



When Is It Appropriate To Access PharmaNet?

The March/April 2000 issue of the *Bulletin* reported three discipline hearings related to inappropriate PharmaNet accesses. The article stated that the accesses in question were made for reasons not related to health care.

The only purposes for which a pharmacist may collect and transmit patient record information to PharmaNet or access a patient's PharmaNet record are:

- 1) dispensing
- 2) counselling a patient with regard to the patient's drug therapy
- 3) patient-specific drug usage evaluation
- 4) claims adjudication and payment by any insurer providing drug coverage

If a patient has an inquiry about their prescription medications, or asks your advice about the purchase of a nonprescription product, with their permission you may review

their PharmaNet medication record if you think it is necessary to ensure the advice you give is appropriate. This is a form of counselling a patient with regard to the patient's drug therapy. It may be appropriate to review a patient's medication record with a physician if a physician asks for your assistance before making a treatment decision. This is a form of patient-specific drug usage evaluation.

Accesses are considered inappropriate if they are not related to the provision of health care, and cannot be included in one of the four categories. Pharmacists must not review medication profiles to satisfy their curiosity about medications that acquaintances or relatives might be on. PharmaNet should not be used as a mechanism for finding mailing addresses or birth dates for people.

Any time a medication profile is accessed when a prescription is not

dispensed, a record should be kept of the reason for the access. This record may be kept on the local computer system, or a paper log can be maintained. In either case the log should be accessible if questions arise about an access.

Pharmacy managers must ensure that all staff, including support staff, recognize when accesses are appropriate and when they are not.

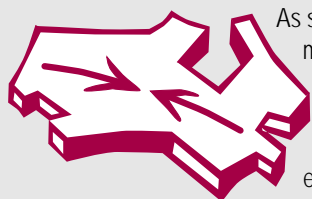
Published By:
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Your questions and comments about this Bulletin are welcome and may be forwarded to the Registrar.

Progress In Improving Pharmacists' Interprovincial Mobility

A *Mutual Recognition Agreement* for accommodating the interprovincial movement of pharmacists was signed in early April by pharmacy regulatory bodies in nine provinces, with negotiations continuing in Quebec. The agreement stems from the *Agreement on Internal Trade* (AIT), requiring that undue restrictions on labour mobility between provinces and territories be eliminated. The AIT states that qualifications of workers in regulated occupations from one part of the country must be recognized and accommodated in other parts of Canada, and differences in occupational standards will be reconciled as much as possible.



As soon as the necessary provincial legislative changes are made, pharmacists in good standing will be able to access employment opportunities in other provinces with greater ease (i.e. minimal documentation and assessment requirements). The government has expressed its willingness to expedite any changes that are required to support interprovincial mobility.

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Natural Health Products Framework Being Developed

The new Office of Natural Health Products (ONHP) is taking shape. A transition team, appointed to assist Health Canada in implementing the federal government's recommendations for natural health products, is developing recommendations on the ONHP's mission and vision statements, organizational structure, and the regulatory framework for natural health products (NHPs) that the organization will administer. Following review and approval by the Minister of Health, the regulatory framework will be reviewed by stakeholders prior to becoming policy.

Highlights of the transition team's proposed recommendations include:

Mission statement: The ONHP will "ensure that Canadians have ready access to natural health products that are safe, effective and of high quality, while respecting freedom of choice and philosophical and cultural diversity."

Mandate: The ONHP will be responsible for all regulatory functions within the life-cycle of natural health products, including but not limited to:



- ▶ pre-market assessment for product licensing
- ▶ licensing of establishments
- ▶ post-approval monitoring and compliance

Definition of natural health products: NHPs are "any products represented for health use other than those regulated as a food or pharmaceutical product. They are substances found in nature, and energetically-potentiated preparations, for the purpose of maintaining or improving health, or treating or preventing diseases/conditions."

Organizational Structure: The ONHP will be in the Health Protection Branch under the direction of an Executive Director. Four areas will report to the Executive Director - policy and regulatory affairs, research and program development, outreach and communications, and product regulation. An Expert Advisory Committee will support the work of these areas.

For more information about the Office of Natural Health Products, see the web site - <http://www.hc-sc.gc.ca/english/nhp/>.

