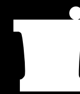
Bulletin



College of Pharmacists of British Columbia | Jan./Feb. 1998 | Volume 23, No. 1

Council to Address Results of Pharmacy Tobacco Sales Survey

In October 1997, Council mailed an opinion survey on pharmacy tobacco sales to 2,990 members. The response rate to the survey was 55%, with 60% of respondents voting "Yes" and 40% voting "No" to the question, "Should the Council of the College seek amendments to *The Pharmacists, Pharmacy Operations and Drug Scheduling Act* to prohibit the licensure of pharmacies within retail operations which sell tobacco products from the same premises?"

Council discussed the survey results at its November 21 meeting and approved a motion to initiate steps to lead to the removal of tobacco products from premises where licensed pharmacies are located. A task force has been formed to develop options for the timing and scope of these actions, and will present them to the College Council at its January meeting. The three College councillors appointed to the task force are Gordon Hawkins, Shawn Sandhu and Barbara Thompson. The B.C. Pharmacy Association was also invited to participate on the task force, with the following three people appointed: Gerry Martin, Ken McCartney and Jon Strom.

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Linda Lytle, Registrar

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

Meeting Held with Health Minister

Helpful discussions were held in the mid-November meeting with Health Minister Joy MacPhail, College President Henry Mah, Vice-president Barbara Appleton, and Registrar Linda Lytle. The Minister reviewed the ℞C.A.R.E. Program Guide, showing much interest in the program. She was given a copy of the new Code of Ethics as well, and indicated she was "pleased to see that the College has reviewed this important area and is keeping up to date." The Minister also commented that in her travels throughout the province, she has observed increasing pharmacist accessibility.

Other areas of discussion with the Health Minister are outlined below in italics, with her responses also noted.

- *The College's revised bylaw submission* - the Ministry's review process will be completed as soon as possible.
- *The urgency of national drug schedules* - the Ministry will expedite these.
- *Pharmacy tobacco sales (indicated to be addressed in November Council meeting and member opinion survey)* - products to support smoking cessation are soon to be or are non-prescription items; the Minister also noted pharmacists have a primary opportunity to provide smoking cessation counselling and intervention.

(Continued on page 3)

Word Watch Success

This past fall, the B.C. Supreme Court ruled in favour of a cease-and-desist order lodged by the College against a North Vancouver business, Quantum Life Energy Natural Farmacy and Clinic. *The Pharmacists, Pharmacy Operations and Drug Scheduling Act* (Section 27(3)) clearly stipulates that "no person may assume or use in any form, combination or manner the word 'pharmacy'."

The College has had six other similar cases where action has been initiated by the College but retailers have voluntarily changed their operating names.

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Benefits of NAPRA

The National Association of Pharmacy Regulatory Authorities is the voluntary umbrella association for Canada's pharmacy regulatory authorities and is composed of representatives from all provinces except Quebec. Formed in 1995, NAPRA facilitates the activities of the regulatory bodies in their service to the public. The Association's mission is to:

1. Promote the harmonization of pharmacy legislation and standards across Canada
2. Represent the public interests of the member organizations, nationally and internationally
3. Provide a national information clearinghouse and resource centre to member organizations.

Among NAPRA's goals are:

- the development of national drug schedule harmonization
- national standards of practice for sale of prescription and nonprescription drugs
- promotion of national licensing standards
- development of national standards of competency and competency assessment
- promotion of information exchange among provincial pharmacy regulatory bodies.

The value of NAPRA for all provinces is the pooling of resources to achieve greater advances in the profession than could be achieved independently. This year, NAPRA will operate on a per capita fee of $22 per each active member of participating provinces.

Health Care Team Communication

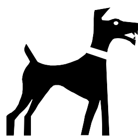
The College was recently informed of several cases where a prescriber was excluded from discussions when patients began to exhibit uncertainty about obtaining needed prescription drugs. The patients did not follow through with obtaining their prescriptions because of the receipt of inappropriate and inadequate information from the pharmacists.

As part of the health care team concept, it is essential that professional communication is conducted between pharmacists, physicians and patients when patients' situations require it. In such instances, pharmacists should make every effort to contact prescribers for further discussion, by calling during office hours, paging or calling after office hours as the physician and urgency permit, or conducting the needed follow-up the next day during office hours.

