

#### VOL 33 NO 5 | SEPT / OCT 08 | BC'S PHARMACY INFORMATION SOURCE

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# readlinks

Over the next few months the new logo and brand will find their way into all of the College's collateral materials and onto our website.

# Symbol of Change

Morning dew and falling leaves are nature's way of signifying change – for the College of Pharmacists of BC it's the introduction of a fresh new face.

With so many exciting initiatives currently underway – pharmacists enhanced scope of practice through the introduction of *Medication Management* – *Adapting a Prescription* and the Regulation of Pharmacy Technicians to name a couple – it seemed an appropriate time to launch an updated 'look and feel' for the College that better reflects the evolving practice of pharmacy today.

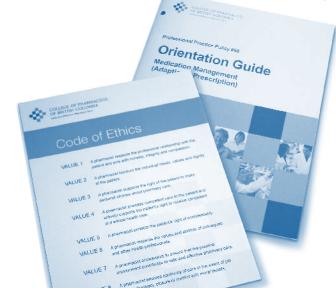
Over the next few months the new logo, symbols and colours will find their way into all of the College's collateral materials and onto our website. Although most logos and/or symbols, like many pieces of art, are abstract, they almost always have some kind of story behind them designed to explain their deeper purpose.

Here's our story ...

The vibrant colours of blue and green represent our profession well, as blue conveys: importance, confidence, intelligence and stability and green symbolizes: life, renewal, growth and health.

The symbol of a square denotes honesty and stability while the formation of the squares as blocks in a diamond shape depict strength and movement. Overall, this symbol represents the 'building blocks' or 'foundation' upon which the College supports safe and effective pharmacy care.

For the vast majority of us who simply like to appreciate things from a much more pragmatic perspective, we hope that you find the new look to be fresh and exciting and in keeping with our growing profession.



# **Our Ethical Commitment**



Marshall Moleschi, Registrar

In early September I had the privilege of attending the White Coat Ceremony for pharmacy students entering the Faculty of Pharmaceutical Sciences at UBC. This year had special meaning for me as my niece was one of the first year pharmacy students at the ceremony. The theme of the White Coat Ceremony is the need to build and reinforce a professional identity founded on integrity, ethical behaviour and honour. The pledge that they give at this ceremony helps ensure that students are true to the professional relationship they establish between themselves, as future pharmacists, and society as they become members of the pharmacy community. Integrity will be an essential part of their everyday life and it is incumbent upon the students to pursue all academic and professional endeavors with honesty and commitment to service. All students must declare and sign a 'Pledge of Professionalism' which can be found at the end of this article.

The significance of the message at this event was also timely for another reason. As you are likely aware the reputation of our profession has recently come under public scrutiny as a result of some

### Pledge of Professionalism – "I will...

**ACCEPT** the responsibility for my actions as a student and as a healthcare professional that will reflect well on both myself and my school.

CONSIDER the needs of others before myself.

**DEVELOP** a sense of loyalty and duty to the profession of pharmacy by contributing to the well-being of others and by accepting accountability for membership in the profession.

**FOSTER** professional competency through life-long learning and striving for high ideals, teamwork and unity within the profession.

**COMMIT** to the Oath of a Pharmacist and the Code of Ethics for Pharmacists as set forth by the profession.

**DEDICATE** my life and practice to excellence by an ongoing reassessment of personal and professional values.

**MAINTAIN** the highest ideals and professional attributes to ensure optimal patient care."

reports, covered in the media, of alleged inappropriate pharmacy practice. The broad issue is that of inducements and/or incentives being offered for prescriptions.

On the one hand, I want to assure registrants that the College takes these allegations extremely seriously and as we have repeatedly stated in the press, we have been and continue to be engaged in an extensive, collaborative and complex investigation into the matter. In order to maximize the effectiveness and maintain the integrity of the investigation, details can not be discussed at this time but the College is committed to keeping registrants and the public updated on the process as best we can.

On the other hand, I feel compelled to address what I believe is the bigger issue here – **our ethical commitment**. The College can and will continue to evolve practice policies and draft bylaws for consideration by government that are designed to assist pharmacists in navigating the grey areas of practice. The reality, however, is that this is not a finite list and it is impossible and unrealistic to believe that ethical behaviour can be ensured by adherence to standards alone.

