



IN THIS ISSUE

2 Navigating the Grey

3 Pharmacy Technician PEBC Exam

4 Continuing Education Requirement

5 MMT 'Live' Training Sessions

6 On Call

7 Pharmacy Matters

# readlinks

## Prescription Renewals

### Now Allowed for up to One Year



Changes to PPP-58  
Renewal Restrictions  
effective immediately.

After receiving feedback from pharmacists, who have now had more than a year of experience with Professional Practice Policy #58 (PPP-58) – Adapting a Prescription, and following consultation with stakeholders including; the College of Physicians and Surgeons of BC (CPSBC), the BC Medical Association (BCMA), the Ministry of Health Services (MoHS) and the BC Pharmacy Association (BCPhA), the Board approved two changes which apply to 'Renewing a Prescription' and are effective immediately:

1. The previous Amendment to PPP-58 (December 2008) restricted Renewals to a maximum of six months. The new Amendment to PPP-58 (February 2011) removes this restriction and allows Renewals, as initially defined in the PPP-58 Orientation Guide, for as long as the prescription is valid which is usually one year from the date the prescription was written (oral contraceptives two years).
2. The previous Amendment to PPP-58 (December 2008) restricted Renewals to 'stable, chronic conditions with no change to the medication for a minimum of six months'. The new Amendment to PPP-58 (February 2011) provides flexibility by stating that 'no change' is defined as usually a minimum of six months.

At this time there have not been any other changes to the restrictions outlined in the Amendment to PPP-58 (December 2008) and pharmacists, when choosing to adapt any prescription, are expected to continue to adhere to these restrictions as well as follow the 'Seven Fundamentals to Adapting a Prescription' as outlined in the PPP-58 Orientation Guide.

*Continued on page 4...*

# Navigating the Grey... the College's Perspective!



Marshall Moleschi, Registrar

Contained within the Health Professions Act (HPA), at the end of a long list which outlines the duties and objects of the College, is a statement that says; *“the College must promote and enhance... the ability of its registrants to respond and adapt to changes in practice environments...”*.

Whether you currently embrace the evolving role of pharmacists as clinical ‘decision-makers’ or are holding on to the more traditional role of pharmacists as ‘medication advisors and dispensers’ it would be naïve of us to not, as a minimum, admit that change, particularly in community practice, is here.

In order to do this we must begin by ensuring that all registrants share the same fundamental understanding of their role and responsibility as regulated healthcare professionals. To this end, the College’s revised Code of Ethics, which was recently approved by the Board and will be rolled out to all registrants this fall, does a good job of articulating this. The first Standard of the Code states; “registrants are committed first and foremost to protecting and promoting the health and well-being of their patients”. Given that the decision-making process is ultimately about selecting the ‘best’ option, in order to ensure pharmacists arrive at a similar decision regardless of the varying circumstances, it is essential that the decision-making process begins with this common end in mind.

Drawing from this foundational understanding pharmacists can be further guided in their decision-making by utilizing the Seven-Fundamentals, first introduced by the College several years ago as part of the decision-making process for adapting prescriptions. The Seven-Fundamentals are essentially a sequential series of thought processing steps which guide pharmacists in utilizing their professional judgment to ultimately make a decision in the best interest of their patient.

Although more often than not the ‘best’ decision for the patient will be compliant with legislation, policies and standards; the College recognizes that in rare circumstances this may not be the case. It is in these situations that pharmacists will truly realize their evolution from ‘advisor and dispenser’ to ‘decision-maker’. The key here is to ensure that there is clear documentation which articulates the rationale for our decision. Remembering that in the end, we will be judged by our peers based on our ability to uphold our common ethical commitment... “to protect and promote the health and well-being of our patients”.

Accepting that the role of pharmacists is increasingly moving into this world of ‘grey’ the College will continue to guide and support pharmacists in their decision-making. After all success of the current changes facing practice are dependent on pharmacist’s ability to confidently embrace their evolving role.

