



## Opportunities Unfold For Reducing Regulations

One of the provincial government's stated priorities is reducing regulations. Efforts are now under way in all areas of government to conduct an inventory of current regulations and to identify what can be eliminated. "Instead of assuming that efforts to reduce regulations are necessarily negative, these provincial initiatives can be viewed as a useful opportunity for positive change in how our profession is governed," explains Registrar Linda Lytle.

It is timely that Council continues discussion on streamlining possibilities. We have also heard from consultation project participants that this is important. We will be exploring numerous options to try and simplify pharmacy regulations.

In North America, the concept of "regulating for outcomes" has been under discussion for several years. One approach suggested by some professionals is to educate and empower pharmacists to enable them

to identify the desired outcome and to figure out how to get there in their particular practice setting.

What areas do you think Council should review and consider for reducing regulation? Although it can take a considerable amount of time to make changes to the *Pharmacists, Pharmacy Operations and Drug Scheduling Act* or Bylaws, it may be worthwhile to pursue making changes. Do you have ideas about other, more immediate opportunities for proposing less regulation? We would like to hear your thoughts.

Comments and suggestions for simplifying regulations can be forwarded to Council c/o of Linda Lytle by **3 May**. Your input will be reviewed during further discussions at the June Council meeting.

Council is also prepared to reconsider drug schedule entries and make

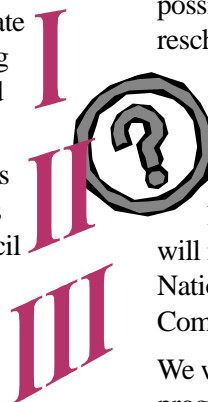
possible shifts in scheduling. Your rescheduling suggestions will be helpful and can also be forwarded to the Registrar. The process for implementing scheduling changes will take more time, however, given that suggestions will need to go to Council and the National Drug Scheduling Advisory Committee for consideration.

We will keep you informed of progress in reducing regulations and rescheduling initiatives in future *Bulletins*. Thank you in advance for your involvement.

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



## Pharmacy Profession Under Stress

Enclosed with this issue of the *Bulletin* is your copy of the Consultation Project Report. The purpose of this initiative is to hold up a mirror to our profession and to accurately reflect opinions and concerns of pharmacists from across the province. Your input makes it clear members feel the profession is under stress and facing major challenges.

You told us the consultation process was worthwhile and to continue open dialogue with you. We couldn't agree more. Response to the first two focus groups in Burnaby and Castlegar was so enthusiastic that we added an additional session in Victoria and further interviews with pharmacists in the Prince George area. In total, more than 125 people took part in this consultation through 34 telephone surveys, 16 telephone interviews and three focus groups with over 75 participants.

Thanks to your involvement, we now have a wealth of insight and information on the key issues and needs of our profession. Our communication consultants have reviewed and summarized all your input. Their report is included with this *Bulletin* mailing so all members can hear what your colleagues have shared. The report is also available on the College web site ([www.col1pharmbc.org](http://www.col1pharmbc.org) - click on the "What's New" tab and then the "Consultation Project" section).

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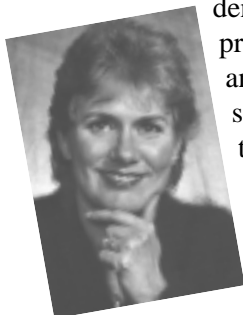
## Table Of Contents

News Stories	1-7
Council Highlights	8
In Brief	9
Drug Updates	9
Community Pharmacy Corner	9
Hospital Pharmacy Insights	10
Q&A	10
PharmaNet	11
Resource Source	11
Plan to Attend	12
People News	12
Councillor Contact List	12



## President's Message - Communication Is The Key -

**T**o positively support the pharmacists of BC in achieving safe and effective pharmacy practice outcomes for the people of British Columbia. This is my mission statement for the term of my presidency. I believe that the pharmacists of BC want to practise to the high standards that we set for ourselves and, given the opportunities and needed support, will do so. My commitment is to help you achieve this, through communication and teamwork. To focus Council, I quote the College's mission statement and my own personal mission statement at the beginning of every Council meeting.



The College's mandate is to ensure that the public receives pharmacy services that are safe and effective. I believe the best way to achieve this is to work with the pharmacist. As a Council, we are now looking at ways to reduce regulations and find easier, more efficient ways to promote quality results.

Communication is the key. Without a constant connection to the membership, the concerns that are foremost and most troublesome for you cannot be identified and responded to. In an effort to determine these issues, focus groups and interviews have been conducted with pharmacists from around the province. The results of these consultations will help us develop and reorganize the College's programs.

Our *Council Commentary* report distributed after each meeting is one of the methods Councillors use to communicate with pharmacists in their district. Contact information for each Councillor is included in the report. Please call or write your Councillor or me if you have any questions or concerns. If the cost of the call is a consideration, please send an e-mail or leave a message for the Councillor, and they will call you back.

