



## Future **C.A.R.E.** Program Takes Shape

With completion of the **C.A.R.E.** Program's pilot phase, the College Council has now turned its attention to developing plans for the future of the program. A one-day workshop was held in early December, during which an overview of the **C.A.R.E.** Program's pilot phase was made available to the Councilors. It highlighted the overall results of the four assessment tool options and noted each tool's limitations as well as access and resource implications. The Council relied heavily on the helpful comments submitted by many College members during the pilot phase of the program.

In the session, Councilors finalized the program's purpose and goals, as well as a series of policy statements to guide the development of the detailed program.

Council has defined the purpose of the program for individual pharmacists as two-fold:

- ▶ To engage members in a continuous process of professional development.
- ▶ To enable members to be accountable for maintaining the level of knowledge, skill and practice necessary to produce safe and effective pharmacy practice outcomes.

Depending on the final form of the program, the name itself may also be revised to more effectively reflect the program's purpose and goals.

Two of the key policy decisions developed reflect the Council's position that the program must support pharmacists, as well as provide accountability to the public:

- ▶ The program will incorporate the principles of choice of tools, accessibility, equitability and minimal administrative cost to participants.
- ▶ The program will provide feedback, advice and guidance to participants to enable them to follow

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

up with continuing professional development.

Other important policy decisions relate to the need for participation by all pharmacists when the final form of the program is launched later this year and the fact that one standard (to be established by the Board of

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### **Fax Transmission Survey Enclosed**



At the time that facsimile transmission of new and refill prescriptions was approved last fall, the Council of the College requested that an evaluation of the system be completed after six months' experience with the new procedures.

To assist with the evaluation project, you are invited to complete and return the enclosed one-page survey. Please include your suggestions for improving the system, keeping in mind the need for pharmacists to be reasonably certain about the validity and authenticity of each faxed prescription.

The Registrar looks forward to receiving your survey responses. A summary of input from our members as well as from the College of Physicians and Surgeons, and the College of Dental Surgeons will be presented to the Council at its spring meeting. Any adjustments to the system will be considered at this time.



## TIPS Project To Study Information Transfer From Hospital To Community

Enclosed with this issue of the *Bulletin* are materials about a new study designed to evaluate the usefulness of using PharmaNet patient records to transfer information between hospital pharmacies and community pharmacies. The information being transferred will relate to newly discharged hospital patients, and it is intended to update the patient's community pharmacist about drug-related problems identified in the hospital.

College staff were invited to review the information brochure during its development, and several concerns were raised with the TIPS project investigators. The major issues are the use of drug name abbreviations and other "shorthand" references in the clinical notes, along with the potential for confusion when clinical notes are superseded by subsequent events.

The information entered into the clinical information field cannot be edited or deleted by community or hospital pharmacists. Any adjustments require the intervention of the PharmaNet Coordinator, which will create a substantial workload increase. There are no funds for additional staff to support the project at this time.

When the study is completed, please be sure to respond to the investigators' request for feedback, citing any problems that you encountered, as well as noting the positive outcomes.

## Appropriate Generic Substitution



The *Pharmacists, Pharmacy Operations and Drug Scheduling Act* defines an "interchangeable drug" as a drug that contains the same amount of the same active ingredients, possesses comparable pharmacokinetic properties, has the same clinically significant formulation characteristics and is to be administered in the same way as the drug prescribed. Generally, when a generic drug is approved by the Therapeutic Products Programme for use in Canada, it is automatically interchangeable with the innovator product. Exceptions to this are included in the "List of Noninterchangeable Drugs."

Noninterchangeable drugs in B.C. generally fall into the categories of sustained-release products and drugs with narrow therapeutic indexes. To determine the interchangeability of most products, the College's Drug Advisory Committee conducts a thorough review of bioequivalence studies comparing the drugs in question and makes a recommendation to Council. If it is determined that sustained-release products should be considered interchangeable, they are added as an exception to the "List of Noninterchangeable Drugs." It is important to note that Pharmacare benefit status as outlined in the Low Cost Alternative list or by the Reference Drug Program does not confer interchangeable status.