But, decision-making is neither simple nor easy. In many ways the shift, from ‘advisor and dispenser’ to ‘decision-maker’, move pharmacists from the more comfortable world of ‘black and white’, to the less familiar world, of ‘grey’.

If we were to look the word ‘decision’ up in a thesaurus we would find synonyms like; choice, judgment, resolution, assessment or evaluation. Whatever the ‘word’, the concept is the same. ‘Decision-making’ requires an individual to assess a situation, weight the options, and ultimately make and own a decision. There is no absolute ‘right’ or ‘wrong’ answer, only the ‘best’ option.

From the College’s perspective navigating the grey, or at least the prospect of supporting registrants in doing this, poses an interesting challenge. After all, the College, as the professions’ regulatory body, is responsible for creating and enforcing the ‘rules’. In other words, it is the source that defines the ‘black and white’... so where is the grey? Whether through legislation, professional practice policies or standards of practice, pharmacists look to the College to determine for them the ‘do’s’ and ‘don’ts’ of practice.

Well, although this may be true to some degree, the College has long since realized that the delivery of healthcare, particularly in the patient-centred model that exists today, it is impossible to establish absolute answers to address the infinite number of practice scenarios. Accepting this reality, the best the College can do, is establish a framework that guides pharmacists in their decision-making.



## FIRST PHARMACY TECHNICIAN REGISTRANT EXPECTED THIS SPRING

Whether currently working in a pharmacy setting, or taking an accredited pharmacy technician course, there are now over 400 technicians pre-registered with the College and on their way to becoming registered pharmacy technicians. Having to successfully complete all of their educational requirements, including the PEBC Qualifying Exam, it is possible that between 10-30 technicians will be eligible by Spring to become the first pharmacy technician registrants of the College. It is anticipated that this number could increase by 50 or so following the Fall sitting of the PEBC Qualifying Exam. This means there may be as many as 100 pharmacy technicians registered with the College by the end of this year.

As always anticipated, given that the process is voluntary and all requirements are mandatory, the process to becoming a registered pharmacy technician is a slow and gradual one. Visit the College website at [www.bcpharmacists.org](http://www.bcpharmacists.org) under 'Key Initiatives – Pharmacy Technician Regulation' for complete details on how to become a registered pharmacy technician.

## Board Takes Next Step Towards Advanced Practice Pharmacist (APP)

The Board accepted the recommendation, put forward in the Business Case Analysis submitted by the APP Working Group, to support the continued development, largely following the Alberta College of Pharmacists Additional Prescriptive Authority (APA) Program, of the establishment of an Advanced Practice Pharmacist (APP) registrant for the College of Pharmacists of BC.

Next steps, which are expected to take several years, involve; an in-depth analysis of the Alberta program, the establishment of assessment and credentialing standards and processes, the creation of standards, limits and conditions for additional prescribing authority, extensive stakeholder consultation and the securing of necessary legislative changes to pharmacists scope of practice.

## Pharmacist Assessors Needed for Pharmacy Technician PEBC Exam

The Pharmacy Examining Board of Canada (PEBC) invites pharmacists to consider participating as an assessor for the PEBC Qualifying Examination Part II – OSPE, a performance based, entry-to-practice exam required for individuals pursuing registration as a pharmacy technician.

It is particularly important that practising pharmacists be involved in assessing candidates as the examination reflects both the healthcare needs of the public and the standards of the profession. In future, registered pharmacy technicians will also be involved in assessing the OSPE for technicians.

Previous assessors have described their involvement as both personally and professionally rewarding. The opportunity is open to pharmacists who have been licensed in Canada for at least three years and are currently providing or directly supervising patient care services (including dispensing, clinical and/or drug information services). If you are interested in participating as an assessor or if you would like more information, please complete the 'Assessor Recruitment Response Form' on the PEBC website at: [www.pebc.ca](http://www.pebc.ca)

*Note: PEBC is also recruiting pharmacists interested in assessing the OSCE, the performance based exam for pharmacists.*



# Learn More About New Continuing Education Requirement

With the launch of the Continuing Education (CE) Component of the College's Professional Development and Assessment Program (PDAP) set for this Summer, an informative tutorial, guiding pharmacists through the process will be available online in the coming months. Pharmacists will be notified by eBlast once the tutorial is available.

