



## OnCall Service Saves Time

**N**eed an immediate answer to a pharmacy practice question? It's yours, toll-free, Monday to Friday, 8:30am to 5pm (except holidays). Just dial the College at 800-663-1940 and ask for the OnCall pharmacist.

Formerly known as the pharmacist telephone practice support service, the OnCall Pharmacist Information Line provides fast answers to any practice-related inquiry. "Bottom line, it saves people time," says OnCall pharmacist Zahida Esmail, who has broad experience in both community and hospital practice.

Zahida says most calls come from community pharmacists asking

"I think the OnCall service also helps to reduce stress - especially if you have a question about a prescription and the patient is drumming their fingers on your pharmacy counter waiting for you to finish." Once, a pharmacist called Zahida and asked about regulations regarding formaldehyde. No matter what the question, Zahida enjoys hunting down the right response. "People seem really pleased with this service. There are several pharmacists, who I know on a first name basis, that use this service often."

When Zahida is not available, other pharmacists on staff take turns answering your calls.

Linda Lytle, College Registrar says, "I can tell you that people are frequently surprised when they get me. Being one of the OnCall pharmacists means we hear current questions

and concerns. We get the opportunity to stay up-to-date, and we have a chance we may not ordinarily get to talk to pharmacists."

If the OnCall pharmacist is busy and your call is urgent, the College receptionist will redirect your call to another staff pharmacist. If you call after hours, you can leave a voicemail message in the College's general mailbox. The next morning, the receptionist will forward your message to the OnCall pharmacist who will call you back.

At present, the OnCall Pharmacist Information Line handles up to 30 calls a day. "We'd like to see that increase," says Linda. "We want to make it as efficient as possible for pharmacists to get the information

**OnCall**  
**PHARMACIST INFORMATION LINE**  
Toll Free in BC 1 800 663 1940  
COLLEGE OF PHARMACISTS OF BRITISH COLUMBIA

about drug schedules or about controlled drug substances. "Someone will call and ask me if they can accept a triplicate from another province. Or is a new product a prescription drug?" She also gets lots of questions about College bylaws and how to apply them in daily practice.

The OnCall service is especially useful for pharmacists working on their own who don't have a colleague to confer with, and for those in high-volume environments where there isn't time to search through a binder or check the College web site. "I can hear the sounds of a busy dispensary in the background while they're talking to me on the phone," says Zahida.

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College of Pharmacists of  
British Columbia  
#200 - 1765 West 8<sup>th</sup> Avenue  
Vancouver, B.C. V6J 1V8  
Tel : 604-733-2440  
800-663-1940  
Fax: 604-733-2493  
800-377-8129  
E-mail : info@collegepharmacists.bc.ca  
Web Site: www.bcpharmacists.org

**Managing Editor:**  
Linda Lytle, Registrar

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

they need. We've put a lot of effort into upgrading the College web site so that it provides a quick place to look for answers. The OnCall service is another way of supporting pharmacists in their daily practice."

For more information, please contact Linda or Zahida at the College office, 604-733-2440 or 800-663-1940.

Linda Lytle - Ext. 201, E-mail:  
LLytle@collegepharmacists.bc.ca

Zahida Esmail - Ext. 238, E-mail:  
ZEsmail@collegepharmacists.bc.ca

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## Consultation Project Update

### FPP Review Underway

The College's Framework of Professional Practice provoked strong reactions amongst pharmacists during the Consultation Project completed in March 2002. While some praised the Framework of Professional Practice as "excellent" and "comprehensive," the majority described it as "cumbersome," "irrelevant" and "unworkable." Many admitted that, although the binder sits on a pharmacy shelf, they never open it.

In response, the College committed to a complete review of the Framework of Professional Practice. In keeping with the College's pledge to solicit greater input, a core group of about a dozen pharmacists from different practices were invited to kick start the review process with a day-long workshop held in late June.

#### Pharmacists Talk Back

The College received lively feedback in response to the Consultation Project Report. Here are excerpts from your letters.

*"Time is very short. We should be leading the charge to change the whole structure of prescribing and dispensing in this province.*

*Spending the next five years solving the 'pharmacist shortage' will further marginalize and trivialize the profession."*

*"We should be advocating a 'College of Prescribers.' Much has been written about this elsewhere, but I think it's the only way to address the poor prescribing currently seen and offer pharmacists a meaningful role in the medication cycle. It would increase patient safety, lower costs, put marginal physicians on notice, and give the College a progressive path instead of the downward spiral reflected in the current obsession over competency assessment. For this we would need 'credentialing,' and would gladly pay, and be paid to do it."* Allan McKinnon

*"Your Framework of Professional Practice is too cumbersome to be a daily role model. Perhaps drumming it into students' heads will make it part of their daily practices, but that misses those trained at other universities. We do exist!"*

*"Support us! Help us to follow those regulations to the best of our ability! People are more important than rules, but the rules help us provide a more consistent level of care across the entire province."* Judi Martinez

The *Bulletin* welcomes all your comments, on any subject. Please let us know of any ideas, questions or concerns you have about College communications in the coming months by contacting Linda Lytle (LLytle@collegepharmacists.bc.ca or 604-733-2440 ext. 201 / 800-663-1940 ext. 201).