Methadone Solution Assay Program

Pharmacists involved in the Methadone Maintenance Program have indicated interest in having methadone solutions they prepare analyzed for quality assurance purposes. Therefore, the College will begin a random collection of methadone solution samples which will be assayed in an analytical laboratory. When the assays are complete the pharmacy will receive a written report describing the findings. This program will provide information to assure pharmacists and their patients that the methadone solutions provided by community pharmacies are prepared accurately and are of consistent quality.

Veterinary Vaccines



An Alberta-based main supplier of veterinary vaccines to pharmacies has been refusing to supply products, citing pressure from veterinary associations. In a letter to the College of Pharmacists of B.C., the British Columbia Veterinary Medical Association clarified that it has had no involvement with any suppliers regarding these sales, having neither the jurisdiction nor the desire to prohibit the legal supply of veterinary vaccines to pharmacies.

It would appear that veterinary associations are taking action with suppliers to support the interests of their members, namely:

- meeting clients face-to-face to discuss the vaccine and other needs of their pets
- administering the vaccine and completing other examinations of the pets
- having comprehensive knowledge about vaccines (e.g. side effects, storage).

Veterinary medicine and pharmacy are allied professions which have always worked together well, and every effort should be made to continue this cooperative approach. Any pharmacists dispensing pet vaccines should ensure they are fully knowledgeable about vaccines and impart appropriate information to clients about their pets' vaccines.

(Continued from page 1)

- *The College's efforts to encourage more pharmacies to provide methadone* - the Minister was interested in issues related to pharmacy-based needle exchange programs and was alerted to the potential problems/concerns of pharmacists regarding this area of pharmacy.

Drug Updates

- **Vitamin and mineral products containing more than 1 gram of elemental iron per container** must be sold from the no-public-access area of pharmacies. Examples of products which are sometimes found stocked in error outside the dispensary are: One A Day® Advance Adults (90 size), One A Day® Advance Adults 50 Plus (90 size), One A Day® Advance Fem, Centrum® 130 bonus pack, Centrum® Forte 130 bonus pack, Stresstabs® with Iron, and various generic brands. Pharmacists should check their iron-containing stock routinely, and ensure their merchandising staff is aware of the restriction.
- **Orphenadrine (e.g. Norlfex™)** is scheduled as A-3-2, and must be sold from the no-public-access area of pharmacies with appropriate pharmacist contact.
- **Kwellada™** with lindane, from Reed and Carnrick, has been reformulated to **Kwellada-P™**, containing permethrin.
- Two laxatives, **Doss®**, manufactured by SmithKline Beecham Pharma, and **Regulex®-D**, manufactured by Whitehall-Robins, have been pulled from the market after the federal health department learned the active ingredient in them may damage chromosomes and cause cancer. Both products contain a drug called danthron, an animal genotoxic carcinogen posing a potential risk to humans that outweighs its medical benefits. Both manufacturers have voluntarily withdrawn their products.

In Brief

Triplicate Prescription Form Changes

Pharmacists are no longer required to submit the data entry copy of the Triplicate Prescription (TPP) form to Pharmacare. The form is currently being reprinted and will consist of two copies only - one for the prescriber and one for the pharmacy.

Until all prescribers use the two-part form, pharmacy managers are asked to ensure the data entry copies are disposed of in accordance with College guidelines for the disposal of confidential patient documents. The pharmacy copy of the triplicate form must still be retained by the pharmacy, per current procedures.

Obligations When Changing Insulin Brands or Devices

Members are reminded that insulin is included on the College's "List of Noninterchangeable Drugs," which means pharmacists should not be dispensing different manufacturers' brands without obtaining prescribers' approval. Pharmacists are obligated to advise a patient's practitioner when changes are made from syringe administration to pen administration of insulin.

Emergency Contraceptive Pills

A Patient Information Sheet is normally distributed with oral contraceptives. The sheet is not required when the medications are dispensed for emergency contraceptive use (i.e. two doses at once, followed by two doses later) as the information is not appropriate for this use.

Facsimile Transmission of Orders

The College is still awaiting federal approval for pharmacists' facsimile transmission of orders to licensed dealers. Members will be notified and given guidelines when this practice becomes legal.

Access to Member Database Granted

College Council has approved access by the B.C. Branch of the Canadian Society of Hospital Pharmacists to contact information for pharmacists in Districts 6 and 7. This will ensure these members are aware of the Branch's various support services for helping maintain and enhance hospital pharmacists' practice.

