

Read•Links

Online Edition

With
Expanded
Content

Dispose and destroy

Could an employee in your pharmacy die from using narcotics that should have been properly destroyed? This is the kind of nightmare scenario that Quality Outcomes Specialist Sharon Kerr says should never happen in BC.

"Narcotic and controlled drugs are subject to diversion and abuse," she says. "Pharmacists are responsible for disposing of these drugs in a way that makes sure they cannot enter the illegal market."

This includes common narcotics such as Dilaudid, MS Contin, Percocet and Tylenol No.3, as well as controlled substances like

Dexedrine and Ritalin. It also applies to injectable drugs like morphine and liquids such as Tussionex, Robitussin AC and methadone solution.

Earlier this year the College joined with the Registered Nurses Association of BC and the College of Physicians and Surgeons of BC to issue a province-wide alert regarding re-use of fentanyl patches which contain a powerful opiate painkiller. Several deaths have been attributed to discarded patches.

"It's extremely important that a second health professional co-sign disposal of all

continued on pg 5

Triple header AGM

On Saturday, November 26, the Sheraton Vancouver Wall Centre hosts three pharmacy annual meetings, starting with the Canadian Society of Hospital Pharmacists-BC Branch (CSHP-BC Branch), followed by the College and then the BCPhA. "We're delighted to combine our annual event with the CSHP-BC Branch and the BCPhA," says Registrar Marshall Moleschi.

One of the highlights of the College meeting is the announcement of the first ever Five Star Pharmacist and presentation of Awards of Excellence for community, hospital and long-term care pharmacy.

"We're also looking forward to demonstrating the College's gratitude to all our volunteers through our new Volunteer Honour Roll program," says Marshall. "We encourage everyone who donates their time to come to the meeting to receive their certificate of recognition."

AGMs x 3

Friday November 25

6 - 10pm CSHP-BC Branch presentation, exhibit, reception

Saturday November 26

8am - 3pm CSHP-BC Branch AGM - Presentations, Pavilion Ballroom D

12:00 - 1:30pm CSHP-BC Branch AGM - Lunch College AGM, Pavilion Ballroom D

3pm BCPhA AGM, Pavilion Ballroom D

4pm Wine and cheese, Finback Room

5 - 7pm

- Sheraton Vancouver Wall Centre -



For the latest AGM information, see *Read•Links* Online - EventLink www.bcpharmacists.org



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OnLine Edition

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COLLEGE of PHARMACISTS
OF BRITISH COLUMBIA

Bi-Monthly OnLine Newsletter

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COLLEGE MISSION

To ensure British Columbia pharmacists provide safe and effective pharmacy care to help people achieve better health.

from the REGISTRAR



Passion for our profession

One of my favorite stories

of sensing one's passion and making a difference comes from Tara Church. At eight years old Tara founded "Tree Musketeers". In 1987, as a Brownie Girl Scout in California she realized using excess paper wastes trees. "If there aren't enough trees to fight pollution, it will all go up into the atmosphere and eat away the ozone layer. If the ozone layer isn't there to block the sun, the surface of the Earth will get very hot."

Tara feared the human race would have to live underground. She sunk into gloom. Then, an idea cut through: "We should plant a tree!" Calling themselves the Tree Musketeers, Tara and a few friends launched a crusade to heal the environment. In a year, her passion carried her to the White House, where she accepted an award from President Reagan. In 1990 the Tree Musketeers was incorporated as the world's first youth environmental organization.

In advising young leaders today, Tara offers the following advice: "Don't ever let anyone tell you that you can't make a difference. If we all work on our little parts of the planet, then neighborhood by neighborhood, nation by nation we will change the world."

I see the same passion in our profession of pharmacy. I have practised in hospital, long-term care, administration and community pharmacy,

and loved every day of it - because I can see the difference pharmacists make.

We make that difference every day; talking to patients, advising on over-the-counter preparations, assessing a new medication, reviewing a resident's medication profile, assessing a cancer patient within the latest protocol. We make a difference in small one-pharmacy towns. We make a difference in large urban supermarkets. We make a difference in long-term care facilities, hospitals, universities, prisons and drug information and poison control centres.

I encourage you to express your passion. You will see the difference you are making. By working on our own parts of the planet, pharmacy by pharmacy, neighbourhood by neighbourhood, we will change the world too.

PDAP

Evaluation underway

When the College launched the Professional Development and Assessment Program (PDAP) two years ago, it made a commitment to seek regular feedback and conduct a formal program evaluation. That process is now underway.

"We mailed an evaluation form to everyone who took part in PDAP," says Director of Assessment Programs Doreen Leong. "We really hope pharmacists will take a few minutes to send us their comments. This will help us put together a comprehensive picture of what pharmacists liked and didn't, how they used PDAP and learned from it, and what we can do to enhance the next cycle of PDAP."

