

Health Professions Act transition approaching

Initial changes won't affect pharmacy practice

In 2003 the Ministry of Health notified the college that the regulation of pharmacy practice would be moved under the Health Professions Act (HPA). All other health professions in B.C. are regulated under the HPA, or will be in the near future. This transition is part of a trend across Canada to regulate health professions under a common legislative framework. The basic functions of health profession regulatory bodies remain:

- Establishing and enforcing standards of practice and ethical conduct.
- Maintaining continuing competency and/or quality

- assurance programs to ensure standards compliance.
- Administering rigorous and fair registration processes.
- Providing mechanisms to investigate and resolve patient/public complaints about professional services or practitioner conduct.

The HPA is accompanied by regulations and college bylaws that are specific to each profession.

The regulation of pharmacists (the first "P" from PPODSA – the Pharmacists, Pharmacy Operations and Drug Scheduling Act) will move under the HPA, and the regulation of pharmacy operations and drug scheduling ("PODS") will move under the Pharmacy Operations and

Drug Scheduling Act (PODSA).

Practice changes later

According to the Ministry of Health, initial changes are limited to ensure a smooth transition to the new acts. Most changes involve moving existing sections from PPODSA to either the HPA and/or the PODSA, and minor "housekeeping" changes.

Once the new acts, regulations, and college bylaws are proclaimed, there will be opportunities for amendments around new initiatives such as technician regulation and expanded scope of practice.

The ministry anticipates that most currently regulated health professions will become regulated under the HPA by the end of 2007 or early 2008.

Increase in fake narcotic scripts

OxyContin® prescriptions require special attention

An increase in the number of forged prescriptions written on controlled prescription program duplicate forms led to a recent meeting between our college and the College

of Physicians and Surgeons of B.C. Bogus narcotic prescriptions are being written on cleverly designed fake forms that look like the real thing. The two colleges are working to address this serious issue.

What's happening

Watch for the following:

- Patients calling to ask if a certain narcotic is in stock, and in what quantity.
- Out of province patients who don't have PHNs.
- Patients coming to late-night pharmacies to have a narcotic prescription filled.
- Teen or young adult patients with narcotic prescriptions.

What you can do

If you are suspicious about a patient's request to fill a controlled prescription for the reasons listed

above, or for any other reason, do the following:

- Ask the patient for two pieces of ID, one containing a photograph.
- Call the prescribing physician.
- Dispense a one- or two-day supply if you cannot reach the physician.
- Contact the college at 604-733-2440 or 1-800-663-1940.

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ReadLinks

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Your questions and comments about this newsletter are welcome and may be forwarded to the registrar.

The *ReadLinks* newsletter provides important college and pharmacy practice information. All pharmacists are expected to be aware of these matters.

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from the Registrar

PDAP: a third way?



Marshall Moleschi

PDAP Cycle 2 is now underway. Cycle 1 started in 2003 and involved approximately 1,200 B.C. pharmacists, which at the time was about half of all registered pharmacists with at least five years of practice experience. Cycle 2 started in 2006 with the participation of qualifying pharmacists who weren't selected for Cycle 1. By the end of Cycle 2, all registered B.C. pharmacists in practice for five years at the beginning of a PDAP cycle will have been able to demonstrate professional development.

One part of PDAP that is as important as any other is participant feedback. From day one, the B.C. pharmacists who designed and tested PDAP understood the importance of giving participants an opportunity to share their experiences and ideas. The college has received useful feedback from pharmacists who have taken part in PDAP, and from those who are preparing to do so.

Another key concept of PDAP is choice. Currently, pharmacists have the choice of two tools in the first phase (knowledge assessment and learning and practice portfolio). Participants who are unable to meet first phase standards can select from four tools for the second phase of their cycle.

Recently, some pharmacists have asked about another option, based on a traditional continuing education (CE) model. CE can be incorporated into a learning and practice portfolio (LPP), along with a number of other types of learning, including conferences, workshops, home study, and research. The pharmacists who asked about the CE-based option are wondering if a model could be developed with a continuing education course focus that still meets PDAP standards.

The college is investigating this possibility. We are currently assessing programs in Alberta, Saskatchewan, Manitoba, the United Kingdom, and New Zealand that incorporate substantial CE programs into their professional development plans. Typically, these programs include reflection, planning, action, and evaluations. Participants decide what they want to learn based on practice challenges, select a CE course that meets these needs, and then demonstrate with thorough documentation that the program has addressed patient-care needs.

