

B.C. pharmacist receives Order of Canada

Naz Rayani recognized for exemplary community service



Naz Rayani

When one of Naz Rayani's pharmacists told him the College of Pharmacists was waiting to speak to him on the telephone, the owner of Cadboro Bay Peoples Pharmacy

wondered, "Have I done something wrong?" Far from it – the college wanted to congratulate Naz for being named to the Order of Canada.

Naz found out about the award after a trip to the post office to pick up a piece of express mail. "I looked at it; it was from Ottawa, and I didn't pay too much attention," Naz told the college. "But then I turned it over and saw it was from the Governor General. I read half of the letter in the car," he says, "and then I went home and gathered my family" to share the news.

The Order of Canada is presented to individuals for their significant and sustained contributions to the betterment of others. All walks of Canadians receive this honour, and in Naz's case, "walk" is a recurring theme in his varied community contributions. He started "Stride for Heart," a heart and stroke fundraising walk, about 20 years ago, and developed it into a major Victoria-area event. And for the past 15 years, Naz has been the convener for the Victoria leg of the World Partnership Walk, a major fundraising initiative of Canada's Ismaili community.

He has also made substantial contributions to other worthy causes: he recently started a drive to establish the Muslim Book Fund at the University of Victoria, and the fund has raised over two-thirds of its \$50,000 goal.

Naz's career as a pharmacist has taken him around the globe: he trained in Scotland, opened his first

pharmacy in Kenya, and moved to B.C. over 30 years ago. As Naz and his family prepare for a trip to Ottawa later this year (or early 2007) for the awards ceremony, he'll no doubt reflect on the kind words several of his siblings expressed when they told Naz how proud their father would be of him. Your pharmacy family is proud of you too, Naz – congratulations on this wonderful achievement that is based on your desire to help others.

New email system

Log on for change

Keep your eye on your mailbox: you will soon be receiving easy-to-follow directions to help the college communicate with you by another type of mail: email. The college is setting up a new email system; it currently uses the NAPRA E-Link platform for email.

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CPBC plans for the future

College of Pharmacists of B.C. registrar Marshall Moleschi and college council member Marina Ma at a recent strategic planning meeting. For more on this initiative, see president John Hope's column on page 3.

College of Pharmacists of British Columbia
200-1765 West 8th Ave., Vancouver, B.C. V6J 5C6
Tel: 604-733-2440 Toll-free 1-800-663-1940
Fax: 604-733-2493 Toll-free 1-800-377-8129
email: info@bcpharmacists.org
website: www.bcpharmacists.org

President - John Hope
Registrar - Marshall Moleschi

COUNCILLORS

District 1 - Metropolitan Vancouver
Randy Konrad email: 06177@cpbc.napra.ca

District 2 - Fraser Valley
Amin Bardai email: aminbardai@shaw.ca

District 3 - Vancouver Island/Coastal
Barry Wilson email: wilsonbar@shaw.ca

District 4 - Kootenay/Okanagan
Erica Gregory email: ericagregory@look.ca

District 5 - Northern B.C.
Rita Thomson email: mezcalmike@telus.net

District 6 - Urban Hospitals
John Hope email: John.Hope@fraserhealth.ca

District 7 - Community Hospitals
Carol Gee email: Carol.Gee@northernhealth.ca

Dean, Faculty of Pharmaceutical Sciences, UBC
Robert Sindelar email: sindelar@interchange.ubc.ca

Government Appointee, Kamloops
Margaret Cleaveley email: mjc79@telus.net

Government Appointee, Smithers
Jo Ann Groves email: coastm@bulkley.net

Government Appointee, Vancouver
Marina Ma email: mma@uniserve.com

Government Appointee, West Vancouver
Michael MacDougall email: theccm@telus.net

Full contact information for all college staff and council is available on the college website: www.bcpharmacists.org under Contacts.

ReadLinks

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Managing Editor: James Nesbitt

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.