KA participants speak out

As part of the PDAP evaluation process, the College invited pharmacists to take part in in-depth interviews about their experiences. To date 15 pharmacists who took the Knowledge Assessment (KA) exam have been interviewed.

All 15 interviewees said they'd choose the KA again next time. One pharmacist reflected the views of others saying, "I took the KA because of time constraints and because I knew what to expect."

According to the interviews some pharmacists said they prepared intensively for the KA while others took the practice exam and studied the test blueprint. Almost all who studied systematically reported an increased sense of confidence going into the exam. As one pharmacist commented, "I did well on the test, but that's because I honed up. You need to review things you don't do every day."

More PDAP options

A small group of pharmacists – less than 10 percent – were unable to meet PDAP standards during phase 1. They now have a choice of four options.

Regardless of the option selected in phase 1, they can take the Knowledge Assessment (KA), complete a Learning & Practice Portfolio (LPP), select a Practice Audit or take the Objective Structured Clinical Exam (OSCE). The College also offers a mentorship program known as MentorLink which can help PDAP participants.



Find more information about MentorLink on the College website:

www.bcpharmacists.org > Professional Development > MentorLink



Find more information about PDAP phase 2 options on the College website:

www.bcpharmacists.org > Professional Development > Professional Development and Assessment Program > PDAP Handbook

KA comments

"I am one of those people who, unless I have to, don't get around to CE because of all the other demands in my life. Preparing for the KA helped me fill in gaps."

"It's hard to test everyone and be fair because people come from different environments and have different exam skills."

"Marks on an exam don't necessarily correspond to how good you are as a pharmacist."

"KA is not realistic...you can get a right answer on a test but can you communicate that to a client?"

"Next time I'd probably look through a patient counselling book more."

"It was good. It flowed well and seems effective."

"The whole assessment process should be more frequent. Everyone should also do a learning-needs assessment. I don't think people have been held accountable enough."

Intern admin changes

UBC's Structured Practice Education Program (SPEP) is now managing the College's internship program. This change affects about 50 internship applicants a year and makes sure both Canadian and internationally trained applicants receive the same standard of high quality internship.

During the transition period SPEP receives a one-time grant of \$5,000 from the College to enhance software, forms and monitoring systems. Each intern will pay a fee of \$500 to cover the amount SPEP charges the College for administering the program.

DRUG UPDATES AND ADVISORIES

For full details please check the National Association of Pharmacy Regulatory Authorities (NAPRA) website, www.napra.ca. You can also find drug information on the College website, www.bcpharmacists.org.

Adderall XR®

Health Canada allows manufacturer of Adderall XR® to resume sales of the drug in Canada, with revisions to labelling - warnings against use in patients with structural heart abnormalities, and about the dangers of misusing amphetamines www.hc-sc.gc.ca/ahc-asc/media/nr-cp/2005/2005_92_e.html

Atypical Antipsychotic Drugs

Increased mortality associated with the use of atypical antipsychotic drugs for elderly patients with dementia www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avid/prof/atyp-antipsycho_hpc-cps_e.html

Depo-Provera® (medroxyprogesterone acetate injectable suspension, USP)

Potential effect of Depo-Provera® on bone mineral density changes in adults and adolescents www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avid/prof/depo-provera_2_hpc-cps_e.html

Iressa® (gefitinib)

Restricting the indication for Iressa® 250 mg tablets to patients whose tumours are EGFR expression status positive or unknown www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avid/prof/iressa_hpc-cps_e.html

Paxil®, Paxil CR™ and Orap® (pimozide)

Safety information on concomitant use of Paxil® or Paxil CR™ and Orap® www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avid/prof/paxil_2_hpc-cps_e.html

Vidix, Viread, Sustiva and Viramune

Safety information on the co-administration of Vidix and Viread, and either Sustiva or Viramune www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avid/prof/vidix_viread_hpc-cps_e.html

Zometa® (Zoledronic Acid) and Aclasta® (Zoledronic Acid)

For Zometa® - new reduced dosing schedules for renal safety
For Aclasta® - newly approved labeling for renal dysfunction www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avid/prof/zometa_aclasta_hpc-cps_e.html

PATIENT PRIVACY AND THE 'CIRCLE OF CARE'

Pharmacists have raised concerns about the potential negative impact of privacy legislation on their ability to share patient information with other health care professionals.

"Privacy practices in community pharmacies in BC are outlined in pharmacy legislation as well as in the *Personal Information Protection Act* (PIPA)," says Deputy Registrar Brenda Osmond. "We have been assured that PIPA is not intended to hamper the exchange of health information between a patient's health care providers."