Council Highlights

The Council of the College of Pharmacists of British Columbia met in Vancouver on 14 April 2000. The Councillors approved or revised policies, and made decisions on other matters as follows:

- ▶ Responding to a formal request from the BC Pharmacy Association for a review of the current limitations, Council agreed to rescind its policy restricting the pharmacist-to-technician ratio to 1:1+1. This means that pharmacy managers and individual pharmacists may now decide among themselves how many pharmacy technicians can be adequately supervised in their individual practice situations.

In arriving at the decision to remove the restrictions, the Councillors relied heavily on College Bylaw 5, sections (26)(g) and (i), which require that pharmacy managers ensure appropriate staffing levels of pharmacists and technicians, and establish policies and procedures relating to the duties of pharmacy technicians. The situation will be evaluated in one year (or sooner if evidence of problems surfaces).

- ▶ Council proposed the formation of a joint task group with the BC Pharmacy Association for in-depth exploration of other proposals made by the Association to address the apparent pharmacist labour shortage.
- ▶ A policy was approved to provide direction to pharmacists regarding the purposes for which a pharmacist may collect and transmit patient record information to PharmaNet or access a patient's PharmaNet record. The information was previously included in the bylaws. The four purposes are:
 1. Dispensing
 2. Counselling a patient with regard to the patient's drug therapy
 3. Patient-specific drug usage evaluation
 4. Claims adjudication and payment by any insurer providing drug coverage

Please refer to the article on page one for further information on this topic.

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Drug Updates



- ◆ There are currently 9,000 adverse drug reaction (ADR) reports in the World Health Organization's data base in which herbal products have been included. A recent interaction study between *Hypericum perforatum* (St John's Wort) and indinavir (Crixivan) was performed by the U.S.-based National Institutes of Health on healthy volunteers. The study showed that when co-administered, *Hypericum perforatum* significantly reduced the indinavir plasma concentrations. These results may have important clinical implications for HIV-1 infected patients.

Any pharmacist suspecting a reaction due to a herbal preparation or combination of a herbal preparation and traditional therapy should send an ADR report to Health Canada's Therapeutic Products Programme.

In Brief



► Rubber-stamped and Photocopied Signatures

Pharmacists are reminded that rubber-stamped or photocopied prescribers' signatures are not legally acceptable for prescriptions. The College office has received reports that some pharmacists have (perhaps inadvertently) been accepting rubber-stamped and photocopied signatures. This creates difficulties when other pharmacists question the prescribers and insist on handwritten signatures. Please double-check all signatures for original handwriting.

► Podiatrists' Prescribing Authority

Podiatrists derive their authority to prescribe drugs (except narcotics and controlled drugs) from the definition of "practitioner" in the *Pharmacists, Pharmacy Operations and Drug Scheduling Act*. The definition of "practitioner" in the federal *Controlled Drugs and Substances Act* does not include podiatrists, and they are, therefore, not authorized to prescribe narcotics and controlled drugs.

► Optometrists' Prescribing Limits

Optometrists are permitted to prescribe two drugs for use in their offices for diagnostic procedures. The drugs are cyclopentolate and tropicamide. Pharmacists should document the sale of the drugs in their prescription files.

► Verbal Prescriptions on Voicemail

The College bylaws now permit pharmacists to accept prescriptions recorded by prescribers on a pharmacy's voicemail system. However, it is important to continue to be cautious about accepting such messages if there is any concern about the caller's authenticity. Voicemail prescriptions should be accepted only from prescribers with whom the pharmacist is familiar and whose voice the pharmacist recognizes. If there are any doubts, confirmation must be obtained to prevent the possibility of verbal forgeries.

► Documentation for Schedule I Drug Sales to Practitioners or Pharmacies

Bylaw 32(2) requires pharmacists to retain documentation of transactions involving the provision of Schedule I drugs to practitioners or pharmacists acting on behalf of other pharmacies. This can be accomplished by filing a written prescription signed by the purchaser in the supplying pharmacy's prescription files.