Physicians rely on the pharmacist's appropriate application of the principles of generic substitution. It is essential that when a physician orders a product that

is not interchangeable or indicates "No Substitution" on a prescription at the time of writing, those instructions are honoured.

Although pharmacists have the authority to interchange most generic drugs without contacting the physician or the patient, many patients report concern that they may receive a generic product without being notified. It is advisable to inform patients when they are receiving a generic version of the product.

Pharmacists may exercise product selection in the following situations:

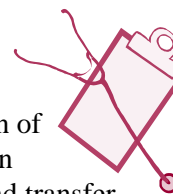
- ▶ If the brand name is written without the manufacturer's name or the DIN.
- ▶ If the "no substitution" instructions are preprinted on the prescription form or if no reference is made to product selection. ("No substitution" directions must be written by the prescriber at the time the prescription is created.)

There are two additional limitations on product selection by pharmacists:

- ▶ If the drug is included on the College's "List of Noninterchangeable Drugs," product selection may not occur without the prescriber's authorization.
- ▶ If the prescriber has indicated that an interchangeable drug cannot be selected, a patient's request for product selection cannot be honoured unless the prescriber's authorization is obtained.



## Prescription Transfers: Pharmacists Working In Non-Traditional Practice Settings



Pharmacists' expertise in identifying and solving drug-related problems is becoming more widely recognized and utilized. For example, a pharmacist may work with a physician in a private office or private clinic setting and may carry out many aspects of pharmacy practice, including conducting detailed medication histories, making recommendations about drug therapy, providing in-depth counselling and monitoring for the safety and efficacy of drug therapy. Physicians may be required to seek permission from their College before they begin practice with another health care professional.

Pharmacists may have questions about regulatory constraints on the practice of pharmacy in non-traditional settings. For example, can this pharmacist verbally trans-

fer a prescription to a community pharmacy?

A pharmacist working with a physician in an office or clinic setting may transfer a prescription to a community pharmacist if the following four conditions are fulfilled:

- ▶ The medication is not a narcotic or controlled drug.
- ▶ The transfer information includes the patient's complete name; medication name, strength and quantity; complete dosage instructions; refill authorization if applicable; and the prescriber's complete name.
- ▶ The transfer date and identity of both pharmacists and both practice locations are documented.
- ▶ The prescription is transferred to a pharmacy of the patient's choice.

Documentation of the prescription information and transfer information must be kept on file for a minimum of two years by the transferring pharmacist and the receiving pharmacist. The receiving pharmacist will file the prescription along with all other dispensed prescriptions. The transferring pharmacist must document the prescription transfer information on the prescription, and the prescription must be filed in a separate file containing only prescriptions or other pharmacy records. Although the premises is not a licensed pharmacy, these prescription records must be made available to a pharmacy inspector on request and must be handled and stored in the same manner as other confidential patient records.

<sup>B</sup>C.A.R.E. - Continued from page 1

Examiners) will apply to all pharmacists. As with other College assessment programs, the individual pharmacist program will be based on the *Framework of Professional Practice*.

Other policies addressing financial issues and outcome consequences were also developed to guide the design of the program.

The Council has now authorized the Board of Examiners to develop the program details, using the comprehensive data produced by the pilot phase of the program and linking directly with the new policy decisions.

A final report will be presented to the Council at its January meeting, and the details of the <sup>B</sup>C.A.R.E. Program will be announced to College members shortly afterwards.

### CPBC Working Toward Labour Mobility

Federal, provincial and territorial governments are improving the ability of Canadian residents to work anywhere in the country through the Agreement on Internal Trade (AIT), in effect since July 1, 1995. The objective of Chapter 7 on labour mobility is to enable workers qualified for an occupation in one part of Canada to have access to employment opportunities in that occupation in any other province or territory.

Under the AIT, the College's entry to practice requirements must be competency based and be reasonably similar to the other provinces' to reduce or eliminate barriers to the free movement of pharmacists. The Registrar has attended a series of planning meetings to address Canada-wide labour mobility.

Next steps will include the preparation of a mutual recognition agreement by the provinces. It is likely that the provinces will agree to recognize one another's entry to practice requirements if they comply with the national models. This means that once a pharmacist registers in one province, he/she will likely be able to register in another province without meeting the same registration requirements, other than those required due to local needs.