Pharmacy Service Over the Holiday Season

In response to consumer concerns, the College and pharmacies throughout the province coordinated efforts to provide service to the public on Christmas and New Years Day. Thanks to the participation of over 400 pharmacies, the College was able to prepare lists of open pharmacies by geographic area and distribute them to all pharmacies. Pharmacies closed on the two holidays were still able to indirectly assist their patients by posting the lists of nearby open pharmacies on their front doors. This approach worked well, and with the continued involvement of members, will be conducted again next year.

Revised "Rules of the College"

The complete revision of the "Rules of the College" is enclosed with this *Bulletin* mailing.

Community Pharmacy Corner

The following article appeared in the November/December 1997 Bulletin. During editing, the meaning of several sections was altered. The article is reprinted below with these sections rewritten for greater clarity.

Accountability Procedures

Accountability requirements have been in place for some years. New prescriptions must be hand-initialed by the pharmacist responsible for dispensing them; repeat prescriptions must be hand-initialed in some form of log by the pharmacist who received the refill authorizations, and by the pharmacist responsible for dispensing them.

However, as many pharmacists have pointed out, the term "dispense" includes the monitoring of the profile, the final check of the filled prescription and the pharmacist/patient dialogue. These steps are often not carried out by the same pharmacist.

The Community Pharmacy Practice Committee offers the following suggestions for pharmacists to meet their accountability obligation:

The pharmacist responsible for the monitoring of the profile:

There must be indisputable identification of the pharmacist monitoring the profile and DUE messages for both new and repeat prescriptions either electronically or by handwritten initials. It is the manager's responsibility to ensure a policy is in place whereby one of these options is used.

If there is any concern that pharmacists codes are known to others and could be used whether or not the pharmacist was directly involved in the monitoring, a hand-initialed system must be used.

The pharmacist responsible for checking the final product:

Handwritten initials for both new and refill prescriptions, and for balances dispensed are required.

Examples of procedures in place in pharmacies for these two functions include:

a) There is a policy that the monitoring pharmacist's handwritten initials are always entered in a particular location on the prescription, and that the checking pharmacist's handwritten initials are always entered on a second location on the prescription. A similar policy is in place for the refill log entries.

b) There is a policy that the pharmacist monitoring the profile writes his or her initials, followed by a slash; the pharmacist responsible for the final check enters his or her initials after the slash mark. Never enter initials without the appropriately-placed slash mark clearly identifying which action or actions the initials refer to.

The pharmacist responsible for the pharmacist/patient dialogue:

A log of this information represents some logistical problems, as the prescription may not be picked up immediately. The Committee would appreciate hearing from pharmacists who have developed systems which are as efficient as possible and which allow for the retrieval of the information easily at a later date, should it be required. Ideas may be directed to the Community Pharmacy Practice Committee, c/o the College office.

Hospital Pharmacy Insights

A number of patient confidentiality and ethical issues arise when hospital staff discover materials in a patient's possession or hospital room which are suspected to be illicit drugs. If handled carelessly, possession of these materials could expose hospital staff to the possible risk of criminal charges for possession or trafficking.

The preferred method to handle found materials is:

- With a witness, the staff person who finds the suspected illicit substance should place it in a bag. The bag should be sealed and both staff should sign it.
- Label the bag with the date and a factual notation that describes the material (e.g. "green plant material," "unidentified white powder," "found substance"). Do not speculate on the label about the possible chemical content of the material.
- For hospital staff safety and accountability, ensure there is a tracking mechanism (or form) in place so the material is signed for if it is transferred from one staff member to another person.
- At the earliest opportunity, the material should be turned over to local police for destruction or disposal. Depending on hospital policy, the material should be stored in the ward or pharmacy narcotic cabinet until police arrive.
- Since the material has not been chemically identified or quantified, do not enter it into the pharmacy narcotic records.

From the Registrar

On behalf of the College staff, I would like to thank pharmacists for their involvement and support of College programs this past year. The development of projects to fulfil the Council's goals is enhanced by the involvement of College members, either as committee participants or as independent contributors.

One of my primary goals is to encourage member contact with the College office. We are emphasizing consultative services and setting up systems to make it easy and comfortable for you to call us to clarify legislation, practice standards and Council policy positions. Callers often begin their queries by saying, "This is a dumb question." My response is, "There's no such thing as a dumb question. It is better to clarify a matter before going down the wrong path."

We have established toll-free telephone and fax numbers, and we are seeing more use of our e-mail address. We usually receive between 30 and 40 calls daily, and we have a staff rotation system to ensure the availability of a pharmacist information officer each day. Your calls are helpful to us, since they keep us up to date on the issues of the day. If we receive a flurry of calls on a particular issue, we have the opportunity to take quicker steps to address the problem.