The first stage in the review process is to clarify the purpose of the Framework of Professional Practice. Like other health care professions, pharmacy is undergoing major change. Public demands for accountability continue to increase, while at the same time individual pharmacists want and need to take charge of their own learning and development. Education providers need to know how to better prepare and assess students, whether they are new to the profession or are experienced practitioners.

Over the next few months the working group plans to develop a tool which helps pharmacists identify what they are good at and what areas need improvement. Their ultimate goal is to develop a concise, practical document that will:

- ▶ Provide a rationale and foundation for all College programs and initiatives
- ▶ Provide a new framework for the inspection process
- ▶ Determine what pharmacists should or should not be doing to foster positive patient outcomes in keeping with the College's legislated mandate
- ▶ Provide a contemporary benchmark for pharmacists and pharmacy practices to review current practice and plan for future developments
- ▶ Influence both undergraduate education and training and continuing professional development

For more information, please contact Doreen Leong (DLeong@collegepharmacists.bc.ca or 604-733-2440 ext. 203 / 800-663-1940 ext. 203).



## College Web Site Reaches Out To The Public And The Profession

Launched in early June, the College's expanded and upgraded web site aims to make it easier for pharmacists to find the information you need. "Our first goal in redesigning the web site was to make it more efficient for our members," says Doreen Leong, who managed the project. "That's why you'll see 'What's New' listings on the home page, alerting you to urgent news such as product recalls and Health Canada advisories."

"Our second goal was to create a web site that welcomes the public and provides a reliable source of data for your patients," says Doreen. The College chose a new web address - [www.bcpharmacists.org](http://www.bcpharmacists.org). "We wanted a name that's easy to find if someone is surfing the web searching for information about pharmacists."

Current web technology, such as drop-down menus, and a simplified layout help non-technical people navigate the site. Plain language makes information more accessible for the large number of health care consumers who have English as a second language.

When a first-time visitor opens the home page, they are welcomed by photographs

"Two thumbs up for the web site!!"  
Elmer Goertz, Abbotsford

"Well done - much better than the previous site. Very user friendly."  
Councillor Amin Bardai



of pharmacists counselling patients. The web site features photos of pharmacists taken at BC Children's and Women's Hospital Pharmacy, St. Paul's Hospital Pharmacy, Pharmasave Health Centre (Burrard Street) and Lancaster Prescriptions #2. An arrow on the home page directs attention to a new menu item, "You and Your Pharmacist." Designed to answer common questions about our profession, this section includes:

- ◆ What to expect from your pharmacist
- ◆ What to ask your pharmacist
- ◆ Understanding your child's medications

- ◆ Natural health products
- ◆ Facts about pharmacists and pharmacies
- ◆ Frequently asked questions

As part of the College's mandate to protect the public, this section also contains information about how to register a complaint.

The web site offers telephone information lines and expanded links to drug information web sites so that patients can find the information they need. "Our hope is that one day every pharmacy will have a dedicated terminal on the counter," says Doreen. "Our objective is to enable pharmacists to save time by directing their patients to the College web site, while enhancing the quality of pharmacy counselling."

The web site is a work in progress. Based on input from pharmacists, the College intends to expand the web site to include other information and services requested by patients and pharmacists. Please contact Doreen Leong at the College office with your comments and suggestions

(DLeong@college  
pharmacists.bc.ca, or  
604-733-2440 ext. 203  
/ 800-663-1940  
ext. 203).

## TechWise: Council Studies Role Of Pharmacy Technicians

One of Council's goals for the coming year is to find ways to enhance the role of pharmacy technicians. "Council members compiled a long list of project ideas," says Councillor Wayne Rubner who spearheads the TechWise Project. "From the list, there was a clear theme. We were most passionate about the challenges of delivering patient care in our current practice settings."

Council discussions centered on what is already happening in the area of expanding the role of pharmacy technicians, as well as what is coming from national organizations. "By equipping ourselves with current and thorough information, we hope to identify a mechanism to move things forward," says Wayne.

The Councillors noted that the College's Consultation Project showed members do not feel the College is in touch with the issues pharmacists face. This project is one way that the Council may be able to help front-line pharmacists. A shift to a greater emphasis on the patient rather than the product will benefit the profession and clearly meets the mandate of safe and effective pharmacy practice outcomes for the people of British Columbia.