At its February meeting, council discussed the PDAP program, and considered registrants' comments made at the college's AGM last fall. Council recommended the board of examiners investigate a CE-based option.

PDAP

PDAP will continue to develop to reflect new opportunities, scope of practice growth, and the standards

pharmacists set for themselves, all in the name of safe and effective patient care.

FDB contraindication clarified

Status of well-known drug combo remains the same

Pharmacists with patients who have been prescribed both anticholinergic and potassium medications may have seen a new drug interaction notice on their computer screens.

Beginning last summer, First DataBank (FDB), which provides drug interaction information to PharmaNet, introduced an interaction message that now appears when processing new or refill prescriptions for drug combinations involving oral potassium and anticholinergic products.

Essentially, the message says all solid oral dosages of potassium chloride are contraindicated in any patient using oral anticholinergic drugs, due to the potential risk of gastrointestinal complications resulting from delayed GI motility. FDB categorized the interaction as "SL1 (Severity Level 1 – Contraindicated)," its most serious classification. For inhaled anticholinergic drugs, FDB assigned "SL2 (Severe Interaction)."

While many pharmacists probably wondered if a new drug interaction had been discovered, this is not the case. Rather, the notice is an example of FDB's regular addition of material based on its criteria.

CPS product monographs for oral potassium preparations don't express the same level of caution as that carried in the FDB message. For example, one manufacturer's

monograph states: "Since anticholinergic agents have the potential to slow gastrointestinal motility, caution should be exercised when prescribing solid oral potassium preparations to patients concurrently receiving anticholinergic agents."

The college contacted FDB to see if the SL1 classification for interactions with oral anticholinergics could be changed to SL2, which indicates a potentially less serious interaction. FDB declined to do so, but did agree to adjust the monograph text (which is fully displayed on some local pharmacy software systems) to reflect the need for caution, rather than an outright contraindication.

Pharmacists are aware that patients using potassium alone or with anticholinergic medications may have some risk of adverse GI effects depending on the dose of potassium, the degree of GI motility impairment, and the presence of other concomitant risk factors. Pharmacists routinely assess this risk and counsel patients accordingly.

Continue to counsel patients who may be on this drug regimen about the importance of monitoring their gastrointestinal health; potassium and anticholinergic medications can continue to be used together safely in many patients, when taken as directed and monitored by the patients and their health-care providers.

DRUGS NURSE PRACTITIONERS CAN PRESCRIBE

Schedule I is the thing to remember

Nurse practitioners (NPs) can prescribe any Schedule I prescription drugs within their scope of practice. They may also prescribe Schedule II and III non-prescription drugs that are restricted to sale only in pharmacies, and unscheduled drugs. They cannot prescribe drugs listed in the schedules to the Controlled Drugs and Substances Act (CDSA). This is because the definition of a practitioner in the CDSA includes only medical practitioners, dentists, and veterinarians. As a result, at this time nurse practitioners may not prescribe narcotics, benzodiazepines, anabolic steroids, barbiturates, or amphetamines.

Nurse practitioners are registered nurses who have received additional education. They are trained to diagnose and manage diseases, disorders, and conditions within the limits of their legislated scope of practice, individual competence within that scope of practice, and the stream in which the nurse practitioner is registered to practice (family, adult, or pediatric).

Nurse practitioners are authorized to prescribe drugs under the authority of the Health Professions Act's regulations for nurse practitioners. See the College of Registered Nurses of B.C. website for more information.