NOTE - All learning from January 1, 2011 onwards will be eligible for submission towards your first CE requirement regardless of your registration renewal date. A few examples include; pharmacists participating in the Methadone Maintenance Treatment (MMT) Training sessions, either 'live' or 'online' versions, or attending upcoming sessions offered at

the BC Pharmacy Association Annual Conference, will be able to apply their hours of learning towards their CE requirement! No action is required at this time and more details regarding how to record your learning will be communicated over the next few months.

## Prescription Renewals Now Allowed for up to One Year

...Continued from cover page

The approved changes are outlined in the table below and an updated Amendment to PPP-58 (December 2008 – revised February 2011) can be found on the College website at [www.bcpharmacists.org](http://www.bcpharmacists.org) under 'Key Initiatives - Medication Management (Adapting a Prescription)'.

### PRESCRIPTION RENEWALS

#### PREVIOUS

(as per Amendment to PPP-58 – December 2008)

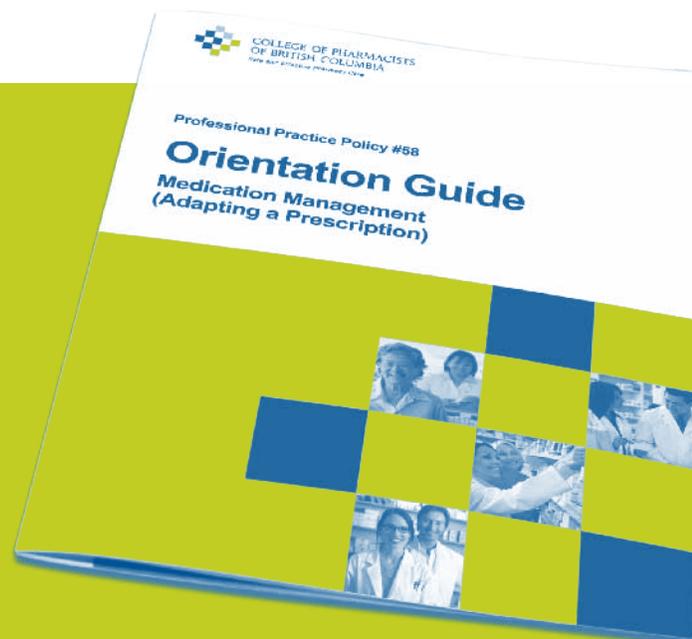
- Renewals apply to stable, chronic conditions (same medication, with no change, for a minimum of six months)
- Maximum renewal up to approximately six months from the date of the original prescription

#### NEW

(as per Amendment to PPP-58 – revised February 2011)

- Renewals apply to stable, chronic conditions (same medication, with no change). **Note: 'no change' is defined as usually a minimum of six months**
- **For whatever period of time felt appropriate as long as it does not exceed the expiry of the prescription. Note: all prescriptions have an expiry of one year from the date the original prescription is written; oral contraceptives have a 2 year expiry date**

Note: Bolded text indicates the 'new' Amendment as approved by the Board. All other restrictions outlined in the original Amendment to PPP-58 (December 2008) remain in effect.



# Methadone Maintenance Treatment (MMT) 'LIVE' Training Sessions are Going on Now Throughout the Province!

Whether you are a manager of a pharmacy that provides MMT services or a pharmacist who provides MMT services in a community pharmacy, you are now required to complete a mandatory training program as set out by the College, either 'online' (will be available via the College website by the end of March) or by attending a 'live' training session. The free, 'live' training sessions are already underway and space is limited, pre-register NOW by logging into eServices on the College website to secure a spot at your preferred location.

The free live sessions, which are approximately 3 hours long, will walk participants through the Methadone Maintenance Treatment Policy Guide (2010) which is a companion to Professional Practice Policy #66 (PPP-66) Methadone Maintenance Treatment (recently approved by the Board at their November 2010 meeting). The Guide, which will be distributed at the 'live' sessions and is now available online, articulates, in the form of Principles and Guidelines, the minimum standard of practice established by the College for the delivery of MMT services.