As the first stage of the TechWise Project, Councillors are researching the following areas:

- ▶ Activities of the Canadian Association of Pharmacy Technicians
- ▶ Examination processes for technicians in other jurisdictions

(Continued on page 6)



## Advanced Practitioner Credentialing Update

### Four Areas Selected

Members of the Advanced Practitioner Credentialing Committee have selected four areas to consider for Advanced Practitioner Credentialing (APC):

- Anticoagulation management
- Asthma management
- Diabetes management
- Advanced pharmacotherapy management

“It was difficult to decide which areas to recognize first,” says project leader Dr. Alan Low. “Identifying specialties to initially recognize can be a contentious issue.” Committee members agreed to start with only a few specialty areas, expecting to add to the list in the future. They hope APC will draw attention to the capabilities of all pharmacists and show how pharmacists can contribute to the improved health care of British Columbians. The National Association of Pharmacy Regulatory Authorities (NAPRA) is looking to the APC Project as a model for the rest of Canada.

In making their selection, the Advanced Practitioner Credentialing Committee considered input from two surveys sent to pharmacists and information published in *Pharmacare Trends 2000*. They made their selection based on a variety of factors, including:

- ▶ Areas that meet the needs of most patients
- ▶ Areas where many pharmacists already possess expertise
- ▶ Areas where training is available
- ▶ Areas that have good potential for reimbursement
- ▶ Areas that excite members

The first three areas selected - anticoagulation management, asthma management and diabetes management - consistently ranked high in member surveys, while committee members and practitioners rated advanced pharmacotherapy management as valuable and needed by patients.

A survey on specialty education showed that most respondents already have advanced training from recognized academic or clinical programs. The committee has contacted pharmacists who expressed interest in helping establish credentialing criteria in these areas.

The next step is to work with pharmacists who practice regularly in these areas and have advanced training. With their guidance, the committee will develop criteria and determine the education and skills required for credentialing. “Our goal is to develop an attainable, realistic and credible credentialing process to formally recognize individuals with advanced skills in these areas,” says Alan.

“Recent media attention to physician services has put the shortage of physicians and the need for health care services in the spotlight in B.C.,” says Alan. “It is clear that physicians do not have the time to properly address the multitude of drug-related issues patients have. The accessibility of pharmacists places them in an excellent position to play a key role in disease management, wellness and disease prevention.” It seems there are many pharmacists prepared to provide more patient focused care including disease management.

The Advanced Practitioner Credentialing Committee welcomes feedback and input, particularly from pharmacists with concerns about the credentialing project or who wish to get involved in developing guidelines. Please contact Dr. Alan Low, Consultant, Advanced Practitioner Credentialing Project (alanlow@interchange.ubc.ca or 604-733-2440 ext. 234 / 800-663-1940 ext. 234).



## Our Parents Show Cancelled

Lack of response from potential exhibitors has forced the indefinite postponement of the "Our Parents Show" featured in the May/June issue of the *Bulletin*. The College of Pharmacists of B.C. and the B.C. Pharmacy Association had agreed to co-sponsor the show as a way of raising the public profile of our profession.

Slated to take place in late September at the Vancouver Convention and Exhibition Centre, the show organizer planned to work with about 50 companies and offer a wide range of free seminars aimed at seniors and their children. In a letter sent to College Registrar Linda Lytle, the event organizer said, "Unfortunately these goals were not going to be reached in the time remaining before our proposed show launch."

Linda says, "During the Consultation Project many pharmacists asked us to find new ways to reach out to the public, including sponsoring a public forum. We are disappointed to lose this opportunity, but we will continue to look for other events which will enable the College to show people what they can receive from their pharmacists."

## Providing Pharmacy Services To Residents Of Foreign Countries

Regardless of where patients are located, B.C. pharmacists and pharmacies must meet all current professional practice requirements. If you ship prescriptions to residents of other countries, you would be wise to be aware of existing legal requirements in the destination country.



Our College Council has approved standards for pharmacies that use the Internet to offer pharmacy services. If your pharmacy has its own web site, please review External Policy EP-48, available on our web site at [www.bcpharmacists.org](http://www.bcpharmacists.org). To obtain a paper copy, please contact the College office.

Here are some important points to incorporate into your procedures for providing pharmacy services to patients in other countries:

### Prescription Authorizations

Schedule I drugs can only be provided with an authorization from a prescriber licensed in a Canadian jurisdiction. Prescription authorizations may be transmitted by facsimile, provided that all requirements of Bylaw 5(38)(2) are met.

### Patient Identification

In order to create or access a PharmaNet patient record, pharmacists must take all reasonable steps to positively identify their patients. PharmaNet's Guidelines for Positive Identification of Patients call for pharmacists to view one piece of "Primary Identification" or two pieces of "Secondary Identification." Please contact the College office for guidance on how this requirement can be accomplished when the patient does not come to the pharmacy.

### Personal Health Numbers (PHN)

To ensure that your patient does not already have a PHN, you must perform a PharmaNet name search prior to assigning a new PHN. Only valid addresses and telephone numbers can be included with the PHN request. It is not appropriate to use the address or telephone number data fields to record other information or notes.

Prescriptions for animals must be sent to PharmaNet using the owner's PHN and with a veterinarian as the prescriber. Physicians are not permitted to prescribe for animals.