As regulated healthcare professionals we must be responsible to and reminded of the ethical commitment we each made when we chose to enter this profession. As stated in our own Code of Ethics:

"The pharmacist, by entering the profession, is committed to moral norms of conduct and assumes a professional commitment to the health and well being of patients."

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# COUNCIL MODIFIES COLLEGE'S STRATEGIC PLAN

The College's five-year strategic plan, which was created and introduced by council in 2007, was designed as an evolving plan with a scheduled annual review which was conducted at the June 2008 council meeting. The purpose of this structure is to ensure that council has an ongoing opportunity to review and adjust the plan to ensure that it is continuing to effectively guide the College as the profession evolves.

The process for the review, which was facilitated by an outside consultant, involved pre-interviewing each of the council members to gather their thoughts and suggestions on each section of the strategic plan (ie: Vision, Mission, Values, Goals and Objectives). All of the comments were then amalgamated and shared with the group. During the meeting councillors discussed each of the sections, considered everyone's suggestions and then agreed on any new wording. The result is a modified Strategic Plan which College staff will now use to determine and prioritize the work of the College.

The key changes are highlighted below and the complete plan can be found on the College website at www.bcpharmacists.org.



### **Our Vision:**

Previous: The health of the public is improved through the full utilization of BC pharmacists' and regulated pharmacy technicians' knowledge, skills, and abilities in the provision of safe, effective and quality pharmacy care in collaboration with other healthcare professionals.

New: As the medication experts, pharmacists are professionals who apply their full knowledge, skills and abilities to their clinical practice and continue to evolve their scope of practice to provide better healthcare outcomes.

### Our Mission: (no change)

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

### **Our Values:**

Previous:

- Optimal standards of pharmacy practice and ethics.
- Treating our registrants, the public, and other stakeholders with respect and dignity.
- Integrity, honesty, accountability, and responsiveness in all that we do.
- A culture of collaboration, learning and openness to change.

### New:

- Interactions will be handled ethically with respect and dignity while ensuring confidentiality.
- Integrity, honesty, accountability, transparency and responsiveness in all that we do.
- A culture of collaboration, learning and openness to change.

# Our Strategic Goals and Objectives: (new text is bold)

**STRATEGIC GOAL #1** – The enhanced and expanded care and services that pharmacists and regulated pharmacy technicians deliver are safe and effective and aligned with the healthcare needs of the public.

### Goal #1 – Objectives:

• Develop a model for pharmacy technician regulation, **seek government approval on bylaws** and integrate into College processes and programs.

# Responding to Patient Requests for their PharmaNet Profile

Any BC resident may request a printed copy of their confidential and personal data stored on PharmaNet through their community pharmacy, at no charge to them. To process a patient's request for their current PharmaNet patient record (past 14 months) you must:

- 1. Positively identify the patient.
- Validate the patient's address and PHN on PharmaNet (TID transaction), and update the address (TPA transaction) if necessary, before requesting a mailing. Validation of the patient's identification and address is mandated by the College of Pharmacists of BC to protect patient privacy and ensure the profile is mailed to the correct address.
- 3. Send the request via PharmaNet using the Patient Access to Personal Data function (TPM). Depending on the pharmacy's software, this function may be labeled in the menu as "Request Profile Mailing". Please contact your software vendor if you require assistance with the procedures. The request is automatically forwarded to the College who will mail the information directly to the patient.

For further details, you may wish to read the information on obtaining a PharmaNet patient record available on the College website at: www.bcpharmacists.org/pharmanet/ resources/community.php#obtain

# PharmaNet information sent to the patient includes the patient's:

- Demographic information
- Clinical information
- Adverse reaction information
- Medication profile information

It also includes a log of all persons who have accessed patient information when no medication was dispensed.

## **Double-check those numbers!**

There have been several cases over the past year where a pharmacist has inadvertently entered an incorrect registration (ie: diploma) number into the local pharmacy system. This can potentially happen when a new pharmacist is either being added to the pharmacy staff roster for the first time, or when pharmacist information is being re-entered due to a changeover of the pharmacy software.