As stated in PPP-66 the purpose of the policy requirement(s) is to ensure that:

- Patients have access to standardized methadone treatment pharmacy services
- Patients experience reduced risk potential while receiving methadone maintenance treatment services
- Pharmacists have up-to-date knowledge and information to meet their patients' needs
- Pharmacies have adequate resources and capacity
- Communities accept and value pharmacies' methadone maintenance programs

Regardless of which format of training pharmacists choose to participate in, once complete, pharmacists are required to sign the "Declaration of Completion and Understanding" form found in the Policy Guide and retain a copy in their pharmacy files.

All information regarding the mandatory Methadone Maintenance Training can be found on the College website at [www.bcpharmacists.org](http://www.bcpharmacists.org) under 'Key Initiatives – Methadone Maintenance Treatment'.

**Log in to eServices NOW to Pre-Register:**  
**PPP-66 Methadone Maintenance Treatment**  
 Free Live Training Sessions | Time: 6:30pm – 9:30pm  
 (Light Refreshments and Appetizers available at 6:00pm)

Region	City	Date
<b>Lower Mainland</b>	Abbotsford	March 14, 2011
	Pitt Meadows	March 14, 2011
	Vancouver	March 21, 2011
	Surrey	March 31, 2011
<b>Kootenays</b>	Castlegar	March 28, 2011
	Nelson	March 29, 2011
	Cranbrook	March 30, 2011
<b>Interior</b>	Kelowna	March 21, 2011
	Kamloops	March 22, 2011
	Vernon	March 23, 2011
	Penticton	March 24, 2011
<b>Vancouver Island and Sunshine Coast</b>	Nanaimo	March 16, 2011
	Victoria	March 17, 2011
	Courtenay	March 21, 2011
	Campbell River	March 22, 2011
	Gibsons	March 23, 2011
	Powell River	March 24, 2011
<b>Northern BC</b>	Prince George	March 24, 2011
	Terrace	March 28, 2011
	Prince Rupert	March 29, 2011
	Fort St. John	March 30, 2011
	Williams Lake	March 31, 2011

## Unable to Attend a Live Session?

An online version of the training session, PowerPoint presentation with recorded audio guiding pharmacists through the MMT Policy Guide, will be available to all registrants by the end of March through the College website ([www.bcpharmacists.org](http://www.bcpharmacists.org)). The online training mirrors the 'live' sessions and allows pharmacists to learn at their own pace, in the comfort of their own home. Pharmacists will be notified by eBlast once the online training is available.



## On Call



**Q: Can medications intended for human use, but followed by a superscript “v” in the drug schedules, be sold for veterinary use without a prescription?**

**A:** No. Medications followed by a superscript “v” in the drug schedules may only be dispensed without a prescription if sold in the manufacturer’s original packaging which has been clearly marked “for agricultural use only” or “for veterinary use only” by the manufacturer. Pharmacies which do not stock medications intended for veterinary use and labelled by the manufacturer as noted above, may only dispense these medications upon receiving a prescription written by a veterinarian.

**Q: Does the pharmacist or the patient have the discretion to combine refill authorizations? For example: if a prescription is written for a quantity of 30 with two refills, can the complete quantity of 90 be dispensed at one time?**

**A:** No. The prescriber’s directions must be honoured in the quantity and interval as written on the prescription. The pharmacist may, however, contact the physician for authorization to change the quantity dispensed if it is in the best interest of the patient.

**Q: Can all prescriptions be transferred from pharmacist to pharmacist?**

**A:** No, narcotic and controlled drugs can never be transferred. Community Pharmacy Practice Bylaw 8 states “Upon request, a registrant must transfer to another pharmacy licensed in Canada a prescription for a drug if it does not contain a controlled substance (includes narcotics, controlled drugs and targeted drugs). The only exception is that targeted drugs may be transferred once in the lifetime of the prescription.”

