



Pharmacists Divided Over Assessment

Pharmacists are deeply divided over the issue of assessing competency. Some members believe the public want and deserve proof of competence, while others feel that questioning competence is an insult to the profession. Some pharmacists doubt that it is even possible to measure competence.

These are some of the preliminary findings of the College's province-wide consultation project. "One thing people do agree on is that this is a worthwhile initiative," says Linda Lytle, College Registrar. "Members tell us this is a positive step towards ongoing, open communication."

Since the interim suspension of the ^BCARE Program in September, the College has received detailed input from more than 100 members. "We are actively responding to previous survey feedback that the College needs to improve communications, identify and support your needs, and develop a more stream-lined approach to assessing competency," says Linda.

To date the College has interviewed:

- ▶ 30 pharmacists representing community, hospital and management practice from across BC
- ▶ more than a dozen opinion leaders from the profession, government, health advocacy groups and public.



In early January, over 50 community and hospital pharmacists attended focus groups held in Burnaby and Castlegar. In addition,

pharmacists have been completing the interview questionnaire available on the College web site (www.collpharmbc.org - click on the "What's New" tab and then the "Consultation Project" section).

"We recognize this is only a small percentage of our members," says Linda, "but we hope it will provide a representative sample of your views. As a self-governing profession, it is essential the College has an accurate picture of your opinions so that we can reflect them in our policies. We encourage everyone to check out the College web site and fill in the questionnaire." The College will post a summary of the consultation findings on the web site in March.

In response to member input the College is also:

- ▶ upgrading the College web site to provide new sources of information (see story on page 2)
- ▶ reviewing and simplifying the Framework of Professional Practice
- ▶ developing "For Your Information" briefs on key issues

- ▶ enhancing the College's information phone line service (the practice consultation telephone line already receives 30 to 40 calls every day).

The College will thoroughly review and respond to all your input. We will keep you fully informed of upcoming initiatives through the *Bulletin*, web site and special mailings. Please contact the College office with any comments or questions.

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

College's 110th Annual General Meeting Held

Approximately 75 members attended the College's 110th annual general meeting on 3 November 2001 in Burnaby. A copy of the meeting minutes is available on the College web site, www.collpharmbc.ca, under the "What's New" tab, "Announcements" section. You can also contact the College office to have the minutes sent to you.

Many thanks to Dr. Arthur Schafer for his informative morning presentation and audience discussion about common ethical dilemmas relating to community and pharmacy practice.

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Revised Bylaw For Pharmacy Tobacco Sales

The government has advised the College that an amendment to the *Pharmacists, Pharmacy Operations and Drug Scheduling Act* is required to provide the necessary authority to create the College's proposed bylaw to prohibit the sale of tobacco in pharmacies. An amendment to the Act requires approval by the legislature, which will not be convening until the spring of 2002, following which the bylaw could then be implemented.



At its November meeting, Council reconfirmed its

commitment to the removal of tobacco products from establishments in which pharmacies are located. It recommended that the 1 December 2000 bylaw proposal be rescinded and that a new bylaw amendment be submitted to the Minister of Health. The revised bylaw states that "effective 1 July 2002, a licensed pharmacy must not be located in an establishment where tobacco products are sold."

Watch future *Bulletins* for further updates on the tobacco products sales ban.

College Web Site Launches 'What's New'

I You asked for it, you got it.

Most people who have taken part in the consultation project identified upgrading the College web site as an important tool in improving communication with members and the public. Top of your wish list is new information that's easy to find.

In December, the College added a "What's New" tab to the web site home page. If you click on this tab you will find current information on College initiatives and upcoming events.

The College also selected a firm to further upgrade the web site. Phase One involves reviewing and improving existing content and the overall appearance of the site to better reflect our changing profession and practices, and the diversity of our membership. Phase Two will address broader use of technology and a wider range of site applications.

What would you like to see on your web site? Please contact Doreen Leong by e-mail at: DLeong@collegetherpharmacists.bc.ca.

PharmaNet Access Concerns From OIPC

The Office of the Information and Privacy Commissioner (OIPC) shared concerns about PharmaNet access and privacy in its October 2001 *OIPC Voice* Newsletter. This was in response to it being reported in September that "five BC pharmacists had been disciplined and fined between \$5,000 and \$10,000 by the College of Pharmacists of BC for using the PharmaNet system to inappropriately access the personal prescription drug records of a number of British Columbians." Part of the "Privacy and the Electronic Record: What We Can Learn From PharmaNet?" article is reprinted below to give College members an idea of OIPC's views on this important issue.

