



IN THIS ISSUE

3 Alert – PHN Scams

4 Board Nominations Due Aug 31st

5 Registration Renewal Changes

6 On Call – FAQs

7 Drug Scheduling Update

readlinks



Pharmacy Conferences Focus on Future

May is conference month for the pharmacy profession with both the BC Pharmacy Association (BCPhA) and the Canadian Pharmacy Association (CPhA) hosting their annual events. Although the conferences could not have been further apart geographically – with BCPhA in Victoria, BC and CPhA in Halifax, Nova Scotia – the events shared the common theme of focusing on the future of pharmacy practice.

The BCPhA conference was in fact entitled – *Advancing Practice, Empowering Pharmacists* – and much of the content was geared towards supporting pharmacists as they navigate through the changes of their profession and embrace their new scope to adapt prescriptions. Similarly the CPhA conference continually referenced the *Blueprint for Pharmacy* with delegates actively engaged in discussions focused on the realization of the blueprint's vision of pharmacists providing – *Optimal drug therapy outcomes for Canadians through patient-centered care*.

Participants at both conferences were further challenged to take a good hard look into the future by the keynote address given by Dr. Linda Strand, PharmD, PhD, DSc (Hon). Dr. Strand, who is renowned throughout North America for her work in the area of pharmaceutical care practice, spoke openly and frankly as she described the realities she believes are challenging pharmacists from evolving their role as primary healthcare providers.

So, whether you were dining on Pacific salmon or Atlantic lobster both conferences provided pharmacists with ample – *food for thought!*

Dr. Linda Strand (pictured here accepting a presenters gift from College registrar, Marshall Moleschi) delivered the keynote address to open the BC Pharmacy Association's Annual Conference in Victoria, BC. The presentation, entitled: *Making Prescription Adaptation Work for the Pharmacist and the Patient*, was both insightful and thought provoking.

Providing the Framework for Change

“you must be the change you wish to see...” Gandhi



Marshall Moleschi,
Registrar

Having attended both the annual BC Pharmacy Association (BCPhA) conference in Victoria in May and the Canadian Pharmacy Association (CPhA) conference, the following weekend in Halifax, I was reminded of how firmly the new vision for pharmacy is taking hold across this country.

Much of the content and sidebar conversations at both conferences dealt with the realities of the sustainability of the current healthcare system and discussions and debates focused on the role that pharmacists need to play in this new world.

Throughout the dialogue there was little doubt that the days of pharmacists being known primarily as dispensers of medication were rapidly eroding, but just what pharmacists' new role could or should be, posed as many questions as it did answers.

Most agreed that pharmacists need to better utilize their knowledge, skills and abilities – as medication experts – and take a much greater step into the arena of providing ‘true’ pharmaceutical care. Yet, what this really looks like or how it can effectively be delivered and who will ultimately pay for it, were just a few of the questions that dominated the debate.

As I listened and participated in these conversations I reflected on what this really means for regulatory colleges – what is our role in all of this? Given that the College's mandate is to protect the public by ensuring pharmacists provide safe and effective pharmacy care I believe our role is to provide the framework necessary to support pharmacists during this change.

In this regard, the College has accomplished a great deal over this past year – much of which is reflected in the College's annual report entitled *Providing the Framework for Change*

and now available online. Specific examples include; the development of *PPP-58 Medication Management – Adapting a Prescription* which guides pharmacists in the safe adaptation of prescriptions and ongoing work in the development of the standards necessary to regulate pharmacy technicians.

It has long been apparent to me that while colleges rightfully participated in the *Blueprint for Pharmacy: The Vision for Pharmacy*, they are not the drivers. Rather, it's our society, including government and the public, and our profession along with its' many stakeholders, who are determining the new role that pharmacists must play as primary healthcare providers.

At both conferences there were examples of practitioners who are already embracing their new role and who passionately shared their stories of renewed confidence, growing peer recognition and respect and greater job satisfaction through enhanced patient outcomes. As Gandhi once said, “you must be the change you wish to see...” – and those who participated in the conferences saw many examples of what the future of pharmacy could be.