I know that in the past, I have often had questions about my pharmacy practice that I didn't have the answers to. Questions like, "Is this product a lock-and-leave item?" or "Is this practice legal and/or ethical?" Our College can answer these questions quickly and expertly. Pharmacy practice consultants are on staff at the College to provide information for you. This invaluable service is, I believe, crucial in supporting frontline pharmacists in your day-to-day practice.

The Councillors of the College of Pharmacists are your colleagues. You elect them from the pharmacists in your district. As your elected Councillors, we are practising pharmacists who are out there with you facing the day-to-day challenges of pharmacy practice. Yet, sometimes, we may not personally experience the same problems you do.

Your communication and participation are needed. Your input and ideas help us simplify and problem-solve the issues we all face. Please talk to us. We are listening. Communication and a teamwork approach will help us reach the goal of *positively supporting you to achieve safe and effective pharmacy practice outcomes for the people of British Columbia.*

**Erica Gregory, President**

## It's OK To Access PharmaNet Patient Records

We've received reports that some pharmacists are uneasy about accessing PharmaNet patient records for reasons other than dispensing a prescription. Previous complaint cases involving inappropriate access have resulted in possible misunderstandings by pharmacists about what kinds of accesses are acceptable and what kinds are not.

For example, a pharmacist said that she was reluctant to access a patient's PharmaNet record when considering the patient's request for a nonprescription product. Another pharmacist decided not to provide information from the PharmaNet record to a physician who wanted to know more about a patient's narcotic use before issuing a new prescription.

The current PharmaNet policy allows access for:

- ◆ Dispensing a prescription
- ◆ Counselling a patient about their drug therapy
- ◆ Evaluating a patient's drug usage
- ◆ Adjudicating a claim or payment.

This means that it's OK to check a patient's PharmaNet record if you're considering a question about a nonprescription drug product. It's also all right to open a PharmaNet patient record if a patient has a question about their drug therapy some time after they've had their prescription dispensed. Pharmacists can also provide information to physicians when the physician is gathering information to assist with a drug usage issue.

Here are some specific examples of acceptable accesses to a PharmaNet patient record:

- ◆ A patient who is not a customer at your store wishes to purchase a Schedule III product but wonders if it will conflict with another drug they are taking. It's OK to look up

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## Phase One Of Web Site Redesign Nears Completion

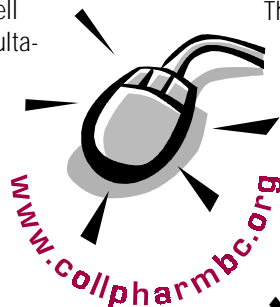
The College web site redevelopment project is well under way. Thank you to participants in the consultation project for providing extensive feedback on desired web site enhancements. You told us you want the web site upgrade to improve communications with members and provide easy access to Internet resources at home and at work.

Here are a few of your comments:

- ◆ "I want a site that's easy-to-use, with information that is easily accessible."
- ◆ "I want to know about key College initiatives and have a means to provide input."
- ◆ "The site should have a wealth of information and resources relevant to and affecting my current practice."
- ◆ "I want to quickly access information on new drugs and new indications."
- ◆ "I'd like the College to facilitate some way for pharmacists to communicate with each other."

With the help of a web site design consultant, we are working towards the following web site redevelopment goals:

- ◆ Redesign the site to reflect the diverse range of practices within our membership
- ◆ Increase ease of navigation and interactivity
- ◆ Enhance communication with pharmacists and other stakeholders.



The new web site will incorporate many of your suggestions. Phase One of the project, to be completed mid-April, will include:

- ◆ Quick and easy access to changes in drug regulations, scheduling, interchangeability and reasons for the changes
- ◆ Enhanced "What's New" section highlighting important announcements, College events, pharmacists in the news, current health issues, and product recalls
- ◆ College financial and budget information
- ◆ Quick link to changes in legislation and bylaws
- ◆ Enhanced drug information links, including links to CE events, new drugs and reference texts
- ◆ Enhanced search engine functionality
- ◆ Lists of registered pharmacists and licensed pharmacies
- ◆ Lists of available forms for downloading.

Future redevelopment phases will include:

- ◆ Developing discussion forums/groups to encourage pharmacists to communicate with each other on important topics
- ◆ Sending notifications to registrants about information that interests them
- ◆ Developing a secure, password protected site including interactive on-line forms for registration, licensure and member information, and on-line learning programs and tutorials.

Please feel free to contact Doreen Leong at the College office with any comments and suggestions about the web site changes, E-mail: [DLeong@collegepharmacists.bc.ca](mailto:DLeong@collegepharmacists.bc.ca).

## Change In Retention Of Discipline Hearing Records

Council recently reviewed the fairness of permanently maintaining discipline hearing records (i.e. wording of the citation, the Discipline Committee's decision and penalty assessment). We have decided to change the retention requirement for records of discipline hearings. The records are now considered to be "*a permanent record, unless after six years, the respondent obtains a Discipline Committee panel's agreement that the record be destroyed.*"

Previously, the results of discipline hearing decisions remained in the

public domain forever. If an employer contacted the College about a prospective employee, we informed them of past disciplinary actions, regardless of how long ago the incident(s) occurred.