Printed on Recycled Paper

from the REGISTRAR



Marshall Moleschi

Change for the better

Peter Drucker, a respected HR analyst, has this to say about

workforce evolution:

"The most important, and indeed the truly unique, contribution of management in the 20th century was the fifty-fold increase in the productivity of the MANUAL WORKER in manufacturing.

The most important contribution management needs to make in the 21st century is similarly to increase the productivity of the KNOWLEDGE WORKER and the KNOWLEDGE WORKER."

We now live in a knowledge-worker age but many organizations still operate within an industrial-age model that suppresses human potential. The price for this is high. Many people, including pharmacists, will tell you they feel stuck in a rut, or micromanaged to the point of being suffocated.

Yet for over 25 years, pharmacy visionaries have seen the age of the knowledge worker coming. While the term "clinical pharmacist" means different things to different people, to me it means pharmacists focusing on knowledge, instead of products, to help people achieve better health.

If knowledge is the most valued asset of the 21st century, how well is our profession doing at developing

fulfilled pharmacists with in-demand skill sets? It depends on who you talk to. While some pharmacists enjoy their jobs, others will tell you that they are a cog in the drug-distribution assembly line, and while they'd like to expand their knowledge base, replacement pharmacists are in short supply.

But one proven way to develop pharmacy practices based on clinical-knowledge rather than on technical tasks or products is to standardize the role of the pharmacy technician. In the United Kingdom, the United States, Australia, and New Zealand pharmacy technicians are regulated. Now Canadian provinces are examining how to better use, and regulate, pharmacy technicians. Alberta and Ontario have moved the furthest along this path.

B.C. isn't far behind. In 2003, the CPBC council addressed pharmacy technician regulation with a policy statement calling for standardized training and assessment guidelines, along with a regulatory authority responsible for pharmacy technicians.

At its first meeting this year, council commissioned a discussion paper to guide it on the issue of pharmacy technician regulation. That paper will look at the evolution of pharmacy technicians, examine their status in Canada and other nations, and make recommendations on the future regulation of pharmacy technicians in B.C. The paper will be presented at the April 2006 council meeting.

There is no doubt that pharmacy must move from the manual-worker age to the knowledge-worker age if pharmacists are to remain relevant and necessary professionals in the 21st century. An expanded, standardized role for pharmacy technicians can help move pharmacy forward.

We've got a plan

Can we get there from here? That is the question the College of Pharmacists of B.C. is asking itself right now, as we embark on a strategic planning process. Our ultimate goal is to ensure that we are fulfilling our mission statement to the best of our ability. To achieve this, the college has proposed the following five strategic goals:

- Encourage an enhanced and expanded role for pharmacists.
- Optimize the use of pharmacy human resources.
- Anticipate the impact of technology on the college's regulatory system.
- Promote the value of pharmacists and the services they provide to the public, government, health-care professionals, and registrants.
- Promote a culture where staff work, learn, and are rewarded for collaboration, innovation, and risk taking. Staff will continue to upgrade their skill sets to meet current and future college obligations.

Strategic planning involves a number of steps to ensure that we are heading in the right direction. Early this year, a strategic planning committee made up of CPBC councillors and staff laid out a path to follow. After establishing the five strategic goals, we will interview pharmacy stakeholders from around the province and across the country. We want to get feedback from a cross section of our profession on a number of questions relating to each strategic goal. Tapping into the thoughts of some of the brightest minds in our profession will allow us to identify common themes. In an April strategic planning session, we'll use these common themes to develop specific initiatives to achieve the five strategic goals.

In the months ahead, these initiatives, large and small, obvious and not so obvious, will help the college clearly define its purpose. Additionally, we will build in processes



CPBC president
John Hope

PDAP orientation sessions

Cycle 2 gets underway

The next cycle of the Professional Development and Assessment Program (PDAP) will be underway in September 2006. Every pharmacist on the practising register will have received a letter in March indicating if they have been selected to participate in Cycle 2 of PDAP. Pharmacists selected to participate will also receive a brochure providing registration information for the orientation sessions.

