



Four Resolutions Debated At College Annual General Meeting

The College's annual general meeting was held in conjunction with the BC Pharmacy Conference in Vancouver on 12 October. Over 200 pharmacists attended the meeting. President Curt Jordan chaired the meeting, and Registered Parliamentarian Eli Mina facilitated the resolutions debate.

College members were asked to pre-register for the meeting by an established deadline in order to ensure that adequate space and seating were available. Because additional seating was made available, attendance registrations were accepted after the deadline, and all individuals who indicated an interest in attending the meeting were accommodated.

Four resolutions were debated and voted upon. A fifth resolution failed to come to the floor of the meeting when no participants were prepared to move that the resolution be de-

bated. The voting results are not binding on the Council, but are considered to be of an advisory nature.

Resolution 1, calling for amendments to the Code of Ethics to enable pharmacists with religious or moral objections to refuse to provide medications and not be required to refer patients to another pharmacist, was defeated.

Resolution 3, advocating that the College Council facilitate a ban on the sale of tobacco products from all BC pharmacies effective 1 June 2001, was carried.

Resolution 4, requesting that the College Council raise concerns about the protracted review process for additions to the Pharmacare Program's drug benefits, was carried.

Resolution 5, calling for the immediate suspension of the B.C.A.R.E. Program, was carried.

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



Pharmacists To Provide Direct Access To ECPs



Beginning 1 December, BC women will be able to get emergency contraception pills (ECP) directly from certified pharmacists, without seeing a physician first. Changes to regulations were made by Cabinet on 25 October to allow pharmacists prescriptive authority for ECP, including designating pharmacists as "practitioners" for the purpose of providing this medication, and initiating a new drug schedule that includes only the hormones for emergency contraception.

Accessibility is a key factor in the effectiveness of ECP, and pharmacists are ideally positioned to offer this new service. The pills must be taken within 72 hours of unprotected sex, and if a woman's physician or a medical clinic is closed when she needs ECP, a pharmacist will be there to help. A public education campaign is being launched 1 December.

Pharmacists wanting to prescribe ECP are required to take a 1/2-day training session, provided by the BC Pharmacy Association (BCPhA), and become certified providers. Over 800 pharmacists across the province have already taken the training. For more information on training, contact the BCPhA at (604) 279-2053 or (800) 663-2211.

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Rx C.A.R.E Program Update

Before taking any action on the resolution approved by a majority of annual general meeting voters to suspend the ^{BC}C.A.R.E. Program immediately, Councillors have carefully considered the views of the meeting participants, the petition signers and other interested groups and individuals. The Council also has to take into account its legal mandate under the *Pharmacists, Pharmacy Operations and Drug Scheduling Act*.

In immediate response to the ^{BC}C.A.R.E. Program concerns expressed by registrants at the annual general meeting, two major program changes were approved at the 11 October Council meeting:

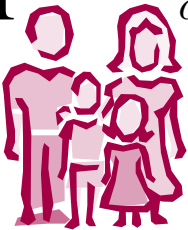
- ◆ Level 2 has been eliminated for ^{BC}C.A.R.E. Program participants who met the standard at Level 1. Participants who met the standard at Level 1 and wish to continue with Level 2 may do so on an optional basis.
- ◆ For Level 2 participants who did not meet the standard at Level 1 and whose only assessment option is the Structured Practice Assessment (OSCE), the assessment fee of \$500 will be paid by the College.

Council held a special meeting 27 October to review further adjustments to the ^{BC}C.A.R.E. Program. After lengthy discussion,

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Confidentiality – Family Matters

The *Pharmacists, Pharmacy Operations and Drug Scheduling Act* states that a pharmacist must not disclose patient record information to a person other than the person named in that record. There are exceptions, such as a requirement to provide information to inspectors, and a requirement to disclose information to a representative of the patient if the patient directs in writing that the disclosure be made. Another exception is that a pharmacist must disclose information to another pharmacist for the purpose of dispensing a drug or device, or a practitioner for the purpose of monitoring drug use. These exceptions are outlined in Section 39 of the Act.



