriel, Sally	Centrepointe Gabriel Drugs
Guest, Michael	Medisystem Pharmacy
Long, Alana	Queensway-Carleton Hospital
MacPherson, George	Barrhaven Pharmacy
Najm, Maya	Loblaws Pharmacy
Rowland, Martin	Queensway-Carleton Hospital
Smulczynska, Agnieszka	Shoppers Drug Mart

NEW LISKEARD

McCaig, Andrew	Findlay's Drug Store
McKnight, Patti	Loblaws Pharmacy

NEWCASTLE

Koo, Joseph	Shoppers Drug Mart
Wotherspoon, Maari	Shoppers Drug Mart

NEWMARKET

Gasic, Dragana	Shoppers Drug Mart
Labelle, Julianne	Southlake Regional Health Centre
Li Kwong Ken, Moy	Shoppers Drug Mart
Pick, Bryan	Southlake Regional Health Centre
Singh, Mandeep	Shoppers Drug Mart

NIAGARA FALLS

Boggio, Aaron	Boggio & MacKinnon Pharmacy
Hammond, Frederick	The Greater Niagara General Hospital
Khan, Muhammad	The Greater Niagara General Hospital
Lagace, Tania	Pharma Plus
Paolone, Thomas	Meadows Pharmacy Limited
Schoenhals, Jennifer	Falls Pharmacy Limited

NIAGARA ON THE LAKE

Miller, Lori Simpson's Apothecary Pharmasave

NIPIGON

Dupuis, Jonah Rexall

NORTH BAY

Brown, Kalvin Kalvin Brown Pharmasave
 Cheverie, Danielle Shoppers Drug Mart
 Dallaire, Kayla North Bay Regional Health Centre
 Diggles, Mitze North Bay Regional Health Centre
 Dorie, Erin Shoppers Drug Mart
 Euler, Patricia North Bay Regional Health Centre
 Khalil, Shehab North Bay Guardian Pharmacy
 Latimer, Curtis Shoppers Drug Mart
 Latimer, Sarah Kalvin Brown Pharmasave
 Mosher, Hannah-Ruth North Bay Regional Health Centre
 Prior, Veronica North Bay Regional Health Centre
 Randall, Lisa North Bay Regional Health Centre
 Sermona, Maria Loblaw Pharmacy
 Simpson, Pamela Pharmasave
 Woolsey, Matthew North Bay Regional Health Centre
 Yang, Mulin Shoppers Drug Mart

NORTH YORK

Abou El Nile, Hatem Finch-Weston Medical Pharmacy
 Cai, Li Rong North York General Hospital
 Chan-Lau, Yuen North York General Hospital
 Choy, Joyce North York General Hospital
 De Leon, Vilma North York General Hospital Pharmacy
 Fakoori, Farhang Shoppers Drug Mart
 Filippetto, Nadia Shoppers Drug Mart
 Ghazi Tabatabaie, Leila North York General Hospital
 Jackson, Jocelyn North York General Hospital
 Johnston, Karen St. John's Rehabilitation Hospital
 Karmiris, Alexandra Shoppers Drug Mart
 Kupchak, Taras Shoppers Drug Mart
 Kwok, Monica Loblaw Pharmacy
 Lam Shang Leen, Christopher North York General Hospital Pharmacy
 Lee, Sze North York General Hospital
 Massey, Mridula St. John's Rehabilitation Hospital
 Salgado- Corpuz, Mary North York General Hospital
 Shi, Mei North York General Hospital
 Soroka, Yevgeniya Shoppers Drug Mart
 Tadros, Sylvia Shoppers Drug Mart

OAKVILLE

Ali, Ahmed Target Pharmacy
 Bebawy, Adel Queen's Drug Mart
 Bonello, Andrea Halton Healthcare Services
 Conroy, Catherine Specialty Prescription Services
 De Rango, Fabio Shoppers Drug Mart
 Depcinski, Tatyana Halton Healthcare Services
 Duyile, Jacqueline Halton Healthcare Services
 Gouda, Michael Shoppers Drug Mart
 Hakim, Amgad River Oaks Medical Pharmacy
 Jones, Andrea Halton Healthcare Services
 Kamel, Christine Total Health Pharmacy
 Moreau-Vailloo, Mahalia Halton Healthcare Services
 Nguyen, Angela Halton Healthcare Services
 Pemas, Meagan Halton Healthcare Services
 Powar, Kamal Halton Healthcare Services
 Rae, Kimberly Specialty Prescription Services
 Saghir, Rania Shoppers Drug Mart
 Salib, Magda Halton Healthcare Services
 Sandhu, Kanwardip Shoppers Drug Mart
 Sourial, Emad Oak Park Community Pharmacy
 White, Grace Halton Healthcare Services

OHSEWEN

Corner, Kimberly Pharmasave

ORANGEVILLEDe Maria, Daniel Shoppers Drug Mart
Schau, Nicole Headwaters Health Care Centre**ORLEANS**

Caron, Guy Beausejour Clinic Pharmacy Ltd
 El-Jaby, Yousra Loblaw Pharmacy
 Khalil, Raafat St. Mary Health Center Pharmacy
 Rossignol, Luc Pharmacie Jean Coutu Pharmacy
 Trelert, Alison Shoppers Drug Mart

OSHAWA

Bick, Erin Medical Pharmacy
 Chou, Jeffrey Rexall Pharma Plus
 Dengre, Neha Loblaw Pharmacy
 Froude, Nancy Lakeridge Health
 Kwong, Wilson Lakeridge Health
 Liu, Yang Costco Pharmacy
 Murphy, George Costco Pharmacy
 Salem, Yahya Target Pharmacy
 Skinner, Linda Lakeridge Health
 Sohaei, Bijan Costco Pharmacy
 Stock, Anne Lakeridge Health
 Van Rooyen, Wynand Medical Pharmacy
 Zahran, Shereen Lakeridge Health