*(Excerpts from the Saskatchewan Pharmacy Association.)*



## Considering Conducting A Perpetual Inventory For Narcotics And Controlled Drugs?

Recent reports of drug diversion in pharmacies have prompted many pharmacy managers to consider introducing more stringent controls on narcotics and controlled drugs. A perpetual inventory record can improve the tracking of these drugs and may act as a deterrent to drug diversion. The basic principles of a perpetual inventory record include establishing a baseline count of the products to be monitored, subtracting all drugs dispensed and adding all drugs received to this count. The count should be repeated at regular intervals (perhaps monthly), and compared to the anticipated balance. Variation between the physical count and the anticipated balance should be investigated and explained.

Some pharmacy software programs can facilitate perpetual inventory tracking. If your software does not accommodate this kind of record keeping, the manual format described below can be used.

1. Create an inventory control page for each product you will be monitoring. The following headings may be useful:

Drug Name and Strength \_\_\_\_\_

Date	R/Invoice	Patient/ Supplier Name	Quantity	Balance	Pharmacist's Initials	Inventory Count	Variation
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2. Conduct an inventory count for each narcotic and controlled drug you wish to monitor.
3. In the first row, write the date of the inventory count, under **Patient/Supplier Name** write STOCK ON HAND, and in the **Balance** column enter the number of tablets or capsules, or in the case of liquids, an estimate of the volume.
4. As prescriptions are dispensed, enter the date of the prescription, the prescription number, patient name, and quantity dispensed. Subtract the quantity dispensed from the previous balance and enter the new balance in the **Balance** column.
5. As drug purchases are made, enter the date of the purchase, the invoice number, the supplier's name, and the quantity stock received. Add this quantity to the previous balance and enter the new number in the **Balance** column.
6. Once a month, conduct an inventory count of the products you are monitoring.
7. On the appropriate inventory control page, enter the date of the count, under **Patient/Supplier Name** write STOCK ON HAND and in the **Inventory Count** column enter the number of tablets or capsules, or in the case of liquids, an estimate of the volume.
8. In the **Variation** column enter any discrepancy between the **Balance** as determined from purchases and sales, and the physical inventory count. Each variation should be investigated and explained.

### Fluoride Supplementation



The Canadian Dental Association advises that the availability of fluorides from a variety of sources is a current reality which practising dentists and pharmacists need to take into account when dealing with patients. This is particularly true of children under the age of six, where exposure to more fluoride than is required simply to prevent dental caries can cause dental fluorosis. There is no evidence of any health problems being created by such exposure, but it is prudent to attempt to limit exposure to the optimal levels required for continuing dental caries protection. Current levels of fluoride

intake from all sources (e.g. use of fluoridated toothpaste, all home and child care water sources) are difficult to establish for any given area, but general intake should be considered to the extent possible when recommending fluoride supplementation.

Fluoride supplementation dosages for individuals at high risk for dental caries is based on the age of the individual and the fluoride level of their water supply. See the chart on page 8 for the dosage of daily fluoride supplement for children at high risk.

*(Continued on page 8)*



## In Brief



### ► Obtaining Ethanol for Pharmacy Use

Under the *Liquor Control and Licensing Act*, pharmacists may purchase pure grain alcohol (ethanol 99%) at liquor distribution outlets by presenting documents which confirm their status as a pharmacist. If the liquor distribution outlet staff require confirmation of the process, they can consult Section 8 of the *Liquor Control and Licensing Act* or contact Janis Williamson, Liquor Control and Licensing Branch, Tel: (250) 387-1254 or Fax: (250) 387-9184.

When used for compounding prescriptions or for dispensing directly to patients, ethanol should be processed as a prescription drug to ensure proper control and recordkeeping.

### ► Prescribing Status of Preceptor Physicians

PharmaNet lists second year residents in the Family Medicine Program as "residents." However, some have prescribing status and others do not. College staff are working with PharmaNet officials to address the situation. In the meantime, it is important that pharmacists check elsewhere to confirm a resident's prescribing status.