► Pharmacists Added to ICBC List

The Insurance Corporation of British Columbia has added pharmacists to the list of professional persons who can write a letter in support of an "Application to Dispense with the Requirement for Parental Application." Under certain conditions, a driver's license applicant who is under the age of 19 must apply for exemption from having a custodial parent or legal guardian sign in consent. Pharmacists can now provide the supporting documentation required for the minor's application by writing a letter indicating their support for the application. Further information can be obtained from ICBC staff in Victoria at (250) 414-7896.

Bulletin Corrections: March/April 2000

The article "Antiplatelet Therapy Following Coronary Angioplasty And Stent Placement" incorrectly noted that ticlopidine is currently covered as a British Columbia Pharmacare Benefit. **Ticlopidine is currently NOT covered as a Pharmacare Benefit.**

The "Emergency Contraception Program Training Sessions" article incorrectly identified a telephone number for the British Columbia Pharmacy Association. **The correct phone number for the BCPhA is (604) 279-2053.**



Hospital Pharmacy Insights



Providing Parenteral Products to Facilities

Many BC hospitals have some form of "home IV" program. The usual goal of these programs is to have patients complete their parenteral medication therapy at home rather than in an acute care bed. Hospital pharmacists may encounter patients who are discharged "home" to a long-term care (LTC) facility where the pharmacy services are provided by a community pharmacy.

The hospital pharmacist must be aware of the community pharmacist's specific legislated responsibilities for facility pharmacy services. Section 8.1 of the Adult Care Regulations to the *Community Care Facility Act* states that the facility must appoint a "supervising pharmacist" who is responsible for overseeing medication-related matters. Section 53(1) of the College bylaws states that only the pharmacist appointed to the facility may provide the pharmacy services.

The hospital pharmacist needs to collaborate with the LTC pharmacist to ensure that the facility resident experiences a seamless transition of care from the hospital to the facility. The College suggests that the hospital pharmacist take the following steps:

1. Contact the pharmacist that provides the pharmacy services to the LTC facility.
2. Determine if the LTC pharmacy has a sterile preparation facility. If the LTC pharmacy is able to prepare and dispense the prescribed parenteral therapy to the facility resident, the hospital pharmacist should transfer the resident's home IV prescriptions and care plan to the LTC pharmacist.
3. If the LTC pharmacy does not have a sterile preparation facility, the hospital pharmacist may assist the LTC pharmacist by preparing and dispensing the parenteral therapy according to the home IV or discharge prescription.

With the LTC pharmacist, determine whether the resident's parenteral products will be sent directly to the facility or to the LTC pharmacy for distribution.

Also, provide the LTC pharmacist and facility staff with basic information about the medications, as well as any important compatibility and stability data (e.g. IV monograph).

4. The dispensing pharmacist is responsible for reviewing the resident's current medication record and for identifying and resolving any medication problems related to the parenteral medication therapy. This might include follow-up of relevant blood work or cultures.

If the hospital pharmacy is dispensing the parenteral therapy, make sure the LTC pharmacist is aware of any necessary follow-up or monitoring so that s/he can appropriately answer questions from the facility staff.

5. The LTC pharmacist is responsible for ensuring that the parenteral medication is noted on the facility medication administration record (MAR). The MAR entry should note the medication was dispensed by the hospital pharmacy.

If you have any other questions about the provision of home IV therapy to residents of a LTC facility, please contact Sharon Clark (Hospital Practice Consultant) or Margaret McLean (LTC Practice Consultant) at the College office.

Ethics In Practice

The *Ethics in Practice* column in the March/April 2000 *Bulletin* generated a number of requests for clarification and additional information. Several pharmacists wondered about the source of the article, and others had questions about terminology used in the commentary.

The column, entitled "Moral Conflicts in Pharmacy Practice," was prepared by the College's Ethics Advisory Committee as part of its role to provide guidance to College members. The topics featured in the *Ethics in Practice* column explore and illustrate how the College's Code of Ethics can be applied to pharmacy practice situations encountered in community and hospital pharmacy practice settings. Cases referred to in the column are situations which have recently occurred in British Columbia pharmacies.