### Patient Records

A patient record must be prepared and maintained for each patient. Patients with a newly assigned PHN will not have their previous medication history available on PharmaNet. A drug history must be obtained for these patients and include allergy status, medical conditions and past and present prescribed drug therapy. As with B.C. residents, a thorough review of the patient record needs to occur before the release of any medication so that any drug-related problems can be detected and resolved. The patient's allergy status must be recorded on the local system and transmitted to the PharmaNet database.

### Pharmacist-Patient Dialogue

Direct communication between pharmacists and patients must occur for all prescriptions dispensed. Telephone counselling is an acceptable method of providing the dialogue when the patient does not personally attend the pharmacy. Supplemental written information can be included with the prescription, but it cannot replace the conversation between the pharmacist and the patient. The counselling can occur after the medications are shipped to ensure that the patient has received the medication.



**TechWise** - *Continued from page 3*

- ▶ Activities of the Canadian Association of Pharmacy Technicians
- ▶ Examination processes in other jurisdictions
- ▶ Pharmacy technician training programs across B.C., including correspondence programs
- ▶ Statements of competencies from the Ontario College of Pharmacists and pharmacy regulatory bodies in the United States
- ▶ Hospital and community practice job descriptions
- ▶ Activities of the Canadian Council for Accreditation of Pharmacy Programs

Ultimately, Council's goal is to develop guidelines for pharmacists and pharmacy managers. "We need to think outside the box," says Wayne. "The best ideas come from the most surprising places. Everyone is welcome to provide their thoughts and ideas."

For more information, please contact any Councillor (see contact list on page 12).

## Lost! Several CSHP-BC Branch Past-Presidents

The B.C. Branch of the CSHP needs your help! When recently trying to create a list of the Branch's Past-Presidents, we discovered that our records are incomplete.

The B.C. Branch was established in 1949. However, we only know the names of the Past-Presidents for the last 21 years. If anyone has information on who the Past-Presidents were in any of the missing years (1949/50 to 1978/79), please e-mail us at: [presidentelect@cshp-bc.com](mailto:presidentelect@cshp-bc.com) or call Dr. Terryn Naumann at 604-875-4077.

Thank you for your help.



Year	Past-President
1970/71	
1971/72	
1972/73	
1973/74	Curt Jordan
1974/75	Rennie Heel
1975/76	David Hill
1976/77	
1977/78	
1978/79	
1979/80	Derek Daws
1980/81	Peter Jewesson
1981/82	Steve Gill
1982/83	Bob Nakagawa
1983/84	Gerry Watts
1984/85	Ken McGregor
1985/86	Keith McDonald
1986/87	Keith McDonald
1987/88	Bruce Millin
1988/89	Mark Collins
1989/90	Linda Akagi
1990/91	Ross Tsuyuki
1991/92	Ross Tsuyuki
1992/93	Dan Martinusen
1993/94	Steve Shalansky
1994/95	Wendy Gordon
1995/96	Rubina Sunderji
1996/97	Shakeel Bhatti
1997/98	Carlo Marra
1998/99	Peter Loewen
1999/2000	Tammy Coderre-Kells
2000/01	Peter Zed

## Assessors Needed For PEBC Qualifying Examination - Part II (OSCE)

The Pharmacy Examining Board of Canada (PEBC) invites interested pharmacists to apply to be assessors for the PEBC Qualifying Examination - Part II (OSCE). Pharmacists who have participated in any PEBC examinations since May 2001 are on our current list of assessors and do not need to reapply. The next examination will be held on Saturday, 9 November 2002, in Vancouver, Toronto and Montreal.

The Objective Structured Clinical Examination (OSCE) is a practice-based examination designed to assess communication and interpersonal skills, the application of knowledge to simulations of commonly encountered patient scenarios and other aspects of professional competence. The competencies to be assessed are based on the National Association of

Pharmacy Regulatory Authorities (NAPRA) competencies, which are comparable to B.C.'s standards of practice outlined in detail in the Framework of Professional Practice.

To qualify, interested pharmacists must have been licensed in Canada for at least the past three years and currently providing or directly supervising patient care services, including dispensing, clinical and drug information services.

Further information about the exam, assessor interest survey and guidelines for the selection of assessors can be found on the PEBC web site at: [www.pebc.ca/EnglishPages/Assessors/AssrHomePage.html](http://www.pebc.ca/EnglishPages/Assessors/AssrHomePage.html). You can also contact Doreen Leong, Chief Administrator for the Vancouver site ([DLeong@collegepharmacists.bc.ca](mailto:DLeong@collegepharmacists.bc.ca) or 604-733-2440 ext. 203 / 800-663-1940 ext. 203).



## In Brief

### ► Informing Patients of Product Efficacy and Safety Evidence

Remember to inform patients about the level of efficacy and safety evidence for herbal, alternative and compounded drugs. If a patient knows the level of evidence for a product, they can then decide themselves whether to take it or not.

### ► Typewriters No Longer Required in Pharmacies

On the suggestion of the College's Pharmacy Practice Consultants, Council has approved a bylaw amendment (Bylaw 530.2)(e) to remove the requirement for a typewriter to be available in pharmacies. The requirement dates from pre-computer days and was carried over so that a mechanism would be available to produce labels in case of a computer failure.