One of the most common examples of requests for medication history information is when a family is preparing their income tax returns. Pharmacists are often asked to provide a medication profile for a spouse or a child for income tax purposes. Medication records

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Mail Ballot Option Designed To Replace Proxy Voting

Concerns were expressed this year in conjunction with the College’s annual general meeting resolutions about the replacement of the proxy voting option with a mail ballot option. The amendment to the Rules of the College were approved by Council in 1997, at which time the revised document was distributed to all registrants and pharmacy managers with a memo highlighting the Rule changes, including the switch from proxy voting to mail ballot procedures.

The Council decided to change the proxy voting system following the 1997 annual general meeting, at which time a number of pharmacists reported their perception that they were obligated to turn over their signed proxy voting authorization to their employer when asked to do so. After consulting with a parliamentarian and other experts about the meaning and usefulness of proxy votes, the Councillors concluded that eliminating the proxy voting option would help

prevent the possibility of proxies “weighting” a vote and ensure maximum control for individual registrants.

In order to enable the Council to obtain membership-wide input, the mail ballot option was added to the Rules. This provision allows the voting participants at an annual general meeting to order a mail ballot by a two-thirds majority vote. The Council may also initiate a mail ballot by a majority vote at a regularly scheduled Council meeting. If either of the initiatives is successful, the Council is authorized to establish the procedures for the mail ballot.

Like resolution votes at annual general meetings, mail ballots are advisory in nature, and the Council is not bound by the outcome of the vote. The reason for this provision is that the Council is obligated by its mandate to consider the positions and opinions of all stakeholders, and not only those of College registrants.



Discipline Hearing Conducted

On 5 October 2000 a panel of the Discipline Committee inquired into the conduct of Mr. Diamonaldi Tejani, Diploma # 03342, pursuant to Section 58 of the *Pharmacists, Pharmacy Operations and Drug Scheduling Act*.

On October 1999 Mr. Tejani was convicted in Provincial Court of an offence contrary to paragraph 239(1)(d) of the *Income Tax Act*, R.S.C. 1985, c. 1 (5th Supp.), namely, willful evasion or attempt to evade compliance with the *Income Tax Act* by understating income in his T1 Individual Income Tax Returns for the taxation years 1992 to 1994 inclusive and by understating income in the T2 Corporation Income Tax Returns of Diamond Drugs Ltd. for the taxation years 1993 and 1994.

The Panel was presented with a Statement of Facts agreed to by both the College and the member, including recommendations for penalty. The Agreed Statement of Facts confirmed the fact of the conviction in Provincial Court and Mr. Tejani's guilty plea to the charge of misconduct as a pharmacist. Mr. Tejani submitted letters of reference from colleagues and members of his community attesting to his good character.

The Panel stated that tax evasion cannot be tolerated in the profession of pharmacy, as trust is the foundation of the profession. The Panel wishes to demonstrate to the public the seriousness with which they view this crime and deter other members from similar conduct that may compromise the integrity of the profession.

In considering the penalty, the Committee took into account the member's guilty plea at both criminal court and before the College and the fact that the Registrant has already been subject to considerable penalty through the criminal process. They also considered the reference letters that described the registrant's good character, and the fact that he had no prior disciplinary record.

The penalty assessed was:

1. The Registrant shall be suspended for three (3) weeks.
2. The Registrant shall pay to the College the costs of these proceedings in the amount of \$5,000.



Assessors Needed For New PEBC Exam

Beginning in the spring of 2001, the Pharmacy Examining Board of Canada (PEBC) is implementing a new practice-based examination component to complement the written examination for certification. The new exam is based on the Objective Structured Clinical Examination (OSCE). The competencies to be assessed by the written and practice-based exams are those adopted (or adapted) by all member provinces of the National Association of Pharmacy Regulatory Authorities. For the first time, these provinces will have a common basis for licensure of pharmacists.