**Q: Can compounding pharmacies compound large bulk quantities of prescription and non-prescription medications for others?**

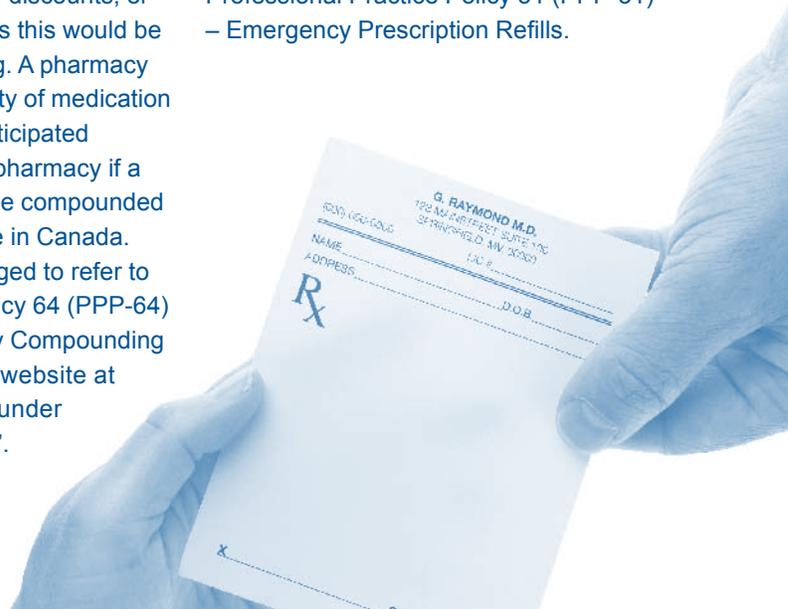
**A:** No, a compounding pharmacy cannot supply large bulk quantities of products to other pharmacies, offer discounts, or advertise their products as this would be considered manufacturing. A pharmacy can supply a small quantity of medication to fill a prescription, or anticipated prescriptions, to another pharmacy if a contract is in place and the compounded products are not available in Canada. Pharmacists are encouraged to refer to Professional Practice Policy 64 (PPP-64) – Guidelines to Pharmacy Compounding available on the College website at [www.bcpharmacists.org](http://www.bcpharmacists.org) under ‘Legislation and Standards’.

**Q: Can a pharmacy compound ibuprofen topical without a prescription?**

**A:** No, ibuprofen topical is a prescription item, only the oral form of the medication is classified as OTC in the Federal Regulations. The Schedule F entry states: Ibuprofen and its salts except when sold for oral administration in a concentration of 400mg or less per dosage unit.

**Q: Can a pharmacist adapt a prescription if the physician is no longer practising?**

**A:** No, a pharmacist cannot adapt a prescription if the physician is no longer practising as the prescription would no longer be valid. However, for continuity of care, the pharmacist could do an emergency fill of the medication as per Professional Practice Policy 31 (PPP-31) – Emergency Prescription Refills.





# Pharmacy Matters

## IMPORTANT PHARMANET ENTRY CLARIFICATIONS

### Correct use of “Discontinue”

The “discontinue” function should only be used to identify drugs that have been removed from the patient’s regimen due to an adverse drug reaction, a medication change, or a dosage change. The prescription status on PharmaNet changes from “F” (filled) to “D” (discontinued), thus, a discontinued status indicates the patient did receive the prescription and then the medication was discontinued from the patient’s regimen. The discontinued status cannot be “undone” once it is transmitted to PharmaNet.

There have been many cases of pharmacies inadvertently transmitting a discontinue status to PharmaNet. Cancelling a prescription on the local software system before reversing the prescription may result in “discontinue” being transmitted to PharmaNet. Please be aware that local system terminology may differ from PharmaNet’s terminology as it relates to cancel, discontinue and reverse. If you have any questions, please contact your software vendor to confirm how to correctly cancel a prescription locally.