With improved technology, computers rarely "crash" now, and if they do, it is generally due to a PharmaNet system problem or a power failure.

### ► Community Pharmacy Research Grants from CFP

The Canadian Foundation for Pharmacy (CFP) raises money each year to advance and promote the profession of pharmacy. It supports education in pharmacy and also promotes professional practice development.

CFP provides three Community Pharmacy Research Grants of \$5,000 each year to encourage new initiatives for community practice. The selection process focuses on new initiatives that

*(Continued on page 8)*

## Health Canada Advisories

Health Canada has issued the following advisories in recent months. For further details on these and future Health Canada advisories, please see the NAPRA web site at [www.napra.org](http://www.napra.org), "What's New - Health Canada Notices."

- There is a risk of gastrointestinal toxicity associated with the use of **VIOXX®**, though the risk is less than half that of Naproxen. Patients should contact their physician if they experience gastric pain or blood in stools. Additionally, there appears to be a higher incidence of cardiovascular complications in patients with hypertension, ischemic heart disease, fluid retention or heart failure, although a direct relationship has not been established.
- There is a potential safety issue regarding **PLAQUENIL (hydroxychloroquine) and ARALEN (chloroquin)**. Health Canada has been informed of six cases of retinopathy/retinal toxicity in patients treated with these drugs. Plaquenil is a critical dose drug - there is a critical balance of dosing safety. The information as published in the CPS is no longer considered current and may not be sufficient to protect patients from the risk of ocular toxicity.
- Analysis of safety databases suggests the use of **CLOZARIL (clozapine)** is associated with an increased risk of myocarditis, especially during, but not limited to, the first month of therapy. Pericarditis, pericardial effusion and cardiomyopathy have also been reported in association with clozapine use, as have heart failure, myocardial infarction and mitral insufficiency; these reports include fatalities.
- Canadians are advised not to consume any **Longdan or Lung Tan Xie Gan products** as they may contain herbs that contain Aristolochic Acid. Aristolochic Acid is considered to be carcinogenic and has been shown to cause mutations in human cells and end-stage kidney failure. Aristolochic Acid is potentially harmful to humans in any concentration.
- Patients with surgical ear tubes or broken, perforated or absent eardrums should not use eardrops containing **gentamicin sulfate** due to risk of ototoxicity. To minimize this risk in those with intact eardrums, the following precautions are suggested: eardrops should be used for the shortest duration possible; the patient should be instructed precisely regarding the dosage and duration of therapy. Treatment should be discontinued if hearing loss, tinnitus, vertigo or imbalance is noted. The use of gentamicin eardrops should be reassessed, with respect to ototoxicity, five to seven days after start of treatment and thereafter on a regular basis.
- In light of recent international regulatory action and numerous adverse reactions reported in Canada and elsewhere (e.g. cardiovascular reactions such as increased blood pressure, chest pain, stroke, as well as disturbances of vision such as eye pain and eye hemorrhage), Health Canada is conducting a safety review of the prescription drug **MERIDIA® (sibutramine)**. Sibutramine is approved as an obesity treatment to be used in combination with diet and exercise. Patients who are currently taking sibutramine are advised to consult with their treating physician if they have any questions or concerns regarding the treatment of their condition with this drug. Patients should be monitored by their physician while they are taking sibutramine.
- The following standard contraindications set by Health Canada for all NSAIDs have been added to the Product Monograph for **CELEBREX®**:
  - Active peptic ulcer, active GI bleeding, or active inflammatory disease of the bowel
  - Significant hepatic impairment or active liver disease
  - Severe renal impairment (creatinine clearance <0.5 mL/sec: 30 mL/min) or deteriorating renal disease (individuals with less degrees of renal impairment are at risk of deterioration of their renal function when prescribed NSAIDs and must be monitored)



## Council Highlights

The Council of the College of Pharmacists of B.C. met in Vancouver on 14 June 2002. The agenda and outcomes included the following topics:

### **TechWise: Enhancing the Role of Pharmacy Technicians**

The Councillors reported on their individual information-gathering assignments, addressing pharmacy technician training program curricula and national efforts to create an accreditation for pharmacy technician training programs. Details about the Canadian Association of Pharmacy Technicians efforts to enhance the role of pharmacy technicians were also reported, as were other provinces' progress with the development of a statement of competencies for pharmacy technicians.

The Councillors are monitoring other major efforts on the national level (lead by the Canadian Association of Chain Drug Stores, the National Association of Pharmacy Regulator Authorities and the Canadian Pharmacists Association) to create policies and programs to help pharmacists reduce their workload by involving technicians in more dispensary activities.

Next steps will be the development of a simple interview tool to help pharmacists know more about their applicants' training and experience, and a review of a sample credentialing exam to see if it can be updated and adapted for employment or evaluation purposes. These items will be on the agenda of the September Council meeting.