In a speech the Privacy Commissioner of Canada acknowledged concerns about health care information saying, "We have an understanding of the special nature of health care information on two fronts. First, the sensitive nature of health care information and its potential for misuse and abuse set it apart. ... So first and foremost, we must be able to rely on those who handle our health care information to keep it absolutely confidential, store it securely, and release it only with our consent or under carefully prescribed circumstances as required by law.

"Secondly, we know the circulation and sharing of health care information can benefit patients and result in better care and a more responsive health care system."

Brenda says, "The principle of 'implied consent' ensures the free flow of information within the 'circle of care' so we can provide the best level of patient care. Pharmacists can feel comfortable sharing patient information, including lab work, with other health care providers such as physicians, nurses and licensed therapists."

For more information about privacy legislation please refer to the March 2004 Bulletin, "Privacy gets new legislation" or call Deputy Registrar Brenda Osmond at the College, email brenda.osmond@bcpharmacists.org.



You can read the full text of the Privacy Commissioner's speech at:

www.privcom.gc.ca/speech/2004/sp-d_041027_e.asp



The College welcomes open discussion of issues that impact our profession.

The following comments are the views of individual pharmacists, and do not necessarily reflect the views of the College.

Internet in the pharmacy

According to a recent study, 70 percent of BC pharmacists use the internet at home, but only 57 percent access it at work. Commonly this is due to lack of a terminal or high speed access. Also, some pharmacists are concerned that researching drugs online in the pharmacy could reduce time spent on direct patient care.

Read•Links recently talked to two community pharmacists - one managing a pharmacy in northern BC, and one serving patients in an urban supermarket - about how they use the internet and the College website as part of their practice. Here are their comments.



Lois Twardy
Richmond, BC

"The internet has become an integral part of community pharmacy. All

prescriptions and many third party insurance plans are adjudicated over the internet to PharmaCare.

"We do all our regular ordering over the internet, which allows us to check availability before the medication 'doesn't' arrive. We frequently use the internet to find the Canadian equivalent of American trade names and can usually give doctors and patients this information. The reference texts we used in the past don't always contain the newest information.

"Most of all, the search function on individual websites, including the College, puts all that information you know you read somewhere - right at your fingertips. No more searching through stacks of paper that haven't been filed - or - are at home when I'm at work!

"When patients request information I ask if they have internet access and refer them to a website address I know to be reputable. I frequently recommend Health Canada's website, and also caution them that not all websites are as reputable.

"For people without internet access, my employer maintains a website we can access

see Lois Twardy next page



Jean Hicks
Chetwynd, BC

"Access to the internet benefits our practice because it helps with

PharmaCare and drug information. It doesn't get in the way of patient care because we never get to it during business hours - our internet computer is in the pharmacy office not the dispensary.

"Concerns about wasting time and reducing patient contact are valid. Most dispensaries have pressing time and workload issues. We need to be careful about avoiding distractions. It's perfectly possible to provide good pharmacy services without the internet.

"I believe any good idea will sell itself as people become aware of its advantages. Most pharmacists will realize the potential of the internet and see where it could be useful in their practices.

"I use the College website when I want to refer to the newsletter, Bylaws or drug advisories. I find it's easier to retrieve information using the search function than by going through the information file binder. When the newsletter is sent via E-link, I go over it quickly and then read the hard copy thoroughly when it comes in the mail.

see Jean Hicks next page

Lois Twardy continues....

with reader-friendly articles on many health issues. We don't have a copier in our pharmacy, so we can't copy information from our references for patients like we used to.

"We deliver prescriptions using maps printed from the internet. This is invaluable for pharmacists who don't live locally. We also use the internet to find contact information for other pharmacies.

"These are just a few of the ways we use the internet daily in our practice. As pharmacists become aware of internet resources and think outside the box we'll use it more and more. It's a valuable tool now, and soon will be invaluable."

Jean Hicks continues...

"Besides the College website, I go to the PharmaCare website for information on special authority drugs. I have registered customers for PharmaCare because they couldn't do this themselves and did not have anyone else to help them.

"If we have concerns about availability we place orders on wholesalers' websites. We sometimes use drug manufacturers' websites, the UK "benzodiazepine withdrawal" site, or Google. I also use the internet for retrieving weekly updates for the personal digital assistant (PDA)."

Dispose and destroy

continued from pg 1

narcotic and controlled drug products," says Sharon. "If you're a sole practitioner, have another pharmacy employee witness the destruction.

"This process protects all pharmacy staff from potential misadventure. The second signature confirms the validity of the destruction process."