### Critical Information in the Directions (SIG) Field

The directions (SIG) field in PharmaNet is 80 characters long. Although your pharmacy system may allow for more characters, **only the first 80 characters are stored with the prescription in the patient’s PharmaNet profile.**

Therefore, anything more than the maximum 80 characters will not appear for other users accessing the patient’s profile on PharmaNet.

Because of this limitation, **it is important that critical information — especially dosage information — is entered at the beginning of the SIG field.** Entering this information after reaching the 80 character maximum will mean that other PharmaNet users will not see it or may see a truncated entry that could lead to dosing errors (e.g., when filling a compounded medication, please ensure the directions are written first, then the name and strength of the medication. If you input the medication name first, the complete directions may not appear on PharmaNet).

In the interest of patient safety, please ensure critical information is entered at the beginning of the SIG field so that it is fully captured in the patient’s PharmaNet profile.

CRIME SCENE DO NOT CROSS

## Guidelines for Addressing Pharmacy Robbery in BC

As we know, the theft of narcotics from community pharmacies can be an unfortunate reality. In an effort to identify ways in which to combat pharmacy robbery within British Columbia, a Robbery Task Force, led by the BC Pharmacy Association (BCPhA) with representatives from the College of Pharmacists of BC (CPBC) and the RCMP, recently finalized a report consisting of recommendations to assist pharmacies in preventing robberies along with advice on how to cope in the event of being a victim of a robbery.

The report, *Guidelines for Addressing Pharmacy Robbery in BC*, is intended as a useful, supportive reference for community pharmacies and contains important contact information and a robbery questionnaire, which was developed in collaboration with the RCMP.

You are encouraged to read the report and familiarize yourself with the steps to take should a robbery occur. Just raising awareness within your pharmacy will help in prevention. The report and subsequent questionnaire are available on the College website at [www.bcpharmacists.org](http://www.bcpharmacists.org) under ‘Resources – Pharmacy Resources – Community’.



## Long Time Board Member Margaret Cleaveley Retires from Board

It was with regret that the Board Chair Randy Konrad accepted the resignation of government appointed Board member Margaret Cleaveley (pictured above) and acknowledged her many years of valuable contribution to upholding the mandate of the College.

Margaret, who resides in Kamloops and had been a member of the Board since 2005, played an integral role in navigating the College through a number of key initiatives including: the transition to the Health Professions Act (HPA), expanded scope of practice for pharmacists including prescription adaptation and immunization as well as the regulation of pharmacy technicians.

## The Changing Face of Pharmacy

### BCPhA Annual Conference 2011

The Changing Face of Pharmacy celebrates BC's success at being at the forefront of pharmacy practice, advancing scope and demonstrating the positive impact that pharmacists can have on the healthcare system.

**WHEN:** Thursday, May 12, 2011 to Saturday, May 14, 2011

**WHERE:** Four Seasons Resort, Whistler, BC, 888.935.8460

Visit BCPHA's website at [www.bcpharmacy.ca](http://www.bcpharmacy.ca) to register.

## Grey Cup 'Punts' College AGM

The Board moved the 2011 AGM to November 19th (regularly scheduled Board meeting will now be November 18th) due to inflated venue/accommodation costs during the Grey Cup, which is being held in Vancouver the same weekend as the previously scheduled College AGM.



## Reconnect with Colleagues, Classmates and Friends

### The Annual UBC Pharmacy Alumni No-Host Spring Brunch

**WHEN:** Sunday, April 10, 2011 at 11:30am

**RSVP:** Louanne Twaites [pharalum@interchange.ubc.ca](mailto:pharalum@interchange.ubc.ca)

**WHERE:** Shaughnessy Restaurant  
Van Dusen Gardens,  
5251 Oak Street, Vancouver  
604.261.0011



## readlinks

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The ReadLinks newsletter provides important College and pharmacy practice information. All registrants are expected to be aware of these matters.



COLLEGE OF PHARMACISTS  
OF BRITISH COLUMBIA

*Safe and Effective Pharmacy Care*

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Vice-Chair – Allan Greene  
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Contact information for all College staff and Board is available on the College website.