PEBC invites pharmacists who are involved in providing or directly supervising patient care services (including dispensing, clinical and drug information services) to participate as assessors in the new examination. Practising pharmacists' involvement as assessors is both personally and professionally rewarding. We hope that many of you will respond to this invitation.

For more information and to receive a PEBC Assessor Interest Survey form and Guidelines for Assessor Selection, please contact Sharon Kerr at the College office, or visit the PEBC web site at <http://www.pebc.ca>.

Providing Pharmacy Care For American Patients

Pharmacists are not permitted to dispense prescriptions authorized by physicians who are not registered or licensed in a Canadian province. American patients coming to Canada to obtain prescription drugs need to obtain a prescription from a Canadian prescriber.

Some Canadian prescribers are inviting American patients to attend their special or regular clinics to obtain prescriptions for Canadian products. The prescribers are requiring that the patients provide them with letters from their American physicians, outlining their medical condition and confirming the medications prescribed by the United States-based physician.

If a BC pharmacist discovers a drug-related problem, which requires attention and which cannot be resolved by discussion with the patient, the pharmacist needs to contact the BC prescriber to resolve the problem. It is not appropriate to attempt to resolve a drug-related problem with the patient's US-based physician when the prescription has been authorized by a BC prescriber.

Pharmacists are also expected to meet the provincial standards of practice and legislative requirements when providing Schedule I, II or III drugs to American patients.



Council Highlights

The Council of the College of Pharmacists of British Columbia met at College Place in Vancouver on 11 October 2000 for its regularly scheduled meeting prior to the BC Pharmacy Conference. The Councillors made decisions on the following agenda items:

- ▶ The Registrar presented a three-year operational outcomes plan, based on the Council's Vision / Outcome statements. Council approved the plan in principle and will review budget information at its December meeting.
- ▶ In response to registrants' comments and concerns, the Council decided to make two major ^BC.A.R.E. Program changes. Level 2 has been eliminated for ^BC.A.R.E. Program participants who meet the standard at Level 1. For Level 2 participants who do not meet the standard at Level 1 and whose only assessment option is the Structured Practice Assessment (also known as the OSCE), the assessment fee of \$500 will be paid by the College, rather than the individual pharmacist.
- ▶ The Councillors approved the concept of a two-part pharmacist registration framework, consisting of a Patient Care Pharmacist register and a Non-Patient Care Pharmacist register. Detailed requirements for movement between the two proposed registers were also discussed. Legislative changes will be required prior to the implementation of the proposal. Comprehensive information about the proposal will be provided to registrants at a later date.
- ▶ Council accepted the Registrar's and Pharmacist Workforce Task Group's proposal for advanced implementation of the reciprocity arrangements formalized in the Mutual Recognition Agreement (MRA). The office staff will target 1 January 2001 for implementation of the program. Under the MRA, each of the nine signatory provinces will accept one another's registrants with minimal documentation and without further assessments if the applicants are registered as practising pharmacists.
- ▶ The College's Internship Program was adjusted to permit students to provide documentation of the required 840 hours of structured practical training, using their UBC Structured Practice Education Program hours and dispensary-related experience (subject to verification by their pharmacist employers). Students who are unable to document the required number of hours will need to arrange their own practice sites to fulfill the requirement prior to registration as a pharmacist with the College.
- ▶ The Community Pharmacy Practice Committee was given responsibility for maintaining the list of required pharmacy references. Council approval will no longer be required for updates, additions and deletions.
- ▶ Councillors approved a motion to support in principle the National Association of Pharmacy Regulatory Authorities' *Model Continuing Competence Program for Canadian Pharmacists*. Further discussions will be held to decide what elements of the model program might be implemented in British Columbia.
- ▶ Board of Examiners member Kathy McInnes was appointed to succeed Mits Miyata as British Columbia's representative on the Pharmacy Examining Board of Canada, at PEBC's annual general meeting in early 2001.