Annual Report available online

The College's Annual Report for the fiscal year ending February 28th, 2009 is now available online in the 'About Us' section of the website at www.bcpharmacists.org.

The report, which includes the board approved audited financial statements, is themed *Providing the Foundation for Change* and outlines the key accomplishments and milestones achieved in relation to the College's strategic plan.

Note: Consistent with ongoing efforts by the College to 'go green' annual reports will not be mailed to registrants this year but will be available, for a nominal fee, upon request.

Alert!

Fake Names and Stolen ID Being Used in Drug Diversion PHN Scams



The College of Pharmacists has received numerous reports of individuals using fake names and fraudulent ID in order to be assigned a new PHN to use in forgeries and drug diversion activities.

In a recent case, one individual claiming to be from Alberta, and using different variations of his name and birth date, was able to have 13 different PHNs created at 13 different pharmacies.

Individuals involved in these scams often claim that their ID has been stolen, or they've left it at home. Others say they have lost their CareCard and photo ID but have a variety of non-photo ID such as a bank card and credit cards and / or claim to have memorized their PHN or have it written on a piece of paper.

When these individuals present a forged prescription, or one that they have duped a physician into writing, they often have

written a stolen or fraudulently created PHN on the prescription. In some cases the fraudulent PHN has been accepted at the doctor's office and once entered on the patient chart, the PHN automatically prints on the doctor's prescriptions, leading pharmacists to mistakenly assume that the PHN has already been validated.

In an effort to avoid these scams pharmacists should:

- be vigilant in ensuring appropriate identification, including photo ID, is viewed before creating new PHNs or downloading existing ones from PharmaNet,
- always verify PHNs that are handwritten or electronically printed on the prescription, patient sticker, or blue hospital card,

- never assume that a PHN and patient's ID has been validated previously,
- always review the patient's PharmaNet profile for any apparent multi-doctoring or medication over-use,
- if for any reason, you need to confirm with the prescriber before filling the prescription, independently look up their office phone number (do not assume the information on the prescription is correct), and
- review fanouts before each shift to be aware of recent reported forgeries.

Remember, if the patient can not produce appropriate identification and the prescriber cannot be reached you always have the option of either providing a small emergency supply until verification can be done or refusing to fill the prescription.

Registered nurses continue to accept medication changes initiated by pharmacists

The development last year of a Joint Statement between the College of Registered Nurses of BC (CRNBC) and the College of Pharmacists of BC (CPBC) has ensured that registered nurses can implement medication changes initiated by pharmacists. The necessity for this arose when it was discovered that current CRNBC legislation does not recognize pharmacists as health professionals authorized to give orders to registered nurses.

Fortunately, the regulation does permit orders that refer to another document, such as a clinical practice guideline or protocol. Given that pharmacists' authority to adapt existing prescriptions is now defined through the CPBC's *Professional Practice Policy #58 (PPP-58) Medication Management (Adapting a Prescription)*, the CRNBC agreed that registered nurses can continue to implement medication changes initiated by pharmacists that are consistent with *PPP-58*.

The updated joint statement entitled, *Pharmacists' Authority to Adjust, Interchange and Substitute Medication Orders*, clearly articulates this position and has been circulated by CRNBC electronic newsletter to all registered nurses. The statement has also been posted on the College website and was distributed, via email, to all hospital pharmacies.

Health Professions Review Board now operational



One of the changes resulting from the College's transition to the *Health Professions Act (HPA)* is that decisions now made by the College, regarding the registration of pharmacists or the timeliness and disposition of complaints, can be brought before the newly created Health Professions Review Board (the Review Board) for review. All professional colleges (now 22) under the HPA fall under the jurisdiction of the Review Board which officially came into effect March 16, 2009.

The Review Board is an independent administrative tribunal created under Part 4.2 of the *HPA* to help ensure the public of transparent, objective, impartial and fair administrative processes and decision-making by regulated health professions.

Members are appointed from across the province by government after a merit-based process and are selected for their knowledge, expertise and community service. Review Board members **can not** be current registrants

or board members of any of the regulated health professions.