The new process will require a respondent to make a written request to the College that the record of the disciplinary proceeding be destroyed. College staff will convene a panel of three Discipline Committee members to consider the request, either in a meeting or conference call.

The request, the facts of the original case, and a review of any complaints

received about the pharmacist's practice since the discipline hearing will be presented to the panel. The panel will decide if the record should be destroyed or retained. If the record is to be retained, the panel will determine if there is a time period after which the respondent could reapply to have the records destroyed. The respondent will be notified of the panel's decision.

For further information on this new retention of discipline hearing records, please contact Deputy Registrar Brenda Osmond at the College office.



## Advanced Practitioner Credentialing Research Finds Recognition Of Pharmacist Expertise

Planning and research work continues on the Advanced Practitioner Credentialing (APC) project. Project consultant Dr. Alan Low has been meeting with directors and managers of hospital pharmacies and community pharmacies. "Many examples of ad hoc pharmacist credentialing and recognition in BC hospital pharmacies can be found," explains Dr. Low. "Pharmacists in some hospitals have received additional training and been assessed. They have attained a level of expertise in performing advanced functions or received some prescriptive authority within the hospital where they practise." The Canadian Society of Hospital Pharmacists (CSHP) has just released "A Position Statement on Prescriptive Authority" supporting development and progress in this area.

Project research also included a review of material from the Health Professions Council of BC. This Council recommends that an expansion of the pharmacist's scope of practice would not be possible, "until independent practice of pharmacists in this area is developed to the point where there is sufficient uniform education and training and competency monitoring to ensure public safety." Dr. Low comments that, "An APC

process could help identify those pharmacists who have training and competency in an area. The process would not prohibit non-credentialed pharmacists from continuing their current activities and practice in any way."

Members of the Advanced Practitioner Credentialing Committee (APCC) have also been discussing aspects of the project with their colleagues and peers. The APCC is composed largely of pharmacists practising in the community, and several pharmacists from hospital pharmacy, together representing a variety of backgrounds. The members are from throughout BC, including Kelowna, Penticton, Prince George, Victoria and Vancouver.

The APCC has reviewed responses to the APC survey circulated at the BC Pharmacy Conference. Helpful feedback was received on: 1) interest in credentialing; 2) specialties/areas of expertise that pharmacists have represented; 3) perceived patient needs; 4) sources of formal specialty education; and 5) titles or terminology for pharmacists that would be meaningful to the public. We will be incorporating input from survey respondents, consultation project participants and other pharmacists we have spoken with into preliminary APC planning.

The APC Committee is currently in the process of developing a working definition of a credentialed advanced practitioner. Development of the criteria and process for recognition (the credentialing process) will be undertaken in the coming months.

"Continued communication with and input from pharmacists throughout the Advanced Practitioner Credentialing project planning is very important," states Committee chair Dr. Reginald Smith of the Royal Jubilee Hospital, Victoria.

You can find more information about the Advanced Practitioner Credentialing Project on the College web site, [www.collpharmbc.org](http://www.collpharmbc.org). Select the "What's New" tab on the home page and click on "Advanced Practitioner Credentialing Project." You are welcome to contact us with your suggestions, concerns or questions by telephone, fax, e-mail or writing:

**Contact:** Alan Low, BSc.(Pharm.), Pharm. D., FCSHP  
Consultant, Advanced Practitioner Credentialing Project

**Tel:** 604-733-2440, ext 234  
or 1-800-663-1940

**Fax:** 604-439-8463  
or 1-800-377-8129

**E-mail:** [alanlow@interchange.ubc.ca](mailto:alanlow@interchange.ubc.ca)

**Mail:** c/o CPBC office

### PharmaNet Access OK - *Continued from page 2*

the individual's PharmaNet patient record to help you answer the question.

- ◆ A physician has a new or existing patient and wonders if their use of certain medications has been in compliance with normal usage patterns. If you're certain of the identity of your caller, you can provide verbal information after checking the individual's PharmaNet patient record.
- ◆ You receive a prescription from a veterinarian for a pet, and you need to enter the prescription on the PharmaNet patient record of the person presenting the prescription. This is an acceptable use of the PharmaNet system.

It is important to document these accesses, in case you are asked about them later by the patient or by the College during an audit or as the result of a complaint. Several available software systems provide for automatic documentation of these accesses. If yours doesn't, consider keeping a paper log of the accesses you make with the date, PHN or patient name, reason for the access and your initials.



## Profession Under Stress - Continued from page 1

Now come the next steps. The College has already begun implementing changes to address consultation input (see the Consultation Report's "Next Steps" section for current initiatives). We plan to do more follow-up. Staff will carefully review the report in the coming weeks to identify other strategies for improving communications, supporting your needs, and addressing continuing competency.

Thank you to those who took part in the information-gathering stage of the consultation project. We are committed to continuing two-way communication with all members throughout the project's next steps.