### ► New Botanical Monographs

The United States Pharmacopeia (USP) has published several new botanical monographs in the *Ninth Supplement to the United States Pharmacopeia 23 - National Formulary 18*. The monographs include Chamomile, Feverfew, Powdered Feverfew, Ginkgo, Oriental Ginseng, Powdered Oriental Ginseng, St. John's Wort, Powdered St. John's Wort, and Saw Palmetto. USP's efforts to publish botanical monographs are intended to provide standards to ensure the purity and potency of botanical products consumed by the public.

This material may be helpful to College members who are selling natural products. For further information, contact Gail Bormel at USP headquarters, Tel: (301) 881-0666 or Fax: (301) 816-8299.

### ► NAPRA Web Site Up and Running

The newest pharmacy resource on the internet is located at [www.napra.org](http://www.napra.org). This web site from the National Association of Pharmacy Regulatory Authorities features an array of information for pharmacists, pharmacy organizations, industry and the general public. Check it out!

### ► Another Successful Gallop Poll

For the tenth year in a row, pharmacists have topped the annual CNN/USA Today survey on honesty and ethics. Sixty-four percent of respondents rated pharmacists very high or high, exceeding the clergy by 5%, while physicians ranked third with 57%.

## Drug Updates



- ◆ Subsequent to the launch of **PROPECIA™** (Finasteride 1 mg tablets) for the treatment of male pattern hair loss, the manufacturer learned that some patients receiving **PROSCAR®** (Finasteride 5 mg tablets) were splitting the tablet to approximate the dosage of the 1 mg film coated PROPECIA tablet.

While patients may be taking PROSCAR home to split in four parts, there are some pharmacies that offer to transform the 5 mg tablet into 1 mg capsules prior to dispensing. Either of these practices could have potential serious safety and stability implications if the crushed or broken tablets are improperly handled by a pregnant woman compounding or coming in contact with the broken tablets.

The manufacturer does not recommend the splitting of PROSCAR tablets for the treatment of male pattern hair loss. PROSCAR is only indicated for the treatment of symptomatic benign prostatic hyperplasia.

- ◆ To date, three deaths from irreversible liver damage associated with use of **TASMAR®** (tolcapone) have been reported worldwide. Following a death in Canada, the Therapeutics Products Programme of Health Canada immediately suspended all sales of TASMAR. The drug will continue to be available with restrictions through the Special Access Programme.

Patients using TASMAR should not stop taking the drug on their own, as complications can arise from sudden withdrawal. Those continuing to use TASMAR should be monitored for liver abnormalities during treatment. Contact the manufacturer at 1-888-990-7171 for product withdrawal and other information.

(Continued on page 9)



## Hospital Pharmacy Insights



### Providing Emergency Quantities of Medications - Part 2

Part 1 of this article appeared in the November/December 1998 *Bulletin* and answered common questions about the Interpretation Guidelines for the Dispensing of Emergency Quantities of Medications by Registered Nurses. Part 2 continues with questions about narcotics:

5. Why can't the dispensing of "written prescription" narcotics or Triplicate/Duplicate Prescription Program medications be delegated to nurses?

When the *Interpretation Guidelines* were written, the College of Physicians and Surgeons determined that the physician's legal responsibilities for prescribing and dispensing Triplicate/Duplicate Prescription Program medications could not be delegated.

6. Then, could the physician prepare and dispense a narcotic from the emergency supply directly to a patient?

In a true emergency, one or two tablets could be dispensed by the physician directly to his or her own patient. Because the narcotic is not for use in the hospital, a signed and dated prescription form must be attached to the narcotic record.

Since the College of Physicians and Surgeons carefully monitors the Triplicate/Duplicate Program database for completeness and accuracy, the physician should also transmit the prescription information to PharmaNet, if the emergency department is connected. Otherwise, the pharmacy could forward a copy of the prescriptions to the College of Physicians and Surgeons for data entry/review.

7. What about patients with "standing" narcotic administration orders?

A "standing order" implies that the physician has delegated responsibility to the nurse for assessing the patient's pain and for determining whether a narcotic is needed. This is clearly beyond the scope of delegation allowed by the *Interpretation Guidelines*.