The adjacent list shows the 13 locations across the province where pharmacists selected to take part in Cycle 2 can gather more information about the program.

All orientation sessions:

- Are free to attend.
- Take place from:
 - 6:30-7:00 p.m. (light supper).
 - 7:00-9:30 p.m. (orientation session).
- Are facilitated by a practising B.C. pharmacist and a professional facilitator.
- Provide an overview of the PDAP process, along with supporting materials.

 See additional information on the college website: www.bcpharmacists.org.

so that we can measure how successful we have been in using these initiatives to meet our strategic goals.

This is a very exciting process to be involved in – it isn't exactly organizational soul searching, but it does require a certain amount of reflection about what we know, (and don't know); How can we encourage expanded roles for pharmacists? How do we introduce new technologies and ensure the public's safety?

We don't have all of the answers yet, but the energy, ideas, and creativity generated by the strategic planning process have us pointed in the right direction. We'll keep you updated as we come up with answers to fulfill our strategic planning process.

PDAP orientation sessions

18 April	Cranbrook, Prestige Inn
26 April	Nanaimo, The Coast Bastion Inn
27 April	Vancouver, Holiday Inn Vancouver Centre
1 May	Prince George, The Coast Inn of the North
8 May	Castlegar, Sandman Hotel
15 May	Burnaby, Executive Hotel & Conference Centre
16 May	Surrey, Sheraton Guildford
30 May	Victoria, Harbour Towers Hotel & Suites
1 June	Kelowna, Ramada Lodge Hotel
5 June	Burnaby, Executive Hotel & Conference Centre
7 June	Vancouver, Holiday Inn Vancouver Centre
8 June	Terrace, Best Western Terrace Inn
12 June	Abbotsford, Ramada Plaza & Conference Centre

New email system

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Our new email system will be based on registrants' personal (home or business) email addresses, and it will offer the college and its registrants an efficient, flexible way to communicate in a timely, and cost-effective manner.

When you receive the college letter, please follow its simple step-by-step instructions to help get the new system up and running ASAP. Registrants with activated NAPRA E-Link accounts may continue to use them, if they wish.

COUNCIL SUMMARY

Council Meeting: January 20, 2006

Registrar's update

- Regulation of pharmacy technicians: an overview of the working group was presented; its discussion paper will be reviewed at council's April meeting.
- Tobacco-free pharmacies: this was raised in a December 2005 pharmacy-issues meeting with the Minister of Health.

AGM advisory resolutions

Council considered the four advisory resolutions presented at the 2005 AGM:

- Resolution 1 - Dealt with proposed amendments to Value VIII of the college's code of ethics. Council chose not to take further action.
- Resolution 2 - Asked council to pursue with PharmaCare the possibility of making online pharmacy resources available via PharmaNet. Council directed the registrar to contact PharmaCare for further discussion.
- Resolution 3 - Requested the college take action to address the issue of pharmacists offering incentives to methadone maintenance patients. Council directed the registrar to contact PharmaCare for further discussion.
- Resolution 4 - Requested the college take action to prevent pharmacies from offering loyalty program points that may affect patient medication compliance. Council chose not to take further action.

Motions passed

- Recommendation to move PlanB® ECP from Schedule IV to Schedule II. This change will not come into effect until approved by the provincial government.
- Increase in stipend rate for daytime meetings of all college committees to \$350 per day, beginning March 1, 2006.
- Support in principle of an "opt-in/opt-out" proposal to allow patients on antiretrovirals to have these drugs added to their PharmaNet profiles.

Ephedrine and pseudoephedrine access

Council chose not to take further action on recent NDSAC recommendations regarding ephedrine and pseudoephedrine product scheduling. These products continue to be unscheduled in B.C.