Sharon warns, "Do not add free-flowing liquid directly to the medication return barrel because this can produce toxic gases." She also cautions pharmacists, "Even though you don't need a written 'Authorization to Destroy' for expired benzodiazepines and other targeted substances, or for previously dispensed narcotic, control and targeted medications returned from patients, you should still follow the same disposal process."

continued on pg 7

This column prints questions
and answers from the OnCall
Information Line
Toll free 800.663.1940

OnCall

PHARMACIST INFORMATION LINE

Questions & Answers

Q Does Sativex® require a controlled prescription form? Where can I find more information about this new drug?

A No, you don't need a controlled prescription form (formerly known as a triplicate prescription) for Sativex®. Because it's a narcotic drug you need either a written or faxed prescription.

Go **www**

www.hc-sc.gc.ca/hpfb-dgpsa/tpd-dpt/sativex_dhcpl_e.pdf
www.hc-sc.gc.ca/hpfb-dgpsa/tpd-dpt/sativex_factsheet_e.pdf

Q I've seen advertisements about Plan B® being available without a prescription in Canada. But the College sent a fan-out saying there's no change to the schedule in BC. I'm so confused! Can you please clarify the status of Plan B® in BC?

A In May 2005, Health Canada removed levonorgestrel, when used for ECP, from Schedule F, making Plan B® a nonprescription drug.

However, in June 2005, Council decided levonorgestrel would continue to be a Schedule IV product in BC. As a result, Plan B® still requires a prescription from a physician or a specially trained pharmacist, and you need to complete ECP program documentation.

Q What schedule is quinine sulfate? A patient wants to buy quinine sulfate 200 mg for nighttime leg cramps and says that many years ago it was available over-the-counter.

A All quinine salts now belong in Schedule I and therefore, require a prescription.

Q I wish to dispense methadone in my pharmacy but only for less than 30 patients. Do I need a special license? Do I have to follow special requirements?

A All licensed pharmacists in BC can dispense methadone. Practice requirements depend on the number of patients. If your pharmacy serves less than 30 patients on the Methadone Maintenance Treatment Program, you need to:

- Review "The BC Methadone Maintenance Treatment Program – Information for Pharmacists" and keep a current copy in your pharmacy
- Adopt strategies to eliminate line-ups and litter outside your pharmacy
- Accommodate all patients' supervised dosing requirements

Go **www**

www.bcpharmacists.org/resources/methadone/index.php

Read•Links Online offers you everything you find in the printed Read•Links newsletter plus more. You can find Read•Links Online and back issues of newsletters on the College website: www.bcpharmacists.org

Read•Links Online Edition

In the September/October Read•Links Online Edition

- **Council Highlights** - find out the latest news from the September 23 Council meeting
- **EventLink** - catch up on events for pharmacists. Check out the list of presentations at the Canadian Society of Hospital Pharmacists-BC Branch AGM

UBC STUDENT NETS \$100 FOR E-LINK SIGN-UP



Erica Wang

Activate your "E-Link - email for Canada's pharmacists" account, and you have an excellent chance of being the next

pharmacist or pharmacy student to win \$100. It takes only a few minutes to set up your account and you're automatically entered to win.

That's what UBC pharmacy student Erica Wang did, and she's now \$100 richer. Erica says she signed up for E-Link in July 2005 because it's "a new option for communication."

- E-Link is free for BC pharmacists as well as qualifying candidates and UBC students registered with the College
- You can use E-Link as your personal email, or set it up to automatically forward E-Link email to your personal email
- Accessing E-Link for the first time is easy. Go to the College website, www.bcpharmacists.org, click on the E-Link icon, log on using your diplomanumber@cpbc.napra.ca and password "happy123". Click on "Options" to create a personal password and set up to automatically forward your E-Link email to your personal email address if you like
- Friends and colleagues can use your "alias" email address to send you email without knowing your diploma number. Your "alias" email address is: firstname.lastname@cpbc.napra.ca. Even if messages are sent to your "alias" address, you will still need to log on as diplomnumber@cpbc.napra.ca to access your messages
- Questions? Call the College toll-free, 800-377-8129

A Day in the Life of Zahida Esmail

Zahida Esmail

When 40,000 Ismaili Muslims recently gathered in Vancouver to meet their spiritual leader, His Highness the Aga Khan, pharmacist Zahida Esmail played a key role. "For many members of the Ismaili community this is a once-in-a-lifetime experience," says Zahida who's actively involved with the Aga Khan Health Board for BC, in addition to her job as one of the College's OnCall pharmacists.

With only ten days notice, she found 40 pharmacists willing to work with doctors and nurses at the Vancouver Convention and Exhibition Centre on June 10, 2005, the day of the Aga Khan's visit. "Incidents needing some level of medication attention occur at most, if not at all, large gatherings of people," says Zahida. "We wanted to be prepared in case any medical emergencies arose.