### **Reducing Regulations**

The Registrar delivered a report on her review of other provincial legislation in terms of adaptability for use in B.C. Based on her recommendation, we decided to pursue the possibility of developing more streamlined legislation, modelled on the *Health Professions Act* but maintaining the relative independence of our current Act and Bylaws. The Registrar and her staff will continue to work on this project and provide a final report at the November 2002 Council meeting.

### **Pharmacist Empowerment and Autonomy**

In response to growing concerns about the ability of pharmacists to maintain their professional independence and authority, a new Council outcome goal was created to help guide the staff in the development of College programs and activities. The Registrar and her staff will develop operational outcomes to ensure progress on these Council goals for the next three to five years:

- ◆ Pharmacists in B.C. exercise the authority to make decisions in all matters concerning public health and safety with respect to the provision of pharmacy and drug-related services in accordance with the standards of practice detailed in the Framework of Professional Practice. This condition is met as a requirement of licensure of pharmacies and pharmacists.
- ◆ Pharmacists practice without fear of intimidation or retribution from employers or any other external agency.
- ◆ Pharmacists support each other in their efforts to meet the standards of practice.

### **In Brief - Continued from page 7**

are community based with outcomes that benefit the patient. The foundation keeps the application process as simple as possible, encouraging interested professionals to submit applications. For more information, or to obtain an application form, please contact the Foundation office (da-browns@rogers.com or Tel: 905-201-9559, Fax: 905-201-0717)

### **▶ College Supports "Lifelong Learning in Pharmacy"**

The fifth International Conference on Lifelong Learning in Pharmacy, "The Road Less Travelled," took place in Grahamstown, South Africa 25-27 June 2002. The CPBC provided a travel grant to Canadian participants to support continuing professional development. The international planning committee hopes Canada will host the conference in 2004.



## Ethics In Practice

*This column is prepared by the College's Ethics Advisory Committee using actual pharmacy practice situations.*



### A Patient's Right of Confidentiality vs. Breaching Confidentiality

A pharmacist was asked to do a drug therapy consultation for an elderly woman with some dementia. In the interview, she voiced concern that her driver's license might be taken away if she couldn't manage at home. This was a problem because her husband had already had his driver's license revoked. She then went on to state that her husband continued to drive and was expected any minute. He then arrived and stated that he had found a parking spot just outside the front door of the building. He also indicated that he was continuing to drive despite having his license revoked.

Since part of the concern about this woman was that she was taking her husband's medications, the pharmacist then involved both of them in the drug consultation and reviewed both of their medications.

**Is this pharmacist bound to keep the information about the husband's driving without a license confidential or should he report it?**

The essential issue in this case is whether the pharmacist should keep confidential what he learned from the patient (i.e. that her husband was still driving despite having his driver's license revoked, a fact confirmed by the husband) or should this information be reported.

Value V of the Code of Ethics states, "A pharmacist protects the patient's right of confidentiality." The obligations under this value generally refer to patient health. It might be a stretch to suggest a breach of confidentiality concerning a patient's husband (or the husband as a patient) driving after his license had been revoked has something to do with patient health. In other words the Code might not seem to have strict application in this case. However, Obligation 5 offers some assistance in resolving the ethical dilemma in which the pharmacist finds himself, even if this dilemma is personal rather than professional. This Obligation states in part, "A pharmacist may breach confidentiality when the failure to disclose information will place other persons or the patient in serious danger."

There are cases where a pharmacist should protect patient confidentiality even though the patient may suffer serious harm. However, there is no defence for maintaining confidentiality when others are put at risk. The question is whether the patient's husband (or the husband as a patient) is placing other persons in serious danger if he continues to drive. In this instance, a safe assumption can be made that this is likely. The husband's physician has no doubt contacted the ICBC Driver Services (formerly Motor Vehicle Branch) regarding the husband's medical condition, and the Corporation has revoked his license for health reasons that make him unfit to drive. In this case, the safety of others overrides the privilege of driving. If the husband continues to drive he might very well remain accident free. But if he killed someone, everyone who knew he was still driving would bear some blame for not reporting him.

#### Follow-up to this case

The pharmacist shared his concerns with the husband's physician. The physician was the one who originally reported the husband as unfit to drive. He was well aware that the husband continued to drive.

The local RCMP were contacted to discuss this type of situation and determine what could be done. The pharmacist was informed that the RCMP are unable to interfere unless they are called when the "act of driving" occurs and are provided with details on where the client is heading so the RCMP can catch them in the act.



## Hospital Pharmacy Insights



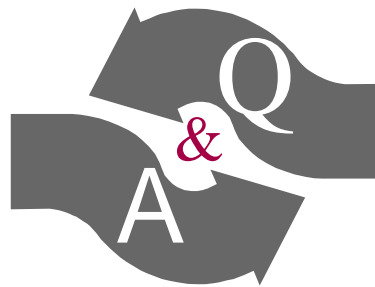
### Providing Pharmacy Services to Long-term Care Facilities

**B**ylaw 7 must be followed when any pharmacy provides services to a facility that is licensed under the *Community Care Facilities Act*. The bylaw applies to both hospital and community pharmacies.