Strategic planning framework

Council discussed the first phase of this initiative, which involves interviewing pharmacy stakeholders and college staff. This will be followed by a strategic planning session in April.

 College council meeting minutes are posted at www.bcpharmacists.org/resources/council/committees/council.

Suspicious prescription requests

Be attentive when something seems fishy

When in doubt, ask

The college often receives calls from pharmacists seeking advice on how to deal with patients who may be abusing drugs. Following are questions and steps to consider when an initial request to dispense a prescription leads to more questions than answers.

In all cases, pharmacists need to use their professional judgment and keep in mind that they may refuse to dispense any prescription for sound professional reasons, such as multi-doctoring, non-compliance, or suspected forgeries.

Red flags and responses

If you are dispensing a prescription and the patient's PharmaNet profile indicates they have recently received the same drug or another drug from the same class authorized by another prescriber, ask the patient why the prescription is required. You should also contact both prescribers involved to consult with them.

In most cases involving multi-doctoring, the prescriber who wrote the most recent prescription will request that it be cancelled. After being told a prescription has been cancelled, the patient may demand to have the prescription returned to them. Before you hand it over to the patient, stamp it with your pharmacy name and phone number and write "Cancelled as per physician" on it. The additional

information on the prescription will alert other pharmacists and prompt them to contact you if they need further details. Keep a copy of the cancelled prescription for your records.

At other times, the most recent prescriber may provide a sound reason for you to dispense the prescription. In this case, document the reason for dispensing on the prescription hardcopy or on your local pharmacy software.

Sometimes the most recent prescriber cannot be contacted. In this case you have two options. You may refuse to dispense the prescription, or you may choose to dispense a small supply to last until you can contact the prescriber.

When discussing the management of such patients with prescribers, consider the following options:

- Part-filling the quantity at frequent intervals may help monitor the patient's compliance.
- Registering the patient with PharmaCare's restricted claimants program.

PharmaCare's restricted claimants program limits coverage to drugs prescribed by one physician and/or drugs dispensed by one pharmacy. Since the program only impacts whether PharmaCare will cover some or all of the cost of the drugs dispensed, it doesn't always solve the problem.

At times, patients who are usually covered by PharmaCare may be willing to pay cash for their drugs. At other times, patients visit other physicians or visit other pharmacies. If this happens, find out why. There may be a valid reason, for example, the "physician of restriction" may be on holidays. If this occurs, contact the PharmaNet help desk to request a change in the "physician of restriction" to the locum physician. When processing these prescriptions, consider adding a note at the end of the directions, for example, "Dr. A is locum for Dr. B," if you feel the information will be helpful to others viewing PharmaNet.

For more information on the restricted claimants program, contact the PharmaNet help desk or refer to PharmaCare's website.

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New ReadLinks online feature

Easy-to-use index finds facts fast!

The college has added a new feature to the online version of *ReadLinks*. Beginning with the January-February 2006 issue, each online *ReadLinks* has an activated weblinks index, which lists all of the URLs carried in that issue. The index provides the web-linked article or column headline, along with the *ReadLinks* page number.

No more searching through online issues of *ReadLinks* to find that particular website you wanted to follow up on. Just click on "activated weblinks index" under the *ReadLinks* issue and you can quickly scan the index for the website in question.

Inpatients and multi-source drugs


Regimen assessment crucial for those with various meds

"BYOB" is a well-known concept – supply your own beverage when you are invited to a social event. But "BYOP – Bring your own pills" – is something patients may do when they enter a hospital or institution. Once a patient is admitted, it is incumbent on the hospital or institution pharmacists to obtain a complete medication history, because not all medications (e.g. OTCs, HIV/AIDS medications, samples) are entered on PharmaNet. If the patient's own medications will be administered during the patient's stay, a number of steps must be taken to ensure appropriate drug therapy. This important issue comes courtesy of a pharmacist whose patients are often admitted to hospital, and are taking medications that are not entered on PharmaNet (and may not be on hospital formularies).