"PharmaNet contributes to better decision-making by health care professionals, particularly in the emergency room setting, and helps protect patients from adverse drug interactions. PharmaNet was designed with security and privacy features like passwords and encryption to protect the sensitive information it holds. However, the recently reported breaches of privacy by pharmacists remind us that security features alone can't protect against inappropriate access by authorized users.

The College of Pharmacists has reminded its members that they must never review prescription profiles to "satisfy curiosity." While this is a good first step, this Office believes that there are other lessons to be learned from the PharmaNet experience. Security provisions aside, effective monitoring of system access, education of staff and contractors on privacy issues, and enforcement of privacy policies are needed to ensure that health professionals access personal information only on a strict "need-to-know" basis.

As well, public bodies need to ensure that systems have audit capabilities to identify inappropriate access. Of particular concern to this Office is that these privacy breaches came to light, not as a result of audits by the College of Pharmacists, but by individuals requesting access to their own prescription records.

This illustrates the need to inform the public of two privacy safeguards that are available - the right to add a keyword to one's account, and the right to request an account audit record. Adding a private keyword allows only those who know the keyword access to one's drug prescription file (except in emergency room situations) and prevents other pharmacists from opening your record without the keyword. Despite the privacy protection it affords, only 1,500

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Advanced Practitioner Credentialing Attracts Support

Although community and hospital pharmacists differ when it comes to the details of Advanced Practitioner Credentialing, input received so far shows most members support the overall concept.

The College has contracted pharmaceutical consultant Dr. Alan Low to manage this project. Alan gave presentations and provided exhibits explaining Advanced Practitioner Credentialing at the College's annual meeting in Burnaby, the BC Pharmacy Conference in Kelowna, and through District 6 and 7 meetings held in Vancouver in conjunction with the CSHP-BC Branch annual meeting.

"The input has been helpful in determining how to develop a voluntary process which would recognize pharmacists with advanced training and skills," says Alan. "In general the comments are supportive and show that pharmacists see a need for the concept. Pharmacists seem to feel that community pharmacy will achieve a greater benefit than hospital pharmacy. Some also expressed concern about how credentialed pharmacists will be reimbursed."

The College has established an Advanced Practitioner Credentialing Committee (APCC) which met for the first time in November. The APCC includes representation from around the province and has laid the groundwork for developing a credentialing process.

The first steps identified by the committee include incorporating input received, creating definitions and establishing types of recognition.

"We will get as much information as we can from other similar processes already in existence," says Alan. "This will capitalize on work already done elsewhere."

You can find more information about the Advanced Practitioner Credentialing Project on the College web site, www.collpharm.bc.org. Select the "What's New" tab on the home page and click on "Advanced Practitioner Credentialing Project." If you would like to receive regular updates on this project, you can provide your contact information to Dr. Alan Low for the distribution list. Please specify your preferred method for receiving updates - e-mail or fax.

You can contact us with your feedback, concerns or questions by telephone, fax, e-mail or writing:

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What You Had to Say About the APC Project:

- ◆ "This makes a lot of sense. It will be good for the profession."
- ◆ "We need to recognize pharmacists with special skills."
- ◆ "It lends credibility to those of us who do what we do."
- ◆ "Generally supportive but we have to be careful not to trivialize the concept of 'specialist' as it is understood in health care."
- ◆ "Has to be based on 'real' specialized knowledge."
- ◆ "We should learn from the ECP model."
- ◆ "The College must educate the public about it."
- ◆ "Some members may see this as the College giving preferential treatment to some members."
- ◆ "If you want to take extra courses to get extra credit that's great, but the College shouldn't get into this."
- ◆ "The College is way ahead of its members. This idea needs lots of consultation first."





Managing Multidoctoring

The College receives reports from a variety of sources about patients who appear to be multidoctoring. These reports come from pharmacists, physicians, concerned family members and coroners.

What is multidoctoring?

The *Controlled Drugs and Substances Act* says that a patient must disclose to the prescriber if they have received a narcotic from another prescriber within the previous 30 days. Although this requirement is placed on the patient, you have an obligation to try to optimize your patient's medication use.

What are a pharmacist's responsibilities?