A number of hospital pharmacies have been servicing licensed facilities for many years, and they have followed the Bylaw 7 requirements. Now, with facilities falling under the jurisdiction of the new Health Regions, there may be economic pressure to utilize the same system as is being used in the acute care setting.

Providing services to facilities is different in a number of aspects from providing services to an acute care setting. Bylaw 7 was prepared to correspond to the monitored-dose blister card system, and the bylaw requirements do not lend themselves well to other systems (e.g. unit dose). Please contact the College office prior to agreeing to provide pharmacy services to a licensed facility to make sure that you are aware of all the requirements.

Useful information is available in the Interpretation Manual to Bylaw 7, which you'll find in your College Information File binder. We also have an information sheet with some suggestions for first-time providers about start-up preparations.



*This Bulletin column features frequently asked questions by pharmacists contacting the College's OnCall Pharmacist Information Line.*

? Is Tiazac<sup>®</sup> interchangeable with Cardizem<sup>®</sup> CD?

**A** No. Tiazac<sup>®</sup> has a different pharmacokinetic profile and is, therefore, not interchangeable with Cardizem<sup>®</sup> CD. Only Alti-Diltiazem CD, Apo<sup>®</sup>-Diltiaz CD, Novo-Diltiazem CD, Nu-Diltiaz-CD and Rhoxal-diltiazem CD are considered interchangeable with Cardizem<sup>®</sup> CD.

? May I transfer a previously transferred prescription for a benzodiazepine to another pharmacy?

**A** No, benzodiazepine prescriptions may be transferred only once during their "lifetime."

? Since Theo-Dur<sup>®</sup> 100 mg has been discontinued, may I substitute it with Apo<sup>®</sup>-Theo-LA SRT 100 mg without contacting the prescriber?

**A** No, theophylline sustained-release products are considered noninterchangeable.

? What schedule is Reactine<sup>™</sup> 20 mg in?

**A** Cetirizine HCl is in Schedule I and, therefore, Reactine<sup>™</sup> 20 mg requires a prescription.

? Where should I send my list of expired narcotics and controlled drugs that need to be destroyed?

**A** You may mail or fax your request to:

Compliance, Monitoring and Liaison Division  
Office of Controlled Substances  
Drug Strategy and Controlled Substances Program  
Health Canada  
Address Locator: 3502B  
Ottawa, Ontario K1A 1B9  
Fax: 613-957-0110  
Tel: 613-954-1541 (for clarification purposes only)



## Long-term Care

### Treatments

Treatment medications in some large long-term care facilities are stored in an area separate from other medications and are administered by care aides.

The Long-term Care Committee recommends that Medication Safety and Advisory Committees implement policies and procedures to ensure the safe storage, administration, charting and monitoring of these treatments. Policies or procedures should be in place to ensure that:

- ▶ If a separate treatment medication administration record (MAR) is used, the items are to be noted on the regular MAR as “see treatment MAR.” Otherwise, if charting is not done on a regular MAR, it will appear as if the medication is never used.
- ▶ Medications handled by care aides are kept in one location and all nursing staff are aware of the location.
- ▶ Expiry dates are checked monthly by facility staff. At the quarterly medication room inspections, pharmacists need to confirm that the procedure is being followed.
- ▶ The need for treatment is routinely assessed by nursing staff:
  - Is the treatment still needed, or has the condition been resolved?
  - Is the treatment still appropriate? If the problem has not been resolved in a reasonable length of time, the condition may need to be assessed and a different treatment ordered.
- ▶ A medication that has been discontinued is noted as such on both MARs. The medication is immediately removed and set aside to be returned to the pharmacy.
- ▶ The format of the treatment MAR is the same as that of the regular MAR to avoid confusion.
- ▶ Charting is done by the staff who administers the treatment and is indicated by initials, not check marks. (The treatment MAR may include documentation by an RN who conducts an ongoing assessment of the condition, but nurses should not sign for medications they did not administer.)
- ▶ The need for a “prn” medication is assessed by a staff member who has the appropriate training.
- ▶ There is an automatic-stop-order policy that includes assessment procedures.

### Resource Source



#### ◆ PharmAction Health Information Handouts

**Informative patient handouts** on twelve topics (e.g. diabetes, migraine, acne, asthma, respiratory infections, poor circulation and leg pain) are available to pharmacies through the PharmAction program. To receive a display holder (for on or behind the pharmacy counter), copies of the handouts, and handout refills (all free of charge), pharmacies need to send in a written request to Communed at Fax: 514-931-0877. For further information, please call 800-363-5634.

#### ◆ NAPRA “Outlook” Newsletter Posted on Web Site

The National Association of Pharmacy Regulatory Authorities (NAPRA) is no longer producing its “**Outlook**” newsletter in a printed format. The newsletter is now only posted on the NAPRA web site. For the most recent Spring 2002 issue, go to [www.napra.org/about/outlook/outlook.html](http://www.napra.org/about/outlook/outlook.html).