If a patient's own medication is to be used, ensure that:

- an assessment for appropriateness of drug therapy is conducted for all drugs administered to the patient while in hospital, whether from the hospital supplies or patient's own medications;

- the physician has written an order for the medicinal product;
- there is no suitable alternative listed on the hospital's formulary;
- hospital policy permits the use of patients' own medicinal products; and
- the hospital's standard policies and procedures for medication profile entry, labelling, and medication administration record entry are followed.

 For more detail about using patients' own medications in hospitals, see: www.bcpharmacists.org/resources/pdf/Patients_Own_Medicinal_Products_in_Hospitals.pdf.

This column prints questions and answers from the OnCall Information Line

Toll free 1-800-663-1940

OnCall

PHARMACIST INFORMATION LINE

Questions & Answers

Q A deceased patient's wife recently brought the patient's unused narcotic medications to my pharmacy. Do I have to obtain authorization from Health Canada before I can destroy these narcotics?

A No. When destroying previously dispensed narcotic drugs, you do not need to obtain approval from Health Canada. Authorization is only necessary to destroy expired narcotic drugs that have not been dispensed, i.e., those that are part of your inventory.


Although you do not require approval to destroy returned medications, you should still record the amount of narcotic to be destroyed, ensure the drugs are rendered unusable, and have the destruction witnessed by a second person.

Q Is Zovirax® (acyclovir) cream a prescription or non-prescription drug product? One of my colleagues says it's prescription and another says it's non-prescription. Can you please settle this dilemma?

A Acyclovir and its salts belong in Schedule I and therefore, Zovirax® cream requires a prescription for sale. (See "Acyclovir correction" below.)

Q I wish to provide an extra service to my diabetic patients by offering a sharps disposal program. Where can I get more information?

A A list of disposal service providers is available from the college's website.


 www.bcpharmacists.org/resources/community/pdf/disposalservice.pdf

Q A physician would like to prescribe Cophylac® drops. Does he need to write it on a controlled prescription form (formerly known as a triplicate prescription form)?

A Yes. One of the drug ingredients in Cophylac® drops is normethadone, which is listed in the Controlled Prescription Program.

Acyclovir correction

Prior to a January 6, 2006 correction, the PDF version of the drug schedules on the CPBC website incorrectly stated that topical acyclovir was not a prescription drug. That information has been corrected; all forms of acyclovir require a prescription.

 www.bcpharmacists.org/legislation/pdf/Drug_Schedules_Regulation.pdf

PRACTICE NOTES

PharmaNet codes

Use professional judgment

Not all types of pharmacy software have the same intervention codes, and some vendor- software products used in other provinces have codes that are not recognized by PharmaNet. PharmaNet may “accept” a code, but if it isn’t in the system, the code will be ignored and discarded during the transaction. Use of intervention codes is a professional judgment call. If pharmacists have an in-pharmacy software code that seems to fit, they can use it, but they should monitor the adjudication results, because PharmaNet may not accept the code. If it is rejected, consider adding a typed note in the *sig* and use an override to force the adjudication (for example, “UF” to override Good Faith Limit). In all cases, record your actions!

Required references

PharmaNet only a supplement for drug safety or efficacy info

Recent correspondence from a CPBC registrant prompts this reminder: community pharmacies in B.C. must have on hand college-approved pharmacy reference materials. Information carried on PharmaNet is limited, and should not be used as a substitute for either professional judgment or reference materials that are required by the college. A list of required materials appears on the college website.



www.bcpharmacists.org/resources/pdf/Required_Reference_List.pdf

Anti-TNF α and hep B relapse

Rare events reported

Three manufacturers of anti-TNF α drugs have issued an updated safety information sheet about the companies’ products and reactivation of hepatitis B virus (HBV). In a small number of cases, (less than one adverse reaction per 10,000 treated patients) patients using Enbrel[®] (etanercept), Humira[®] (adalimumab), and Remicade[®] (infliximab) experience HBV reactivation. The drug makers say reactivated HBV is not unique to anti-TNF α drugs, and in most cases, patients were taking other immunosuppressive drugs.



www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/prof/anti-tnf_therap_hpc-cps_e.html

Online smoking cessation aid

Internet site offers many resources

Pharmacists have another smoking cessation resource for patients who are trying to kick the habit: QuitNow.ca, which is part of the QuitNet.com anti-smoking initiative.