"I lost five pounds that week. It was go-go-go. I recruited pharmacists and helped develop a training and orientation manual for all the health professionals. On the day of the Aga Khan's visit, pharmacists showed what true volunteerism and professionalism are all about. I was so impressed - they were amazing!"

As an Ismaili Muslim, Zahida takes her commitment to community seriously. Since graduating top of her UBC class in 1996, she's volunteered with the Canadian Cystic Fibrosis Foundation and is currently Secretary for the BC team of *Pharmacists Sans Frontières - Canada* (Pharmacists Without Borders - Canada).

Following stints in community and hospital pharmacy, Zahida joined the College in 2002. As an OnCall pharmacist and source of the stories that enliven the popular *Read•Links* columns *What Went Wrong* and *OnCall*, she knows all about the challenges of daily practice.

"Many calls come from pharmacists working in rural communities where they don't have a colleague to consult," she says. "People are so thankful someone at the College is willing to help them and be a support in their practice.

"Often the question is clear but the answer is grey. As a profession, we're shifting away from rule-based practice towards one based on professional judgment. I try to listen, figure out what the pharmacist's concern is, simplify things that seem complex and give him or her an approach to use for decision-making."

Working as an OnCall pharmacist and a volunteer have helped Zahida develop the unique skills she needs for the other half of her job - researching complaints from the public about pharmacists.

"Nobody sets out to make a mistake, but mistakes do happen," she says with her gentle smile. "We're all human." The College reviews about 130 cases a year, usually relating to patients receiving an incorrect drug, strength, quantity, or dosage form.

"Most pharmacists have never had a complaint made about them," says Zahida. "When a pharmacist first finds out we've received a complaint they're scared. It's one of their biggest fears."

When that happens, Zahida's job is to gather all the information, put together a complete picture of what took place, present it to the College's Inquiry Committee, and follow-up with the member of the public and the pharmacist.

She tries to imagine how it feels for the pharmacist and works to demystify the review process. "The Inquiry Committee's goal isn't to take your license away," says Zahida. "Rather, the incident is used as a learning tool to encourage pharmacists to reflect on their practice, understand how it may have occurred, and how it might be prevented from happening in the future." The vast majority of complaints are resolved through accepting the pharmacist's statement or sending the pharmacist a letter of advice.



Zahida Esmail

Dispose and destroy

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Pharmacists need to keep a record of co-signed destruction forms on file in the pharmacy for three years. Each record should include date of destruction, drug name, strength per unit, quantity, (expiry date and lot number, if applicable), signature of the pharmacist and witness, along with printed names and staff position.

Protect people and the environment with safe disposal

- Receive written Authorization to Destroy for expired narcotic and controlled drugs that have not been dispensed
- Record quantity of drug for disposal: count solid drugs, estimate liquids
- Limited drug quantities: Put solid, liquid and patch dosage forms into a small leak proof container, add bleach, place container in medication return barrel
- Large drug quantities : Put solid, liquid and patch dosage forms into a suitable container, then add bleach and plaster of Paris to create a slurry mixture which hardens and can be sent to your local landfill or to your disposal service provider (where permitted)
- Ampoules of injectable narcotic drugs: snap open, then add the contents and the empty ampoule to a container for destruction
- Fentanyl patches: wear surgical gloves, fold the patch in half so it sticks to itself prior to adding it to a container for destruction



bcpharmacists.org > Resources > Community Pharmacy > Destruction Request
bcpharmacists.org > Resources > Community Pharmacy > Theft or Loss of Narcotic or Controlled Drug
bcpharmacists.org > Resources > Community Pharmacy > Disposal Service Providers

For more info on Fentanyl patches see *Read•Links* November 2004, March 2005.

what went Wrong

Dear College,
I'd been taking PD thyroid 30 mg daily but it wasn't working well, so my doctor gave me a prescription for Levothyroxine 75mcg daily.

I took my new prescription to my pharmacy. When I went to pick it up, a pharmacist said my dosage had increased. "No it hasn't," I said. "I'm on a new medication." The pharmacist realized they'd dispensed the wrong medication, fixed the problem and gave me the right one.

When I got home, I read the medication label, which said, "Take two and a half tablets daily." I expected to take one tablet a day but decided to follow directions. Over the next three weeks I felt unwell and had chest pains. One day, I looked carefully at the label and discovered each tablet was 75mcg. I'd been taking two and a half times the correct dosage!

Until now I trusted pharmacists. Not anymore! First they gave me the wrong drug, then they gave me the right drug with the wrong directions. This is unacceptable! What if I had a previous history of heart problems? I could have died!