In some cases, this erroneous number has coincidentally corresponded to the registration number of another pharmacist. This has resulted in all prescriptions, profile accesses and other PharmaNet transactions being transmitted under the wrong ID and attributed to the wrong pharmacist on the PharmaNet record. These errors often go unnoticed in the pharmacy because the local system record will still appear to show the correct pharmacist's name or initials.

To ensure that all current information is correct and to minimize this happening in the future the College would appreciate the following actions by Pharmacy Managers:

 Check your local pharmacy systems, and any records at head offices and software support desks, to ensure that you have the correct pharmacist ID numbers entered for each of your staff (note: please notify the College's PharmaNet Coordinator, Cory Cyr immediately if any discrepancies are found – cory.cyr@bcpharmacists.org)

 Consider implementing a cross-check procedure when entering or re-entering pharmacist ID numbers, or any other manual identifiers such as, new DINS, physician ID's etc., into your local system

### ESTABLISHMENT OF – CANADIAN MEDICATION INCIDENT REPORTING AND PREVENTION SYSTEM (CMIRPS)

ISMP Canada is collaborating with the Canadian Institute for Health Information (CIHI) and Health Canada to establish and implement the Canadian Medication Incident Reporting and Prevention System (CMIRPS). Strategies to prevent harm from medication incidents are based on systems analysis and rely on the collection and sharing of information about medication incidents. The term "medication incident" is widely used to represent the preventable subset of potential and actual adverse drug events. When implemented, CMIRPS will accept incident reports from both individual practitioners (ISMP Canada's lead role) and health service organizations (CIHI's lead role). Of interest are reports of

potential and actual incidents, critical and

non- critical, related to any medication, and occurring at any stage of the medication use system.

Individual practitioners are already submitting incident reports through the ISMP Canada voluntary practitioner reporting program component. This service offers confidential (or anonymous, if preferred) reporting of incidents and does not collect identifying information about individual patients. Reports are accepted from anyone working within the healthcare system, including healthcare professionals, such as physicians, nurses, pharmacists, technicians, and paramedics, as well as risk managers and staff of regulatory colleges, coroners' offices, and insurance providers. A variety of reporting channels are available, including telephone, electronic submission through a web portal, and mail.

Report a medication incident through ISMP Canada website at:

www.ismp-canada.org or by telephoning 1-866-54-ISMPC (1-866-544-7672). Additional information about the CMIRPS individual practitioner reporting component is available at:

http://ismp-canada.org/cmirps.htm; e-mail: cmirps@ismp-canada.org.

## Reminder... procedure for switching patients from one brand of clozapine to another.

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- The switching of a patient from one brand of clozapine to another must not be done by a pharmacist unless he/she obtains a new, registry-specific patient registration form filled out by the prescribing physician.
- The physician has to inform his/her patient about the potential sharing of information between clozapine registries and document if there is consent from the patient to allow it, in order to ensure the safe use and continuous monitoring of patients taking clozapine.
- The responsibility of physicians concerning the sending of the mandatory laboratory results (white blood cell counts and differential) to the appropriate registry will be limited to informing the laboratory where the patient's haematological results have to be sent.
- Weekly monitoring of neutrophils and white cell counts for four weeks at the end of the treatment is necessary only in case of cessation of all clozapine treatment.





# Q.1. Is it appropriate for an IPS pharmacy to ship items requiring refrigeration?

No, IPS should not be shipping items that require refrigeration as the length of time for them to reach their destination may be longer then one or two days, so even cold gel packs won't guarantee the stability of the drugs.

### Q. 2. Is there a problem including anti-diabetic drugs in a patient's multi-dose compliance package?

For stable diabetics including antidiabetic drugs in compliance packaging is a routine occurrence. However, problems can arise with diabetic patients who may require a dosage adjustment and are not able to recognize which drug is the anti-diabetic drug that they need to stop. For all patients, ensure the drug label and the compliance package summary includes a description of the drugs so that dosage adjustments can be made more easily. Another alternative will be to package the anti-diabetic drugs separately in a vial or a compliance package dedicated for anti-diabetic medications.