The patient's PharmaNet patient record provides much of the information you need to evaluate a patient's medication use. Important considerations in assessing the patient's medication use include:

- ▶ Assess each case individually. Review the PharmaNet patient record for every patient you see.
- ▶ If you have concerns, discuss them with the patient first.
- ▶ Ensure the patient realizes they can obtain the most effective health care by attending one physician and one pharmacy.
- ▶ Contact the current prescriber to ensure they know about previous prescriptions.
- ▶ If you can't contact the prescriber, consider providing a small supply until the prescriber can be contacted.
- ▶ If a physician suggests that you dispense the full quantity, you can refuse to dispense the prescription, or decrease the quantity if you believe the patient's medication request is not for a recognized medical or dental need.

New numbers For The Drug Information Service At DPIC

Direct dial access to the Drug Information (DI) Service at the BC Drug & Poison Information Centre is now available for pharmacists and other health professionals throughout BC. As

of 2 January 2002, when you call the DI service during regular operating hours (9:00 a.m. to 4:00 p.m. weekdays), you will connect directly to a pharmacist. Telephone numbers remain unchanged for other DPIC services.



New Drug Information Service Numbers (for health professionals only)

Lower Mainland 604-806-9104
Rest of BC (toll-free) 1-866-298-5909

Poison Control/Poison Information (24 hours daily)

Lower Mainland 604-682-5050
Rest of BC (toll-free) 1-800-567-8911

Regional Adverse Drug Reaction Centre

Toll-free phone 1-866-234-2345
Toll-free fax 1-866-678-6789

Administration

Phone 604-682-2344, ext. 62126
Fax 604-806-8262

What about Pharmacare restrictions?

In some cases of multidoctoring, Pharmacare may decide that a patient's medications will only be paid for if the patient attends one physician and one pharmacy. Although this system does not stop patients from going to other physicians or pharmacies, the prescriptions should only be dispensed if the patient cannot reasonably attend their identified providers, and the patient has an urgent medical need. You should ensure the prescribing physician is aware that the patient is restricted to another prescriber.

What if a patient says the prescriptions on their patient record are not theirs?

- ▶ Always obtain positive identification to reduce the chance of putting a prescription on a wrong profile.
- ▶ Suggest the patient put a keyword on their profile so others cannot use it.
- ▶ Contact the PharmaNet Helpdesk to find out which pharmacy dispensed a prescription so you can confirm with the pharmacy if the prescription was picked up.

Summary

Patients may see more than one physician for a variety of reasons. Some people have difficulty finding a family physician, others see a family physician and a number of specialists, while still others may make conscious attempts to obtain medications when they do not have a legitimate need. These matters can be complicated and difficult to deal with.

Treat patients with respect, and let them know that as their pharmacist you are concerned that they may not get the most effective health care when they see a number of physicians.

Ensure that the prescribing physician(s) are aware of the patient's medication history. Most physicians do not have easy access to PharmaNet data, so they rely on vigilant pharmacists to provide them with important information about their patients. Ultimately, the decision to dispense a prescription lies with you.



NAPRA Actively Addressing Electronic Prescribing

Electronic prescribing is inevitable, but because of cost and confidentiality concerns, getting this technology into motion is tricky and time-consuming. The National Association of Pharmacy Regulatory Authorities (NAPRA) is actively planning for e-scripts.

NAPRA has completed a draft Proposal for Electronic Security Standards, received input from numerous stakeholders on the standards, and is now updating Health Canada about the research done so far.

Once standards are in place, a secure e-script delivery system will have to be created. The system will require four key components: transaction integrity, data integrity, authentication and secure routing. "These components are necessary to ensure that prescriptions are valid, remain confidential and make their way across the Internet without being tampered with in any way," says Debbie Foran, NAPRA's Manager, Information Technology Programs.

Jeff Poston, Executive Director of the Canadian Pharmacists Association, says similar work is being done on e-script models around the world, including a pilot in the U.K. Much research and development will be required over the next five years. "Building these systems is going to be a step-by-step process . . . a collaboration of government, the health care sector and health care providers."

Future issues of the *Bulletin* will provide members with updates on e-script developments.

First Visit To The Dentist Now Recommended For Age One



The recommended age for a child's first visit to the dentist has changed from age three to age one.

The Canadian Dental Association (CDA) encourages the dental assessment of infants to determine risk for early childhood caries, appropriate interventions and/or timing of future dental assessments, within six months of the eruption of the first tooth or by one year of age.

The CDA supports educational and cooperative initiatives with other health care providers. Pharmacists are often seen as being in the front lines of health care and can play an important role in referring families for their children's first dental visit by age one.

For more information about the first dental visit and preventing early childhood caries, call your health unit or community health centre.