Livid over Levothyroxine

The pharmacists involved report:

The prescription was written as "L-thyroxine 75mcg daily." Three months ago the same patient received "PD thyroid 30 mg daily."

A pharmacist processed the prescription as "PD thyroid 30 mg - Take two and a half tablets daily," performed the final check, and dispensed PD thyroid 30 mg. This pharmacist left a note with the medication saying, "Dosage has increased" so this would be discussed during counselling. On talking to the patient, a second pharmacist discovered the medication error and dispensed Levothyroxine 75mcg. Three weeks later, the pharmacists found out Levothyroxine 75mcg was dispensed with incorrect directions.

How can you prevent a situation like this from happening in your pharmacy?

When dispensing, involve two pharmacists. One pharmacist processes the prescription and the other performs the final check.

If this isn't possible:

- Process the prescription
- Step away and clear your mind before conducting the final check
- Examine the written prescription and "set in your mind" how the label should read
- Compare all aspects of the prescription with the prescription label. When doing so, compare the drug name and strength on the prescription with the drug name and strength on the prescription label *before* performing a DIN check

If you discover a dispensing error, don't assume it's the only part of the prescription that needs to be fixed. Find the original prescription and check everything before giving the medication to the patient.

Always provide patient counselling. In this situation, reviewing the dosage regimen might have caught the second dispensing error before the patient left the pharmacy.

Rural pharmacy needs pharmacists - urgently

The only pharmacist for miles around – that describes George Pettie's 35-year career. "I grew up in Vancouver and thought I'd never leave," says George. But his first job took him to the tiny fishing village of Alert Bay. "It was such a wonderful environment," he says. "Bonding with an entire community was an extraordinary life experience for me."

From Kitimat to Port Hardy, Port Alice to Fraser Lake, his work history reads like a list of BC's remote communities. "Being in a small town gives me the ability to get to know people and be empathetic to their social challenges," he says. "People call me. They trust what I have to communicate about drug therapies. When I can help someone understand their medication and what it can do for them, that makes a great difference to me."

George arrived 21 years ago in Fraser Lake, a village with one bank, one barbershop and no stop-lights. His one-man pharmacy serves about 3,000 people in communities that dot the Yellowhead Highway. He works without the help of a pharmacy technician, and closes Saturdays and Sundays. There are no doctors on call during evenings or weekends and the nearest hospital is a 35-minute drive away. "People in small communities learn to be patient about their medical needs," he says.

RuralPHARMACY

Population: 1,308

BC has more than 60 single-pharmacy communities. This is the fourth in a series highlighting the rewards and challenges of rural pharmacy.

"It's not like the city where you can get medical attention 24 hours a day, seven days a week."

A former Council member, George says, "Before I got involved in the College I felt isolated. It opened up my pharmacy world. I met pharmacists from across the province, and then across the country. It made me realize I have something to contribute."

He decided to focus on cardiovascular disease management. "I like helping people relax and not worry so much about high blood pressure by working with them to understand how their medications – properly taken – can reduce stress on their heart and vascular system."

With four grown children and three grandkids, George eagerly anticipates each day. But he worries about what the future holds for villages like Fraser Lake. "There's a danger we may see our small community pharmacies shutting down because nobody wants to buy them," he says. "I like small communities – but there aren't many of me around. We urgently need people willing to commit to rural pharmacy."

ECP UPDATE

Harmonizing ECP

As part of the College's ongoing efforts to ease the transition for pharmacists moving to British Columbia, it's now easier for pharmacists with Emergency Contraceptive Program (ECP) training to transfer their skills to BC. The College now recognizes ECP training provided by the Canadian Pharmacists Association and pharmacy regulatory organizations in Saskatchewan and Quebec.

"All these programs provide the same evidence-based information as the BC training," says Deputy Registrar Brenda Osmond. "A pharmacist who takes ECP training elsewhere and wants to practice in BC needs only to send the College a document showing they completed the training."

ECP schedule unchanged in BC

Despite changes to federal regulations, BC's Emergency Contraception Pill (ECP) scheduling remains unchanged. This means both Plan B® and Ovral (when used for emergency contraception) continue to be Schedule IV drugs, available by prescription from ECP-certified pharmacists.



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The Read•Links newsletter provides important College and pharmacy practice information. All pharmacists are expected to be aware of these matters. Licensed pharmacies must have the last three years of Read•Links / Bulletin issues on file as per reference library requirements.

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

participate

VICTORIA FALL LECTURE SERIES

Learn from your peers and earn two continuing education credits for each event at the UBC Continuing Pharmacy Professional Development Victoria Fall Lecture Series.