In the last *Bulletin* column, there was a reference to pharmacy services, which might presently give rise to conscience problems for individual pharmacists. Included in the list was "terminal sedation," a term which has been misinterpreted by several readers. Terminal sedation is not euthanasia. Terminal sedation has been defined as the intention of deliberately inducing and maintaining deep sleep, but not deliberately causing death, in very specific, intractable circumstances. Ninety-six percent of palliative care experts recently surveyed agreed with a definition that included the words "but not deliberately causing death."



The July/August 1999 issue of the *Canadian Pharmaceutical Journal* provides a pharmacy perspective on the practice of drug-induced sedation for terminally ill patients and explores common issues associated with the practice.



Community Pharmacy Corner

Counselling Tips

The College's Practice Consultants have the opportunity to note some excellent counselling techniques in their visits to pharmacies around the province. Pharmacists are very busy and sometimes do not feel they can take the time to counsel as thoroughly as they would like to. It is important, therefore, that the time they spend with patients is used effectively. Some important points that good counsellors are aware of are:

- ▶ They put themselves in the patient's position, using a level of language that the patient understands.
- ▶ They concentrate on the points that are really important for the patient to know. If they are providing a patient information sheet, they might, for instance, point out the one or two most commonly-found side effects and colour-highlight them on the sheet.
- ▶ They watch the patient's face to see if s/he appears to be confused or doubtful about anything the pharmacist has said.
- ▶ They show the patient the directions on the label. Sometimes patients are so busy memorizing what the pharmacist is telling them about the directions, that they miss other important information.

Some suggestions for counselling include:

1. Ask a question to ensure that the right person has come forward when you called the name (e.g. Ask, "And your address is?" and let them fill in the answer. Then, it might be reassuring to say something like, "Just making sure, in case there are two people with the same name here.")
2. Before you start the counselling, be sure that it is the patient you are talking to. Probably every pharmacist at one time has completed the counselling, only to find that the patient's next door neighbour brought the prescription in for the ailing patient.
3. Do not blurt out what the medication is for before finding out what the patient thinks it is for. Even in instances when the medication is used for only one condition, there may be several ways of describing it to avoid worrying or confusing the patient.



4. Give reasons for the points you are making during counselling (e.g. Do not just say, "Don't take this with milk." Explain in simple terms why they should not take this with milk.)

5. Remember that the patient may not attribute the same meaning as you do to what you are saying (e.g. a) Do not say, "Don't drink while you are taking this medication," if what you mean is "Don't drink alcohol while taking this medication." b) Do not just say, "This causes drowsiness." Point out that this causes drowsiness so they should be sure about how it affects them before they drive a car or boat, or work machinery. c) Do not just say, "Avoid exposure to sun." A little more information about what could happen, and what precautions should be taken when they are in the sun eliminates a lot of worry for the patient.)
6. **Always** investigate an instance when a patient questions a medication they were not expecting, or directions that differ from what their last prescription said or what their doctor told them, and when they think the medication is a different colour or size of tablet from the last prescription they had.
7. With both prescriptions and Schedule 2 items, always review the important points no matter how often the person has had the drug. You do not know what they were told in the past, what they remember of that dialogue or how they interpreted it at that time. Ask the patient if they have any questions.

Pharmacist/Patient Dialogue

The dispensing of a prescription requires the pharmacist's involvement in:

- ▶ Monitoring the patient record and any DUE messages on PharmaNet
- ▶ Performing the final check of the product
- ▶ Carrying out the pharmacist/patient dialogue

These steps are often not carried out by the same pharmacist. The legal requirement for the documentation of the pharmacist(s) responsible for the first two steps is clearly understood.

However, many pharmacists have expressed concerns that their initials for the first two points will imply that they were also responsible for the counselling portion. The pharmacy manager is responsible for having policies and

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Rx C.A.R.E Program

Level 1 of the first cycle of the ^{Rx}C.A.R.E. Program is nearing completion, with the results of the first round of assessments planned for distribution to participants during May and June.