The Support Of Peer Mentors Available For Members

Many pharmacists may not be aware of the Mentorship Program offered by the College of Pharmacists as part of its support to members. Peer mentoring is increasingly being used and asked for in health care professions. The College's peer mentoring program is available to any member who needs professional development to

bring their pharmacy practice up to a level consistent with accepted practice standards.

Peer mentors are currently practising pharmacist members who are highly respected practitioners in their field. Through their training and expertise, they provide support, guidance, encouragement and feedback to program participants.

Consultative meetings are arranged with a mentee to discuss the program, reflect on their practice, review assessment results (if applicable), identify learning needs and priorities, establish an action plan to achieve desired outcomes, and set a timeframe to achieve goals.

(Continued on page 12)

Drug Updates



◆ Gentian Violet

Gentian violet for application to skin or mucous membranes is to be assigned Schedule II status, pending College Council and government approval.

Although gentian violet is not a new agent for self-medication, significant pharmacist involvement is necessary for proper product selection and expansion on counselling matters including proper application, dosing frequency, and duration of treatment. Pharmacist involvement is also necessary to identify whether an adequate attempt at managing the condition with a first line agent such as nystatin has been done prior to using gentian violet. Pharmacists should also monitor patients' use of gentian violet and report potential adverse events.

◆ Topical Ibuprofen

Pharmacists should note the following clarification. Unscheduled status of **ibuprofen** up to and including 200 mg per dosage form applies to oral formulations only, given that there are no approved indications for topically applied ibuprofen in Canada.



Council Highlights

The Council of the College of Pharmacists of BC met in Vancouver on 2 November. The agenda and outcomes included the following items:

▶ **Revised Bylaw Proposed for Pharmacy Tobacco Sales**

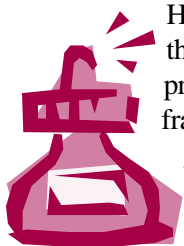
See the article on page 2.

▶ **New Required Reference for All Community Pharmacies**

Council changed point 2 of Policy EP-26. Previously a complementary/alternative medications reference was only required in community pharmacies which sell alternative products. The new policy reads, "Pharmacists must have a current, reliable reference for this category of products." This will enable all pharmacists to answer patient questions about complementary/alternative medications.

The required reference is "Natural Medicines," every second edition. It is published by The Pharmacist Letter, P.O. Box 8190, Stockton CA 95208. Any pharmacists who know of other helpful, evidence-based texts and web sites about these medications can forward the resource information to Linda Lytle. The College can then advise all members about these resources.

▶ **Compounding Specialized Drug Products**



Health Canada developed a policy framework on the manufacturing and compounding of drug products in Canada, effective July 2000. The framework requires further interpretation and guidelines. Council has to decide if it needs to develop further regulatory statements regarding the compounding of specialized drug products.

Council invites input from compounders and other interested individuals on the regulation of compounders. Responses to the following questions can be forwarded to Linda Lytle **by 28 February**:

- ◆ Are you encountering any compounding situations where you are uncertain of how to proceed? What questions arise in these situations?
- ◆ Are you aware of any problems with compounded products prepared by yourself or other pharmacies? If so, what are they?
- ◆ In reviewing the current Health Canada framework, do you feel that more detailed regulations and guidelines are needed? To review the framework, go to the Therapeutic Products Directorate at <http://www.hc-sc.gc.ca/hpb-dgps/therapeut>. Click on "Policies," then click on "External Policy Statements" and scroll down to "Strategic Framework on Manufacturing and Compounding of Drug Products in Canada (12 July, 2000).

▶ **Drug Schedule Status of Nicotine Replacement Therapy Products**

After reviewing information presented by a Pharmacia Upjohn representative and examining updated monographs prepared by the National Drug Scheduling Advisory Committee, Council decided to recommend "unscheduled" status for nicotine patches and gum. Council believes greater accessibility will result in increased numbers of smoking "quitters." The provincial government must approve the recommendation before it becomes effective.

▶ **Professional Liability Insurance**

After reviewing the professional liability insurance requirements of other health regulatory organizations in BC, Council decided not to mandate that pharmacists obtain professional liability insurance. Council will continue to monitor the situation and reconsider the issue should events warrant it.

Pharmacists should fully assess the nature of employers' professional liability insurance to determine if proper coverage is provided. Scenarios to consider include:

- ◆ If an employer provides coverage but a pharmacist is found at fault, the insurance company may pay a patient's claim and then go after the pharmacist for compensation.
- ◆ If a pharmacist is no longer working for an employer and a claim is made for an error during the pharmacist's employment there, the pharmacist may not be covered by the previous employer's insurance.