OTTAWA

Abdalla, Amira Shoppers Drug Mart
 Adelberg, Anna Remedy's Rx
 Ali-abdullah, Samira Loblaw Pharmacy
 Alnasrawi, Farah Costco Pharmacy
 Barbalata, Daiana Medical Pharmacy
 Barnes, Mark Westboro Pharmasave
 Bedard, Mario The Ottawa Hospital
 Bennett, Lindsay The Royal Ottawa Mental Health Centre
 Blanchard, Helen Children's Hospital of Eastern Ontario
 Blazevic, Amanda Children's Hospital of Eastern Ontario
 Boghossian, Antranik Bell Pharmacy
 Brisson, Jean Pharmacie Brisson Pharmacy Ltd
 Buchner, Lisa The Ottawa Hospital
 Cecilion, David University Of Ottawa Heart Institute
 Changoor, Cindy Shoppers Drug Mart
 Corman, Celine The Ottawa Hospital
 Crucero, Alpha Rexall Pharma Plus
 Cummings, Nancy Classic Care Pharmacy
 Dallaire, Meagan White Cross Disp (Ottawa) Ltd
 Dallaire, Sonia Montfort Hospital
 D'Angelo Bunch, Tina Shoppers Drug Mart
 Emanuel, Sharon Shoppers Drug Mart
 Farhat, Lena Shoppers Drug Mart
 Gargas, Usama Guardian Hillside Pharmacy
 Guest, Michael Medico Dental Pharmacy
 Guirguis, Bassem Medical Arts Dispensary of Ottawa (2003) Ltd.
 Hassan, Zaineb Rexall Pharma Plus
 Hilliard, Jane Children's Hospital of Eastern Ontario
 Ibrahim, Najlaa Shoppers Drug Mart
 Issa, Ayad Shoppers Drug Mart
 Joy, Mary The Royal Ottawa Mental Health Centre
 Komy, Hany Kilborn Pharmacy
 Kozyra, Elizabeth The Royal Ottawa Mental Health Centre
 Kuo, Alexander The Ottawa Hospital
 Lamarche, Marie-Pierre Canadian Forces Health Services Centre Ottawa
 MacKenzie, Jane The Ottawa Hospital
 McDonald, Sandra Shoppers Drug Mart
 Mizrahi, Benny Shoppers Drug Mart
 Naguib, Iman Baseline Pharmacy Inc.
 Nguyen, Phuong Drugstore Pharmacy
 Onochie-Roy, Uzoamaka Ottawa Hospital
 Osman, Salah Proactive Pharmacy
 Peterko, Bozena Classic Care Pharmacy
 Peters, Adam Children's Hospital of Eastern Ontario
 Reny, Lisa Canada Chemists

PRECEPTORS

Salidis, Maher	Greenboro Pharmacy
Schwass, Alison	Medical Pharmacy
Shaheen, Waseem	St. Laurent Medical Centre Pharmacy
Shore, Karen	Classic Care Pharmacy
Sin, Donald	Shoppers Drug Mart
Skywalker, Luke	Blossom Park Pharmacy
Spencer, Jennifer	The Ottawa Hospital
Stevens, Mark	Rexall Pharma Plus
Stewart, Carolyn	Children's Hospital of Eastern Ontario
Swetnam, Jennifer	Shoppers Drug Mart
Tchen, Meechen	Children's Hospital of Eastern Ontario
Tierney, Sallyanne	Bruyere Continuing Care
Tonon, Matthew	New Edinburgh Pharmacy
Truong, My-Hanh	Montfort Hospital
Varughese, Nisha	Children's Hospital of Eastern Ontario
Wang, Hanyu	Shoppers Drug Mart
Warren, Natalie	Montfort Hospital
Watson, Michael	Watson's Pharmacy and Compounding Centre
Whittle, John	Drugstore Pharmacy
Wilson, Loretta	Montfort Hospital

OWEN SOUND

Benedict, Danielle	Medical Pharmacy
Vacheresse, Marc	Grey Bruce Health Services

PARIS

Hawkins, Natalie	Northville Pharmacy
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PARRY SOUND

Carter, Miriam	West Parry Sound Health Centre
He, Biqi	Shoppers Drug Mart
Lane, Gordon	Lane Family Pharmacy

PEMBROKE

Bromley, Tara	Mulvihill Drug Mart
Keon, Lynn	Pembroke Regional Hospital Inc
Ouimet, Kelli	Mulvihill Drug Mart
Tsimiklis, Stavros	Rexall Pharma Plus
Zohr, Andrea	Mulvihill Drug Mart

PENETANGUISHENE

Antenucci, Tania	Shoppers Drug Mart
Dubeau, Valerie	Waypoint Centre for Mental Health Care

PETAWAWA

Craig, Sean	Base Hospital
Lui, Kwok Ling	Base Hospital
Ouimet, Kelli	Mulvihill Drug Mart
Rey-McIntyre, Andrew	Shoppers Drug Mart

PETERBOROUGH

Azubuikwe, Madukwe	Loblaws Pharmacy
Bebawy, Deina	The Medicine Shoppe
Garcha, Kiranjeet	Loblaws Pharmacy
Lovick, Stephen	Medical Centre Pharmacy
Plassery, Biju	Rexall
Simmons, Lindsey	Peterborough Regional Health Centre
White, Catherine	Peterborough Regional Health Centre

PETROLIA

McDonald, Anna	Lambton Pharmacy
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PICKERING

Hussain, Amir	Rexall
Kalra, Monika	Loblaws Pharmacy
Patel, Hiren	Rexall
Roodbaraki, Poorang	Shoppers Drug Mart
Shaikh, Nauman	Rexall
Suleman, Rahim	Shoppers Drug Mart
Ting, Milien	Target Pharmacy

PORT COLBORNE

Matheson, Erin	Matheson's Drug Store
Saati, Michel - Barsom	Boggio Pharmacy Ltd
Santon, Stephen	Shoppers Drug Mart

PORT HOPE

Ferguson, Kristin	Loblaws Pharmacy
Plummer, Donald	Shoppers Drug Mart

PORT PERRY

King, Christie	Shoppers Drug Mart
Tsang, Byron	Lakeridge Health

PRESCOTT

Duperron, Elena	Shoppers Drug Mart
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RED LAKE

Laporte, Bradley	Red Lake Pharmacy
Parete, Jeanine	Red Lake Pharmacy

RENFREW

Campbell, Anna	Renfrew Victoria Hospital
Homsma, Ashley	Rexall Pharma Plus

REXDALE

Nirale, Suhas	Rexdale Pharmacy
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RICHMOND HILL