The powers and duties of the Review Board are outlined in section 50.53 of the *Act*:

- to review certain registration decisions of a College of a designated health profession,
- to review the failure, by the inquiry committee of a College to dispose of a complaint or an investigation within the time required,
- to review certain dispositions of complaints made by the inquiry committee of a College, and
- to develop and publish guidelines and recommendations for the purpose of assisting Colleges to establish and employ registration, inquiry and discipline procedures that are transparent, objective, impartial and fair.

After a review of a registration decision or a disposition of a complaint made by the inquiry committee, the Review Board may make an order either:

- confirming the registration decision or disposition of the inquiry committee,
- directing the registration or inquiry committee to make a decision or disposition that could have been made by the registration committee or the inquiry committee in the matter, or
- send the matter back to the registration or inquiry committee for consideration with directions.

There is no cost to apply to the Review Board however; applications must be received, in writing, within 30 days of the complainant having received from the College the written notice of the decision, notice or disposition that is to be reviewed.

More information regarding the Health Professions Review Board is available on their website at: www.hprb.gov.bc.ca.

BOARD NOMINATIONS DUE AUGUST 31ST

Early next month (the week of August 10th) the official notice for the Fall 2009 Board Elections, which includes the Nomination Form for Board Members, will be mailed to all registrants. Nomination forms are due back to the College no later than 5pm on August 31st and candidates will have well over a month to campaign with the mail-in ballot deadline set for October 21st.

As a result of the College's transition to the *Health Professions Act* early this year, this inaugural election of the board requires all 7 electoral districts to participate. Previously, elections were done on a rotation basis with odd numbered districts one year and even numbered districts the next. The odd/even rotation will return to the Fall 2010 elections as a result of even numbered districts (2, 4 & 6) being elected this fall to a one-year term and odd numbered districts (1, 3, 5 & 7) to a two-year term.

Any three pharmacists in a district may nominate any other pharmacist in the same district for the office of board member by completing the nomination form. All nominees must be in 'good standing' with the College and if elected, prior to taking office, must take and sign an oath of office prescribed by the minister which among other things states: *I do swear or solemnly affirm that: I will uphold the objects of the College and ensure that I am guided by the public interest in the performance of my duties...*

Changes to Pharmacist Registration Renewal

As a result of the College's transition to the *Health Professions Act (HPA)* on April 1, 2009 registrants will notice a few minor changes to their annual pharmacist registration renewal package.

Pharmacists now have a choice of one of four options or categories of registration:

1. Full Pharmacist,
2. Non-Practising Pharmacist,
3. Former Pharmacist (with newsletter), or;
4. Former Pharmacist (without newsletter).

Either of the first two categories allows a pharmacist to continue to be on the register – in other words - continue to use the title of “Pharmacist” and have their name included on the College's official register of pharmacists in BC.

The vast majority of registrants will select the “Full Pharmacist” category (formerly called Practising Pharmacist) as this option allows a pharmacist to engage in direct patient care and the practice of pharmacy. The “Non-Practising” option is best suited for registrants who, although not currently practicing pharmacy, are working in a

related capacity, such as education, and therefore wish to retain the title of pharmacist.

Should a pharmacist choose either of the last two options they would be voluntarily removing themselves from the College register with the understanding that they could no longer practice pharmacy or call themselves a pharmacist.

Also new this year, in compliance

with the *HPA's* requirement that all current and new registrants consent to a criminal record check every 5 years, the registration renewal package includes a Criminal Record Check Authorization Form. Consent to a criminal record check is not optional; therefore registrants must complete, sign and return this form with their registration package or their renewal will not be processed.

HPA bylaws require all “Full Pharmacists” to possess liability insurance not less than \$2M insuring against liability arising from an error, omission or negligent act of the registrant. Although registrants are not required to provide the College with copies of their insurance policy they are required to complete, sign and return the Professional Liability Insurance section on the Statutory Declaration Form included in the registration renewal package.

As always, registrants will receive, via mail, their annual registration renewal package approximately one month prior to their expiry date and online renewal is encouraged and available through *eServices* on the College website: www.bcpharmacists.org.