If gaps are identified in the employer's insurance coverage, pharmacists should consider acquiring their own professional liability insurance. The latest trend in malpractice claims is failure to give proper counsel and to warn of potential adverse reactions and interactions.

▶ **Pharmacist Workforce Vacancies**

Upon review of the 11.5% vacancy rate demonstrated by the Pharmacy Workforce Survey Report published in September 2001, Council acknowledges that employer demand for pharmacists exceeds the current supply. The College will work with UBC and the BCPhA to complete another workforce survey this summer to identify further trends. Pharmacies are encouraged to avoid using their pharmacists for non-professional duties to help address demand for pharmacist services.



In Brief



► **Coroners Obtaining Patient Records From a Pharmacy**

When coroners are investigating the circumstances of a death, they can request the deceased person's medication profile information from a pharmacist. To do this, the coroner needs to present the pharmacist with an "order to seize."

Since the pharmacist can only provide the information from that particular pharmacy's local software program, the patient's medication record may not be complete. In order to obtain the complete patient record from PharmaNet, the coroner should fax the "order to seize" to the College of Pharmacists of BC, Attention: Dr. Brenda Osmond, Fax: 604-733-2493, 800-377-8129.

► **Honouring Refill Intervals**

Both provincial and federal legislation require specific refill authorizations from prescribers to be honoured at the indicated intervals and not before. If an interval has not been specified, in many cases the pharmacist can calculate the interval from the dosage provided.

When patients request refills combined into larger quantities, pharmacists must contact the prescribers directly and receive new verbal directions regarding the quantity dispensed. Patients should be informed of this authorization requirement when they ask for a combined prescription quantity.

► **Mailing Prescription Drugs to the U.S.A.**

According to Canada Post, when sending prescription drugs to a Canadian citizen at an address in the United States, the sender must provide:

- ◆ a photocopy of the prescriber's prescription
- ◆ a photocopy of a document proving the addressee's Canadian citizenship (birth certificate, passport)
- ◆ a letter from the prescriber if the drug is not FDA approved
- ◆ the telephone number where the addressee can be contacted.

Pharmacists should note that they may **not** send narcotics, controlled drugs, or benzodiazepines out of Canada, unless they are a "Licensed Dealer." However, patients may take up to three months supply of such drugs with them for personal use when they leave Canada. (*reprinted from the Newfoundland Pharmaceutical Assoc.'s "Apothecary"*)

► **Releasing Prescriber ID Information**

Federal Privacy Commissioner George Radwanski, in a decision released 2 October 2001, found that prescriptions (including the prescriber's name) are not the personal information of the prescribing doctor. This conclusion was reached after investigation of a physician's complaint that IMS Health Canada was selling information about doctors' prescribing habits without their consent.

The Commissioner confirmed that IMS does collect prescription information from pharmacies across Canada which includes the prescriber's first and last name. This information is transferred to IMS' data processing centre where reports are produced that track the monthly prescribing activity of doctors and rank doctors within a pharmaceutical company's sales territory by level of prescribing activity. These reports are then made available to pharmaceutical sales representatives for a fee.

While the Commissioner agreed that this activity by IMS Health constituted disclosure of information, he did not agree that it was personal information. Instead, he found prescriptions to be "work product - the outcome of the professional interaction between the physician and the patient."

The College of Pharmacists of BC is awaiting government approval of a submitted bylaw amendment proposal to permit the release of prescriber identity to commercial data compilers.

► **PharmaNet User Group Discontinued**

The PharmaNet Users Group was formed at the introduction of PharmaNet to represent system providers and practice sites, and to deal with implementation problems that arose. In the past year, meetings have been held infrequently due to the minimal number of PharmaNet problems needing to be addressed. Therefore, a decision has been made to discontinue the PharmaNet Users Group. When input is required to a specific initiative, a task group approach will be used. Thank you to the User Group members for your time and helpful contributions over the years.



Ethics In Practice

This column is prepared by the College's Ethics Advisory Committee to guide members in dealing with different actual pharmacy practice situations.



Feedback Requested on Proposed Professional Responsibility Policy Statements

The Ethics Advisory Committee has drafted several preliminary policy statements and guidelines on professional responsibility. The drafts are presented below for your review. The Committee invites interested members to share your comments and suggested changes to the statements for the Committee's review and use in finalizing the policies. The policies will be shared with you in a future "Ethics in Practice" column, with examples to illustrate the application of the policies to pharmacy practice situations.