www.crnbc.ca

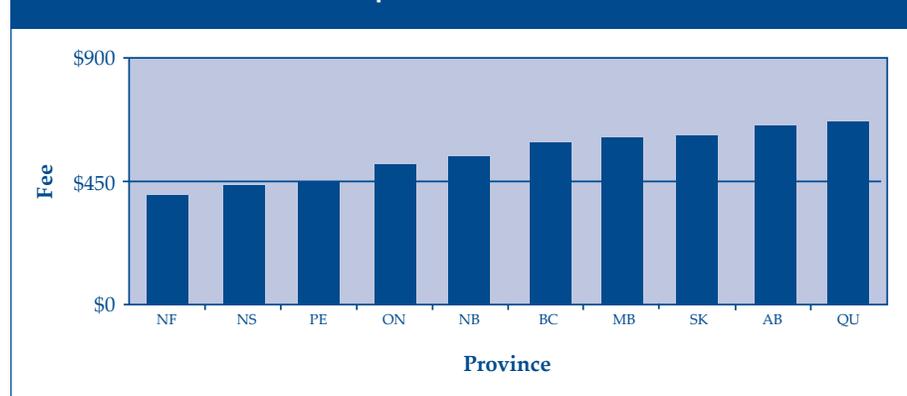
By the numbers

No fee increase this year

The budget for the college's next fiscal year, which began on March 1, has good news for B.C.'s pharmacists: no registration fee increase. Last fall, council approved the college's 2007-2008 budget and held the line on how much pharmacists pay to register. Currently, the CPBC annual pharmacist licence fee is \$595. How does this compare to what pharmacists across the country pay? Very favourably. As the table to the left shows, B.C. is mid-pack compared to other regulatory bodies.

Two other sets of figures are worth noting: registered pharmacists in B.C. reached the 4,000 mark late last year, and the number of pharmacies reached 1,000. These numbers are significant milestones that reflect our profession's growing role in meeting the health-care needs of patients around the province.

2006-07 pharmacist licence fee



Vaccine scheduling update

Enter pharmacist-issued vaccines in PharmaNet

In 2006, drug schedules for vaccines changed. This caused some confusion among health professionals. For example, many still think Hepatitis A and B vaccines do not require a prescription. Prior to 2006, Hepatitis A and B vaccines were considered Schedule II for all indications. The 2006 drug schedules indicate vaccines may either be Schedule I or II, depending on the target indication.

The following interpretation is an attempt to clarify the official vaccine schedule.

Schedule II vaccine interpretation

Vaccine indications which fall under Schedule II regulations include:

- Influenza vaccine.
- Targeted routine and non-routine vaccine indications which are part of a provincial immunization program.
- Vaccines requiring special enhanced public access due to disease outbreaks.

- Cholera vaccine (oral, inactivated) when used for prophylaxis against travellers' diarrhea due to enterotoxigenic escherichia coli (ETEC).

Schedule II target indications are defined under the provincial program.

Schedule I vaccine interpretation

If the target indication for a vaccine is not defined under the provincial program, the vaccine is Schedule I.

For a list of vaccines and indications under the provincial immunization program, go to the B.C. Centre for Disease Control's (BCCDC) Immunization Schedule website (listed on page 5). Section 7 (biological products) provides a detailed list of eligible program recipients.

NAPRA vaccine schedule

The following table is abridged from NAPRA's drug schedule entries for vaccines. For clarity, we have added the

B.C. recommendation in brackets – "except when indicated under the provincial immunization program."

Pharmacists are welcome to use NAPRA's vaccine schedule to help clarify the current scheduling in B.C.

Travel vaccines

A common question the college receives is, "Do I need a physician's prescription to supply combination Hepatitis A and B vaccine (e.g., Twinrix®) or single antigen Hepatitis A vaccine to travellers on their way to the doctor's office to have it injected?"

The answer is yes. Twinrix® and Hepatitis A require a prescription in most situations, unless the patient meets the criteria of indications listed in the provincial immunization schedule. In general, any patient meeting the provincial immunization schedule indications is eligible to

continued on page 5

PHARMACY ELSEWHERE

Ontario

Community pharmacists will play a key role in Canada's first province-wide colorectal cancer screening program. The provincial government has launched a \$200 million initiative to screen average-risk patients over the age of 50. As the program rolls out, at-home fecal occult blood test kits will be available at some pharmacies. Colorectal cancer is second to only lung cancer for cancer-related deaths in Canada. In 2006, 8,500 people died from it.

California

The California Board of Pharmacy has given a green light to an expansion of prescription drop boxes and automated prescription drug delivery. Patients seeking prescription refills can drop the script into a box adjacent to a pharmacy, and later pick up the refill from an automated kiosk in the same area. Pharmacists must be available to answer any patient questions about the drug refill, and pharmacists can choose not to dispense an automated refill if they believe a patient requires prescription-related counseling.