NewsBriefs

Update on Naturopathic Physicians authority to prescribe

Although the government has approved regulation and bylaw changes that authorize, with noted exclusions, Naturopathic Physicians to prescribe, the authority is subject to standards and limits and conditions being issued by the College of Naturopathic Physicians of BC (CNPBC).

The CNPBC is currently working on these materials and anticipates that it will take between 6 to 12 months before complete and has advised that at this time Naturopathic Physicians are **not** authorized to write prescriptions for scheduled drugs. Before current Naturopaths can exercise their authority to prescribe they will have to complete a mandatory upgrade course and successfully pass an examination.

The CNPBC is working in collaboration with the College of Pharmacists of BC as they develop their material and pharmacists will be informed through *ReadLinks* and other College communications when Naturopathic Physicians authority comes into effect.

Pandemic Alert heightens College's need to communicate with Pharmacists

The College, in anticipation of having to quickly communicate critical information regarding the anticipated pandemic outbreak this fall, is strongly urging all pharmacists to update their email contact information through *eServices* on the College website at www.bcpharmacists.org.

...continued on page 7



On Call

Q: How do I know if the prescriber is actually authorized to prescribe the medication presented on the prescription? (examples: a physician prescribing methadone or an optometrist prescribing a topical anaesthetic)

A: The short answer is – you don't. Nor is it your responsibility to find out. The pharmacists' role, as always, is to ensure that the medication being prescribed is appropriate for the patient. Should you have any concerns in this regard you must either; adapt the prescription (in accordance with PPP-58), contact the prescriber for clarification or refuse to fill.

It's important to remember that all prescribers are healthcare professionals and as such are bound, just as pharmacists are, to adhere to their College's legislation, bylaws and code of ethics and utilize their professional judgment in the best interest of their patients.

Q: When adapting a prescription who's ID do I put in the 'prescriber' (PRACT ID) field?

A: In adherence with PPP-58 you **MUST** put your pharmacist ID (college registration number) into the 'prescriber' field not the original prescriber's ID. This will confirm, within the system, that you

have adapted the initial prescription and are now responsible for the adapted prescription.

This process is also consistent with the directions set out by PharmaCare regarding submitting claims eligible for a clinical service fee, which are:

1. In the PRACT ID Ref field, enter '**P1**' (for College of Pharmacists of BC)
2. In the PRACT ID field, enter your '**Pharmacist ID**' (College registration number)
3. At the beginning of the sig ("directions") field, type '**Adapted**'
4. Include the appropriate clinical services fee **intervention code**
 - NI = dosage change
 - NJ = formulation change
 - NK = directions for use modified
 - NL = renewal of prescription
 - NM = therapeutic substitution

Q: If I receive a call from a physician asking me to confirm what medications a patient is on, prior to them prescribing a drug, am I able to provide this information?

A: You are not only able to provide this information but in accordance with the Health Professions Act (HPA) section 25.94 (3) (b), you **MUST** provide this information.



DRUG UPDATES

In an effort to ensure that pharmacists are receiving the latest and most comprehensive listing of drug updates, please refer directly to the "Advisories, Warnings and Recalls" section of Health Canada's website: www.hc-sc.gc.ca

The Act clearly states:

25.94 (3) – Subject to the bylaws, a pharmacist, on request, must disclose relevant patient record information to (b) another pharmacist or a practitioner for the purpose of monitoring drug use.

Q: I know the College requires me to store my signed PPP-58 declaration form and proof of liability insurance at my workplace so I can have it easily accessible should I be asked but I work at multiple sites so I'm not clear as to where I should store these documents.

A: On your annual registration renewal form you are required to indicate your 'primary' place of employment along with any 'secondary' or 'third' place. This information is reflected in the official College register. All important documents, such as these, should be stored at your 'primary' workplace.

NewsBriefs

...continued from page 5

If signing into eServices for the first time, your login code is your five-digit eServices ID (which is printed on all registration cards and personalized documents) followed immediately by your year of birth (e.g. #####1959). Your temporary password is your current home postal code without spaces (e.g. V6J5C6). If you need assistance please call the College at (604) 733-2440 or 1-800-663-1940.