Feedback should be forwarded to the Ethics Advisory Committee, c/o Linda Lytle, **by 28 February**. Thank you for your input.

Workload and Working Conditions *(draft statement for discussion purposes only)*

If a pharmacist is too tired and believes it would not be safe for him or her to work longer, the pharmacist must make this known to the pharmacy manager or the pharmacy owner. Neither the pharmacy manager nor the pharmacy owner can take away a pharmacist's responsibility to exercise his or her own judgement. A pharmacy manager or owner must accept the pharmacist's decision to refuse work beyond the established work schedule.

Professional Boundaries *(draft statement for discussion purposes only)*

A patient is any individual for whom a pharmacist dispenses prescriptions and provides pharmaceutical care. The guideline applies to conduct with all patients, regardless of their consent for a pharmacist's conduct to be otherwise.

Any act of abuse or harassment of a patient, customer, staff person and/or colleague is unacceptable, and such actions may constitute professional misconduct and/or criminal offence. Ignoring harassment or abuse is equal to condoning the abuser's actions and further harming the victim. Abuse can be sexual, physical, verbal and/or emotional.

Harassment is defined as any unwelcome action, whether verbal or physical, on a single or repeated basis, which humiliates, insults or degrades, and includes harassment on the basis of race, colour, sex, religion and political affiliation, national or ethnic origin, age, mental or physical disability, sexual orientation, citizenship, creed, record of offenses, and marital or family status.

Guidelines

- ▶ Pharmacists shall not have sexual intercourse with their patients.
- ▶ When acting in a professional capacity, pharmacists shall not engage in touching of a sexual nature with their patients.
- ▶ All behaviour or remarks of a sexual nature used by pharmacists in dealing with patients shall be of a clinical nature only and appropriate to the service being provided.
- ▶ Pharmacists shall be sensitive to each patient's need for dignity, privacy and respect in all situations, including but not limited to: patient counselling, fitting for prosthesis and other physical aids, and patient home visits.

OIPC's PharmaNet Access Concerns - *Continued from page 2*

British Columbians have elected to add a keyword to their PharmaNet account. An audit record is a printout of all the activity on a PharmaNet record and includes a list of all accesses to the record.

The PharmaNet experience also suggests that it is time to review whether the legislated privacy provisions covering pharmacists are sufficient. While the College of Pharmacists is covered by the *Freedom of Information and Protection of Privacy Act*, individual pharmacists are not. Currently, pharmacists are governed only by the limited privacy protections included in the *Pharmacists, Pharmacy Operations and Drug Scheduling Act* and bylaws."

(from the OIPC Voice, October 2001, Issue 4)



Long-term Care

Contingency Medications vs Standing Order Medications

Inspectors have seen a blurring of the line between Contingency Medications and Standing Order medications in some facilities. Please be sure that both pharmacy and facility staff are clear about the differences.

Contingency Medications	Standing Orders
Contingency Medications are generally Schedule I drugs.	Standing Order medications must be over-the-counter drugs. Schedule I drugs are not permitted in Standing Orders.
Contingency Medications must be recorded on a card or sheet and charted on the MAR.	Standing Order medications need only be recorded on the resident's MAR, although some facilities use a record card as well.
Contingency Medications cannot be administered without the nurse first speaking to the physician and receiving an order.	Standing Orders, if authorized for that resident, may be administered at the discretion of the nursing staff under the criteria noted on the authorization letter.
Contingency Medications are administered in emergencies, usually at night or on weekends, until the prescriber's order can be dispensed from the pharmacy. Even if the prescriber orders only one or two doses, the order must be forwarded to the pharmacy for profiling and billing.	Standing Orders are for a few doses only, as set out on the authorization form. No order to the pharmacy is required unless the doctor is contacted about further treatment.
The Contingency Medications are the property of the pharmacy. The Contingency Box is considered to be an extension of the pharmacy, containing the pharmacy's drugs being stored at this other location.	Standing Order medications are considered to be the property of the facility.

In order to emphasize these differences:

- ▶ Contingency Medications must be labelled as Contingency Medications (or "Stat Medications" if that is the terminology used in that facility), and must be stored in a container identified as Contingency (or Stat) Medications.
- ▶ Standing Order medications (or "Nurse-Initiated Medications") must be labelled as Standing Order medications and must be stored in a container labelled as such.
- ▶ The designation used for these two categories of stock must be used consistently (in the Policy and Procedure Manual, on the lists posted in the nursing station, on the authorization forms signed by the prescribers in the case of Standing Orders, on the labels, and on the storage containers).

