



## New Initiative To Ban Pharmacy Tobacco Sales



At its 1 December meeting, College Council considered the resolution passed at the annual general meeting calling for the total ban of tobacco product sales from BC pharmacies by 1 June 2001. Three stakeholders spoke to Council about the issue, including a community pharmacist, Dr. John Blatherwick (Medical Health Officer for the Vancouver/Richmond Health Region), and a representative from the Chain Drug Store Association of B.C.

After discussion of the information presented, Council approved a resolution that "a pharmacy license will not be issued for any new or existing pharmacy located in an establishment that sells tobacco products, effective 1 January 2002."

The resolution has been submitted to the Minister of Health, and will require Cabinet approval. Members will be kept informed of progress in the tobacco product sales initiative in upcoming *Bulletins* and mailings.

## A Message From Your President

"Safe and effective pharmacy practice outcomes for the people of British Columbia" is the College's mission statement. My personal mission statement is "To positively support the pharmacists of B.C. in achieving safe and effective pharmacy practices." To facilitate this, I will promote a close, collaborative relationship between the College and the pharmacists of BC. Working together, we can positively support every aspect of our profession.

The first few months of my presidency have already been eventful. The annual general meeting had standing room only. It has been a long time since I have seen so much enthusiastic involvement from the membership!

<sup>BC</sup>C.A.R.E. has stimulated massive membership action, both for and against, and is the topic I am going to focus on here. I know for me, personally, <sup>BC</sup>C.A.R.E. has been a hot issue. It is the reason I initially became involved with the College. I wanted to make sure there was more than one method of assessment for us to choose from. Also, I wanted to learn something in the evaluation process, not just prove I was competent.

Council's position was that the <sup>BC</sup>C.A.R.E. Program incorporate the principles of choice of tools, accessibility, equitability and minimal administrative cost to participants, and that the <sup>BC</sup>C.A.R.E. Program provide feedback, advice and guidance to participants to enable them to follow up with continuing professional development.

With those principles in mind, I and many other practising pharmacists conceptualized and designed the program. We developed the tools and tested them. After many revisions, <sup>BC</sup>C.A.R.E. was offered to pharmacists at large in the pilot project.



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*Your questions and comments about this Bulletin are welcome and may be forwarded to the Registrar.*

## College 2001/2002 Budget Approved

The budget for the College's 2001/2002 fiscal year, starting 1 March, has been approved by Council. A fee adjustment is involved, resulting in a pharmacy annual license fee of \$800/year and a pharmacist annual registration fee of \$490. The pharmacist fee is slightly more than a three percent cost of living increase.

The fee adjustments were approved to enable College staff to implement the Council-approved outcomes for the coming year, including:

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## President's Message

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On paper the program looked great but I wanted to evaluate it for myself. In the pilot project, I participated in ALL four options: the Knowledge Assessment, the Practice Review, the Professional Portfolio, and the OSCE.

In the Knowledge Assessment, I was nervous and had sweaty palms. It reminded me, very clearly, of my university days. Even though I knew the questions were developed by working pharmacists, most of whom I knew, I still wondered if this or that question was a trick question. Did I miss something? Was that question really that easy? Yes, that is what I would do in practice, but this was an exam! These thoughts crossed my mind regularly until I got my results.

The Practice Review took a fair amount of time to understand. All those little bubbles to fill in. The first time through, it was confusing. With some support, and discussions with the committee members, it made sense. And, I realized how much pharmaceutical care I actually did on a daily basis.

The Professional Portfolio required gathering a lot of information. To catalogue it according to the Framework of Professional Practice took me weeks to do. Yet after doing it, I felt great! It reminded me of how much I do, and what a difference I make to my customers on a daily basis.

In the Structured Performance Assessment (usually called the OSCE), I had to remember I was taking an exam. It was just like being at work - with patients, and doctors. Only the presence of the assessors reminded me I was being evaluated.

After personally experiencing all of the tools and objectively evaluating them, I can say I learned from all of them. I identified areas where I am strong and areas where I can improve. In reading the written feedback from pilot project participants, most of the comments mirrored my experience.

Like many of you, <sup>B</sup>C.A.R.E. has been a hot issue for me. In response to your concerns, the <sup>B</sup>C.A.R.E. Program has been suspended and is being re-evaluated. In the coming months, you will be receiving a survey. I urge you to reply and share your comments. Your ingenuity, creativity and practical solutions are needed to mould the program.

Cooperating together, the College and the pharmacists of BC can positively support new ideas and approaches for the practice of pharmacy, strengthening all elements of our profession.

Let's keep up the participation and communication and have an incredible year of working together!