What Went Wrong?

The following incidents highlight reports received and investigated by the Inquiry Committee. This information is provided to help all pharmacists reflect on their own practice and take steps to ensure that similar incidents will not occur in their setting.

Sound-Alike, Look-Alike Drugs

- A prescription for azithromycin 250 mg, two tablets immediately, then one tablet daily for 10 days, was labelled and dispensed as erythromycin.
- There have been two separate instances of prescriptions for Cylert® 37.5 mg being incorrectly refilled with Effexor® 37.5 mg. The patients reported that because Effexor is imprinted with the number 37.5, they thought it was the correct medication and took a number of doses before experiencing adverse effects and contacting the pharmacy.
- A verbal prescription for divalproex 750 mg twice a day was transcribed, labelled and dispensed as venlafaxine 75 mg twice a day.
- A prescription for clomiphene 50 mg daily on days 5 to 9, was labelled and dispensed as clomipramine. This error was repeated on two subsequent refills.
- A prescription for Negram® 500 mg four times a day was labelled and dispensed as naproxen 500 mg four times a day.

Expired Drugs Dispensed

- A prescription for cefaclor suspension was dispensed with medication that expired one month before the prescription was dispensed.
- A prescription for oral contraceptives was dispensed with medication that expired 10 months before the prescription was dispensed.

Lack of Privacy

- A patient receiving a prescription for a cholesterol-lowering agent expressed her concern that the pharmacist made comments about lifestyle issues related to eating less and exercising more in a manner that enabled others near the dispensary to hear.
- A patient expressed his concern that details about his prescription for Zovirax® cream were discussed in a voice loud enough for others near the dispensary to hear.

Wrong Drug

- A prescription for cotrimoxazole was incorrectly dispensed with cotrimoxazole DS. The patient noticed the discrepancy before taking any of the incorrect medication.
- A prescription for morphine oral solution 5 mg/mL, 2 mL every four hours by mouth, was labelled with the directions to take two (5 mL) teaspoonfuls every four hours. The patient took a number of 10 mL doses and experienced nausea and dizziness.
- A prescription for Pred-Forte® eye drops was dispensed incorrectly with pilocarpine. The patient experienced discomfort from using the pilocarpine on an hourly basis.
- A prescription for warfarin 1 mg tablets was dispensed with warfarin 5 mg tablets (labelled as 1 mg tablets).

Failure to Review a Patient Profile

- A prescription for four Bricanyl® Turbuhalers and two Pulmicort® Turbuhalers was dispensed one day after the same medications were refilled at another pharmacy.
- A prescription for Tylenol No.3® was entered on the wrong patient's profile. The label had the wrong patient name on it.
- The local computer medication profile for a patient contained derogatory comments about the patient's demeanor.

℞C·A·R·E Program

The pilot phase of the ℞C.A.R.E. Program is continuing until June 1998. The project is meeting the strict timeline and budget expectations of the College Council. Several questions and concerns have arisen from members, and the following points are noted for clarification purposes.

A primary objective of the program is to provide a choice of assessment tools for pharmacists.
The four assessment tools currently under consideration during the pilot phase of the ℞C.A.R.E. Program are the:

- Knowledge Assessment
- Structured Performance Assessment
- Practice Review / Audit
- Professional Portfolio

It is the intent of the Council, committee volunteers and staff that each of the four assessment tools be evaluated for reliability, validity, feasibility and acceptability by pharmacists. Assuming that all four tools meet the evaluation standards, pharmacists will be offered a choice when the design of the program is finalized.

For each assessment cycle, individual pharmacists will be able to choose from among the available assessment tool options. When the final version of the program is approved, it is not contemplated that College staff will direct an individual pharmacist to use a certain assessment tool for the initial identification of learning needs. During the pilot, it may become apparent that some tools are more useful or feasible than others in certain circumstances.

The current pilot phase of the ℞C.A.R.E. Program is voluntary.
Pharmacists who have signed up for the pilot phase of the program and who now find they do not wish to proceed are free to discontinue their involvement with the pilot phase at any time. They will not be part of the program acceptability survey scheduled for the summer of 1998. They will be included in the early groups to be assessed once the program is finalized by Council in the fall of 1998.

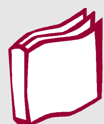
Pharmacists who want to continue their involvement in the pilot phase but who need deadline extensions are welcome to contact the College office to make the necessary arrangements.