Please contact us with any comments or questions about the consultation project, the report and the College: Doreen Leong - Tel: 604-733-2440, ext. 203 or 800-663-1940, Fax: 604-733-2493 or 800-377-8129, E-mail: DLeong@collegepharmacists.bc.ca.

## Review Of The College 2002/03 Budgeting Process

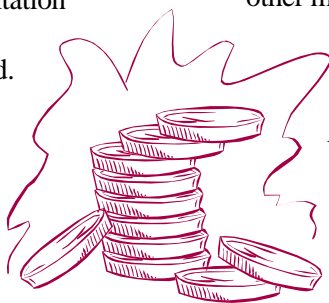
Some pharmacists taking part in the consultation project suggested it would be helpful to have the College's budgeting process clarified. We hope the following explanation of the process and the 2002-03 fiscal year budget is helpful.

Our Council operates on a policy governance model. This means that the Councillors decide what outcomes they want the College staff to accomplish over a three- to five-year period. The Registrar then has the responsibility of developing a strategic operational plan to accomplish the Council directives within the time specified. The operational plan is broken down into one-year components, corresponding with the College's fiscal year, and approved by the Council.

The Council's goals are set by ongoing policy level discussions, focusing on the College's legislated responsibilities, the needs of pharmacists and the public, and regular environmental scans to help us identify emerging issues that we need to begin addressing. Sometimes there are competing priorities, and it may also be necessary to ensure continued progress on a variety of issues, in order to meet our responsibilities to the public and to support our pharmacists.

The Councillors' considerations in approving the 2002-03 fiscal year budget were:

- ▶ Improved communication between the College and pharmacists, including web site redevelopment and more varied means of communication to meet the needs identified by survey respondents
- ▶ Increased support for practising pharmacists by means of telephone consultation services
- ▶ More on-site pharmacy reviews with an educational emphasis to help pharmacists deal with reported workforce shortages
- ▶ More frequent Councillor contact with members by means of attendance at provincial conferences and



other meetings to enable us to directly hear what our pharmacists are thinking and saying

- ▶ Development of national administrative services (incorporating volume efficiencies) by NAPRA, for the use of our and other provincial Colleges (longer-term cost savings)
- ▶ Creation of an electronic communication system for the dissemination of College documents to pharmacists to save printing and postage costs
- ▶ Continued development of a national continuing competency program to facilitate mobility and reciprocity between provinces and to take advantage of economies of scale
- ▶ Fast-tracking mechanisms to enable expanded scope of practice activities by pharmacists (Advanced Practitioner Credentialing Project)
- ▶ Adjusting staff compensation packages to reflect the current marketplace
- ▶ Cyclical upgrades of office technology, to address obsolescence and areas of potential technological efficiencies.

The major expenditure increases (member communications, information technology, and staff salaries and benefits) are all linked to the Council's vision/outcome statements concerning stakeholder relations, practice standards and member support. They are designed to further the strategic goals associated with the Council's expectations.

The budget option approved by the Council provides for a revenue increase of \$294,000. The total annual budget for the next fiscal year is \$3.2 million, with the pharmacist registration fee set at \$520 and the pharmacy license fee set at \$900. The Councillors made the decision to impose a larger percentage increase on the pharmacy license fee as opposed to the individual pharmacist registration fee.



## Discipline Hearing Conducted



**A**t a discipline hearing held on 4 October 2001, Daniel Mooring of Prince George (Diploma #03201), pled guilty to negligence with respect to his conduct and lack of supervision and control of his employees related to a number of unauthorized accesses to PharmaNet patient records.

In the fall of 1999, a member of the public informed the College that PharmaNet patient record printouts belonging to himself and two family members listed 130 accesses under Mr. Mooring’s name. These accesses were unrelated to their health care, as the family members were not patients of Mr. Mooring’s pharmacy. On further investigation, it was determined that between 1 January 1997 and 31 December 1999, unauthorized PharmaNet patient record accesses were made under Mr. Mooring’s name to the records of 20 people on 549 occasions.

These accesses were made by the pharmacist or by persons under his supervision and control. The accessed records belonged to people who had never been patients of the pharmacy. The accesses were not the result of inquiries made by prescribing physicians.

Mr. Mooring described that his practice is located in a medical building where he and his staff receive frequent prescription pricing inquiries from the general public and physicians. He stated that he used his own profile to calculate prescription prices for convenience and because he was not familiar with the prescription

pricing capabilities of his local pharmacy software. Mr. Mooring instructed his staff to use their own profiles in responding to similar requests. Due to the configuration of his local pharmacy software, a PharmaNet patient record was retrieved immediately upon initiating the pricing of a prescription on the local software using this method.

Mr. Mooring reported that some of the unauthorized accesses he made were errors in selecting the wrong patient name from a scroll list that included his own name. Other unauthorized accesses were made by a technician who acknowledged accessing the records of acquaintances.