#### ◆ Human Insulins Safety Information

Health Canada has developed an “It’s Your Health” information sheet on **The Safety of Human Insulins**. The sheet is available through Health Canada’s web site at <http://www.hc-sc.gc.ca/english/iyh/insulins.html>. To receive a hard copy of this information, please contact the Biologics and Genetic Therapies Directorate at 613-946-7264.



## Council or Contact List

**Erica Gregory, President**  
District 4 - Kootenay/Okanagan  
Tel: 250-368-3790 Fax: 250-368-3513  
E-mail: ericagregory@look.ca

**Wayne Rubner**  
District 1 - Metropolitan Vancouver  
Tel: 604-730-7928  
E-mail: Wayne\_R@shaw.ca

**Amin Bardai**  
District 2 - Fraser Valley  
Tel: 604-241-9115 Fax: 604-241-9115  
E-mail: aminbardai@shaw.ca

**Caren Heughan**  
District 3 - Vancouver Island/Coastal  
Tel: 250-388-5181 Fax: 250-388-5191  
E-mail: caren\_heughan@hotmail.com

**Janice Reynolds**  
District 5 - Northern B.C.  
Tel: 250-747-5170 Fax: 250-992-8870  
E-mail: blakereynolds@telus.net

**John Hope**  
District 6 - Urban Hospitals  
Tel: 604-412-6324 Fax: 604-412-6187  
E-mail: John.Hope@fraserhealth.ca

**Carol Gee**  
District 7 - Community Hospitals  
Tel: 250-565-2318 Fax: 250-565-2888  
E-mail: CGee@pgrhosp.hnet.bc.ca

**Frank Abbott**  
Dean, Faculty of Pharmaceutical Sciences  
Tel: 604-822-2343 Fax: 604-822-3035  
E-mail: fabbott@interchange.ubc.ca

**Tania Jarzebiak**  
Government Appointee, Surrey  
Tel: 604-543-9570 Fax: 604-255-0971  
E-mail: tania@tradeunionresearch.com

**Neil Cook**  
Government Appointee, Cranbrook  
Tel: 250-426-2358 Fax: 250-426-3336  
E-mail: neil\_cook@telus.net

**Peter Rubin**  
Government Appointee, Vancouver  
Tel: 604-631-3315 Fax: 604-631-3309  
E-mail: peter.rubin@blakes.com



## Plan To Attend

- ▶ **CPBC Council Meetings**  
20 September      22 November
- ▶ **CPBC Annual General Meeting**  
23 November, 2 to 4 pm  
Pacific Palisades Hotel, Vancouver  
*Video conference sites:*  
Vancouver, Victoria, Cranbrook,  
Prince George, Terrace, Kelowna  
*A two-hour professional development session will be offered in the morning*
- ▶ **UBC Cont. Pharmacy Edu. Professional Development Session**  
24 November 24 (Sunday following the CPBC AGM)  
*Location and topic to be confirmed*

## People News



### Achievements

- ▶ Co-hosted by the CPBC, a Dean's Reception was held 28 May 2002 to honour the Faculty of Pharmaceutical Sciences 2002 graduating class. Congratulations to the following award recipients:

- Head of Graduating Class, B.Sc.(Pharm.)  
*Carter-Horner Medal & Prize*

- Head of Graduating Class, Pharm.D - *Merck Frosst Pharmacy Doctoral Prize*

- *Dean E.L. Woods Memorial Prize\**

- *Gibb G. Henderson Memorial Prize in Pharmaceutical Sciences\**

- *Novopharm Limited Prize in Pharmacy*

- *Susan Buchowsky*

(\* prizes funded by the CPBC)

- ▶ UBC's **Evan Kwong** is the winner of the CFP National Poster Award Research Competition for this year. The title of his poster was "Pharmacogenetics of Codeine Bioactivation in Pediatric Dental Patients: Development of a Real-time, Rapid-cycle Method for CYPD6\*10 Genotyping."

### Announcements

- ▶ Effective 1 September, **Dr. Robert Sindelar** will become the new Dean of the UBC Faculty of Pharmaceutical Sciences. He is currently Chair of the School of Pharmacy at the University of Mississippi, as well as Professor of Medicinal Chemistry and Research Professor.
- ▶ **Shawn Sandhu** was voted by the Board of Directors to the NAPRA Executive Committee for 2002-03.
- ▶ **Larry Lynd** has been appointed to the National Drug Scheduling Advisory Committee, effective 1 April 2002 to 31 March 2005.
- ▶ CPBC Council elections were held in Districts 2, 4 and 6, with one nomination received in each district. The three incumbents were re-elected by acclamation - **Amin Bardai** - District 2, **Erica Gregory** - District 4, and **John Hope** - District 6. Their term begins at the College AGM, November 23.

### In Memoriam

- ▶ Council regrets the passing of College members **Douglas Chipperfield** of Vancouver, **Muni Evers** of New Westminster and **Michael Westcott** of Osoyoos.