Abu El Khire, Anis	Health Link Pharmacy
Avetissov, Vera	Shoppers Drug Mart
Avinashi, Gunjan	Shoppers Drug Mart
Blatman, Brian	Mackenzie Richmond Hill Hospital
Chan, Ping-Ching	Rexall
Chan, Wai Yin	Shoppers Drug Mart
Colella, Giuseppe	Shoppers Drug Mart
Eftekharinasab, Hossein	Loblaws Pharmacy
Grewal, Neil	Target Pharmacy
Hanna, Magdy Yashoue Rizkalla	Total Health Pharmacy
Ho, Gabrielle	Medical Pharmacy
Kang, Mun	Mackenzie Richmond Hill Hospital
Kim, Sun	Mackenzie Richmond Hill Hospital
Leong, Shaun	Costco Pharmacy
Loduca, Richardo	Shoppers Drug Mart
Mandlsohn, Mark	Shoppers Drug Mart
Mekhail, Sylvia	Total Health Pharmacy
Mosallam, Tamer	Pars Medical Pharmacy
Motahari, Massoud	Costco Pharmacy
Navabi, Minoo	Pharmasante Pharmacy
Pezeshki, Dalina	Rexall Specialty Pharmacy
Ramirez- Hashemi, Pauline	Drugstore Pharmacy
Riad, Mirette	Leslie & Major Mac. I.D.A. Pharmacy
Saad, Samy	Richpoint Pharmacy
Siwani, Shani-Abbas	Uptown Apothecary
Tam, Melissa	Loblaws Pharmacy
Wong, Serina	Shoppers Drug Mart

RIDGWAY

Edwards, Donald	Boggio & Edwards Ridgeway IDA Pharmacy
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ROCKLAND

Baker, Joanna	Shoppers Drug Mart
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SARNIA

Bandiera, Louise	Bluewater Health - Norman Site
Baxter, John	Hogan Pharmacy
Bombardier, Stefanie	Bluewater Health - Norman Site
Kelch, Richard	Northgate Pharmacy
Laporte, Marcel	BMC Pharmacy
Lund, Sean	Bluewater Pharmacy
Monaghan, Ellen	Bluewater Health - Norman Site

SAULT STE MARIE

Casselman, Elizabeth	Market Mall Pharmacy
Cavaliere, Claudio	Merrett's Pharmacy
Davies, Mary	Sault Area Hospital
Desumma, Sebastian	Market Mall Pharmacy
Disano, Joel	Market Mall Pharmacy
Fischer, Olga	Rexall Specialty Pharmacy
Forsyth, Gavin	Sault Area Hospital
Kaupp, Tyler	Medicine Shoppe
MacDonald, John	The Medicine Shoppe
O'Laney, Marlene	Rexall
Patterson, Paula	Loblaw Pharmacy
Policicchio, Matthew	Wal-Mart Pharmacy
Ross, Susannah	Shoppers Drug Mart
Saleeb, Adel	Central Drug Mart

SCARBOROUGH

Abdullah, Ahmad	Shoppers Drug Mart
Amro, Moe	Shoppers Drug Mart
Babaev, Vadim	Malvern Drug Mart
Baig, Asad	Shoppers Drug Mart
Balachandran, Jayashree	Costco Pharmacy
Bauj, Paul	National Pharmacy
Behiry, Sherif	Cliffside Pharmacy
Bhanji, Zahir	Remedy's Global Drug Mart Pharmacy
Boudreau, Carrie	Scarborough Grace Hospital
Cau, Chieng	Shoppers Drug Mart
Cerovic-Radusinovic, Aleksandra	Shoppers Drug Mart
Chan, Eddy	Shoppers Drug Mart
Chau, Elizabeth	Drugstore Pharmacy
Chau, Thomas	Providence Healthcare
Chin, Donna	Shoppers Drug Mart
Devaranjan, Anoja	Valueplus Pharmacy
Dhirani, Akil	Village Square Pharmacy
Ebrahimzadeh Ahari, Jamil	Loblaw Pharmacy
El Komos, Shery	Fars Medical Pharmacy
Farag, Mamdouh	Danforth Pharmacy
Fares, Ramez	Ash Medical Pharmacy
Fong, Chi	Loblaw Pharmacy
Garabet, Nayre	Costco Pharmacy
Im, Kevin	Wal-Mart Pharmacy
Ip, Jerry	Shoppers Drug Mart
Iskander, Maged	Woburn Medical Pharmacy
Iskander, Sheri	Costco Pharmacy
Kabigting, Ana Marie	Rexall
Ko-Takounlao, Betsy	Centenary Health Centre
Le, Mylai	Scarborough Hospital Drug Store - Birchmount Campus
Lee, Odelia	Drugstore Pharmacy
Li, Brian	Village Square Pharmacy
Liu, Man	Shoppers Drug Mart
Lui, Cecilia	Centenary Health Centre
Malik, Mah-E-Zia	Rexall Pharma Plus
Mwanza, Leaggy	Shoppers Drug Mart
Nakhla, Medhat	Port Union Pharmacy
Ng, Jenny	National Pharmacy
Oommen, Sheema	Drug Basics
Pahlavanmiragha, Nasrin	Shoppers Drug Mart
Rascu, Maria	Shoppers Drug Mart
Salib, Ihab	Warden Medical Pharmacy
Shtein, Viktoria	Shoppers Drug Mart
Sze, Elena	The Scarborough General Hospital
Takopoulos, Ekaterina	Pharmacy
Tam, Claudia	Scarborough Grace Hospital
Tolentino, Vivian	Loblaw Pharmacy
Tsao, Liza	Scarborough Grace Hospital
Vattam, Jothica	Boniface Park Medical Pharmacy
Vo, Hanna	The Scarborough General Hospital
Wong, Victor	Shoppers Drug Mart
Woo, Ka Kei	Shoppers Drug Mart
Young, Norma	Scarborough Grace Hospital

SIMCOE

Collver, Tara	Roulston's Pharmacy
Eppel, Constance	Norfolk General Hospital
Holton, Joanne	Roulston's Discount Drugs Ltd
Odumodu, Edward	Clark's Pharmasave Whitehorse Plaza
Snow, Blair	Roulston's Pharmacy
Stephens, Mark	Roulston's Pharmacy