NAPRA vaccine schedule	
Vaccine	Schedule
Cholera vaccine (except oral, inactivated, when used for prophylaxis against travellers' diarrhea & due to enterotoxigenic escherichia coli)	I
Cholera vaccine (oral, inactivated) (when used for prophylaxis against travellers' diarrhea & due to enterotoxigenic escherichia coli)	II
Diphtheria toxoid	II
Haemophilus influenza type B vaccine	II
Hepatitis A vaccine (except when indicated under the provincial immunization program)	I
Hepatitis B vaccine (except when indicated under the provincial immunization program)	I
Hepatitis B immune globulin (except when indicated under the provincial immunization program)	I
Hepatitis B pediatric vaccine	II
Influenza vaccine	II
Measles vaccine	II
Meningococcus vaccine (check the provincial immunization program)	II
Mumps vaccine	II
Pertussis vaccine	II
Pneumococcal polysaccharide vaccine (check the provincial immunization program)	II
Poliomyelitis vaccine	II
Rubella vaccine	II
Tetanus immune globin	II
Tetanus toxoid	II
Typhoid vaccines/Salmonella Typhi	I
Yellow Fever vaccine	I
Varicella vaccine (chicken pox)	I
Varicella zoster immune globulin	I

Vaccine schedule

continued from page 4

receive the vaccine free, without a prescription. Refer these patients to a public health nurse or their family physician.

Gardasil® (human papillomavirus vaccine) is not yet on our provincial immunization schedule or on NAPRA's drug list, so pharmacists should treat it as Schedule I until further notice.

Emergency prescriptions

For emergencies, pharmacists must use professional judgment prior to releasing a Schedule I product without a physician's prescription. Each case needs to be considered separately. Questions to ask:

- Does the patient meet the provincial criteria for the indications under the provincial immunization program?
- Is the physician available to authorize a prescription?
- Does the patient know for sure that they require the vaccination?
- Did the doctor or public health nurse ask them to pick the vaccine up at the pharmacy? Have they ever had it before?
- Are they aware of the time line required for the complete vaccination schedule?
- Are they on their way to the doctor's office or public health unit to have it injected?

Pharmacist-issued vaccines

All pharmacist-issued vaccines should be entered in PharmaNet, whether they are provided as Schedule II or as an emergency release Schedule I prescription, using your pharmacist ID as the prescriber. This will ensure that subsequent doses of the vaccination are given at the appropriate time and with the appropriate product. The prescription should be forwarded to PharmaNet as a non-benefit drug. The pharmacist should write "non-benefit" on the receipt and it should not be forwarded to other third-party payers unless the vaccine prescription is authorized by a physician.



www.bccdc.org/content.php?item=193

OnCall

PHARMACIST INFORMATION LINE

Questions and Answers

From inquiries to the
OnCall Information Line, toll free 1-800-663-1940

Q Can I sign passport applications as a member of the college on the non-practicing register?

A Non-practicing pharmacists are not permitted to sign passport applications. Only pharmacists on the practicing register are recognized as passport guarantors.

Q Are naturopathic physicians allowed to prescribe desiccated thyroid supplements?

A No, in B.C., naturopathic physicians do not have any prescribing authority.

Q Recently, when the dispensing fee went up at my usual pharmacy, I decided to go to a different pharmacy. I asked my usual pharmacist to transfer my clonazepam prescription to the new pharmacy but was told that this prescription must never be transferred to another pharmacy. What are the regulations for transferring prescriptions from one pharmacy to another? What if I was out of town, and had to get it filled?

A A pharmacist can transfer a prescription for clonazepam to another pharmacist, only if that prescription has not already been transferred. This means transfer of authorized refills is only permitted once in the lifetime of the prescription. For example, the transfer can happen from pharmacy "A" to pharmacy "B." However, pharmacy "B" cannot transfer it to pharmacy "C."

The above rules only apply to a class of drugs called targeted substances (e.g., clonazepam). For narcotics and controlled drugs, federal regulations prohibit transfers between pharmacies. For all other prescription drugs, there are no such restrictions related to transfers between pharmacies.

If you were out of town, and your prescription could not be transferred to another pharmacy, you would need to take a new prescription to the new pharmacy or ask the new pharmacy to contact your doctor to get a new prescription (verbal or faxed) sent to it.

Q What is the schedule for typhoid vaccine?