In determining the penalty, the panel noted:

Mr. Mooring’s actions and his failure to properly supervise the technicians under his control reflects ... not a nefarious or odious purpose but rather an unauthorized method of performing his usual daily practice as a pharmacist. While that fact cannot be overlooked, the privacy issues at stake concerning PharmaNet access are indeed serious and it is incumbent upon all pharmacists in British Columbia to not only recognize this privacy interest but to ensure that their actions, whether through an intentional act or through negligence, do not deprive British Columbians of this right of privacy. Given all the circumstances, Mr. Mooring is ordered to pay:

- ▶ A fine of \$1,500
- ▶ The costs and disbursements of the investigation and proceedings, to a maximum amount of \$5,000.

## Advanced Notification Needed For Renovations And Relocations

If you’re planning a pharmacy renovation or relocation, our office needs a generous lead-time. Pharmacy managers need to ensure that they notify the College office two to three months before construction begins. Please request the necessary forms from our staff.

In addition to submitting the notification form and change fee, you need to provide a proper diagram (scale ¼ inch equals 1 foot) for College approval.

If the pharmacy telecommunication line needs to be moved, we will notify Pharmacare once the diagram is approved,



so that arrangements can be made for the reconnection. Pharmacare requires a minimum of eight weeks notice in advance of your anticipated completion date.

If your pharmacy is relocating to a different site (with a new physical address), our office will issue a new pharmacy license once a

pre-opening inspection is conducted. It is important to know that relocated pharmacies cannot open for business until after a successful pre-opening inspection site visit and report have been completed.

If your renovations don’t involve a change of address, a site inspection will take place as soon as possible following the renovation.

For further information, you’re welcome to contact us at (604) 733-2440.



## New Policy For Temporary Pharmacy Closure

Guidelines for the temporarily closure of a pharmacy because of the absence of a pharmacist have been prepared by NAPRA's Inter-Provincial Regulatory Committee. College Council has approved the guidelines and prepared the following new policy:

It is permissible for a licensed pharmacy to be closed without surrendering its operating license, provided that the following conditions are fulfilled:

1. The pharmacy closure is for a maximum of 14 consecutive days (or other period approved by the College) each calendar year.
2. Except in emergency situations, the pharmacy manager must obtain approval from the College for the closure 30 days prior to the temporary closure start date.
3. All prepared prescription recipients must be contacted to advise of the closure and given the opportunity to obtain their prepared prescriptions prior to the temporary closure date. Any prepared prescriptions remaining in the pharmacy at the time of the temporary closure must be returned to inventory and reversed so the entries will not appear on the patients' PharmaNet record.
4. Except in emergency situations, notices to the public (using in-store postings and media announcements) must be made at least 30 days prior to the temporary closure start date.
5. Signage must be posted at the store entrance and a telephone answering machine message must be provided, advising the public about the closure, its duration, the location of the nearest licensed pharmacy, and other information to assist with obtaining necessary pharmacy services during the closure period.

## Helpful Framework For Women-Centred Health



The Framework for Women-Centred Health was developed during the former Vancouver/Richmond Health Board's (V/RHB) Women's Health Planning Project, a collaborative policy development process that was led by BC Women's Hospital and Health Centre. The V/RHB adopted the Framework as policy in February 2000. Since that time, health care providers, policy makers and planners have been using the Framework to make health services more women-centred. This activity is continuing within the newly restructured Vancouver Coastal Health Authority.

While the Framework was initially developed for use in the health system, it is increasingly being utilized by practitioners in a variety of settings: community-based organizations, private clinician's offices, and residential programs to name a few.

### The Elements of the Framework

The guide to the Framework discusses twelve elements that, taken together, provide tools and strategies to improve responses to the health needs of individual women and specific populations of women. The elements are:

- ◆ Need for respect and safety
- ◆ Empowerment
- ◆ Involvement and participation
- ◆ Collaborative work environments
- ◆ Patterns and preferences in obtaining care
- ◆ Forms of communication and interaction
- ◆ Need for information
- ◆ Decision-making processes
- ◆ Gender-inclusive approaches to data
- ◆ Gendered research and evaluation
- ◆ Gender-sensitive training
- ◆ Social justice concerns

Each element is explored, including opportunities for implementation. The Framework is not a strict checklist of activities, but emphasizes change processes that make the provision of care more women-centred.

**Women-centred health is a way to ensure that care is gender-sensitive.** Some examples include:

- ◆ In BC, 50% of women have experienced at least one incident of violence since the age of 16. Not surprisingly, the experience of violence is often linked with addictions, suicidal ideation, fear, anxiety, and a host of other physical and psychological health issues.
- ◆ In a study of mental health clients, women were found more likely to be prescribed antidepressants whether or not they were diagnosed with a primary or secondary mood disorder. Research has shown that the strongest determinant of whether a woman took drugs or medications to deal with abuse was contact with a health care provider.

These examples illustrate the applicability of the Framework document to pharmacists. Developing a more women-centred practice may enable pharmacists to more appropriately treat their patients.