SIOUX LOOKOUT

Link, Sonia	Sioux Lookout Meno-Ya-Win Health Centre
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SMITHS FALLS

Gagnon, Sandra	Loblaw Pharmacy
Joyner- Castoro, Carrie	Shoppers Drug Mart
Lavoratore, Sara	Smith Falls Community Health Centre, Rideau Community Health Services
Saad, Ghiwa	Pharma Plus

SMITHVILLE

Grant, Leianne	Rexall Dell Pharmacy
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ST. CATHARINES

Ahmed, Adnan	Shoppers Drug Mart
Awadalla, Amir	Glenridge Pharmacy
Elnazir, Linda	Niagara Health System
Hindi, Eyad	Montebello Medical Pharmacy
Kulkarni, Subuddhi	Hotel Dieu Shaver Health and Rehabilitation Centre
Kulkarni, Trupti	Niagara Health System
Lagace, Tania	Niagara Health System
Patel, Dipikaben	Loblaw Pharmacy
Ram, Salini	Niagara Health System
Upadhyay, Chirayu	Wal-Mart Pharmacy
Tong, Chung	Medical Pharmacy
Wiebe, Brendon	Niagara Health System

ST. MARYS

Dunbar, Erin	Hubbard Pharmacy
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ST. THOMAS

Campbell, Sandra	St. Thomas-Elgin General Hospital
Feenstra, Cheryl	Shoppers Drug Mart
Fletcher, Kathryn	St. Thomas-Elgin General Hospital
Hache, Richard	St. Thomas-Elgin General Hospital
Kolator-Cotnam, Susan	St. Thomas-Elgin General Hospital

STITTSVILLE

Fairfax, Amanda	Shoppers Drug Mart
Ledas, Jane	Stittsville IDA Pharmacy

STONEY CREEK

Arumugasamy, Srivardhan	Supercare Pharmacy Stoney Creek Pharmasave
Carvalho, Lisa	Loblaw Pharmacy
Gayowski, Mark	Pharmasave
Nardini, John	Shoppers Drug Mart

STRATFORD

Adair, Kristy	Sinclair Pharmacy
Alderdice, Jennifer	Stratford General Hospital
Davidson, Pamela	Stratford General Hospital

STRATHROY

Nethercott, Ashley	Shoppers Drug Mart
Vander Gulik, Nicholas	Shoppers Drug Mart

STREETSVILLE

Shalvardjian, Berge	Robinson's IDA Pharmacy
Wong, Cindy	Robinson's IDA Pharmacy

SUDBURY

Cayer, Tammy	Medisystem Pharmacy
Chappell, Adam	Health Sciences North - Ramsey Lake Health Centre
Chenard, Jason	Rexall
Dabliz, Sami	Pharmacy
Krawczuk, Nykolas	Shoppers Drug Mart
Lad, Kiran	Rexall
Matthews, Kristen	Health Sciences North - Ramsey Lake Health Centre
McDonald, Glen	Pharma Plus
McMahon, Terry	Bradley Pharmacy Ltd
Mullen, Scott	Herman's Pharmacy
Niro, Tiffany	Health Sciences North - Ramsey Lake Health Centre
Osmars, Kerah	Shoppers Drug Mart
Paquette, Jean-Robert	Health Care Pharmacy
Simpson, Sean	Lakeside Pharmacy
Wong, Vicky	Plaza 69 - Shoppers Drug Mart

SUNDRIDGE

Lee, Norman	Sundridge Pharmacy Ltd
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SUTTON

Shaveleva, Larissa	Shoppers Drug Mart
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THORNHILL

Awadalla, Nadine	Main Drug Mart
Botros, Dimiana	Pharma Plus
Lieberman, David	Shoppers Drug Mart
Mandel, Sandra	Shoppers Drug Mart
Maurice, Bichoy	Main Drug Mart
Scheftz, Lynda	Allan's Community Pharmacy
Yoo, Jion	Galleria Pharmacy

THORNTON

Jacildo, Annette	Thornton Pharmacy and Health Food Ltd.
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THUNDER BAY

Adams, Brenda	Janzen's Pharmacy
De Giacomo, Catherine	Thunder Bay Regional Health Sciences Centre
Jacobson, Jeffrey	Wal-Mart Pharmacy
Krywy, Todd	Shoppers Drug Mart
Luu, Chi	Shoppers Drug Mart
McCutchon, Janet	Woits Pharmacy
Miele, Anna	Shoppers Drug Mart
Omeljaniuk, Catherine	Thunder Bay Regional Health Sciences Centre
Riutta, Christopher	St. Joseph's Hospital
Slack, Timothy	St. Joseph's Hospital
Winter, Allan	Janzen's Pharmacy

TILBURY

Gerges, John	Mill St. Pharmacy
Hennessey, Seana	Shoppers Drug Mart

TIMMINS

Larocque, Lee-Anne	Timmins And District Hospital
Torrens, Natalie	Timmins And District Hospital

TORONTO

Abdel Maseh, Nagib	Pharmasave
Agada, Luke	Wal-Mart Pharmacy
Ahmed, Mohamed	Eagle Manor Pharmacy
Ali, Kareem	Shoppers Drug Mart
Allahham, Hanan	Pharmasave
Bacher, Marilyn	Ambulatory Patient Pharmacy
Bautista, Adriano	Shoppers Drug Mart
Bawa, Sameet	The Pharmacy Network
Beven, Brian	The Hospital For Sick Children
Bharaj, Rupinder	Wal-Mart Pharmacy
Bjelajac Mejia, Aleksandra	The Hospital For Sick Children
Booth Rumsey, Tamara	The Princess Margaret Hospital
Brittain, Cherry	Shoppers Drug Mart
Brun, Rita	Toronto East General Hospital