Endorsed by the BC Lung Association, this comprehensive site has a variety of resources and tools for weaning oneself off of tobacco as painlessly as possible.

Online registration is free, and so is the 24-hour phone service. The website, located at www.bcquitnet.com, includes:

- Quit-smoking stats calculator.
- Quit buddies and chat groups.
- Expert support.
- Personal quitting guide.

CLICK OR CALL
quitnow.ca

1-877-455-2233

- Medication guide.
- Personal assessment tools.
- Personal Q-mail accounts.

QuitNet describes itself as the “Web’s original quit smoking site.” Established in 1995, QuitNet operates in association with Boston University.

 www.quitnet.com

A “pharmacy rep” calls

Beware of discounted drug offers

A representative of a foreign pharmacy has been approaching Victoria-area pharmacies with an offer that is too good to be true – the opportunity to purchase brand-name prescription drugs at a 20 per cent discount over regular wholesale drug prices. The company the representative is associated with does not hold a Health Canada Drug Establishment License (DEL).

A DEL is required for any company wishing to sell prescription medications to Canadian pharmacies. As well, drug wholesalers can only sell products that have been approved by Health Canada.

A pharmacist must only purchase Schedule I, II, or III drugs from a

wholesaler or manufacturer licensed to operate in Canada, or, in the case of an emergency supply, from another pharmacy. Additionally, it is illegal for pharmacists to sell, offer for sale, advertise, or facilitate the sale of unapproved drugs to other countries or to destinations within Canada. All drugs offered for sale and advertised on pharmacy websites must be produced by approved manufacturers by Health Canada, and any company selling these drugs must have a valid Drug Establishment License. A complete list of companies with valid DELs is posted on Health Canada’s website.



www.hc-sc.gc.ca/dhp-mps/alt_formats/hpfb-dgpsa/pdf/compl-conform/del_lepp_10_19_2005_e.pdf

CPBC reference retention

Until recently pharmacies have been required to keep the most recent three years of *ReadLinks*, and an updated copy of the *BC Pharmacy Practice Manual* on hand. However, if you can access the college website from your pharmacy, it is no longer necessary to keep paper references. Pharmacies are still required to have access to the most current version of the *BC Pharmacy Practice Manual* and the most recent three years of *ReadLinks*, but these requirements can be satisfied either by having paper copies in the pharmacy or access to the college’s website in the pharmacy.



The *BC Pharmacy Practice Manual* is available at: www.bcpharmacists.org/resources/informationfile/

ReadLinks is available at: www.bcpharmacists.org/resources/cpbc/

One-stop licensing info

Watch the college's website for a new pharmacist-licensing tool. *Guide to Becoming a Pharmacist* is a comprehensive resource designed especially for the web. It is aimed at pharmacists who are seeking information on practising in B.C. *Guide to Becoming a Pharmacist* has a wealth of information for:

- UBC pharmacy graduates.
- Pharmacists returning to work.
- Canadian pharmacists working in other provinces.
- International pharmacists interested in practising in B.C.