September 26 - Taking the Fear Out of Menopause

October 3 - Probiotics in Disease Treatment, Digestive Health

October 17 - Current Issues in Cancer Therapy

November 28 - Update on Multiple Sclerosis

November 21 - Post Traumatic Stress Disorder

November 7 - New Drugs/Drug News

Where: Holiday Inn,
3020 Blanshard St, Victoria, BC

Contact: 604-822-0354

Toll-free 800-663-0348

Fax 604-822-4835

Email infocpe@interchange.ubc.ca

Click: Fall lecture series brochure

explore

CAREER AVENUES IN PHARMACY

If you're a UBC graduate, you likely remember attending Career Avenues, an evening for students to network and learn about pharmacy career opportunities. For the first time, the UBC Alumni Association is extending this annual event to include practising pharmacists.

If you're thinking about graduate studies, considering switching from community to hospital or vice-versa, or pondering the next step in your career, this event is for you. This event is free, and you're welcome to make a donation to the UBC Pharmacy Alumni Association. Space is limited, so please register in advance: email, marie@dehaan.com.

When: Wednesday, October 5, 2005
6pm Speaker Paul Harris,
Pharmacist

7pm Career Avenues
Where: UBC Student Union Building
Ballroom

attend

WOMEN'S HEALTH EVENT

Expand your understanding of the ever-expanding field of women's health issues at a special event put on by UBC Continuing Pharmacy Professional Development.

When: Saturday, October 22, 2005

Where: Richmond, BC (Location, TBA)

Click: www.pharmacy.ubc.ca/cppd

expand

CANADIAN SOCIETY FOR ADDICTION MEDICINE CONFERENCE

Expand your knowledge of the science of addiction at the 17th annual scientific conference of the Canadian Society for Addiction Medicine. Topics include Social Consequences of Drug Use and Public Policy,

Neuroscience of Reward and Addiction, Methamphetamine Dependence, Natural History of Injection Drug Use, and North American Opiate Medication Initiatives.

When: October 27-30, 2005

Where: Coast Plaza Hotel & Suites at Stanley Park

Contact: chandel@malachite-mgmt.com

Click: www.csam2005.org

learn

NATIONAL ONCOLOGY PHARMACY SYMPOSIUM

Experience cancer treatment from the patient's point of view at the National Oncology Pharmacy Symposium coming to Vancouver this fall. Presented by the

Canadian Association of Pharmacy in Oncology (CAPHO), the conference theme is "From the patient's perspective".

When: October 28-30, 2005
Where: Sheraton Wall Centre, Vancouver, BC
Contact: Sarah Lewis, Conference Manager, sarah@seatoskymeetings.com
Click: www.capho.ca

attend

COLLEGE COUNCIL MEETING

Councillors welcome all BC pharmacists and the public to attend Council meetings of the College of Pharmacists of BC.

When: Friday, November 25, 2005,
Where: College office, Vancouver, BC
Contact: Samantha Lam, 866-676-4220 toll-free direct

experience

CSHP-BC BRANCH 2005 AGM

Hear about the latest advances from some of BC's most experienced hospital pharmacists at the Canadian Society of Hospital Pharmacists BC-Branch 2005 AGM. Check out manufacturer's exhibits on the Friday night and enjoy the reception. Bring your notebooks for Saturday's presentations:

- 2005 Clinical Trials: Studies that will impact practice, Dr. Erica Greanya
- Influenza Pandemic: The pharmacists' role, Dr. Fawziah Marra
- Seizure Management: Clinical pearls, Dr. Patricia Gerber
- Osteoporosis: Dr. Kerry Wilbur
- Therapeutic Drug Monitoring: Aminoglycosides, Dr. James McCormack

When: November 25, 26, 2005
Where: Sheraton Vancouver Wall Centre 1088 Burrard St, Vancouver, BC
Click: www.cshp-bc.com

network

AGM TRIPLE-HEADER

Catch up with friends and colleagues at the November 26, 2005 AGM triple-header as members of the Canadian Society of Hospital Pharmacists-BC Branch, BC Pharmacy Association and the College hold their annual meetings on the same afternoon. Make sure to stay after the meetings for a wine and cheese reception in the Finback Room.

When:	Friday, November 25	6 - 10pm	Where:	Sheraton Wall Centre, 1088 Burrard St, Vancouver, CSHP-BC Branch presentation, exhibit, reception CSHP-BC Branch AGM - Presentations, Pavilion D CSHP-BC Branch AGM - Lunch College AGM, Pavilion D BCPhA AGM, Pavilion D Wine and cheese, Finback Room www.cshp-bc.com
	Saturday, November 26	8am - 3pm		
		12:30 - 1:30pm		
		3pm		
		4pm		
		5 - 7pm		
			Click:	

explore

DISTANCE EDUCATION PROGRAM 2005

Learn at home with UBC Continuing Pharmacy Professional Development's home study program. Topics include Anticoagulation, Basics of Immunization,

Current and Future Issues in Viral Diseases and Non-HIV Antiviral Drugs, Applying Pharmacoeconomic Principles in Every Day Practice, and Patient Assessment.