PharmAction Program Expands Into Doctors' Offices

PharmAction, now in its fifth year of operation, is an effective and popular patient information program distributed in 3,500 pharmacies across Canada. The program's success has prompted such a positive response from physicians that it is now being distributed in over 1,000 doctors' offices, where it is known as MedAction. For the first time, exactly the same information is now available in Canadian pharmacies and doctors' offices.

PharmAction provides patients with the facts they need to know about a wide variety of topics, including acne, antibiotics, asthma, COPD, cholesterol, congestive heart failure, diabetes, gastric problems, hypertension, migraine, pregnancy, and your pharmacist. Its unique interactive format helps patients focus on the key questions they should be asking, and helps them understand such important treatment issues as the efficacy of their treatment, barriers to treatment, and existing or potential problems such as side effects and allergies. Covering such topics as the goals and expectations of pharmacological and non-pharmacological treatment, and the proper use of medication, PharmAction provides patients with concise, relevant information developed in cooperation with medical societies and public health associations.

For more information, call Communimed at (800) 363-5634.



In Brief



► Influenza Prophylaxis Information

The Vancouver General Hospital has already had a flu outbreak on a residential care unit. For information to help say adieu to the flu, view Health Canada's 2000-01 statement on influenza prophylaxis at <http://www.hc-sc.gc.ca/hpb/lcdc/publicat/ccdr/00vol26/26sup/acs2.html>.

► Patient Request for Discontinued Drugs

The College has been contacted by a patient concerning the unavailability of a medication. Single entity reserpine and Ser-Ap-Es® from manufacturer Novartis both worked well for the patient but have been discontinued. Any pharmacy that has either of these drugs in stock is asked to contact Pharmacy Manager Elaine Lo at Grand Pharmacy in Vancouver, (604) 876-6410.

► Payment for Balance of \mathbb{R} Owing

Concern has been expressed to the College office by several patients in recent weeks about the practice of pharmacies requesting full payment for a prescription, even though the full quantity has not been dispensed due to inventory shortages. For example, one patient had a prescription for 300 tablets, but only 14 were dispensed. The pharmacy requested payment for the full 300 tablets, and the patient was not certain that she could or should request to only pay for the quantity received. While most patients do not wish to pay two professional fees, they could be offered the option of paying an amount proportional to the quantity being provided, with the balance of the total cost to be paid when the quantity owing is obtained.

► Change in Manager Notifications to College

Members are reminded that pharmacies must notify the College as soon as there is a new manager. The change notice has to come from any director of the corporation that owns the pharmacy (i.e. not the pharmacy manager if s/he is not a director). Legal problems can result if difficulties arise at a pharmacy where the named pharmacy manager is no longer in charge/has departed, but no new manager has been named by a director in a change notice.

A departing pharmacy manager should notify the College him/herself of this change to avoid any possible problems which could jeopardize his/her standing.

► Acupuncture Registration

Acupuncturists are now regulated in the province. Under the Acupuncture Regulation, any individual who wishes to practise as an acupuncturist must register with the College of Acupuncturists of BC no later than 21 June 2001. There is currently a one-year grandfathering provision for individuals who have practised acupuncture before December 1998. This provision will be annulled by June 2001. Once the opportunity is missed, all future applicants will be required to pass an acupuncture examination after completion of an approved educational program of three to four years duration.

Drug Updates



◆ The Ministry of Health has issued a consumer alert concerning **nonoxynol-9 (N-9)**. A recent study conducted by UNAIDS in Africa found that nonoxynol-9, a product widely used in spermicides, was not only ineffective in preventing HIV infection in the trial subjects, but may have increased the women's chances of becoming HIV positive. The Provincial Health Officer recommends sexually active women be informed that:

1. The benefits of any N-9 lubricated condom probably outweigh the risk

of using no condom at all. However, the best STD and HIV barrier is a latex condom without N-9.