*Erica Gregory, President*

## Annual Meetings' Planning Under Way

The College plans to work with the BC Pharmacy Association to hold both annual general meetings on the same day in the Lower Mainland this fall, perhaps combined with an education event. More information will be provided as meeting details are planned.

## College Budget

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- ▶ Increased availability of pharmacy practice consultation service so pharmacists will have easier access to staff support.
- ▶ College funding of a portion of a new position in UBC's Continuing Pharmacy Education Division, to enable more programs to be developed to support pharmacists' learning needs.

As a cost savings measure, Council decided to hold the College's 2001 annual general meeting separate from the BC Pharmacy Conference in Kelowna due to the significant expense involved in transporting and accommodating Councillors in Kelowna.

Council recognizes that registrants may have anticipated a fee reduction because of the suspension of the <sup>B</sup>C.A.R.E. Program until 1 May. However, timing of the program meant that the bulk of the 2000/2001 year's budget allocation had already been spent on program activities, and the coming year's activities are not timed to begin until June. Therefore, <sup>B</sup>C.A.R.E. savings cannot be expected in this 2001/2002 year.

Registrants may have also had the perception that the College's participation as a NAPRA member where we pay an annual per capita amount would lower fees. A number of NAPRA initiatives that are currently in development may result in savings in the future.





## Council Highlights

The Council of the College of Pharmacists of BC met in Vancouver on Friday, 1 December. The Councillors reviewed issues raised at the College's annual general meeting in October, along with other matters.

### ► Sale of Tobacco Products from Retail Outlets with Pharmacies

The Council heard presentations from three groups of stakeholders, including a community pharmacist, the Clean Air Coalition (represented by Dr. John Blatherwick), and the Chain Drug Store Association of BC. Following the presentations, the Councillors considered and discussed a number of options.

A motion was passed to rescind the previously submitted legislative recommendations (phased-in tobacco ban approach with a June 2004 total-ban deadline). A new motion to ban tobacco sales from establishments in which pharmacies are located, effective 1 January 2002, was passed. The proposed legislation has been submitted to the Minister of Health for review and action. Because a bylaw change is required, the proposal will ultimately require Cabinet approval.

### ► Other Annual General Meeting Resolutions

The Council reviewed two other resolutions presented at the October annual general meeting. One, proposing amendments to the College's Code of Ethics, was defeated at the annual general meeting, and the Council decided not to take any further action.

The other, proposing contact with the Ministry of Health's Pharmacare Program concerning lengthy delays in reaching benefit status decisions for new drugs, was also considered. The Registrar was requested to send appropriate correspondence to the program's director, indicating Council's support for the members' concern and requesting improvements.

### ► Drug Scheduling Amendment (requires government approval prior to implementation)

The Councillors heard a presentation by representatives of Carter-Horner Inc., supporting a recommendation that dimenhydrinate be shifted from Schedule II to Schedule III. The Council had previously considered and rejected the recommendation.

Following the presentation, which included statistics comparing abuse incidents in provinces with Schedule II and Schedule III placement of the drug, the Council decided that smaller package sizes could be offered for sale from the self-selection area of licensed pharmacies.

The package size limit will be 30 dosage units for distribution from the self-selection area, with larger package sizes being sold from the Schedule II Professional Services Area of licensed pharmacies.

In areas of the province where pharmacists are aware of the potential for abuse, the Council recommends that the products be kept in the Schedule II area and that the appropriate assessment of purchasers continue to be conducted.

### ► Release of Contact Information Approved

The Council approved the release of BC pharmacists' contact information (address and telephone numbers) to the Clinical Skills Resource Centre (CSRC), which has been contracted by the Pharmacy Examining Board of Canada to assist with the production of the new structured performance assessment

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## C.A.R.E Program Update

As directed by the Council of the College at its special October 2000 meeting, the <sup>B</sup>C.A.R.E. Task Group has been formed. Invitations were issued to various stakeholder groups, including the BC Pharmacy Association and the BC Branch of the Canadian Society of Hospital Pharmacists, as well as individual pharmacists who had expressed concerns last fall about certain aspects of the program.

Initial plans called for the task group to hold two meetings in January, during which the participants received background information about the College's current program and other jurisdictions' programs, along with a grounding in continuing competency and adult assessment theory and practice. A facilitator was available to assist with the exploration of new options or a redesign of the program.

Once a new structure or additional options are decided on by the task group and presented to the Council for consideration at its February meeting, an opinion survey will be sent to all College registrants. The results of the survey are to be collated and presented at the April Council meeting, at which time a decision will be made on the future structure of the <sup>B</sup>C.A.R.E. Program.



## Council Highlights

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(OSCE) component of the PEBC exam in May and November 2001. Confidentiality contracts will be signed prior to the release of the information.