A Typhoid vaccine for the prevention of typhoid fever is a Schedule I vaccine, requiring a prescription, since it is not part of a routine immunization program in B.C.

Closing your Internet pharmacy service?

Ensure all web references to the pharmacy are deleted

Pharmacies providing Internet (also known as international) services often have links to the pharmacy posted on other websites. If one of these pharmacies stops operating, websites to which the pharmacy is linked or is advertised on may not be aware that the pharmacy is no longer in business.

When a pharmacy that provides Internet pharmacy services closes, the pharmacy manager must inform any website associated with the pharmacy to immediately remove all references and links to the pharmacy. Failing

to do so could mislead the public into believing that prescriptions ordered through the website may be dispensed by that pharmacy, when in fact it is closed.



PRACTICE NOTES

Vets must write pet prescriptions GPs cannot issue these scripts

Pet prescriptions must be written by a veterinarian: pharmacies cannot accept prescriptions written by a pet owner's doctor, or fill prescriptions under the pharmacist's ID.

Because a pet owner's PHN must be used to record an animal prescription on PharmaNet, the veterinarian's licence number must also be used as the practitioner ID, along with the appropriate practitioner reference ID code for the province the vet is registered in (e.g., V9 for B.C.).

If another practitioner type is entered (e.g., physician or pharmacist) an error will occur and the medication will record on the owner's PharmaNet medication profile instead of on the veterinary profile. This could compromise patient care – it will appear that the patient is on medications that actually belong to the pet.

Depending on your pharmacy's local software, you can use the owner's PHN to set up a separate animal patient record on your local pharmacy network, and/or make a note on the script entry that the drug is for a pet.

Do not create new PHNs for pets: the owner's PHN must always be used. If you require more information, contact your software vendor.

Patient drug-cost questions

Start with PharmaCare

Fair PharmaCare has been in place for several years, but a patient called the CPBC to let us know that she was frustrated with her high prescription drug expenses until she realized she wasn't registered with Fair PharmaCare. It seems elementary, but suggesting a patient confirm their Fair PharmaCare enrollment could quickly take care of drug-cost questions. PharmaCare public numbers: Vancouver (1-604-683-7151) Toll-free (1-800-663-7100).

Drug schedule correction

Invermectin - Schedule I

An updated Drug Schedule memo has been posted to the CPBC website.



www.bcpharmacists.org/legislation/pdf/Drug_Schedule_Change_Memo_15Nov06.pdf

PharmaCare & PharmaNet publications

Subscribe and stay connected

Are you in the loop when it comes to accessing news about PharmaCare and PharmaNet? Both the *PharmaCare Newsletter* and *PharmaNet Bulletin* contain need-to-know information for pharmacists across B.C. To help you meet patient-care needs, stay up-to-date on PharmaCare and PharmaNet policy – and the latest eDrug developments. Subscribe to an email service that notifies you each time a new newsletter or bulletin is posted on the PharmaCare website.

To subscribe, visit the PharmaCare website (address below), and click on subscription service. If you want to help save a tree or two, subscribe to the electronic notification, and then call the PharmaNet helpdesk at 604-682-7120 (Vancouver) or 800-554-0225 (toll free) and ask to be removed from the hardcopy mailing list.



www.health.gov.bc.ca/pharme



Louanne Twaites recognition

Last year a B.C. pharmacy icon was honoured for her outstanding volunteerism at the University of B.C. The faculty of pharmaceutical sciences established the Louanne Twaites Learning Room in Louanne's honour. Since retiring in 1996 as a clinical assistant professor, Louanne has stayed busy with the faculty, co-authoring a book to celebrate its 50th anniversary (1996), and maintaining a pharmacy archive display on the faculty's first floor.

2006 PharmaNet statistics

Year-to-year comparison tracks trends

PharmaNet statistics		
General	2006	2005
New PHNs created through PharmaNet	149,615	200,361
Address updates through PharmaNet	199,136	251,416
Individuals with claims during period	2,650,630	2,626,973
Processed prescriptions (on-line)	34,281,988	31,974,640
Processed non-benefit prescriptions	9,349,104	9,112,383
Total number of prescriptions dispensed	46,173,993	41,087,023
Drug interactions		
Total interactions flagged	19,390,956	15,541,602
Level 1 (most significant)	90,700	82,644
Level 2 (significant)	2,305,915	1,840,622
Level 3 (possibly significant)	16,994,341	13,608,336
Patients		
PHNs stored in PharmaNet	7,376,361	7,117,026
Individuals with a protective keyword	2,115	2,051

Source: B.C. Ministry of Health

Lynn Trottier award

Geriatrics honour recognizes student excellence

An award for a third-year UBC pharmacy student with the highest marks in a geriatric drugs course has been established to recognize Lynn Trottier's contributions to the profession.