The hospital or emergency department is obviously not the most cost-effective place to provide treatment or follow-up of chronic medical problems. The physician, pharmacist and patient should develop an ambulatory care plan that includes appropriate methods to deal with the patient's unanticipated or severe pain.

When there is a need to limit patients' use of injectable narcotics, physicians often write "part-fill" prescriptions (e.g. Demerol injection x 5, part-fill with 1 amp no more often than every 7 days). This option allows the community pharmacist to monitor the interval between part-fills. Possible options for administration include the patient or home care nurse in the home, or the physician or nurse in the medical office.

(Continued on page 7)

## Community Pharmacy Corner



### Prescriptions for Long-term Care Residents

Prescriptions for residents of intermediate care facilities and residential group homes can be dispensed only from the pharmacy contracted to service the facility.

Occasionally, the patient or a family member is mistakenly given the written prescription, and they proceed to have the medication dispensed by another pharmacy.

This results in several deficiencies:

- ▶ The required blister packaging is not used.
- ▶ The prescription is not included on the Medication Administration Record for charting purposes at the facility.
- ▶ The patient may attempt to keep their prescription in their room instead of in the facility medication room under the required supervision of facility staff.

### Changes to Repeat Prescriptions

Council has confirmed the following policy regarding repeat prescriptions:

**When refilling a prescription involves a different brand, a different authorizing prescriber, or different directions, a new prescription is to be initiated.**

**A change in quantity is permitted as long as the system is capable of retaining the quantities pertaining to each past fill.**

This procedure provides the appropriate paper trail, and is a safety feature in that the full information is immediately available on the main profile without having to go into the history of each prescription. The fact that the pharmacist is more likely to be aware of this information enhances the monitoring process, discussions with the physician, and patient counselling.



## What Went Wrong?



Dear Registrar:

In June my wife and I were in the middle of a difficult divorce and child custody court case. My wife went to the pharmacy that usually dispenses my prescriptions. She told the pharmacist that she was my caregiver and that she wanted a copy of my medication profile. The pharmacist gave her a copy of my profile, and she submitted it as evidence in the court case. Now I've lost custody of my children, and I think that my medication profile affected the outcome of the case.

Mr. Brown

### The Pharmacist Responds:

I have been working at this pharmacy for over two years. In all that time I have never seen Mr. Brown. It was always his wife who brought in his written prescriptions, telephoned for his refills and picked up his medication. In fact, if Mr. Brown had come in and asked for a copy of his medication profile, I would have asked him for positive identification because I have never seen him. His wife's request did not seem unusual, so I provided her with a copy of his medication profile. I had no way to know that she was going to use it in a child custody case.

### The Inquiry Committee's Position:

The medication profile provided to Mr. Brown's wife was from the local pharmacy computer system, not from PharmaNet. Nonetheless, the principles for the release of patient record information apply.

*The Pharmacists, Pharmacy Operations and Drug Scheduling Act* outlines the circumstances under which patient record information may be released. Section 39 (1) and (2) of the Act state:

39 (1) ... a pharmacist must not disclose, or allow a support person, ... to disclose, the patient record information to a person other than the person named in that record.

39 (2) ... a pharmacist must, on request, disclose patient record information to:

- a) the person who is the subject of the record, or
- b) the personal representative of the person named in the record if that person directs in writing that the disclosure be made.

The Inquiry Committee recognized that the pharmacist had no direct interaction with Mr. Brown. Most of the discussions about medications were conducted with his wife; she ordered his refills, brought new written prescriptions to the pharmacy for him and

picked up his medications. Although this may have provided the appearance of implied consent, the disclosure of patient record information can only be done once the explicit consent of the person has been obtained.

The Inquiry Committee recognized the seriousness of the inappropriate release of the information, but acknowledged that the pharmacist believed Mr. Brown's wife was his personal representative.

The pharmacist received a formal reprimand from the committee. This reprimand will remain on the pharmacist's record for two years.