Ombudsman Observers appointed to ℞C.A.R.E. Committee and subcommittees.
In response to expressed concerns about the practicality of some of the assessment tools and other issues, the B.C. Pharmacy Association and the B.C. Branch of the Canadian Society of Hospital Pharmacists were invited to appoint Ombudsman Observers to the ℞C.A.R.E. Committee and its subcommittees (one for each of the four assessment tools). The BCPhA has named the following appointees: Jay Ross, Ted Koelewyn, Tammy Toriglia, Geoff Squires and Roy Scherrer. The B.C. Branch of CSHP has appointed Rubina Sunderji to the ℞C.A.R.E. Committee.

Sample Professional Portfolio confidentiality situation resolved.
Last fall, College members were contacted by mail to request the return of two pages from the sample Professional Portfolio in the ℞C.A.R.E. Program Guide. Patient names had been inadvertently retained on the two pages, and expert advice provided to the Council indicated that the materials should be retrieved. College members have criticized the tone of the letter and the absence of detailed information about the reasons for the recall.

The Registrar, along with representatives from the hospital whose records were used, met with the families of the two patients. After hearing about the sequence of events, the families indicated their satisfaction with the steps taken by the College to correct the situation. One family specifically requested that no punitive action be taken against the involved pharmacists. It is unfortunate that the timing of the visits to the families was not within the control of the College, and a conservative approach was thus recommended by legal counsel. Pharmacists who wish to discuss further details of the incident are welcome to contact Registrar Linda Lytle at the College office.

Apotex / PACE's educational grants appreciated



The College of Pharmacists of British Columbia would like to gratefully acknowledge the support received from Apotex / PACE in the publication, distribution and presentation of the written modules and workshop programs for the ℞C.A.R.E. Program. With the instructional portion of the program completed, our partnership with Apotex / PACE on this educational project has concluded. Without the support of Apotex / PACE and its continued commitment to educational initiatives for pharmacists across Canada, the educational process for the pharmacists of British Columbia which was undertaken by our College would not have been possible.

Changes to Drug Strengths Returned by PharmaNet

Effective 1 December 1997, First DataBank began to standardize how "units" are displayed in the drug strength field. As a result, pharmacists are seeing drug strengths expressed as "units" on PharmaNet patient records displayed as followed:

- Singles, tens and hundreds are listed out (e.g. Novolin GE NPH 100u/ml)
- Thousands are expressed in MU's (e.g. Ostoforte 50,000u is "Ostoforte 50mu" cap)
- Millions are expressed in MMU's (e.g. Intron A 3,000,000u is "Intron A 3MMU" vial)
- Billions are expressed as BU's.

Changes to Drug Utilization Evaluation

The PharmaNet Users Group has been actively reviewing the DUE functionality on PharmaNet in an attempt to ensure that the messages returned to pharmacists are meaningful. At a recent meeting, two changes were proposed.

Methadone (PIN 999792) will no longer be included in DUE checking performed by PharmaNet. In reviewing this decision, it was noted that approximately 30% of all Duplicate Ingredient/Duplicate Therapy messages returned to pharmacies are generated due to methadone. In anticipation of this change, the College will be developing an education package related to significant drug interactions and monitoring criteria for methadone which will be distributed to all pharmacies.

The second change relates specifically to the Duplicate Ingredient/ Duplicate Therapy checking. Currently, PharmaNet adds a ten-day tolerance to the expiry date of a prescription in order to account for noncompliance and washout issues for the purposes of this DUE check. With the proposed change, only a three-day tolerance will be added to the expiry date. That means that a 100-day supply of any drug, for example, will remain active on the PharmaNet record for the purposes of duplicate checking for 103 days instead of 110 days.

The date for implementation of both of these changes is expected to be early in 1998. Please contact the PharmaNet Coordinator at the College with any concerns or comments regarding these changes.

Upgrades to Pharmacy Software

The HealthNet/B.C. Professional and Software Compliance Standards, jointly authored by the College of Pharmacists and the Ministry of Health, require that all software vendors contact the HealthNet/B.C. Quality Assurance Administrator prior to the release of any software upgrades to users. The purpose of this contact is to determine whether or not a compliance evaluation is required. The requirement for a compliance evaluation is based on the type and extent of changes to the PharmaNet functionality.

The bylaws to the *Pharmacists, Pharmacy Operations and Drug Scheduling Act* state "the pharmacy manager and the pharmacy owner must equip the pharmacy with an in-pharmacy system which meets the requirements set out in the current PharmaNet Compliance Standards."