Chan, Christopher	Shoppers Drug Mart
Chaudhry, Komal	Loblaw Pharmacy
Chen, Edward	Medisystem Pharmacy
Chen, Thomas	Shoppers Drug Mart
Chen, Yan	Shoppers Drug Mart
Cheung, Michael	Shoppers Drug Mart
Chiang, Chi Ming Jimmy	Sunnybrook Health Sciences Centre
Chow, Douglas	Shoppers Drug Mart
Chow, Lei Lei Lily	Sunnybrook Health Sciences Centre
Cifarelli, Cinzia	Shoppers Drug Mart
Damiani, Fabrizio	Shoppers Drug Mart
Davies, Peter	St. Michael's Hospital
Delawala, Soebmohmed	Shoppers Drug Mart
Dervis, Nermin	Holland Bloorview Kids Rehabilitation Hospital
Dhaliwall, Jatinderjit	Shoppers Drug Mart
Djazayeri, Shabdis	Transplant Outpatient Pharmacy
Do, Michael	Vina Pharmacy
Durnford, Colin	Loblaw Pharmacy
Elias, Basem	Islington IDA Pharmacy
Elsooky, Jackline	Bathurst-Bloor IDA Drug Mart
Farrand, Jeffrey	Shoppers Drug Mart
Fedoruk, Erin	Queen Street Mental Health Centre
Forster, Lisa	Runnymede Healthcare Centre
Francis, Baher	Allcures Pharmacy
Ghata, Basem	Dufferin-Finch Pharmacy
Ghobrial, Sali	St. Gabriel Medical Pharmacy
Giancroce, Pauline	Baycrest Hospital
Girgis Boktor, Amir	College Medical Pharmacy
Grewal, Gagandeep	Mount Sinai Hospital
Gupta, Ashwin	Front Street Pharmacy
Hannaalla, Samer	Smith's Pharmacy
Hansra, Manjit	Shoppers Drug Mart
Harilall, Amit	Toronto East Pharmasave
Hirmina, Peter	Demarco Pharmacy
Ho, Hsin-Ying	Medisystem Pharmacy
Hoang, Julie	Wal-Mart Pharmacy
Hoang, Roselyn	Shoppers Drug Mart
Hook, Roxanne	The Hospital For Sick Children
Hu, Baolian	The Toronto General Hospital
Hui, Annie	Ambulatory Patient Pharmacy
Hung, Man Wai	The Hospital For Sick Children
Illes Szarvady, Ildiko	Vitality Compounding Pharmacy
Indris, Richard	West Park Healthcare Centre
Ip, Robert Siu Lin	Shoppers Drug Mart
Ishani, Rumina	Remedy's Rx Eglinton Bayview Pharmacy
Jaffer, Akeel	Shoppers Drug Mart
Jaffer, Imatiaz	Shoppers Drug Mart
Jani, Jiten	St. Joseph's Health Centre
Javaid, Suhail	Shoppers Drug Mart
Jeyaraj, Balagowri	Medisystem Pharmacy
Kakani, Padma	Shoppers Drug Mart
Kaliy, Olesya	Shoppers Drug Mart
Kam, Sarah	Shoppers Drug Mart
Kassel, William	Kassel's Pharmacy Limited
Khatri, Yamu	Medisystem Pharmacy
Kim, Michelle	Shoppers Drug Mart
Kim, Susan	Shoppers Drug Mart
Knight, Robyn	Rexall
Kong, Josephine	Costco Pharmacy
Kue, Kin	CAMH Pharmacy
Lacsamana, Jason	Sunnybrook Health Sciences Centre
Lai, Jane	One Community Pharmacy Inc.
Lapointe, Joanne	Toronto East General Hospital
Lee, Kyoung-hee	Rosedale Pharmacy
Lee, Nai-Yuen	Leslie Grove Pharmacy
Leung, Jennifer	Rexall Pharma Plus
Leung, Michael	Sunnybrook Health Sciences Centre
Li, Wilson	Shoppers Drug Mart
Liu, Andrew	Toronto East General Hospital
Liu, Cheng-Cha	Shoppers Drug Mart
Liu, Ying	The Toronto General Hospital
Lorestani, Shohreh	Shoppers Drug Mart
Lu, Wei	Wal-Mart Pharmacy

Lytwyn-Nobili, Elizabeth..... Shoppers Drug Mart
Mandlsohn, Jeffery..... Life Trust Pharmacy Ltd.
Manickavasagar, Nitharsini..... Medisystem Pharmacy
Manshour, Ali..... Shoppers Drug Mart
Mansoubi, Abdounaser..... Shoppers Drug Mart
Marasigan, Marestella..... Dalecliff Medical Pharmacy
Marinkovic, Biljana..... Queen Street Mental Health Centre
Marinkovic, Miodrag..... Shoppers Drug Mart
Mehawed, Merry..... Northcliffe Pharmacy
Mehta, Bina..... St. Joseph's Health Centre Pharmacy
Metyas, Jerry..... Lakefront Medical Pharmacy
Molnar, Judy..... The Hospital For Sick Children
Morgan, Faddy..... Regency Pharmacy
Morkos, David..... Woodgreen Pharmacy
Nahidi, Maral..... Shoppers Drug Mart
Nasralla, Pierre..... City Pharmacy
Nazmeen, Mausum..... Mount Sinai Hospital
Nedzka, Patrycja..... Runnymede Healthcare Centre
Nencheva, Nadya..... Mount Sinai Hospital
Neves-Azevedo, Lesley..... Wellcare College Pharmacy
Ng, Peggy..... Shoppers Drug Mart
Nhan, Jonathan..... Shoppers Drug Mart
Pakbaz, Parisa..... Shoppers Drug Mart
Panakkal, Silvie..... Sunnybrook Health Sciences Centre
Pandya, Hitesh..... Shoppers Drug Mart
Papastergiou, John..... Shoppers Drug Mart
Parchment-Pinto, Wayna..... Toronto Rehab. Institute
Parekh, Rupal..... Medicare Pharmacy
Patel, Darshana..... Rexall Pharma Plus
Phan, Be..... Princess Margaret Hospital Outpatient Pharmacy
Phillips, George..... Shoppers Drug Mart
Polidoro, Marisa..... West Park Healthcare Centre
Quek, Phoebe..... Ambulatory Patient Pharmacy
Raco, Ann-Maria..... Rexall
Ramzy, Ramy..... Procure Pharmacy
Rathore, Mukta..... McKesson Specialty Prescription Services
Remtulla, Nadeem..... Shoppers Drug Mart
Riss, Vera..... The Hospital For Sick Children
Rivera, Angeline..... Mount Sinai Hospital
Rofael, Abraam..... Care and Health Pharmacy
Rowntree, Candice..... Shoppers Drug Mart
Rubbani, Ghulam..... Shoppers Drug Mart
Rubin, Bonita..... Toronto Rehab. Institute
Salib, Sameh..... Woodgreen Discount Drugs
Savage, Mark..... CATP
Seah, Jenny..... St. Joseph's Health Centre
Seto, Ronald..... The Salvation Army Grace Hospital
Siddiqui, Mansur..... Wal-Mart Pharmacy
Simon, Mary..... GeriatRx Pharmacy
Singh, Parmanand..... Target Pharmacy
Snowdon, James..... Snowdon Pharmacy
Soltys, Irene..... The Toronto Western Hospital
Sookram, Carol..... Runnymede Healthcare Centre
Sourial, Safwat..... Shoppers Drug Mart
Strybosch, Lynn..... Shoppers Simply Pharmacy
Tan, Kenny..... Shoppers Drug Mart
Teng, Xin Ying..... The Toronto General Hospital
Teo, Vincent..... Sunnybrook Health Sciences Centre
Terzaghi, Maria..... Shoppers Drug Mart
Thomas, Koshy..... St. Michael's Hospital
Thomas, Sonia..... Queen Street Mental Health Centre
Thomas, Suresh..... Shoppers Drug Mart
Thompson, Suzanne..... The Toronto General Hospital
Toth, Elizabeth..... Lawrence Medical Pharmacy
Tran, Chan..... Shoppers Drug Mart
Tse, Christine..... Princess Margaret Hospital Outpatient Pharmacy
Tsiopanas, Patricia..... Clinic Pharmacy
Uttamchandani, Jaya..... The Hospital For Sick Children
Vidotto, Stephanie..... Sunnybrook Health Sciences Centre
Walton, James..... Shoppers Drug Mart
Watpool, Karen..... Shoppers Drug Mart
Weber, Brittany..... Princess Margaret Hospital Outpatient Pharmacy
Weyland, Laura..... Shoppers Drug Mart
William, Ossama..... Main Drug Mart