# Q. 3. Drug scheduling changes in B.C. are not automatic like most of the other provinces. Why is this?

Under the present system of drug scheduling, every drug sold in Canada must be approved by Health Canada as either a prescription drug or a nonprescription drug. Each province decides whether a non-prescription drug should have some limitations for access. Provinces make this decision with the assistance of the National Drug Scheduling Committee which is appointed by the National Association of Pharmacy Regulatory Authorities (NAPRA). These decisions are reflected in NAPRA's Drug Schedules (napra.org/sortdrug.asp). Many provinces accept the NAPRA scheduling changes automatically by reference. British Columbia cannot do this because all drug scheduling changes must first go through the College of Pharmacists of BC's Council then be forwarded to the provincial legislature for approval. The changes are not in effect until they get approved by the legislature and notification is given by the College via the website.

If in doubt about a product go directly to our website as it contains the most current drug scheduling information. If you don't see the change in our on-line Provincial Drug Schedules then you can be confident that the change has not yet been approved. The link to the College's drug schedules is: http://www.bcpharmacists.org/legislation/ pdf/Drug\_Schedules\_Regulation\_ July2008.pdf

### Q. 4. Is a prescription required for Plan B, levonorgestrel ?

No, a prescription is not required for Plan B. Plan B is a Schedule 2 drug in B.C. If a patient wants the cost to go against Fair Pharmacare they may choose to give the pharmacist their PHN number but this is not a requirement. For further information and counseling tips please refer to the following link:

http://www.bcpharmacists.org/resources/ cpbc/pdf/ec\_overview\_web\_may07.pdf

### Q. 5. I have a lot of compliance packaging patients, that have multiple drugs in each blister. Every so often a patient doesn't pick up their compliance pack. Can I put the drugs back into stock?

No, if a compliance package is not picked up, the College of Pharmacists of BC does not allow the drugs to be put back into stock as there is the potential for errors.

# MARK YOUR CALENDAR – ANNUAL GENERAL MEETING

As done in the past, the College of Pharmacists of BC (CPBC) will be holding its Annual General Meeting in conjunction with the AGM's of the Canadian Society of Hospital Pharmacists (CSHP) and the BC Pharmacy Association (BCPhA).

The meeting will take place at the Morris J. Wosk Centre for Dialogue located at 580 West Hastings Street, Vancouver, BC (corner of West Hastings and Seymour), on Saturday November 22, 2008

#### **Proposed Program:**

12:00 – 1:00pm	CSHP AGM	
2:15 – 3:15pm	BCPhA AGM	
3:15 – 4:15pm	Keynote Speaker	
	(to be determined)	
4:15 – 5:15pm	CPBC AGM	
5:15 – 7:15pm	Reception	
(cash bar and complimentary appetizers)		

Registration forms for the AGM have been included in the mailing of this issue of *ReadLinks*.

### **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 'Notices for Pharmacists and Consumers' section of the National Association of Pharmacy Regulatory Authorities (NAPRA) website: www.napra.org/docs/0/310.asp

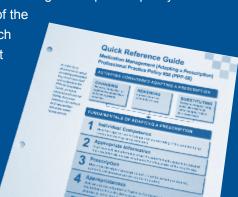
## **PPP-58 - Adapting a Prescription** Still time to sign up for an Orientation Session

All pharmacists will have now received, via mail, the College's Orientation Guide to Professional Practice Policy (PPP)-58 – *Medication Management* – *Adapting a Prescription* (note: if you have not received this material please contact the College at info@bcpharmacists.org or (604) 733-2440).

As clearly outlined in the material, although it is not mandatory that a pharmacist adapt a prescription, given that PPP-58 enhances pharmacists' scope of practice, **it is mandatory that all registrants** acknowledge that they have read and understood the policy (by signing the Declaration Form included in the Guide) **by December 31, 2008**.

If you are looking for help in understanding this important policy there is

still time to sign up to attend one of the free live Orientation Sessions which are currently underway throughout the province. The schedule and registration information is available on the College website www.bcpharmacists.org.