## Hospital Pharmacy Insights - Continued from page 6

### Useful References:

- ◆ *Interpretation Guidelines for the Dispensing of Emergency Quantities of Medications by Registered Nurses*, 1996, published jointly by the College of Pharmacists of B.C., Registered Nurses Association of B.C., and College of Physicians and Surgeons of B.C.
- ◆ *Treatment of Acute Migraine Headaches*, Therapeutics Initiative *Therapeutics Letter*, Nov/Dec 97, 22a-b. Web site: <http://www.interchange.ubc.ca/jauca/>.
- ◆ *Guidelines for the Diagnosis and Management of Migraine in Clinical Practice*, CMAJ 1997;156:1273-87. Web site: <http://www.cma.ca/cmaj/vol-156/issue-9/1273.htm>.



## Ethics In Practice



The Council of the College established the Ethics Advisory Committee to help pharmacists respond to the complex ethical issues emerging in today's professional practice environment. The committee is also responsible for maintaining a continuing review of the *Code of Ethics* to ensure its relevance and currency.

At its last meeting, the committee reviewed five real life situations. This new "Ethics in Practice" column features the first case, with the balance to be presented in future *Bulletin* issues.

### Case 1: Deciding When to Dispense Outdated Inventory

#### The Dilemma

A 75-year-old man has obtained a prescription for a five-year supply of a discontinued product (Atrovent® Nasal Aerosol) still available from the manufacturer. Even though the patient has been told that the medication is labelled to expire before the five years has elapsed, he wants the pharmacist to order the full quantity for him because he is convinced that it is the only product that helps with his chronic nasal drip.

The pharmacist does not want to order a large quantity of the drug and dispense

smaller quantities. He is concerned about being left with a large quantity of expired drug that cannot be returned to the manufacturer. He also does not want to dispense expired products.

#### The Conclusion

The patient is not suffering from a life-threatening disease, but rather from an irritating, but not disabling, condition that is helped by drugs other than just the one product which the patient wishes to obtain.

The pharmacist has a duty to secure and provide necessary medication to patients. Assuming patient competence, provide full disclosure regarding the expiry date and possible implications. Recommend a trial of the spray product to determine if it will provide adequate relief. If the spray product is not effective, dispense the aerosol product as prescribed (maximum 100-day supply each time) for the period prior to the expiry date, then dispense the balance of the pharmacy's supply to the patient (at the patient's expense) prior to the expiry date. The patient should be monitored periodically for evidence of ineffectiveness which may occur due to the use of the product past the expiry date.

A more detailed analysis of the case is available upon request from the College office. Please contact Registrar Linda Lytle if you wish to obtain a copy.

Fluoride - Continued from page 4

#### Dosage of Daily Fluoride Supplement for Children at High Risk For Dental Caries

Age of Child	Fluoride in Water Supply		
	< 0.3 ppm	0.3 - 0.6 ppm	> 0.6 ppm
0 - 6 months	none	none	none
> 6 months - 3 years	0.25 mg/day	none	none
> 3 years - 6 years	0.50 mg/day	none	none
> 6 years	1.00 mg/day	none	none



## Board Of Examiners Highlights

### Licensure Requirements

Prior to registration as a pharmacist in B.C., eligible registered candidates (holding a pharmacy degree from an approved university) must successfully complete the following requirements:

1. English Language Proficiency (ELP) Assessment or the Test of Spoken English (TSE).
2. Pharmacy Examining Board of Canada Qualifying Examination.
3. Panel and Forensic Assessments set by the College of Pharmacists of B.C.

Candidates who are required to complete the College's 160-hour internship prior to sitting the Panel Assessment must complete the English language proficiency requirements before commencing the internship. Alternatively, the candidate may apply to begin a conditional internship, pending receipt of acceptable TSE results.

To qualify for a conditional internship, the candidate must have attained a TSE score of at least 50 and submit proof of application for the next scheduled TSE. If the score of the second TSE is lower than 55, the internship will not be valid and the candidate will not be eligible to sit the Panel Assessment. In accordance with Board of Examiners policy, candidates may only apply once for a conditional internship.

### 1999 College Assessment Schedule

The following assessment schedule has been approved by the Board of Examiners.