### Ways to Start

The Framework provides concrete ideas for incorporating women-centred principles into one's practice. The guide includes a separate handout that identifies places to start. The Framework for Women-Centred Health can be accessed at [www.vcn.bc.ca/vrhh](http://www.vcn.bc.ca/vrhh). To receive a hard copy or for more information, please contact The Vancouver Coastal Health Authority's Community and Public Involvement Department at 604-709-6402.

6. Arrangements must be made for emergency access to the pharmacy's hard copy patient records.
7. In single-pharmacy communities, alternate arrangements must be made with local prescribers or pharmacies in nearby communities.



## Council Highlights

The Council of the College of Pharmacists of BC met in Vancouver 1 February. The agenda and outcomes included the following items:

▶ **Government to Review Revised College Tobacco Sales Bylaw Proposal**

As reported in the January/February 2002 *Bulletin*, the provincial government determined that changes are required to the *Pharmacists, Pharmacy Operations and Drug Scheduling Act* to provide the necessary authority for creating the College's proposed bylaw to prohibit the sale of tobacco in pharmacies. We have submitted our revised bylaw to the government, "effective 1 July 2002, a licensed pharmacy must not be located in an establishment where tobacco products are sold."

We have not yet been advised whether amendments to the Act and review of the proposed bylaw will be on the agenda of the spring legislature. Council's 1 July deadline for implementation of the bylaw is dependent on the government taking the necessary actions over the coming months.

▶ **Proposal to Regulate Wholesalers**

Council is not proceeding with a bylaw proposal to regulate wholesalers and products showing up in nonpharmacies. This decision was made based on the decreased urgency of the issue because many products have been deregulated and may now be sold in nonpharmacies. We also considered the regulation reduction initiatives being undertaken by the provincial government (see article on page 1).

▶ **Approval of Ibuprofen Schedule Change**

Council approved the drug scheduling change proposed by NDSAC that ibuprofen 400 mg become a Schedule III drug once the federal government deregulates it and the provincial government approves it.

Ibuprofen, when compounded for topical use in any strength, continues to require a prescription as a Schedule I drug.

▶ **New Temporary Pharmacy Closures Policy \*\***

NAPRA's Inter-Provincial Regulatory Committee has prepared model guidelines for pharmacy owners who may need to close the pharmacy temporarily because of the absence of a pharmacist. Council approved a new policy based on these guidelines

See the College web site and the article on page 7 for details on the requirements for temporary pharmacy closure.

▶ **Standards for Pharmacy Services via the Internet \*\***

Council approved model standards prepared by NAPRA for the delivery of pharmacy services by accredited Canadian pharmacies through the Internet.

The pharmacy providing on-line services must comply with all federal and provincial legislation and usual standards and policies imposed in the traditional environment for the practice of pharmacy and or distribution of medication. The pharmacy must ensure that their on-line operation complies with model standards pertaining to the pharmacy homepage, sale of scheduled drugs, prescriptions, advertising, physician-pharmacist partnerships, patient information, inspections and disclaimers. See the College web site for details on these standards.

▶ **Benzodiazepines Regulations \*\***

NAPRA and the Canadian Society of Hospital Pharmacists have developed model guidelines to assist pharmacists in complying with the federal *Benzodiazepines and Other Targeted Substances Regulations*. Council has approved these guidelines, which can be reviewed on the College web site.

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\*\* To view the full guidelines, see the College web site, [www.collpharmbc.org](http://www.collpharmbc.org). Select the "Legislation" tab. Go to the "Pharmacists, Pharmacy Operations and Drug Scheduling (PPODS) Act." Select "Council Policies," then select any of the new policy titles:

- Temporary Pharmacy Closures
- Internet Pharmacy Standards
- Operational Procedures for Complying with Benzodiazepines and Other Targeted Substances Regulations



## In Brief

### ► Schedule III Products and Lock-and-Leave

The College has received numerous complaints from the public about not being able to access Schedule III products from their pharmacy when lock-and-leave is being used. We have explained to callers that these are business decisions made by the pharmacy and that they should discuss product availability with the pharmacy.

Because of the way pharmacies are choosing to merchandise products, unscheduled products are sometimes being locked off from the public. Managers should check product ingredients and decide which products need to be locked and which ones can remain accessible during lock-and-leave to maximize service to patients.

### ► List of Suspended, Restricted and Reinstated Practitioners No Longer Published

Our College is no longer publishing and distributing the list of suspended, restricted and reinstated practitioners.

As outlined in the PharmaNet column of the January/February 2002 *Bulletin*, new software released in February enables Colleges to apply “prescriber drug restrictions” and “practising status” flags to practitioner records on PharmaNet. The College of Pharmacists has collaborated with the College of Physicians and Surgeons and Pharmacare to implement this enhancement.

### ► Nominations Sought for Bowl of Hygeia Award

The College welcomes members' nominations of recipients for the Bowl of Hygeia Award, sponsored by WhiteHall-Robins. The award honours a British Columbia pharmacist for his/her outstanding community service. Nominations should be forwarded to Registrar Linda Lytle **by 19 April**. A selection committee will then finalize the award recipient and announce the winner at the 26 April Council meeting.