Guide to Becoming a Pharmacist contains step-by-step material, including the following:

- Information on licensing assessments.
- An overview of B.C.'s licensing process.
- Assorted application forms for recent UBC graduates, pharmacists returning to work, pharmacists from elsewhere in Canada, and foreign pharmacists.

 www.bcpharmacists.org/Resources

Taxing questions

Patient privacy trumps Rx access

Income tax time always produces questions, and pharmacists are sometimes at the receiving end. Well-meaning people with nothing more in mind than a completed income tax form approach pharmacy counters seeking information on a relative. For instance, a mother or father may want to know if their teenager purchased a prescription drug that could be claimed against the parent's income tax. Or, an adult child might inquire about their parent's PharmaCare deductible level. Sometimes, one family member will request copies of prescription receipts for the entire family.

People making these inquiries need to be told that due to provincial and federal privacy laws, patients may need to give their consent for the information to be released; pharmacists should use their professional judgement in these cases. For example, if a child is considered old enough to make treatment-related decisions, they need to be informed of the information

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what went Wrong

Dear College:

I have chronic pain and use a lot of medications to keep the pain at a manageable level. I went to the emergency room at the local hospital last week, and it seemed like they didn't believe that I was in a lot of pain. Eventually, they did take care of me, and wrote a prescription.

When I went to the pharmacy with the prescription, I told the pharmacist that I didn't know why the emergency room staff didn't believe that I was in pain at first. The pharmacist told me that when he was reviewing my PharmaNet profile to prepare my prescription, he saw a comment on my profile that said "Drug Abuser." I was shocked — did the emergency room staff see that too? How can somebody just put something like that on my profile? I'm not a drug abuser but now everybody thinks I am. What can I do?

Concerned About Comments

The pharmacist involved reports:

About two years ago, a physician from the local medical clinic contacted me and asked me to notify pharmacies and physicians in the area that he believed this patient was a drug abuser. I didn't think I should phone all of those people — most of them might never see the patient, so they didn't need to know that he was a drug abuser. I just put a note in the clinical conditions portion of the patient's profile on PharmaNet. I thought that would work better — the only people that would see the note would be the health-care professionals taking care of him.

Using the clinical conditions portion of PharmaNet

Although the clinical conditions portion of a patient's PharmaNet record might seem like the appropriate place for a comment such as this, there are a number of reasons that it should not be used in this way.

- The clinical conditions information is part of the patient's full PharmaNet record. If a patient requests a copy of their PharmaNet record, this information is included on the copy. Only enter information that the patient would not

object to having on their PharmaNet record. In the case noted above, the pharmacist contacted the college on the patient's behalf and college staff removed the comment.

- Information entered as a clinical condition should be considered permanent. It can only be removed from a patient's PharmaNet record by staff at the college. For this reason, be sure to positively identify the patient and ensure that the clinical condition is chronic and not temporary.
- The only information that should be entered as a clinical condition is permanent, verified information.

PharmaNet is a useful tool for conveying prescription information, but it is not a comprehensive health record. Although there may be other ways to use the system to convey information, it should only be done with a thorough understanding of how the system works, and with the knowledge that patients have access to the information on their PharmaNet records.

B.C. INPUT AT CSHP EVENT

15 presentations and poster sessions

Pharmacists from B.C. were well represented at the Canadian Society of Hospital Pharmacists 37th annual Professional Practice Conference, which was recently held in Toronto. Following are the titles of B.C. presentations and poster sessions, followed by the name of the sole, or lead, author(s):