Wong, Kam Ying..... Wal-Mart Pharmacy
Wong, King..... Shoppers Drug Mart
Wong, Wing..... Toronto Manning Drug Mart
Woods, Amitaben..... University Health Network
Wu, Wai-Yan..... Wellcare Pharmacy
Xu, Heng..... Pharma Plus
Yamamoto, Misaki..... Rexall
Yeganegi, Kamal..... Willowdale Pharmacy
Yeh, Walter..... Shoppers Drug
Yip, Paul..... Rexall
Yiu, Philip..... Shoppers Drug Mart
Yousef, Aziz..... Bloor Park Pharmacy
Youssef, Peter..... Eglinton Medical Pharmacy
Yurchuk, Daniel..... High Park Pharmacy
Zannella, Stefano..... Regional Cancer Centre/Odette Cancer Centre Pharmacy
Zervas, John..... Shoppers Simply Pharmacy

UNIONVILLE

Chan, Suvanna..... Shoppers Drug Mart

UXBRIDGE

Rambe, Eni..... Wal-Mart Pharmacy

VAL CARON

Bignucolo, Robert..... Val Est Pharmacy
Filo, Michelle..... Rexall
Jolicoeur, Caroline..... Val Est Pharmacy

VANIER

Fisher, Steven..... Vanier Pharmacy
Ofori-Nyako, Sheila..... Drugstore Pharmacy

VAUGHAN

Kahlon, Shaminder..... Shoppers Drug Mart
Meshreki, Mary..... Drugstore Pharmacy
Shams, John..... Shoppers Drug Mart
Simonian, Vartegez..... Shoppers Drug Mart

VIRGIL

Dyck, Julie..... Simpson's Pharmasave
Ritter, Sandra..... Simpson's Pharmasave

WALKERTON

Fullerton, Ryan..... Brown's Guardian Pharmacy

WALLACEBURG

Nzekwe, Charles Chimuanya..... Wal-Mart Pharmacy

WATERFORD

Sloot, Robert..... Pharma Plus

WATERLOO

Abu Mazen, Usama..... Target Pharmacy
Anand, Veneta..... Shoppers Drug Mart
Mistry, Satish..... Westmount Place Pharmacy
Patel, Kiran..... Student Health Pharmacy

WATFORD

Yadav, Nilesh..... McLaren Pharmacy

WEBBWOOD

Lagrandeur, Rebecca..... North Shore Pharmacy Services

WELLAND

Muhic, Joanna..... Shoppers Drug Mart
Okamura, Evelyn..... Welland Medical Pharmacy Ltd
Seliske, Joseph..... Welland County General Hospital
Severin, Shawn..... Loblaw Pharmacy
Uy, Kathleen..... Loblaw Pharmacy

PRECEPTORS

WEST HILL

Jina, Hanif Shoppers Drug Mart

WESTON

Chong, Arlene Humber River Regional Hospital
Forgetta, Janet Humber River Regional Hospital
Hassan, Farhana Shoppers Drug Mart
Lee, Wai Humber River Regional Hospital
Soo, Melissa Humber River Regional Hospital

WHITBY

Alizadeh, Mehrdad Ontario Shores Centre for Mental Health Sciences
Bansal, Sandeep Shoppers Drug Mart
Brook-Allred, Nicole Ontario Shores Centre for Mental Health Sciences
Cairns, Lisa Ontario Shores Centre for Mental Health Sciences
Elnazir, Nancy Total Health Pharmacy
Farooq, Muhammad Shoppers Drug Mart
Ham, Linda Shoppers Drug Mart
Jacoub, Phieby Whitby Medical Pharmacy
Jejna, Melinda Ontario Shores Centre for Mental Health Sciences
Razi, Parnia Ontario Shores Centre for Mental Health Sciences
Rule, Colin Shoppers Drug Mart

WILLOWDALE

El-arif, Essam Fairview Pharmacy
Ghattas, Nermin IDA Pleasant View Pharmacy
Jabri, Talal Shoppers Drug Mart
Law, Faye Shoppers Drug Mart
Lin, Yong Shoppers Drug Mart
McMullen, Bethany Shoppers Drug Mart
Nam, Hyun Shoppers Drug Mart
Yang-Kim, Clara Shoppers Drug Mart