## 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 areas for improvement before problems develop. The College encourages managers to review the Audit with other staff members to ensure they are aware of the policies and procedures 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.

## Drug Updates

### ◆ Warfarin Interchangeability

As of 1 February 2002, the following warfarin products are considered interchangeable:

**Apo®-Warfarin, Coumadin®, Gen-Warfarin and Taro-Warfarin.**

The three generic warfarin products all meet Health Canada's bioequivalence standards for drugs with a narrow therapeutic index.

Apo-Warfarin, Coumadin, Gen-Warfarin and Taro-Warfarin are all manufactured according to stringent manufacturing specifications that meet or exceed United States Pharmacopoeia (USP) requirements.

After conducting an independent literature search and reviewing historical use data, the College's Drug Advisory Committee determined that the four warfarin products could be interchanged without requiring INR testing beyond that normally required for appropriate monitoring of a patient on warfarin.

As with any other generic substitution, informing the patient that their prescription has been dispensed with a generic product should be a routine part of the patient counselling process.

### ◆ Advisory for Products with Kava

Health Canada is advising consumers not to use any products containing the herbal ingredient **Kava** (a.k.a. kava-kava) with or without DINs. As a result of reports of liver toxicity related to use of kava products in Europe, Health Canada is now reviewing the safety and effectiveness of kava. Once this assessment is complete and all international safety data are analyzed, Health Canada will take further action if required.



*This is a new Bulletin column featuring frequently asked questions by pharmacists contacting the College.*

**?** Can you please clarify what out-of-province prescriptions I can honour?

**A** Pharmacists can honour prescriptions written by a practitioner who is licensed to practise in any province in Canada. Prescriptions written by prescribers only licensed in the US cannot be honoured.

**?** I am considering some renovations to my pharmacy. What do I have to discuss with the College?

**A** All major and minor renovations need to be pre-approved by the College. It is the pharmacy manager's responsibility to submit an updated diagram. An approved diagram will be returned to the manager and should be used as a reference when merchandising Schedule III items. Please see the article on page 6 for more details.

**?** Is a "Medication Information" sign necessary at the dispensary, and if so, where can I acquire one?

**A** All pharmacies are required to have a sign with the words "Medication Information" displayed at the dispensary counter. Each store has to have its own sign made as they are not supplied by the College.

**?** What are the guidelines for using methadone for pain management?

**A** Concentrations greater than 1 mg/mL are acceptable when compounding methadone for use in pain management. The practitioner must still be registered with the College of Physicians and Surgeons for prescribing methadone.

**?** What schedule does pyrilamine fall under?

**A** The drug pyrilamine (contained in products such as Midol, Pamprin, etc.) is also known as mepyramine. It is listed as a Schedule III drug in the Drug Schedules.

**?** Can you please clarify the schedule for Betadine Vaginal products?

**A** All vaginal products containing greater than 5% Povidone Iodine are Schedule II.

## Hospital Pharmacy Insights



The BC Cancer Agency and participants at recent Partners in Cancer Care Conferences recognized the oncology educational needs of pharmacists and pharmacy technicians in hospital pharmacies throughout the province. In January 2002, the Agency launched a new Pharmacy Communities Oncology Network (CON) Educators initiative with funding from the Health Action Plan.

Four part-time educators are now working in the four regional cancer centres:

► **Fraser Valley**

Dawn Annable

Tel. 604-930-4002

E-mail: [dannable@bccancer.bc.ca](mailto:dannable@bccancer.bc.ca)

► **Southern Interior**

Kimberly Kuik

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► **Vancouver**

Shawn Cassidy

Tel. 604-877-6135

E-mail: [scassidy@bccancer.bc.ca](mailto:scassidy@bccancer.bc.ca)

► **Vancouver Island**

Nancy Coady

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E-mail: [ncoady@bccancer.bc.ca](mailto:ncoady@bccancer.bc.ca)

During the next year, the Pharmacy CON Educators will be making site visits, reviewing existing resources available for professional development, completing a needs assessment of each CON pharmacy, and conducting a pilot project of at least one continuing education module.

Please feel free to contact the CON Educator in your region to discuss your professional development needs.



## Correcting PharmaNet Patient Records

PharmaNet is a useful tool, but only if you can rely on the information to be current and accurate. As a pharmacist, it is important for you to help maintain the accuracy of information on PharmaNet by updating the system as needed:

- ▶ Viewing positive identification for new prescriptions
- ▶ Reviewing PharmaNet patient records for discrepancies
- ▶ Reversing prescriptions that have not been picked up
- ▶ Updating patient allergies, clinical conditions and addresses.

The College office can help with the following situations to assist with PharmaNet patient record “clean ups”:

### Making reversals

Prescriptions that have been filled, but not picked up by the patient should be reversed within 30 days, although it is possible to reverse them up to 91 days. Prescriptions that are not picked up over 91 days can be removed from PharmaNet by contacting the College office.