Lynn passed away on November 24, 2006. She is survived by her husband Ted, children Mallory and Ben, her parents, and many relatives, colleagues, and friends.

Lynn graduated from the faculty of pharmaceutical sciences at UBC in 1974. After completing a hospital residency program at Lions Gate Hospital, she worked as a clinical pharmacist at UBC Hospital and lectured at UBC (faculty of pharmaceutical sciences) and SFU (gerontology program).

If you wish to contribute to the Lynn Trottier Memorial Geriatrics Award, a cheque can be made payable to the University of British Columbia (Lynn Trottier Memorial Geriatrics Award). An income tax receipt will be issued. Please send to:

Mandy Trickett
Faculty of Pharmaceutical Sciences
2146 East Mall
Vancouver, BC V6T 1Z3

Daily dispensing idea

Categorize to help patient compliance

To assist patients with drug regimen compliance, pharmacists dispensing multiple daily dosages should avoid placing a patient's daily intake of various tablets in one pill bottle.

Instead consider the following:

- Blister packs.
- One pill bottle for each treatment period, e.g., "breakfast" or "before bed."
- One drug per vial, e.g., all Tylenol³® in one bottle, and all anti-hypertensives in another.

Regardless of which type of container you choose for dispensing, ensure that all labeling provides the patient with complete dose-related information.

what went wrong

Dear College:

I was recently in hospital and a nurse told me that the doctor had prescribed insulin for me. I told her that I wasn't diabetic and that I had never used insulin – why had it been prescribed? The nurse investigated and told me that insulin was ordered because it was on my PharmaNet profile.

I don't understand how this is possible. I'm not diabetic and I have never used insulin. I have only bought insulin for my dog. What if I had been injected with insulin in error? There would have been dire consequences, I am sure.

Infuriated about Insulin

Community pharmacies are required to process prescriptions for pets on PharmaNet.

How to use PharmaNet to dispense veterinary prescriptions:

- Use the pet owner's personal health number (PHN). Do not assign a PHN to an animal.
- Use the veterinarian's licence number as the practitioner ID, and V9 as the reference code to identify the prescriber as a veterinarian.

When a prescription is transmitted under a veterinarian's ID, the system knows it is for a pet because it recognizes the "V9" code and does not put it on the owner's PharmaNet medication record. Instead, it is put on a veterinary medication record linked to the owner's PHN. Therefore, when a pharmacy dispenses medications for the owner, the veterinary medications will not appear on the owner's medication history.

Problems arise when other practitioner types are used in error for pet prescriptions. For example, if a physician or pharmacist is used, the system will automatically record the prescription on the owner's PharmaNet medication record, rather than on the separate veterinary profile. As a result, incorrect information and inappropriate DUE messages are returned to all pharmacies dispensing prescriptions for the owner, and the claim

may be paid by PharmaCare, a third-party payer, or added to the individual's PharmaCare deductible.

In this particular case, the pharmacist involved processed the insulin on PharmaNet using his pharmacist ID as the "prescriber ID." The insulin was recorded on the owner's PharmaNet medication record, instead of the veterinary medication record linked to the owner's PHN. When the doctor reviewed the patient's PharmaNet record, the doctor believed the patient was taking insulin prior to hospital admission and prescribed it for the patient.

The pharmacist involved explained this was his usual process for each time he sold insulin without a prescription because he always wanted the patient to be able to receive any eligible PharmaCare benefits for the insulin dispensed. The pharmacist was not aware that this process must not be followed when selling insulin for a pet. The pharmacist now knows that any time a drug (prescription or non-prescription) is sold for a pet and it is transmitted to PharmaNet, only a veterinarian's licence number must be used as the practitioner ID, along with V9 as the reference code.

Situations like the one described above provide an excellent opportunity to reflect on your personal pharmacy practice and to make sure your pharmacy has a system in place to identify, prevent, manage, and report practice errors and omissions.