It has recently come to the attention of the College that some pharmacy software vendors are providing noncompliant versions of pharmacy software to users. Pharmacy managers are encouraged to verify with their software vendor that the new release is PharmaNet compliant. If this is not possible, please contact the PharmaNet Coordinator at the College.

Remember... PAW '98 is in March!

The theme continues as:

A Healthy Partnership...

You and Your Pharmacist.

Finding Solutions Together

March 1998

2 3 4 5 6 7 8

Start planning today and be sure to order your PAW products by February 9, 1998 to ensure prompt delivery! For more information call Janet Bécigneul at 1-800-917-9489 or (613) 523-7877 ext. 267.

College Staff Contact List

(* Indicates part-time staff)

Name	Ext.
Reception	200
Amin Bardai* *Internship Program Site Coordinator*	400
Yvonne Beavington *Senior Receptionist*	200
Sharon Clark *Hospital Pharmacy Practice Consultant / Inspector*	237
Traci Deman *Executive Assistant*	220
Elsie Farkas *Registration Secretary*	242
Julie Ford* *Community Pharmacy Practice Consultant / Inspector - District 5*	402
Marge Gardner *Administrative Manager*	208
Sharon Kerr *Professional Development Liaison Officer*	239
Lorraine Kerrigan *Administrative Secretary*	212
Doreen Leong* *Assistant PharmaNet Coordinator*	203
Linda Lytle *Registrar* ***Email: ljlytle@bcsc02.gov.bc.ca***	201
Sharon McLachlan *Assessment Programs Assistant* ***Email: cpbc@axionet.com***	241
Margaret McLean *Community Pharmacy Practice Consultant / Inspector - Districts 1, 2 and 3*	235
Heather Murphy *Junior Receptionist*	211
Brenda Osmond *Director, Professional Conduct Review Program* ***Email: blosmond@bcsc02.gov.bc.ca***	202
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Melva Peters *PharmaNet Coordinator* ***Email: mmpeters@bcsc02.gov.bc.ca***	223
Neetika Sethi *Secretary*	214
Regan Ready* *Community Pharmacy Practice Consultant / Inspector - District 4* ***Email: reganr@ibm.net***	401
Lynn Taylor *Administrative Assistant*	219
Rick Thomas *B C.A.R.E. Program Assistant Coordinator* ***Email: cpbc@axionet.com***	236

People News

Announcements

Council is pleased to announce the following appointments:

- **Melissa Haynes**, as a member of the College's Board of Examiners.
- **Linda Lytle**, as a member of the Board of Directors of the Canadian Foundation for Pharmacy.
- **Ed Maydaniuk**, as Chair of the Community Pharmacy Practice Committee.
- **Mits Miyata**, as the College's representative to the Pharmacy Examining Board of Canada for another three-year term.
- **Brenda Osmond**, as the College's representative to the HealthNet Working Group for Medical Practitioners.
- **Rubina Sunderji**, as the College's representative to the Therapeutic Initiative's Scientific Information and Education Committee.

Achievements

- **Erica Gregory**, Trail Safeway Pharmacy Manager, received the Commitment to Care Honorable Mention Award for Health Promotion, presented by *Pharmacy Practice Magazine* for starting a syringe disposal program in the West Kootenay.
- **Roy Huston**, owner and pharmacist at Medical Tower Drugs in Abbotsford, received a Certificate of Appreciation from the Palliative Care Committee at MSA General Hospital for his donation of time, advice and support to the Abbotsford Palliative Care Program.
- The B.C. Branch of the Canadian Society of Hospital Pharmacists presented the following awards for 1997:

  Glen Brown
  Distinguished Service Award

  James Conklin, Annabel Wee
  Hoechst Marion Roussel Residency Projects Award

  Victoria Cox
  Hoffman-La Roche Residency Award

  Carlo Marra, Fawziah Marra, David Patrick
  B.C. Branch Publication Award

  Peter Zed
  Pharm.D. Award

  At the Branch's November AGM, **Carlo Marra** was elected President for 1998.

In Memoriam

- Council regrets the passing of member and former Councillor **Lorne Snook** of Kelowna.

Plan to Attend

Council Meetings

Friday, 27 March 1998

Friday and Saturday, 12-13 June 1998

Annual Meeting

Saturday, 13 June 1998

11th National Oncology Pharmacy Symposium

Montreal - Saturday, 2 May 1998
Contact: Tel. (403) 432-8406, Fax (403) 432-8407

The Bulletin 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 Bulletin issues on file as per reference library requirements.

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