Poster sessions

- Genetic Variation in UDP-Glucuronosyltransferases and Metabolism of Mycophenolic Acid in Lung Transplant Recipients: a Preliminary Study (Dr. Mary Ensom, et al.).
- Limited Sampling Strategies for Mycophenolic Acid Area-Under-the-Concentration-Time Curve in Lung Transplant Recipients (Dr. Mary Ensom, et al.).
- Cyclosporine Absorption Profiling and its Limited Sampling Strategies in Lung Transplant Recipients (Dr. Mary Ensom, et al.).
- Pharmacokinetic Predictors of Treatment Efficacy and Adverse Effects Following Mycophenolate Therapy in Lung Transplant Recipients (Dr. Mary Ensom, et al.).
- The Use of Proton Pump Inhibitors for Stress Ulcer Prophylaxis in Critical Care: a Systemic Review (Dr. Trudy Arbo and Dr. Aaron Tejani).
- Entry-level PharmD Degree Programs in Canada: Some Facts and Stakeholder Opinions (Dr. Peter Jewesson, et al.).
- Clinical Practice Guidelines for Community-Acquired Pneumonia: an Investigation into Creation, Characteristics, Quality and Compliance with Production Guides (Dr. Peter Jewesson, et al.).
- A Prospective Randomized Study of 4% Citrate vs. Heparin for the Prevention of Bacteremia and Thrombosis in Patients with Hemodialysis Catheters (Ivana Dojcinovic, et al.).

Presentation sessions

- Post-operative Nausea and Vomiting (Dr. Peter Loewen).
- In-Hospital Management of Diabetes (Dr. Wendy Gordon).
- How to Integrate Evidence-Based Medicine into Your Daily Practice: Help for the Busy Clinician (Dr. Trudy Arbo and Dr. Aaron Tejani).
- Drug Metabolizing Enzymes: Putting Pharmacogenetics to Practice (Dr. Mary Ensom).
- Drug Toxicity, Pharmacovigilance and Tailored Therapy (Dr. Sunita Bond Stenton).
- Self-Management Support: A Pharmacist's Journey from "Sage on the Stage" to "Guide on the Side" (Dr. Elaine Chong).
- Review of Articles That Will Change Your Practice (Dr. Kerry Wilbur).
- Ethical Conduct – Point and Counterpoint (Dr. Robin Ensom).
- The Anatomy and Physiology of CPOE (Jeff Barnett).

DRUG UPDATES

For full details please check:



www.napra.ca or
www.bcpharmacists.org

- Chinese herbal products
- Colleague® Volumetric Infusion Pump
- Ketek® (telithromycin)
- Accu-Chek® Aviva Blood Glucose Meter
- Macugen® (pegaptanib sodium injection)


Suspicious requests

continued from page 4

Additional points to note

Pharmacists should always confirm the identification of patients presenting prescriptions, particularly for commonly abused drugs. Individuals involved in drug abuse and diversion often use false names and stolen or fraudulent identification (ID) to obtain prescription medications. Some sophisticated drug seekers may claim to be from out of province, knowing that pharmacists need to create a new personal health number (PHN) if a patient is new to B.C. Unfortunately, there are many examples of individuals in B.C. who have been issued multiple PHNs. You can prevent this from happening by asking every patient to provide TWO pieces of positive ID before you search and assign a PHN and dispense their prescriptions.

Fan Outs are helpful in reporting prescription forgeries and preventing the same patient from successfully obtaining medications from a forgery in the future. Ensure all pharmacy staff read them and keep the information handy for future reference.

 www.healthservices.gov.bc.ca/pharme/generalinfo/policy/pharmacareprograms.pdf

Taxing questions

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request, and must provide their approval.

Pharmacists may wish to contact the patient directly for their permission, or suggest that the person seeking the information bring the patient with them to the pharmacy. Be sure to ask for ID before releasing receipts for income tax purposes, if you do not know the patient and/or the inquiring family member.

NEXT CP3 SESSION BEGINS

Helping foreign-trained pharmacists "ramp up" their skills

The next session of the Canadian Pharmacy Practice Programme (CP3), which is designed to help foreign-trained pharmacists meet professional practice standards in Canada, will be underway shortly at UBC.

It will begin on May 2 and end on July 28, with a one-week break during the week of June 12. Of particular note to community pharmacies, the

classroom instruction portion is followed by a two-month clerkship (August and September), modelled after and mentored by the undergraduate Structured Practice Education Program (SPEP). CP3 participants may approach your community pharmacy for a clerkship opportunity.



www.pharmacy.ubc.ca/cppd/programs/CP3_Program.html