2. Condoms lubricated with N-9 should not be used for anal intercourse.
3. Those using condoms lubricated with N-9 for vaginal intercourse should be provided with information

regarding the potential for irritation of the vaginal and cervical mucosa which in turn increases the risk of HIV infection.

4. The risks and benefits of using N-9 as a method of preventing pregnancy should be evaluated for individual patients.

◆ **Tiazac®** is a novel, once daily formulation of diltiazem with a unique pharmacokinetic profile. It is not considered interchangeable with the diltiazem controlled-delivery products that are currently interchangeable in B.C.



Community Pharmacy Corner

Prescription Labels

Bylaw 40 states that a prescription label is to contain the name, address and phone number of the pharmacy. The Community Pharmacy Practice Committee reminds pharmacists that the purpose of the address is to identify the *location* of the pharmacy. A P.O. Box number does not accomplish this. Therefore, the street address needs to be included on pharmacy labels. Please keep this in mind when re-ordering your labels.

Dispensing Authorized Refills

Both federal and provincial regulations require that specific refill authorizations be honoured only in the quantities and at the intervals stated by the physician.

- ▶ Patients may not receive one or more of the refill quantities along with the original fill.
- ▶ Patients may not have more than the authorized refill quantity dispensed at any one time.
- ▶ Patients may not receive the authorized refills sooner than the time interval indicated by the physician. (Pharmacists may need to use their judgement to some extent in this matter. With some drugs and some patients, dispensing a refill one or two days early might be reasonable depending on the circumstances. With some “target drugs” and some patients the physician’s instructions for refill dates need to be followed to the letter.)

Pharmacists must contact the physician directly for authorization to alter the original order. Patients should be informed of this requirement when they request combined quantities or early dispensing of refills.

Keep in mind that part-fills have been dispensed at the request of the *patient*. This should be noted on the file or original prescription. When the patient has requested a quantity decrease, the balance of the prescribed quantity can be dispensed whenever the patient asks for it.

Confidentiality Matters Continued from page 2

should not be given to anyone but the patient without the written consent of the patient. Some pharmacies have developed a small form that they have the patient sign, indicating that they have authorized the pharmacist to release their medication profile to their spouse or parent.

The *Infant’s Act* describes a minor’s right to confidentiality of their health records. An infant is a minor of any age. This Act says that an infant may consent to health care without the consent of their parent or guardian. The infant’s consent is valid if the health care provider has explained and is satisfied that the infant understands the nature and consequences of the health care as well as the reasonably foreseeable benefits and risks, and has made reasonable efforts to determine, and has concluded, that the health care is in the infant’s best interests. Even if a pharmacist were not

aware of the provisions of the *Infants Act*, every pharmacist does know that medication records or patient-specific medication information can only be given to the patient (or anyone else with the patient’s written consent). The only question to be asked then is “Who is the patient?”

There will be some instances when it will seem likely that an infant has consented to health care on their own (e.g. if a minor female is on birth control pills or has taken emergency contraception). There are other instances when a minor may have consented to health care on their own, but it is not evident from the medication profile. Unfortunately it is not as simple as saying that every minor under a certain age cannot make independent decisions and all other people can. If a pharmacist is not aware of a relationship between the parent

and the child’s health care, it is best to get the permission of a child to release their medication profile to a requesting parent or other adult. This may anger some parents, but they must be informed that your first obligation is to respect the confidentiality of your patients.

When it is clear that a parent or guardian is making health decisions for a child, the matter may be further complicated by issues of guardianship. Generally, both parents are joint guardians of their children and are responsible for making decisions affecting the child’s financial and personal well being. If the parents are living apart from each other, the parent who usually has care and control of the child is the sole guardian unless a court has ordered otherwise. In the unusual case that the child’s guardian is not the parent they live

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Hospital Pharmacy Insights



Bylaw Implementation Update

The 31 March 2001 implementation deadline for the first sections of the hospital pharmacy bylaw is approaching quickly (see the July/August 2000 *Bulletin* for the timetable). Here are some common questions about hospital pharmacy bylaw implementation:

Do we need to redesign the medication distribution system for our hospital? If so, what safety features do we need to include?