The CSRC will be recruiting pharmacists to serve as assessors (identical to the College's Panel Assessment procedures). The CSRC has previously worked with the College in the area of standardized patient recruitment and training for the Panel Assessments.

## In Brief



### ► Compounding Nonprescription Drugs

Health Canada has clarified the issue of pharmacists compounding nonprescription drugs without a prescription. To elaborate on the *Policy Framework on Manufacturing and Compounding Drug Products in Canada*, a pharmacist can compound a nonprescription product without a prescriber's authority, as long as there is an established pharmacist-patient relationship. However, in such a relationship, a pharmacist cannot compound a product that exists in the market as a commercial product.

### ► Benzodiazepine Records

Under targeted substances regulations, benzodiazepine sales do not need to be recorded in the pharmacy beyond regular prescription recording and retention requirements. Only incoming inventory needs to be recorded or otherwise documented.

## Ethics In Practice

*This column is prepared by the College's Ethics Advisory Committee to guide members in dealing with different actual pharmacy practice situations.*



### Confidentiality

A pharmacist contacted the College office seeking general advice on what pharmacists should do with health information we learn about our patients in social settings. Do we have a duty to pass on such information to other health care professionals if we feel our patients' health would benefit?

Suppose we see a patient drinking alcohol at a party (or learn about it from someone else) when the patient is taking medications where alcohol is contraindicated, and we warned them about this when the medication was dispensed? Acting on the principle of beneficence in doing what is best for our patients, if we found ourselves in such a situation we might give the patient a gentle reminder assuming they may have forgotten, but should we go further?

Except in emergency situations, pharmacists are not usually considered to be "on duty" when not actively practising. If pharmacists share patient information they learn in social circumstances with other health care providers without their patients' consent, they may be infringing on their patients' right to live at risk. In general, pharmacists do not have a duty to pass on such patient information unless failure to disclose would likely result in serious harm to others.

The Code of Ethics recognizes that patients have the right to live at risk. This means the right to use drugs inappropriately, despite professional warnings. Arguments are sometimes made about the negative impact that drug abuse has on a patient's parents, siblings or friends, but unless such arguments could be extended to other risky behaviours, they have little weight. For example, a good argument might be made for prohibiting young parents from free rock climbing because their children would be left for surviving spouses to raise alone if they died in a fall. But no one is prohibited from engaging in such dangerous sports.

Confidentiality falls within the general ethical principle of patient autonomy. Respect for patient autonomy means treating patients or their surrogates like adults, not children. Protection of patient privacy shows professional respect by not inappropriately disclosing patient secrets. Pharmacists should not discuss the condition of any patient to persons not directly involved in the patient's health care without the patient's consent. For example, it would be totally inappropriate to talk about a patient's medical problems in casual social conversation with the patient's next-door neighbour. But, under certain circumstances, it would be appropriate to discuss this with other health care providers involved with the patient.

Pharmacists should tell their patients that within the bounds of general confidence they may relay things their patients may say, or things they find out about them, to other professionals on the health care team. In this way patients are less likely to put pharmacists in awkward positions by disclosing information they do not want to tell their doctors, and then expecting it to be held in complete confidence.



## Hospital Pharmacy Insights



### Bylaw Implementation Update

The 31 March 2001 implementation deadline for the first sections of the hospital pharmacy bylaws is approaching quickly (see timetable in July/August 2000 *Bulletin*). Here are some additional questions and answers about implementing Bylaw 8.

#### Can medications still be stored on the nursing units as wardstock?

One of the features of the required "safe and effective" medication distribution system is that wardstock medications are eliminated or reduced (Bylaw 8, section 74.1). Since it is probably impossible to completely eliminate wardstock from acute care hospitals, bylaw section 74.7 describes the characteristics of the medications that can remain as stock. There are two categories:

**74.7(a) Medications prescribed on an "urgent" or when-needed basis.** These include:

- ◆ medications for immediate or life-threatening conditions such as cardiac arrest, anaphylactic reactions, diabetic emergencies, etc.
- ◆ urgently needed medications such as "stats" or first doses of IV antibiotics. Subsequent doses should be dispensed by the pharmacist after review of the medication order.

**74.7(b) Medications used in routine patient care without a high potential for toxicity.** These include:

- ◆ frequently ordered, nonprescription medications that are rarely associated with drug-related problems and do not require a pharmacist's intervention prior to administration (e.g. acetaminophen, dimenhydrinate, laxatives, antacids).
- ◆ routine care medications with low potential for toxicity (e.g. commonly ordered pre-op, post-partum or bowel routine medications).