For more detailed information and suggestions, please refer to Bylaw 7 Sections 57 and 58, and to the applicable sections of the *Interpretation Manual for Bylaw 7* in your Pharmacy Information binder.

Community Pharmacy Corner

Narcotic Counts



Please remember to do a count of each of the narcotic drugs when there is a change in pharmacy manager.

- ◆ This count provides a baseline to work from should there be a discrepancy discovered in the future.
- ◆ The outgoing manager and the incoming manager should do the count together to ensure that they are in agreement about the stock present at that date. Each manager signs the record.
- ◆ Three copies of the record of the count should be made. One copy is kept on file at the pharmacy and a copy is kept by each of the managers.
- ◆ If it is not possible to have both managers present, the incoming manager should do a count, in conjunction with another employee, on his or her **first day** in the pharmacy. The record is signed by the manager and the other employee.

Pharmacy managers may also want to do counts at the beginning and end of each regular and locum pharmacist's period of employment.



Practitioner Restrictions And Prescriber Drug Restrictions

A new release of software, planned for implementation in February 2002, will enable Colleges to apply “prescriber drug restrictions” and “practicing status” flags to practitioner records on PharmaNet. The College of Pharmacists has collaborated with the College of Physicians and Surgeons, the College of Dental Surgeons and Pharmacare in the implementation of this enhancement.

Practicing Status

The “practicing status” flag indicates the practicing status for pharmacists, physicians and dentists and is sent to PharmaNet from the appropriate Colleges through nightly data loads.

- ▶ If a *pharmacist* is recorded as “nonpracticing,” all transactions sent to PharmaNet using that diploma number will be rejected. The following error message will be returned:
 “101-Practitioner not found”
- ▶ If a *physician* or *dentist* is recorded as “nonpracticing,” Pharma-



Net will prevent pharmacists from processing prescriptions (including refills) written by that prescriber. PharmaNet will return the following error message:

“101 – Prescriber not found”

Prescriber Drug Restrictions

This enhancement will enable the College of Physicians and Surgeons to enter prescriber drug restrictions directly on PharmaNet. Prescribers may be restricted from prescribing specific groups of drugs such as narcotics, controlled drugs or targeted substances.

- ▶ PharmaNet will prevent pharmacists from processing prescriptions written by prescribers who are restricted from prescribing specific groups of drugs. The rejected prescription will not be adjudicated by Pharmacare and will not be recorded on the PharmaNet Patient Record. The following error message will be returned:
 “174 – Transaction not processed, prescriber not authorized”

The College of Dental Surgeons will implement prescriber drug restrictions at a later date. Prescriptions from midwives, podiatrists, veterinarians and out-of-province physicians are not included in this change. Please continue to exercise diligence in verifying the appropriate prescribing status prior to dispensing prescriptions from any of these prescribers.

If problems arise with the practicing status or prescriber drug restriction, contact the PharmaNet HelpDesk. The HelpDesk can confirm the practicing status of a practitioner or the presence of a prescriber drug restriction when a prescription is rejected.

All inquiries that require verification will be logged and forwarded to the appropriate College as soon as possible. If a prescriber has specific questions related to the practicing status or prescriber restriction, refer him or her to the appropriate College.

Once this enhancement is implemented, the list of suspended, restricted and reinstated practitioners will not be published by the College of Pharmacists.

Scenarios for Practitioner Restrictions and Prescriber Drug Restrictions

If You Try To:	And:	The Prescription Or Transaction Will:	The Following Error Message Will Be Returned:
Process a prescription	The prescriber has a prescriber drug restriction	Be rejected	174 - Transaction not processed, prescriber not authorized
Process a prescription	The prescriber is nonpracticing	Be rejected	101 - Prescriber not found
Access any transaction through PharmaNet	You (pharmacist or physician) are nonpracticing	Be rejected	101 - Practitioner not found
Do a practitioner search (TIP) using the practitioner ID	The practitioner is nonpracticing	Return practitioner information with the status identified	N/A
Do a practitioner search (TIP) using the practitioner name	The practitioner is nonpracticing	Return only matching practitioners with a status of Practicing	N/A



Resource Source



◆ Health Professional Advisories on the Web

The Therapeutic Products Directorate (TPD) and the Biologic and Genetic Therapies Directorate have created a new web page listing on the TPD web site, entitled "Advisories to Health Professionals" - www.hc-sc.gc.ca/hpb-dgps/therapeut/htmleng/advhp_e.html. The page has two sections: one for messages originating from both directorates, and the second for messages prepared in collaboration with both directorates and issued by industry.