One click to the Cochrane Library

As part of a pilot project the Cochrane Library, which is an excellent international resource for evidence based reviews of medical interventions, is available for free, until the end of 2009, to anyone in Canada.

By visiting www.thecochranelibrary.com practitioners, researchers and patients alike are able to access this information to assist them in making informed treatment decisions. Spread the word, the more people who visit in the coming months, the better the chance of obtaining a license for Canada into 2010 and beyond.

Insulin Alert!

The College has recently received reports of insulin being obtained by individuals for use in suicide and for body building enhancement. Pharmacists are reminded to use professional judgment and ensure that insulin is appropriate for a patient before dispensing or selling OTC.

Improper use of single-patient lancing devices

Health Canada is advising people who use single-patient blood lancing devices (also know as blood-sampling devices), which are usually used by diabetics to monitor blood glucose levels, not to use them in more than one person. Using these devices in more than one person poses a risk of transmitting serious blood-borne infections like hepatitis B and C and HIV.

The advisory is available on the Health Canada website at: www.hc-sc.gc.ca

Drug Schedules Regulation Update (Naproxen):

When the federal government recently amended Schedule F to allow for the nonprescription sale of “naproxen and its salts when sold for oral use with a daily dosage of 440 mg,” the National Association of Pharmacy Regulatory Authorities (NAPRA) amended the national drug schedules to allow two categories of sale:

- Schedule III: Naproxen sodium 220 mg tablets, when sold with a recommended maximum daily dose of 440 mg and in package sizes of *up to* 6600 mg
- Schedule II: Naproxen sodium 220 mg tablets, when sold with a recommended maximum daily dose of 440 mg and in package sizes *exceeding* 6600 mg

These changes **are not** in effect in BC, however, until they have been approved by the College board, followed by review and approval by the provincial government. This process takes several months and pharmacists will be notified by the College when the changes are official in this province.

We appreciate that this process can cause confusion for both pharmacists and the public as it is likely that the manufacturers will launch national advertising programs introducing these changes. As a result, BC pharmacists will potentially receive requests for the deregulated products, which they will not be able to provide as these drugs will continue to require a prescription authorization in BC until the provincial drug schedules are amended.

Other provinces are authorized by their governments to refer to the national drug schedules, a process called ‘drug scheduling by reference.’ This means that changes such as these are effective immediately in those jurisdictions.

The College is currently working with the provincial government here in BC to make the necessary legislative changes to allow ‘drug scheduling by reference’ in this province. This change is expected to come into place before the end of this year.

Dosing errors possible due to one DIN for multiple pack sizes



All pharmacists need to be aware that, due to Health Canada's policy of one DIN per drug entity, pre-filled dalteparin (Fragmin) syringes with the same DIN 02132648 (5000 IU, 7500 IU, 10,000 IU, 12,500 IU, 15,000 IU and 18,000 IU) will appear in the PharmaNet system by default as 5,000 IU per 0.2mL.

This situation could lead to dosing errors and therefore it is very important that pharmacists dispensing this drug make sure that they always:

- Restate the dose and syringe size in the SIG field for display on PharmaNet (e.g. inject one 0.6mL syringe 15,000 IU).

Other practitioners reading the PharmaNet profile, especially ER physicians and hospital pharmacists, rely on this information for determining doses the patient has had and what doses to re-prescribe.

It's important to note that the display size of the SIG field on the PharmaNet system is only 80 characters long, which may be much smaller than the local system. Therefore, it is critical that this information be put in at the beginning of the field to ensure that it is not cut off, or lost completely, when the profile is being viewed.

Note: This one DIN Health Canada policy may affect other drugs which are marketed in multiple unit dose syringes or packs but contain the same concentration. Pharmacists should follow the same best practice of re-stating the exact dose in the SIG for any other affected DINs and always ensure doses are confirmed in hospital and clinical settings before new orders are written and filled.

readlinks

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



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