#### There is still a lot of wardstock on some of our nursing units. Any suggestions for how to begin reducing the wardstock?

With nursing staff, review the usage patterns and quotas for all wardstock medications. Identify the medications that do not meet the criteria for being stocked on the nursing unit.

Then start by eliminating the drugs with the highest potential for toxicity. For example, IV solutions containing KCl are routinely used in patient care but KCl concentrate has a high potential to cause death if given in error. Eliminate KCl polyamps from wardstock and supply commercially available, premixed KCl solutions instead.

For oral medications, again start with the medications with the highest potential for toxicity, including warfarin, cardiac and diabetic medications. Minimize or remove psychotropic medications and medications with a high potential for abuse or diversion.

#### How can we make our wardstock system safer and more effective?

Set up either a wardstock exchange or a wardstock replacement system managed by the pharmacy department. Ensure that the wardstock exchange or replacement schedule is frequent enough to meet the needs of the patient-care unit.

Routinely remove "unofficial" stock supplies from the nursing units. Discourage hoarding and secret supplies of discontinued or borrowed medications. Do routine quality audits of the system with nursing staff and make sure that any supply problems are resolved promptly.

If you have questions about how specific bylaw sections apply to your practice site, contact Sharon Clark at the College office or by e-mail: [SClark@collegepharmacists.bc.ca](mailto:SClark@collegepharmacists.bc.ca).

## Community Pharmacy Corner

### Manager's Community Pharmacy Audit

The Manager's Audit was distributed in early January. The Audit is intended to serve as a quality assurance tool to help managers examine their pharmacies and pharmacy practices and to alert them

to non-compliance issues before problems develop. The College encourages managers to review the Audit with other staff members to ensure that they are aware of the policies and procedures that the

manager has in place. It is also an opportunity for staff to offer suggestions for changes that might enhance the pharmacy's current practice. If you have not yet seen the Audit, please speak to your manager.



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### Announcements

- ▶ Registrar **Linda Lytle** was re-elected chair of the National Association of Pharmacy Regulatory Authorities' Inter-Provincial Regulatory Committee (IPRC) for the 2001-2002 term.

## Resource Source



### ◆ New Early Childhood Caries Resources

Early Childhood Caries (ECC) is a serious, infectious disease that affects approximately 37% of young children in BC. It is a preventable disease and early intervention is key (i.e. providing preventive dental information before detrimental habits are formed). Pharmacists can play a critical role in preventing ECC, because families often seek dental information from their local pharmacy.

Educational materials on preventing ECC have been developed by the Community Dental Programs, South Fraser Health Region. Promotional materials (poster for prominent display, sample pamphlets) have been sent to pharmacy managers in the area. For more information, contact the program office at (604) 507-5400.



## Plan To Attend

### ▶ BSP Class of '91 Reunion

College of Pharmacy, University of Saskatchewan  
29 June - 1 July  
Contact: Susan Yee,  
Tel: (306) 789-4467,  
E-mail: gsyee@sk.sympatico.ca

### ▶ CSHP Banff Seminar 2001: A Pharmacy Odyssey

16-18 March  
Contact: Janet Hutchison,  
E-mail: janethutchison@crha-health.ab.ca  
On-line registration: www.cshp-bc.com

### ▶ Council Meetings

23 February / 27 April / 22 June

## People News



- ▶ **Peter Zed** has been elected President of the BC Branch of the Canadian Society of Hospital Pharmacists for the coming year.

### Achievements

- ▶ Congratulations to pharmacists **Rae and Mark Johnson** of Delta, who jointly received Whitehall-Robins' Bowl of Hygeia Award for British Columbia. The award recognizes pharmacists' service to their communities. Rae (Holy Family Hospital Pharmacy) and Mark (Delta Hospital Pharmacy) are very involved with their eight children's school, swimming and church activities. This is the first time in its history in North America that the award has been presented to a couple rather than an individual.

- ▶ The BC Branch of the Canadian Society of Hospital Pharmacists presented the following 1999-2000 awards:

#### Past President Award

Tammy Coderre-Kells

#### Pharmacy Awareness Week Award

Surrey Memorial Hospital Pharmacy

#### Pharm.D. Award

Colette Raymond

#### Hoffman-LaRoche Award for the Best Hospital Pharmacy Resident

Liz Edwards

#### Pharmacia Award for the Best Residency Project

Liz Edwards ("Topical Diclofenac Use in Pain Management")

#### Fujisawa ACLS Award

Edward Dillon, Tim Lau, Brandi Newby

The Bulletin newsletter provides important College and pharmacy practice information. All pharmacists are expected to be aware of these matters. Licensed pharmacies must have the last three years of Bulletin issues on file as per reference library requirements.