Bylaw 74.1 identifies the safety features that need to be built into every medication distribution system. Bylaw 74.2 identifies three distribution systems that may be used.

In the smallest hospitals, an individual patient prescription or seven-day monitored dosage distribution system are reasonable choices. Larger hospitals should be moving towards unit-dose distribution systems. Priority should be assigned to IV admixtures before unit-dose distribution of oral medications.

The medication cupboard in the emergency department does not have much space. Why can't we supply "starter packs" in labelled ziploc bags or coin envelopes?

Medication safety comes first. The College has received two separate reports of toddlers who ingested medications from coin envelopes given out by emergency departments. Bylaw 80.2 requires that emergency "starter packs" must be in child-resistant containers.

What about pass medication containers?

Child-resistant containers must be used, unless the patient or resident requests otherwise (bylaw 79.2). If requested, pass medications can be supplied in compliance packaging or snap-cap vials. Remember that many geriatric residents on a pass may stay in a home with small children or grandchildren.

We use a monitoring form to record and follow up extended care medication reviews and recommendations. The forms are kept in a binder in the pharmacy. Do we need to do any other documentation?

Many pharmacists use their own monitoring forms. Bylaw 87.7 requires that you also make this information available to the rest of the resident's health care team by documenting your medication review and results in the resident's health record.

If you have never done this or would like guidance about how to document your reviews, CSHP has a useful information paper called *Documentation of Pharmaceutical Care in the Health Record*. It is included in CSHP's "Official Publications" book.

Does a pharmacy in a small hospital require an alarm system?

The hospital size or location does not matter. Bylaw section 72.7 now requires that all hospital pharmacies be secured after hours with "suitable locks and alarms."

Do we have to file and store all medication purchase orders and invoices for three years?

No, Council has approved the deletion of statement 78.4.

The next issue of the *Bulletin* will have more bylaw information. If you have questions about how specific bylaw sections apply to your practice site, please contact Sharon Clark at the College office or e-mail SClark@collegepharmacists.bc.ca.

Confidentiality Matters *Continued from page 6*

with, the guardian will have documentation indicating that they are indeed the guardian. A pharmacist who becomes aware of this uncommon scenario should not hesitate to ask for documentation that the

person is the child's guardian before releasing medication records or patient-specific medication information.

The confidentiality of health records and health information can pose difficult dilemmas for pharmacists.

All that can be done is to make reasonable inquiries and attempt as much as possible to make the correct judgement about whether to provide the requested records or information.



Drug-to-Drug Interaction Enhancements

In September, the drug-to-drug interaction module on PharmaNet was enhanced to include herbal drug interactions. First DataBank (FDB), the supplier of PharmaNet's clinical drug information, added the herbal interactions at a severity level of "2," defined as "assess risk to patient and take action as needed." Severity level 2 interactions have been documented as at least likely to occur in some patients, even though more clinical data may be needed. In instances where the interaction has been further substantiated with clinical data, the severity will be changed to a "1."

Earlier in the year, an enhancement was made to the Drug Information Transaction (TDR) to return drug-to-drug interaction monographs. The TDR transaction previously returned only patient education monographs.

Software changes to the in-pharmacy system and compliance testing are required prior to implementation of this enhancement. The PharmaNet Users Group recommended that implementation of the enhancement to the TDR



transaction by the software vendors be done on an optional basis.

This transaction presents an interaction monograph when a single DIN or two DINs are entered. The information contained in the monograph includes the mechanism of action, clinical effects and patient management, as well as references for the interaction. Transmission of a single DIN will return all possible drug-to-drug interaction monographs for the DIN. When two DINs are transmitted, the monograph(s) for the pair of DINs will be returned. Since the transmission of a single DIN will return all possible monographs, it is strongly recommended that two DINs be transmitted whenever possible.