Click: For more information or to order booklets, www.pharmacy.ubc.ca/cppd
Online brochure

Council Highlights

September 23, 2005

Practice excellence

Council celebrated the large number of nominations received for the College's new Awards of Excellence program designed to recognize pharmacists who exemplify the Framework of Professional Practice. President Rita Thomson will announce the names of the 2005 Five Star Pharmacist and Awards of Excellence winners in Community, Hospital and Long-term Care pharmacy at the November annual meeting.

Volunteers honoured

Close to 180 pharmacists from across the province volunteered their time to support pharmacy during the past year. Council recognizes the immense contribution made by volunteers. At the November annual meeting President Rita Thomson will announce the name of the 2005 Volunteer Honour Roll Gold Certificate winner for making an outstanding contribution to our profession through ongoing commitment to volunteering.

Pharmacists who have volunteered for more than five years on a committee will receive Volunteer Honour Roll Silver Certificates, while other volunteers will receive Volunteer Honour Roll Bronze Certificates.

Tobacco-free pharmacies

Council continues to push for the removal of tobacco products from sale in BC pharmacies. During the summer Registrar Marshall Moleschi met with both elected and non-elected officials in Victoria, along with a number of interested organizations. As a result of these meetings, Council encouraged College staff to actively pursue this issue and to provide updates at each Council meeting.

Buprenorphine schedule decision

In response to information from the College of Physicians and Surgeons of BC, Council unanimously supported placing buprenorphine (Subutex) in Schedule IA. This means buprenorphine, which is used to treat opioid dependency, will require a duplicate prescription when it becomes available for use in Canada in late 2005.

Council discusses methadone home delivery

In response to concerns raised by the College of Physicians and Surgeons of BC regarding home delivery of methadone, the College recently asked BC's 400 methadone-prescribing pharmacies for their views on this issue.

Councillors recognize that methadone home delivery can offer additional opportunities for pharmacists and patients to interact and makes it easier to meet the individual needs of patients. Council decided it's up to the pharmacist and patient to decide when home delivery is needed.

No change in OTC cold medication status

Deputy Registrar Brenda Osmond updated Council regarding sale of over-the-counter cold remedies containing pseudoephedrine that can be used to manufacture crystal meth.

According to Corporal Glen Evans of the RCMP chemical division unit, police are not finding commercially-packaged cold medications at the site of illegal crystal meth labs. However, it's possible these products are used at smaller labs unknown to police.

Council unanimously agreed to support monitoring sale of crystal meth precursors at the wholesale level. However, until there is clear evidence that consumer packaged products are being used to manufacture crystal meth, Council recommends scheduling remain unchanged.



For more information about methamphetamine precursors check out the Meth Watch website at www.methwatch.ca and the January/February edition of *Read•Links*.

Telepharmacy on the rise

In recognition of growing concern regarding availability of pharmacy services in rural BC, Council unanimously adopted a staff policy for telepharmacy. Developed by the Hospital Pharmacy Committee and

presented by Council President-elect, John Hope, this policy details conditions under which a pharmacy technician at a remote site can provide pharmacy services.



You can find the full text of the telepharmacy policy on the College website, www.bcpharmacists.org > What's New

Pharmacy technicians

Council supports the view that pharmacy technicians are an integral part of the pharmacy team. Council directed Registrar Marshall Moleschi to develop a position paper on potential future certification and regulation of pharmacy technicians.

Loyalty programs

Letters and calls regarding pharmacy loyalty programs arrive almost daily at the College. Independent pharmacists are particularly concerned about these programs.

Registrar Marshall Moleschi told Council that BC legislation does not give the College authority to prevent loyalty programs. Council reiterated its position that it is unethical for a pharmacist to encourage a patient to go without necessary medication in order to gain loyalty 'points'. Pharmacists are responsible for working with patients to make sure they do not compromise their health to benefit from a loyalty program.

Council changes

Over the next few months the makeup of Council will change. The September 23, 2005 Council meeting was the last for Public Appointee, Peter Rubin, who has generously provided his expertise to Council for the maximum allowable term of six years.

Elections for District 1 take place in October, providing a replacement for Councillor and Past President Wayne Rubner. Wayne, who steps down after serving four years on Council, says he got involved because he wanted to make a difference. He encourages all pharmacists to volunteer for a committee.

District 3 elections resulted in the election of Barry Wilson, who replaces Howard Rose following the November annual meeting.