DRUG UPDATES

For full details please check:



www.napra.ca or
www.bcpharmacists.org

- Eden Herbal Formulations Sleep Ease Dietary Supplement.
- Robaxacet® Caplets 40s – no child-resistant cap.
- Foreign product alerts:
 - Ehanix
 - Deguoazonghengtianxia
 - Detox Peptide
 - Jolex
 - Kang Da
 - Onyo
 - Power 58 and Plantinum Po
 - Qing Zhi.

Breast milk substitutes

Guide helps pharmacists help the public

Do new mothers ask you for advice on how to decide on a formula for newborns? *Compendium of breast milk substitutes: a guide for health professionals* may help you answer infant nutrition questions. A Community Nutritionists Council of BC publication, this comprehensive guide states that breastfeeding is the preferred feeding method, but if a formula is necessary, parents may need some assistance.

The compendium covers a number of topics, including:

- Selecting breast milk substitutes.
- Dairy, lactose-free, and soy formulas.
- Oral electrolyte solutions.
- Safe formula-reheating protocols.



www.phabc.org/modules.php?name=Content&pa=showpage&pid=245

Pharmacist counseling, with a twist

Mentoring students on pharmacy, and more

Pass it on – in a nutshell, that is Tory Kim's reason for taking part in a Lower Mainland YWCA mentoring program that matches professional women with teenage girls and young females who have career questions.

Tory has mentored two young women who were Grade 12 Coquitlam high school students when they signed on, and they are both now considering pharmacy careers. Tory is currently on maternity leave, but she plans to start mentoring again when she returns to work as a clinical pharmacy specialist at Surrey Memorial Hospital.

Why participate?

Ask Tory why she takes part in the one-on-one mentoring program and she replies, "The gratefulness of the students, lasting friendships, and a feeling that you are contributing to society." Tory saw an ad for the mentoring program in her local newspaper a couple of years ago. When she began her pharmacy career in the United States, two community pharmacists provided positive guidance. The YWCA program allows Tory to play a similar role with students who haven't decided on where their futures lie.

The mentoring program follows the school year: in the fall, a protégé is matched with a mentor based on common interests and the program ends with a wrap-up party in the spring. In between, Tory and her two protégés Anna and Julia filled their time with a number of career-choice and social activities.

Tory lists them: "Job shadowing, dinner, coffee, going to a musical, going to a CE event, talking about interview questions for scholarships and university, helping with chemistry homework, and lots of talking about balancing life, studies, and work."

The protégés' views

Julia is taking science courses at UBC's Vancouver campus, with plans to apply for pharmacy school this fall. She says, "I had already selected pharmacy prior to meeting Tory, but through her mentoring I learned a lot about the actual day-to-day job of a hospital pharmacist, which helped confirm my decision."

Anna, who is currently enrolled at UBC Okanagan, agrees with Julia that Tory struck an important balance as a mentor. "She's a perfect medium between a friend and a life coach," Anna says. "I knew pharmacy was a great career but she showed me the human side of it." And instead of just preparing her for a particular line of work, Tory's approach to mentoring left Anna with an equally important idea: "It made me realize that even if I don't do pharmacy as a career I should always try to do something that's as fulfilling to me as pharmacy is to her."

Looking to mentor?

The final word about mentoring is Tory's and she provides practical advice: "The main thing about job-shadowing is finding out company policy, and the student signing a confidentiality agreement and understanding it. The time commitment is minimal, but the rewards are many. And if mentoring a prospective pharmacist isn't your idea of what you would like to do, pick another volunteer opportunity and make a difference!"



Tory Kim

EMAIL DATELINE: CPBC

Registrants continue to win!

College registrants with up-to-date email addresses on record with the college were the first to receive:

- Getting ready: facts about PDAP.
- Increase in fake narcotics scripts.

If you haven't updated your email address, do it now: *Council Highlights* is

no longer mailed – it is available by email, and like the items above, posted on the college website.

Updating your email address is simple: log on to the college website, click on the eServices logo, and follow the prompts. Can't remember your eServices ID? It is printed on all personally-addressed CPBC

documents, including your annual registration renewal wallet card.

Once you've updated your email address, you will be entered into a draw for one of two \$100 prizes. The latest CPBC registrants to win are Janet Ha and Robert Gillies!



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