Assessment	Assessment Date	Deadline for Application	Results Released
Forensic	05 February	28 December 1998	05 March
Panel	06 February	28 December 1998	05 March
Forensic	04 June	23 April	09 July
Panel	05 June	23 April	09 July
Forensic	22 October	10 September	22 November
Panel	23 October	10 September	22 November
ELP	By appointment		
PEBC Qualifying Exam	01, 02, 03 June	09 April	24 June
PEBC Qualifying Exam	18, 19, 20 October	10 September	10 November

### Drug Updates - *Continued from page 5*

- ◆ Bayer Inc. has launched a coated **Aspirin®** Daily Low Dose 81 mg product in the 24 and 120 tablet package sizes. Bayer has informed the College that it plans to market Aspirin Daily Low Dose 81 mg in pharmacies only. However, the 24s are unscheduled (and could be sold in a retail outlet), whereas the 120 size is a Schedule III product, sold in the pharmacy only from the Professional Services area.
- ◆ Recent incidents have been reported involving the following look-alike or sound-alike drug names:
  - **Singulair** and **Sinequan®**
  - **Salofalk®** and **sulfasalazine**
  - **Nizoral™** and **Novo-Nidazol**.

*(Reprinted from the Saskatchewan Pharmaceutical Association.)*



## Access To PharmaNet

In the past few months, a number of calls have been received by the College office from patients concerned about possible accesses made to their PharmaNet patient records. Each time a PharmaNet access is made to a patient record where no prescription is dispensed, the date, name of the individual and the location of the access are logged. This includes accesses by pharmacists, physicians in emergency departments, the College of Physicians and Surgeons and the College of Pharmacists. When a PharmaNet patient record is mailed to a patient, this access log is included with the report.

In the near future, the College will implement a detection-of-browsing audit on PharmaNet patient records. Pharmacists may be asked to explain the reason for an access to a PharmaNet patient record when no prescription was dispensed for the patient.

Many software vendors provide functionality that permits the entry of a "reason for access" when a PharmaNet patient record is accessed. If this functionality is not available on your in-pharmacy software, you should implement a system to manually record accesses. Examples of systems include a note in the comment field of the local profile, an access logbook or a hard copy in the prescription file. Any system should include the patient name, personal health number, date of access, reason for access and pharmacist name. Reasons for access to patient demographics where the patient is not on your local system should also be recorded.

## Using A Keyword On PharmaNet

PharmaNet has many security features to prevent unauthorized access to patient information. In addition to all of the built-in security measures, a patient has the option of attaching a confidential keyword to his or her patient record. While a keyword is not a requirement of PharmaNet, the ability of adding a keyword to a patient record must be made available to all patients.

If a patient expresses concern about the confidentiality of his or her information on PharmaNet, the following advantages and disadvantages should be discussed:

- ▶ The keyword "locks" the profile and limits access to only those pharmacies to which the keyword is provided.
- ▶ The use of a keyword may delay pharmacy services to a patient if he or she forgets the keyword or is unable to provide it.
- ▶ The keyword must be transmitted to PharmaNet with a request for a patient record, when dispensing or refilling a prescription, transmitting a DUE inquiry or requesting a PharmaNet profile mailing.

Pharmacists are reminded that positive identification must be obtained prior to the addition, deletion or change of a keyword. Keywords should not be stored on the local pharmacy system without the consent of the patient.

## What To Do During PharmaNet Outages When The PHN Is Unavailable

The College office has recently received a number of calls from consumers regarding problems in obtaining prescriptions during a PharmaNet outage because the patient's PHN was not available.

There may be times when good judgement suggests that a prescription should not be dispensed until the PharmaNet patient record can be accessed. There will also be occasions when it is appropriate to dispense a prescription during a PharmaNet outage. In such cases, the pharmacist may use the "pseudo PHN" of **999999999998** for individuals without a PHN or when the PHN is unknown. The prescription can then be dispensed in off-line or batch mode. When the PharmaNet connection is re-established and the batch is sent to PharmaNet, the prescription dispensed using this PHN will be rejected. At this point, the pharmacist may perform a name search for the patient to locate the correct PHN or may assign a PHN via PharmaNet, and then resubmit the prescription to PharmaNet.



## Resource Source



### ◆ Hospital Pharmacy Practice Documents

Over the past two years, the Hospital Pharmacy Practice Committee has developed a number of Practice Standards, Guidelines and Information Papers. Each of these documents was distributed at the time of publication to hospital pharmacy managers. Additional copies of the documents can be obtained by contacting the College office.