WINCHESTER

Leclair, Joanne Winchester District Memorial Hospital

WINDSOR

Ahmad, Baker Shoppers Drug Mart
Alam, Intekhab Shoppers Drug Mart
Aslam, Nadeem Sure Health Pharmacy
Braccio, Elisa Shoppers Drug Mart
Cappellino, Frank Remedy'sRx
Chang, Robin Provincial Pharmacy
D'angelo, Rocco Royal Windsor Pharmacy
Daoud, George Medical Centre Pharmacy
Dawood, John Windsor River Pharmacy
Deslippe, Dawn Windsor Regional Hospital - Metropolitan Campus
Devlin, John Windsor Regional Hospital - Metropolitan Campus
Di Pietro, Sebastiano Shoppers Drug Mart
Drouillard, Kellie-Ann Windsor Regional Hospital - Metropolitan Campus
Dumo, Peter Novacare Pharmacy
Duronio, Antoinette Windsor Regional Hospital
Eltoum, Ziad Shoppers Drug Mart
Garant, Justin The Drive Pharmacy
Haluk-McMahon, Charlene Windsor Regional Hospital - Metropolitan Campus
Hissy, Ziad Forest Glade Pharmacy
Houle, Karrie Costco Pharmacy
Kowalik, Ewa Windsor Regional Cancer Centre
Kummer, Theodore Shoppers Drug Mart
Nadeau, Lynn Windsor Regional Hospital
Payne, John Provincial Pharmacy
Robinson, Linda Windsor Regional Hospital - Metropolitan Campus
Root, Dana Windsor Regional Cancer Centre
Rublik, Angel Windsor Regional Hospital
Staruch, Andrea Shoppers Drug Mart
Toor, Jasjit Shoppers Drug Mart
Vella, Francesco Olde Walkerville Pharmacy
Vereecke, Brigitte Shoppers Drug Mart
Yee, Richard Yee Pharmacy Limited

WINGHAM

Chang, Peter Wingham And District Hospital

WOODBIDGE

Bekhit, Andrew Costco Pharmacy
Bhatia, Gautam Weston Pharmacare
Daneshkhah, Saman Costco Pharmacy
Daoud, Fiby Costco Pharmacy
Khatoon, Saima Wal-Mart Pharmacy
Latif, Imran Costco Pharmacy
Lau, Ying Costco Pharmacy
Lawrence, James Pulse Rx LTC Pharmacy
Omozusi, Ogieriakhi Shoppers Drug Mart
Raphael, Mona Henderson's Woodbridge Medical Pharmacy
Valela, Anna Rexall Pharma Plus
Wong, Terence Shoppers Drug Mart

WOODSTOCK

Andrechyk, Stacey Shoppers Drug Mart
Menezes, Sheila The Dispensary
Payne, Catherine Woodstock General Hospital
Reid, Jennifer Shoppers Drug Mart
Rossi, Francesca Woodstock General Hospital
Silverthorne, Elizabeth Shoppers Drug Mart
Tuan, Lee All About Health Remedy's Rx

CONTINUING EDUCATION (CE)

This list of continuing education activities is provided as a courtesy to members. The Ontario College of Pharmacists does not necessarily endorse the CE activities on this list.

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).

Visit www.ocpinfo.com for an up-to-date list of Continuing Education.

LIVE EVENTS AND CONFERENCES

February 24 or March 9, 2015 (Toronto, ON)

Methadone and Opioid Addiction – Student Education Program

Ontario Pharmacy Association

Contact: <https://www.opatoday.com/professional/live-courses>

February 26, 2015 (Sudbury, ON)

Patient Engagement, Experience and Relations

Ontario Hospital Association

Contact: <http://www.oha.com/Education/Pages/education.aspx>

February 28, 2015 (Toronto, ON)

Minor Ailments

University of Toronto

Contact: <http://cpd.pharmacy.utoronto.ca/programs/minorailments.html>

March 12-13, 2015 (Toronto, ON)

Medication Safety for Pharmacy Practice:

Incident Analysis and prospective risk assessment

Institute for Safe Medication Practices Canada

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

March 20-22, 2015 (Ottawa, ON)

International Meeting on Indigenous Child Health

Canadian Paediatric Society

Contact: <http://www.cps.ca/en/imich>

March 21-22, 2015 (Part 1) April 25-26, 2015 (Part 2) (Ottawa, ON)

Introductory Psychopharmacology for Clinicians

University of Toronto

Contact: <http://cpd.pharmacy.utoronto.ca/programs/categories/practice-development.html>

March 21-22 and April 25-26, 2015 (Toronto, ON)

Medication Therapy Management for Older Adults – CGP Preparation Course

Ontario Pharmacy Association

Contact: <https://www.opatoday.com/professional/live-courses>

March 27-29, 2015 (Toronto, ON)

Certified Diabetes Educator Preparation Course

Ontario Pharmacy Association

Contact: <https://www.opatoday.com/professional/live-courses>

March 28, 2015 (Toronto, ON)

Education Program for Immunization Competencies

Canadian Paediatric Society

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

March 29, 2015 to December 5, 2015 (Multiple Dates and Locations)

An Injection Refresher: Flu and Beyond

Ontario Pharmacists Association

Contact: <https://www.opatoday.com/professional/live-courses>

April 17-19, 2015 (Toronto, ON)

2015 Travel Medicine Review and Update Course

International Society of Travel Medicine

Contact: <http://istmsite.membershipsoftware.org/certificateofknowledgerc>

April 25, 2015 (Ottawa, ON)

Mise a Jour 2015 – 32th Annual Conference

The Ottawa Hospital

Contact: <http://rxinfo.ca>

May 6 – 9, 2015 (Toronto, ON)

Primary Care Today – 13th Annual Conference

University of Toronto

Contact: <http://www.mycmeupdates.ca/pct/home.html>

May 21 - 22, 2015 (Toronto, ON)

Canadian Association for Ambulatory Care (CAAC) Conference

Canadian Association of Ambulatory Care

Contact: <http://www.canadianambulatorycare.com/>

May 21 - 22, 2015 (Calgary, ALB)

Cochrane Canada Symposium 2015: Reaching New Heights, Measuring Success

Canadian Cochrane Centre

Contact: <https://ccnc.cochrane.org/cochrane-canada-symposium-2015-welcome>

May 24-28, 2015 (Quebec, QC)