### UPDATE ON PHARMACY TECHNICIAN FOCUS GROUPS

As discussed in the last issue of *ReadLinks* the next step towards the regulation of pharmacy technicians involves the development of bridging programs for existing practitioners. Focus groups, designed to provide critical information in the development of these programs, are currently underway throughout the province.

These initial sessions are for pharmacy technicians and educators only and there still may be a few spots left should you be interested in participating. The dates and locations are available on the College website at: http://www.bcpharmacists.org/ resources/pdfocusGroupWebAnnonce\_ V3.pdf.

Given the interest in this initiative, the College is considering providing sessions for pharmacists in the near future. Should you be interested please email: Amanda.Yen@bcpharmacists.org.

### Our Ethical Commitment

...continued from page 2

Although the Code is broad and open to interpretation I believe that the intent is clear. There is only one consideration that must be met whenever a pharmacist makes any decision that has the potential to affect patient care and that is... "what is in the best interest of the patient?" It is through this lens that a pharmacist demonstrates their ability to utilize their full knowledge, skills and abilities and apply their professional judgment to optimize health outcomes for their patients.

As our scope of practice continues to evolve and government, other healthcare providers and the public look to us for greater responsibility and accountability, as active members of a healthcare team, our ability to live the words of this pledge and demonstrate professional ethical practice has never been more important.

# COUNCIL MODIFIES COLLEGE'S STRATEGIC PLAN

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- **Develop a model and support associated legislation** for ensuring advanced professional practice in a manner that supports pharmacists in the delivery of consultation, cognitive services, medication management, and dispensing services.
- Identify and support initiatives that ensure that the skills of pharmacists and **regulated** pharmacy technicians are developed in accordance with the scope of practice.
- Ensure that the College **makes an effective transition** from the Pharmacists, Pharmacy Operations and Drug Scheduling Act (PPODSA) to the Health Professions Act (HPA) and the Pharmacy Operations and Drug Scheduling Act (PODSA).
- Develop a plan to remove non-medicinal nicotine products and complete a review of pharmacy loyalty programs.

**STRATEGIC GOAL #2** – The College sets standards and conditions to ensure that emerging technologies and changes to pharmacy processes contribute to safe and effective pharmacy care.

#### Goal #2 – Objective:

• Develop a policy framework **to monitor and evaluate** pharmacy technologies and practice processes (ie: guidelines, standards of practice).

**STRATEGIC GOAL #3** – The public, government, healthcare professionals, and registrants understand the role and value of the pharmacist.

#### Goal #3 – Objective:

• Develop a comprehensive, cost-effective communication strategy by fall 2008.

# readlinks

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ReadLinks Editor in Chief: Marshall Moleschi Managing Editor: Lori DeCou

College of Pharmacists of BC 200–1765 West 8th Avenue Vancouver, BC V6J 5C6

Tel 604.733.2440 Toll-Free 800.663.1940 Fax 604.733.2493 Toll-Free Fax 800.377.8129 E-mail info@bcpharmacists.org www.bcpharmacists.org

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



### COLLEGE OF PHARMACISTS Of British Columbia

Safe and Effective Pharmacy Care

President – Erica Gregory Registrar – Marshall Moleschi

COUNCILLORS District 1 – Metropolitan Vancouver Agnes Fridl Poljak E-mail: ps020@relcomsys.ca

District 2 – Fraser Valley Bev Harris E-mail: bh2@shaw.ca

District 3 – Vancouver Island/Coastal Barry Wilson E-mail: wilsonbar@shaw.ca

District 4 – Kootenay/Okanagan Erica Gregory E-mail: ericagregory@look.ca

District 5 – Northern BC Chris Hunter E-mail: chrischunter@yahoo.com

District 6 – Urban Hospitals James Kim E-mail: james.kim@vch.ca District 7 – Community Hospitals Dennis Primmett E-mail: dennis.primmett@viha.ca

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

Government Appointee, Kamloops Margaret Cleaveley E-mail: mjc79@telus.net

Government Appointee, Prince Rupert Penny Denton E-mail: snow@citytel.net

Government Appointee, West Vancouver Michael MacDougall E-mail: theccm@telus.net

Government Appointee, Langley John Scholtens E-mail: jjscholtens@hotmail.com

Contact information for all College staff and council is available on the College website.