The following documents have been published:

- Dispensing Rifampin for Prophylaxis of Meningitis (Nov. 98)
- Vincristine Warning Label Notice (June 98)
- Standards for Essential Services (June 97)
- Guidelines for Hospital Pharmacy Access by Non-Pharmacists (May 97)
- Standards for Delegation of Technical Functions to Pharmacy Technicians (Dec. 96)
- Standards for Pharmacy Technician Verification (Dec. 96, revised version available 1999)
- Interpretation Guidelines for Dispensing Emergency Quantities of Medications by Registered Nurses (May 96).

### ◆ Pharmacy Awareness Week - March 1-7

A number of different Pharmacy Awareness Week items are available to pharmacists for distribution to patients, ranging from education pamphlets and medication tip sheets, to buttons and t-shirts. For more information on these materials or to place an order, please contact Tel: 1-800-917-9489, Fax: 1-800-601-1904, or E-mail: orders@cdnpharm.ca.

## Plan to Attend



### ▶ Council Meetings

Friday, 16 April

Friday, 18 June

### ▶ College AGM

Thursday, 30 September, 2 p.m.  
at the B.C. Pharmacy Conference,  
Victoria

### ▶ Forensic Assessments

Friday, 4 June

Friday, 22 October

### ▶ Panel Assessments

Saturday, 5 June (*results 5 July*)

Sunday, 6 June (*if required*)

Saturday, 23 October (*results 22 Nov.*)



## People News



### Councilors' Contact List

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### Announcements

- ▶ The Canadian Society of Hospital Pharmacists - B.C. Branch elected a new executive at its AGM, including President **Peter Lowen** (UBC Hospital) and President-elect **Tammy Coderre-Kells** (MSA Hospital).
- ▶ **Susan Troesch** of Vancouver has been appointed to the Vancouver/Richmond Health Board Geriatric Consultation Group.

### Achievements

- ▶ The Canadian Society of Hospital Pharmacists has conferred Fellow status upon **Jeffrey Barnett** of Victoria, **Luciana Frighetto** of Richmond, and **Rubina Sunderji** of Vancouver.
- ▶ The Society's B.C. Branch also awarded the following hospital pharmacists at its AGM:
  - Distinguished Service Award - **Ken McGregor**
  - Maria Machado Memorial Award - **B.C. Childrens Hospital Pharmacy.**
- ▶ **Peggy Tam** of Shoppers Drug Mart in New Westminster is the new British Columbia Pharmacist of the Year for Shoppers Drug Mart.
- ▶ The nation-wide 1998 Commitment to Care Awards, organized by the *Pharmacy Practice* and *Hospital Pharmacy Practice* journals, have recognized two College members. **Dale Dodge**, of The Medicine Centre pharmacy in Oliver, received a Commitment to Care Awards Honourable Mention for his specialized patient care programs for sufferers of asthma and diabetes.

**Jon Strom**, formerly of the Rexall Health Centre in Victoria, was cited in the Commitment to Care Awards for innovative pharmacy design. The unique European-style centre features services, products and design focused completely on health and beauty.

- ▶ **Dale Dodge** has also received a Health Transition Funds grant for asthma management from the provincial government.
- ▶ Registrar **Linda Lytle** has been granted the professional designation Certified Association Executive (C.A.E.) after having completed the rigorous education and certification program of the Canadian Society of Association Executives.
- ▶ Faculty of Pharmaceutical Sciences student **Amanpreet Dale** (of Duncan) is the recipient of the College of Pharmacists of British Columbia Entrance Bursary.
- ▶ **Cheryl Smith** and **Adrian Azim**, the two Community Pharmacy Residents for the 1998-99 year, completed a one-week rotation at the College office during the week of 7 December. They participated in several regulatory activities (meetings, pharmacy site visit, PharmaNet briefing, review of national and provincial current issues, etc.). Deputy Registrar Brenda Osmond designed the week's program.

### In Memoriam

- ▶ Council regrets the passing of member **Barry Hanna** of Nanaimo.