Pharmacist Identification

Each transaction sent to PharmaNet must include the diploma number of the pharmacist responsible for that transaction. As a result of the College's recent Patient Access Audits, it has come to our attention that some in-pharmacy systems contain incorrect pharma-

cist information. In some cases, the diploma number of the pharmacist has been entered incorrectly (e.g. two numbers may be transposed, 09676 instead of 09766).

In order to ensure that the correct pharmacist is identified on the transaction sent to PharmaNet, pharmacy managers are asked to review all pharmacist records on the in-pharmacy system. In addition, to ensure that your pharmacist diploma number cannot be used by other pharmacists if you no longer work at the pharmacy, ensure that the pharmacy manager "inactivates," "disables" or "revokes" your pharmacist ID when you leave.

Patient Education Monograph Changes

First DataBank is adding three new sections to the Patient Education Long Monographs supplied through PharmaNet. This enhancement is expected to be implemented in December 2000. The new sections are Warnings, Overdose and Other Uses (non-labelled indications).

If you have any questions about the enhancement, please contact the PharmaNet Coordinator at the College office.

^BC.A.R.E. Update

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the Council decided to form a task group, including representatives from the College's Board of Examiners, the BC Pharmacy Association and other interested stakeholders. This group will develop further revisions to the ^BC.A.R.E. Program, reporting to the February 2001 meeting of the Council with a proposed survey form to send to College registrants. The results of the survey are to be tabulated and presented to the April 2001 meeting of the Council.

The Council also decided to suspend the initiation of any further ^BC.A.R.E. Program assessments for Level 1 participants until 1 May 2001. Individuals currently registered for a Level 1 assessment may continue if they wish to do so. All Level 2 assessment activities are to continue for participants who did not meet the Level 1 standards.

Members will be kept informed of ^BC.A.R.E. Program developments through special mailings and future *Bulletin* publications.



Resource Source



◆ Recommended Health and Medical Web Sites

There are an estimated 50,000 health and medical web sites. Anyone seeking credible health information on the Internet should be aware of who sponsors the site. Medical associations, hospitals and academic medical centres are usually reliable. Those selling devices, drugs and other products may be less reliable. Some of the Medical Library Association's recommended sites include:

- American Medical Association Health Insight - www.ama-assn.org/consumer.htm
- MEDLINEplus - www.nlm.nih.gov/medlineplus
- Centres for Disease Control and Prevention - www.cdc.gov
- Healthfinder - www.healthfinder.org/default.htm
- HealthWeb - www.healthweb.org
- Mayo Clinic Health Oasis - www.mayohealth.org

◆ Chronic Health Conditions Self-Management Program

The Vancouver/Richmond Health Board has funded a new health promotion program, "Living A Healthy Life with Chronic Conditions." This extensively researched self-care strategy gives people with chronic conditions (e.g. arthritis, diabetes, stroke, heart problems) the tools and confidence required to participate in managing their own health. Topics covered include the concept of self-management, symptom-control techniques, medications, exercise, communication with health care providers, and planning for the future. Workshop participants are self-referred, and family members and friends who are frequently affected indirectly by an individual's condition can also participate.

The free workshops are being presented throughout Vancouver and Richmond, consisting of 2 1/2 hour sessions, once a week for six weeks. For more information on locations and dates, see the web site www.ihpr.ubc.ca/healthyliving under the "Course Overview" tab, or call Barbara Henn-Pander at (604) 822-0634.

◆ New Herbal Companion

The 200-page *Herbal Companion to AHFS DI* offers evidence-based information on herbal ingredients representing thousands of herbal products. An introductory offer price of \$34.95 U.S. (reg. \$39.95) and \$24.95 U.S. for students (reg. \$29.95) expires 31 December 2000 (plus GST and brokerage/shipping charges). For further information or to order the book, contact AHFS Drug Information at Tel: (301) 657-4383, Web Site: www.ashp.org.