Additional Opportunity Offered for Nonparticipants

Individuals who were selected for the first cycle and who did not participate in one of the three available options between December and April will have another chance to participate in one of three options available in the fall:

- ◆ Knowledge Assessment (October 2000)
- ◆ Practice Review Self-Assessment with Peer Consultation
- ◆ Professional Portfolio

A nominal fee will be charged to cover the costs of offering the additional opportunities. Information packages and application forms will be mailed to affected individuals in June, and a response will be required by 31 August 2000. The deadline for completing this "last chance" opportunity is 31 December 2000, after which the Inquiry Committee will be reviewing the remaining nonparticipants.

Opportunity for Early Participation

The October 2000 Knowledge Assessment, the Practice Review Self-Assessment with Peer Consultation, and the Professional Portfolio will also be made available in the fall to pharmacists who were not selected in the current (first) cycle but who would like to begin to complete their ^{Rx}C.A.R.E. Program requirements this year, instead of waiting until 2001 when the second cycle will begin, or 2003 when the third cycle will begin. Individuals in this category will also be subject to random selection to Level 2, as outlined in the original program materials.

If you are interested in this option, please contact the College office to obtain the necessary application forms. The deadline for receipt of "early participation" applications is 31 August 2000.

Information about each of the ^{Rx}C.A.R.E. Program assessment options is available on the program's web site at www.rxcare.com.

Council Highlights

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- ▶ Council decided to maintain the current Drug Schedule status for dimenhydrinate (Schedule II).
- ▶ A change to Bylaw 32(3) will be proposed to the Minister of Health to remove the requirement to retain invoices for Schedule II and III purchases. Only Schedule I invoices will need to be retained for three years. This change will not be in effect until it is approved by the government.
- ▶ The Board of Examiners was authorized to initiate a consultative process with College members to review the issues related to the creation of a two-part (or multi-part) active register, as has been created in Ontario and Manitoba. More information on this proposal will be available from the Board of Examiners in the coming months.

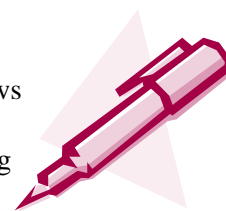
Community Pharmacy

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procedures in place to ensure that patients receive the required pharmacist/patient dialogue for all prescriptions, and that a pharmacist can be identified should there be a problem. To address these points, a number of pharmacies have developed procedures for written documentation by the pharmacist who carries out the pharmacist/patient dialogue.

The software companies that those pharmacies deal with include a tag for this purpose on the bottom of the

receipt. The tag generally shows the prescription number, the patient name and the dispensing date. When the pharmacist has done the counselling, s/he removes the tag from the receipt, initials it and affixes it to a logbook at the counter. It is helpful to write the current date at the top of the entries for that day, as the dispensing date and the counselling date may not be the same.





Using A Keyword On PharmaNet

PharmaNet has many built-in security features to prevent unauthorized access to patient information. In addition, a patient has the option to attach a confidential keyword to his or her patient record. While a keyword is not a requirement of PharmaNet, the ability to add a keyword must be made available to all patients.

- ▶ The keyword “locks” the profile and limits access only to pharmacies to which the keyword is provided. The use of a keyword does not restrict the patient to one pharmacy only.
- ▶ The keyword must be transmitted to PharmaNet with a request for a patient record, when dispensing or refilling a prescription, transmitting a DUE inquiry or requesting a PharmaNet profile mailing.
- ▶ The use of a keyword may delay pharmacy services to a patient if s/he forgets the keyword or is unable to provide it.
- ▶ A keyword may be changed only once in 24 hours, but if a patient loses or forgets his or her keyword, the PharmaNet Helpdesk can reset it.
- ▶ The use of a keyword will not affect patient care if a patient is admitted to an emergency department unconscious. The physician may have the keyword reset so the patient record can be accessed.
- ▶ All pharmacy software provides functionality to add a keyword.

Positive identification must be obtained prior to the addition, deletion or change of a keyword.

Keywords should not be stored on the local pharmacy system without the consent of the patient.

Drug Allergy Module Enhancements To PharmaNet

The College and the PharmaNet Users Group have worked for the past five years to resolve known deficiencies in the previous allergy module used by PharmaNet. On 30 March, enhancements to the Drug Allergy Module on PharmaNet were implemented to address deficiencies.