◆ Subscribe to Electronic Health Canada Notices

To obtain time-sensitive information quickly, you can subscribe electronically for: 1) Health Canada updates from the Therapeutic Products Directorate, 2) quarterly publications of the Canadian Adverse Drug Reaction Newsletter, and 3) *Dear Health Professional* advisories for therapeutic products. Go to http://www.hc-sc.gc.ca/hpb-dgps/therapeut/htmleng/mail_list.html to sign up for the Health_Prod_Info electronic mailing list.

◆ Drug Product Database

A useful drug product database is provided on Health Canada's web site - www.hc-sc.gc.ca/hpb-dgps/therapeut/htmleng/dpd.html. Check the status of a drug, check a drug's ingredients and ingredient strengths, and more.

◆ Trends 2001: The Pharmacy Report Available On-Line

Trends 2001: The Pharmacy Report, prepared by Healthcare and Financial Publishing, a division of Rogers Media, is now available on-line at www.taro.ca and www.medis.ca. The report is sponsored by Taro Pharmaceuticals Inc., and Medis Health and Pharmaceutical Services Inc.

◆ Professional Development Web Site Resource

DRUGFACTS.com, partnering with CECity.com and ContinuingEducation.com, provides several hundred hours of on-line, interactive CE programs for community, hospital and consultant pharmacists. Visit www.drugfacts.com and the "CE" tab to learn more.

◆ BC Provincial Nominee Program

The BC Provincial Nominee Program (BC PNP) supports employers facing critical skill shortages who wish to recruit or retain a foreign individual with highly specialized skills. The program is a special component of Canadian immigration which provides approved provincial nominees with permanent resident status. Immigration under the BC PNP is significantly faster than through other Canadian immigration programs. For more information, see the program web site at <http://www/pnp.mi.gov.bc.ca/>, or contact Project Manager Kerry Pridmore at kerry.pridmore@gems5.gov.bc.ca.

◆ Alternative and Complementary Therapies Brochure

The British Columbia Medical Association's Alternative Therapies & Allied Health Committee has distributed a new "Alternative and Complementary Therapies" brochure to physicians' offices. The brochure encourages patients to tell their health care providers about any alternative or complementary products/treatments they decide to use, and to talk with their physician or pharmacist for advice and guidance.

◆ Natural Medicine Resource for Patients

Although not a science-based reference for health professionals, **The Encyclopedia of Natural Medicine** (M. Murray, J. Pizzorno) may be a helpful resource for pharmacy patients. It is available at large book stores for approximately \$40.

◆ Bioterrorism Information Resources

The BC Centre for Disease Control has responded to heightened public interest in bioterrorism by providing answers on its web site to common questions about bioterrorism - <http://www.bccdc.org/epidemiology/qa.shtml>. The United States Centers for Disease Control and Prevention also provides web-based information on bioterrorism - <http://www.bt.cdc.gov/>.



Mentorship Program

- Continued from page 5

Mentees are provided with an average of five days of mentorship (e.g. one day per week for five weeks, or ten half-day periods for ten weeks). Regular follow-up takes place a minimum of every two weeks to review progress and to address any concerns and/or further support required.

Through these processes, individuals come to understand the ways they learn best, which in turn enables them to engage in continuous self-directed professional development.

The College's role is to facilitate the mentoring process and to provide support and guidance to both the mentee and mentor throughout their work together. For further information on the Mentorship Program, please contact Doreen Leong at the College Office, Tel: 604-733-2440, ext. 203, 800-663-1940, E-mail: DLeong@collegepharmacists.bc.ca.

NEW! Council 1 or Contact List

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Plan To Attend

- ▶ **Pharmaceutical Compounding Conference**
4-5 May
UBC Campus
Contact: UBC Cont. Ed.
Tel: 604-822-6485
E-mail: inger@cehs.ubc.ca
- ▶ **CPBC Council Meetings**
26 April
14 June

People News



Achievements

- ▶ The Canadian Foundation for Pharmacy has announced that UBC Doctor of Pharmacy student **Victoria Cox** (BSc. from UBC, 1996) has received a 2001 Pharmacy Studentship Award.
- ▶ **Sau Chung Chow** has been awarded the College of Pharmacists of BC Entrance Scholarship. UBC student **Erin Jennifer Neall** received the College of Pharmacists of BC Scholarship.

Announcements

- ▶ **Erica Gregory** is now serving her second term as College President. She was also elected President-Elect for a third term at the 2 November Council meeting prior to the AGM.