◆ New Drug Information Resources

The College recently forwarded pharmacy managers two helpful documents for use by staff as you work with patients and prescribers to identify, prevent and resolve drug-related problems. The resources include:

- Benzodiazepines: How They Work and How to Withdraw

The booklet has been prepared to educate patients and health professionals, and features a review of benzodiazepine pharmacology, protocols for withdrawal from specific benzodiazepines, and information about acute and protracted withdrawal symptoms and their management.

- Drugs in Breast Milk 2000

The Summer 2000 issue of the BC Women's Clinical Pharmacy Bulletin features an extensive table, index and reference list pertaining to drugs in breast milk. The table, organized by categories and drug names, includes risk assessments and comments for each entry. Instructions are provided on how to use the table as a guide when selecting medication for a nursing mother.

Annual General Meeting

Continued from page 1

The Council decided to hold a special meeting on 27 October to discuss the concerns raised during the debate of Resolution 5. The other resolution topics will be added to the agenda of the previously scheduled December Council meeting.

The College's auditor, Tony Crerar of Grant Thornton LLP Chartered Accountants, attended the meeting to present the audited financial statements for the 1999-2000 fiscal year and to answer questions about the statements and the College's

financial position.

The annual general meeting minutes are available upon request, and they are posted on the College's web site at www.collpharmbc.org under "Resources."



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Achievements

- ▶ **Carol O'Byrne**, Director, Assessment Programs, has received the Pharmacy Practice Magazine's Commitment to Care Award for Service to the Profession. Carol was recog-



Plan To Attend

▶ International Medicine and Tropical Diseases Conference

24-25 November, 2000 - \$99 fee
Victoria Conference Centre
Contact: Nova Clinical Services,
Tel: (250) 658-6056

▶ BSP Class of '91 Reunion

College of Pharmacy, University of Saskatchewan
29 June - 1 July, 2001
Contact: Susan Yee, Tel: (306) 789-4467, E-mail: gsyee@sk.sympatico.ca

▶ CSHP Banff 2001: A Pharmacy Odyssey Seminar

16-18 March, 2001
Contact: Janet Hutchison,
E-mail: mhutchison@home.com

▶ Council Meetings

1 December, 2000
23 February, 2001
27 April, 2001
22 June, 2001

People News



Announcements

- ▶ **Erica Gregory** of Castlegar (practising at the Safeway Food & Drug Pharmacy in Trail) was elected College President for the 2000/2001 term at the 12 October Annual Meeting. She was also nominated as President-elect, due to the unavailability of others to take on the position.
- ▶ Council has named **Gordon Eddy** as the new Inquiry Committee nonpharmacist appointee.
- ▶ Pharmacy Practice Consultant (office-based) **Ashifa Keshavji** is on maternity leave, with temporary staff **Sheryl Peterson** completing telephone-based practice consultation three days per week, and **Kristi Williams Hirsh** conducting PharmaNet-related work two days per week.

Commitment to Care Award for Health Promotion.

- ▶ First-year UBC student **Gina Yu-Ching Tsai** has been selected to receive the College of Pharmacists of BC Entrance Scholarship of \$750.
- ▶ The BC Pharmacy Association presented the following awards:
 - New Horizons Award**
Corinne Gardner, Laurie Gerbrandt, Jody Keiner, Rhonda Novitsky, Ken Tuffin

Future Leaders Award
Bradley Ho, Fong Huynh

Achievement Award
Glen Franzen

Ben Gant Innovative Practice Award
Susan Troesch

Certificate of Recognition

- Distinguished Service

David Hill, Simon Ng, Vince Zuccaro

- Service

Doson Chua, Wendy Eng, Alan Low, Sharon McKinnon, Dennis MacRae, Blake Reynolds, Dawn Warkentin

nized for her leadership in the development of the College's Framework of Professional Practice and related ^BC.A.R.E. Program assessment tools. **Allan Rajesky** was a recipient of the