The 14th Conference of the International Society of Travel Medicine

International Society of Travel Medicine

Contact: <http://www.istm.org/>

May 28, 2015 (Toronto, ON)

Education Program for Immunization Competencies - 2015

The Canadian Paediatric Society

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

May 28-31, 2015 (Ottawa, ON)

Canadian Pharmacists Conference 2015

Co-hosted by the Canadian Pharmacists Association and the Ontario Pharmacists Association

Contact: <http://www.pharmacists.ca/index.cfm/news-events/events/calendar-of-events/canadian-pharmacists-conference-2015/?month=5&year=2015&categoryID=&relatedID>

September 16-18, 2015 (Ottawa, ON)

Community Health Centres: Agents of Care, Agents of Change Conference

Canadian Association of Community Health Centres

Contact: <http://www.cachc.ca/acac2015>

October 16-18, 2015 (Niagara Falls, ON)

Lifelong Learning in Paediatrics

Canadian Paediatric Society

Contact: <http://www.cps.ca/en/llp>

October 29 – November 1, 2015 (Ottawa, ON)

Canadian Hospice Palliative Care Conference

Canadian Hospice Palliative Care Association

Contact: <http://conference.chpca.net/>

November 25 - 27, 2015 (Toronto, ON)

Thrombosis Management

University of Toronto

Contact: <http://cpd.pharmacy.utoronto.ca/programs/thrombosis.html>

Multiple dates and locations – contact course providers

Immunizations and Injections training courses:

Ontario Pharmacists Association: <https://www.opatoday.com/223957>

RxBriefcase, CPS and PHAC <http://www.advancingpractice.com/p-68-immunization-competencies-education-program.aspx>

Canadian Health Network: <http://www.canadianhealthcarenetwork.ca/pharmacists/>

Pear Health <http://www.pearhealthcare.com/training-injection-training.php>

University of Toronto: <http://cpd.pharmacy.utoronto.ca/programs/injections.html>

Dalhousie University: <http://www.dal.ca/faculty/healthprofessions/cpe/programs/live-programs/immunization-andinjectionadministrationtrainingprogram.html>

ONLINE LEARNING/ WEBINARS/ BLENDED CE

Centre for Addiction and Mental Health (CAMH)

Online courses with live workshops in subjects including: TEACH: Certificate Program In Intensive Tobacco Cessation Counselling, TEACH Core Course: A Comprehensive Course on Smoking Cessation , ADAT, Buprenorphine-Assisted Treatment of Opioid Dependence: An Online Course for Front-Line Clinicians, Prescribing Opioids for Chronic Pain, Addressing Opioid Challenges and Addiction, Collaborating with Families Affected by Concurrent Disorders, Concurrent Disorders Core, Concurrent Disorders in Primary Care, Fundamentals of Addiction, Fundamentals of Mental Health, Interactions Between Psychiatric Medications and Drugs of Abuse, Legal Issues in Mental Health Care in Ontario, Medications and Drugs of Abuse Interactions in ODT Clients, Motivational Interviewing introduction Course, Recovery-Oriented Approach, Safe and Effective Use of Opioids for Chronic Non-cancer Pain, Youth, Drugs and Mental Health.

Contact: <http://www.camh.ca/en/education/about/AZCourses/Pages/default.aspx>

Canadian Pharmacists Association (CPhA)

Home Study Online accredited education programs including: ADAPT Patient Care Skills Development, Lab Tests, Medication Review Services, QUIT: Smoking Cessation Program, Diabetes: CANRISK CE.

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

Canadian Society of Hospital Pharmacists (CSHP)

Online education programs, including Medication Reconciliation, Minimizing the Risk of Contamination in the Oncology Pharmacy Setting and Immunization Competencies Education Program (ICEP).

Contact: http://www.cshp.ca/programs/onlineeducation/index_e.asp

Canadian Healthcare Network

Online CE Lessons for pharmacists and pharmacy technicians.

Contact: <http://www.canadianhealthcarenetwork.ca/pharmacists/>

Continuous Professional Development – University of Toronto, Leslie Dan Faculty of Pharmacy: Infectious

Diseases Online Video Lectures and Slides, Influenza DVD, Canadian Health Care System, Culture and Context, Canadian Pharmacist Skills 1 (CPS1)

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

Complimentary from OCP and University of Toronto, Leslie Dan Faculty of Pharmacy:

Collaborative Care: Conflict In Inter-Professional Collaboration; Pain: Chronic Non-Cancer Pain; Pharmacists Role: Who Do We Think We Are? The '10 Minute Patient Interview' webcast; Physical Assessment for Pharmacists; There is no "I" in "Team", The Why and How Of Deprescribing.

Contact: <http://www.ocpinfo.com/practice-education/continuing-education/listings/pharmacists/>

Institute for Safe Medication Practices Canada (ISMP)

Online webinars including: MedRec in Primary Care: Best Practices & Improving Patient Safety.

Contact: <https://www.ismp-canada.org/education/>

Ontario Pharmacists Association (OPA)

Online courses with live workshops in subjects including: Methadone Education Program, Principles of Oncology Treatments and Pharmaceutical Care, Infant Care and Nutrition, Natural Health Products, Infectious Disease – Foundations for Pharmacy, Implementing Smoking Cessation Services in the Pharmacy, From pink eye to athlete's foot: Pharmacists' role in common ailments, Medical directives, Pharmacist Health Coaching – Cardiovascular Program.

Complimentary online courses include: Ontario Drug Benefit blood glucose test strip reimbursement policy; Support tools for pharmacists, Managing Menopause and its Associated Disorders,

Contact: <http://www.opatoday.com/professional/online-learning>

rxBriefcase

Online CE Lessons (Clinical and Collaborative Care series) and the Immunization Competencies Education Program (ICEP).

Contact: <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.

Interested in expanding your network and giving back to the profession?

Additional regional CE coordinators and associate coordinators are needed in regions 4 (Pembroke and area), 9 (Lindsay area), 10 (North Bay area), 16 (Niagara area) 17 (Brantford area), 25 (Sault Ste. Marie area), 26 (Thunder Bay area) 27 (Timmins area). A complete list of CE coordinators and regions by town/city is available on our website.

To apply, submit your resume to ckuhn@ocpinfo.com