### Using the wrong PHN

If the wrong PHN has inadvertently been used for one of your patients, please make a note of the PHNs involved, and update your local system with the correct information. You can contact the College office to have the prescriptions for the last 14 months transferred to the correct PHN on PharmaNet. Corrections to patient records on PharmaNet cannot be made for prescriptions older than 14 months. Once the PharmaNet patient record is corrected, we will notify Pharmacare so that the patient’s expenditure information can be corrected.

If you notice an incorrect prescription that has been dispensed by a different pharmacy, you can contact the College office to request a correction. College staff will work with the dispensing pharmacy to correct the PharmaNet patient record.

### Removing patient allergies and clinical conditions

You can arrange for incorrect allergy or clinical condition entries on PharmaNet to be removed by contacting the College office.

## Drug Interaction Severity Codes

PharmaNet performs Drug Utilization Evaluation (DUE) for drug-to-drug interactions. The message returned includes a level of significance based on severity, action, and documentation as assessed by clinical staff at First DataBank.

### Level 1 Most Significant

*Severity:* 1. Severe

*Action:* Action is required to reduce the risk of severe adverse interaction.

*Documentation:* Documentation substantiates the interaction is at least likely to occur in some patients even though more clinical data may be needed.

### Level 2 Significant

*Severity:* 2. Moderate

*Action:* Assess risk to patient and take action as needed

*Documentation:* Documentation substantiates the interaction is at least likely to occur in some patients even though more clinical data may be needed.

### Level 3 Possibly Most Significant

*Severity:* 1. Potentially Severe

*Action:* Conservative measures are recommended because the potential for severe adverse consequences exist.

*Documentation:* Little clinical data exists.

## Resource Source



### ◆ Helpful Resources on UBC Continuing Pharmacy Education Web Site

Continuing Education’s “Learning Highlights” publication is searchable on the web site, [www.ubcpharmacy.org/cpe](http://www.ubcpharmacy.org/cpe). A contact list of Regional Coordinators is also available on the site.

### ◆ New Herbs Reference Book

A new book, **Herbs: Everyday Reference for Health Professionals**, is now available from the Canadian Pharmacists Association (CPhA) and the Canadian Medical Association. It is comprehensive, science-based and filled with details about dosages and directions for using 57 common herbs. To order, contact the CPhA at 1-800-917-9489 or [www.pharmacists.ca](http://www.pharmacists.ca).



## Council or Contact List

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## Plan To Attend

- ▶ **Compounding Conference**  
4-5 May  
Cunningham Pharmacy Practice  
Lab, UBC  
Contact: Cont. Pharmacy Ed.  
Tel: 604-822-6485  
E-mail: infocpe@cehs.ubc.ca
- ▶ **CPBC Council Meetings**  
26 April            20 September  
14 June            22 November
- ▶ **CPBC Annual General Meeting**  
23 November - *meeting location, and possible video conferencing sites to be determined.*

## People News



### Achievements

- ▶ Congratulations to **Glen Brown**, recipient of the 2002 Canadian Society of Hospital Pharmacists Distinguished Service Award for his ongoing contribution to hospital pharmacy practice and to the CSHP at the national, branch and local levels. Glen is also the proud winner of the 2001/02 Ortho Distinguished Service Award from Janssen Ortho (Canada) Inc.
- ▶ The College congratulates other CSHP BC Branch award winners:

### National Awards

- CSHP Board of Fellow  
(*Fellow status in CSHP*)  
**Alan Low**
- Glaxo Wellcome Award  
(*Pharmaceutical Care*)  
**Denise Carr, Art Mallinson, Fawziah Marra, Karen Shalansky**
- Novartis Award  
(*Pharmacoeconomics*)  
**Luciana Frighetto, Peter Jewesson, Carlo A. Marra, Amy O. Wai**
- Schering Award  
(*Pharmacokinetic or Hospital Pharmacy-Industry Relations Research*)  
**Curtis Harder, Joanne Jung, Andria Lee, Stephen Shalansky**

### Branch Awards

- Pharm.D. Award  
**Jodie Wong**

- Top Resident Award  
**Erica Greanya**

- ▶ **Andrea Sue-Ann Lau** has been awarded the CPBC Bursary, and **Lynne-Michelle Marie Stewart** has received the CPBC Entrance Bursary.

### Announcements

- ▶ **Richard Slavik** has been elected President of the CSHP-BC Branch for 2002-03.
- ▶ Registrar **Linda Lytle** has been elected Vice-President of the Canadian Foundation for Pharmacy.
- ▶ Councillor **Carol Gee** has been appointed Chair of the Ethics Advisory Committee.
- ▶ Councillor **Wayne Rubner** has been appointed as Council's representative on the BC Pharmaceutical Benevolent Society's Board of Trustees.
- ▶ Councillors **Admin Bardai, John Hope** and **Wayne Rubner** have been appointed to the Pharmacy-Medicine Liaison Committee with the College of Physicians and Surgeons.

### In Memoriam

- ▶ Council regrets the passing of College member **Henry Ho** of Vancouver, and former member **Dr. John Stewart** of Calgary.