When a prescription is dispensed to a patient, it is compared to active medications on the PharmaNet patient record, as well as any drugs recorded as allergies or adverse reactions on PharmaNet. Based on this comparison, Drug Utilization Evaluation (DUE) messages are returned to the pharmacy. In the enhanced drug allergy module, the DUE message for Drug to Prior Adverse Reactions may contain any of four possible allergy/adverse reactions:

- ▶ Group Allergy (e.g. Penicillin VK and Amoxicillin)
- ▶ Ingredient Allergy (is possible, but pharmacists will not see it, as this type will be detected and included in the group allergies)
- ▶ Group Cross Sensitivity (e.g. Penicillin and Cephalosporin)
- ▶ Adverse Reaction (only returned where an allergy/adverse reaction is recorded for the patient on PharmaNet, but where no allergy information exists for the drug)

The message returned by PharmaNet will contain the reaction type, the generic name and DIN of the reported allergen, the date reported

and the role of the individual who reported the allergy.

Allergies and adverse reactions can be added to the PharmaNet patient record using the in-pharmacy computer system by transmitting the DIN of the allergen, as well as a comment about the type of reaction if appropriate. In situations where you are unsure of the specific product causing the allergy or reaction, transmit the DIN of a single-entity product (where possible) which contains the same family of drug. For example, if the patient is allergic to penicillin, any penicillin product can be transmitted to PharmaNet. The enhanced drug allergy module on PharmaNet will use this information to report allergy and adverse reaction DUE.

If you are unsure of how to transmit allergies to PharmaNet using the in-pharmacy computer system, please consult your software documentation or contact your pharmacy software vendor.

Patient Education Monographs

On 24 February, the ASHP Patient Education Monographs (EDUCASHP), which were discontinued in September 1999, were reinstated on PharmaNet.

On 1 April, Short Patient Education Monographs (EDUCSHRT) were discontinued from PharmaNet. First DataBank has discontinued the availability of these monographs due to the lack of comprehensive information. Any requests for short monographs after 1 April will return “NO LONGER AVAILABLE.”

PharmaNet continues to provide Long Patient Education Monographs (EDUCLONG).



College Staff Contact List

(* Indicates part-time staff)

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Plan To Attend

► Panel Assessments

Saturday, 10 June

Saturday, 4 November (*to be confirmed*)

► Forensic Assessments

Friday, 9 June

Friday, 3 November (*to be confirmed*)

► One-day Long-term Care Workshop

"New Ideas for Old Friends"

Saturday, 17 June

Holiday Inn - Metrotown

(*information mailing from UBC CE to follow*)

► Council Meetings

Friday, 16 June

► Annual General Meeting

Thursday, 12 October

Renaissance Vancouver Hotel,
Harbourside(*during the BC Pharmacy Conference program*)

► BC Pharmacy Conference

12-15 October

Renaissance Vancouver Hotel,
Harbourside

People News



Announcements

► District 1 Councillor **Shawn Sandhu** has been elected Vice-President of the National Association of Pharmacy Regulatory Authorities for the coming year, and will be chairing the organization's Executive Committee and assisting the President with his duties.

► **Melva Peters**, the College's PharmaNet Coordinator, has completed course work and examinations to obtain the designation of Microsoft Certified Professional Systems Engineer. She will be maintaining and enhancing the College office's computer network.

► Assessment Programs Director **Carol O'Byrne** has accepted a temporary position with the Pharmacy Examining Board of Canada to assist with the enhancement of PEBC's examination procedures. Carol will continue to be involved with the management of the College's ^{BC}C.A.R.E. Program on a part-time basis.

► **Doreen Leong** will oversee the day-to-day management of the ^{BC}C.A.R.E. Program and continue her part-time position as Assistant PharmaNet Coordinator.

► Former Junior Receptionists **Kelly Baker-Pabla** and **Lori Polegato** are now Senior Receptionist and Clerical Assistant respectively. **Anouk Crawford** and **Geeta Parmar** are the new College staff Junior Receptionists.

Achievements

► UBC Pharmaceutical Sciences student **Serena Verma** has been named one of Pharmacy's Canada Centennial Scholars in recognition of her academic achievements and involvement in student activities. The award is sponsored by the Canadian Pharmacists Association, Apotex/PACE and Pharmasave.