



## Streamlined Program Offers Choice

Following more than two years of consultation and input from pharmacists across the province, the College is ready to launch a new professional development and assessment program. "During the consultation project pharmacists told us loud and clear they need a program that is straightforward and makes efficient use of their time," says Registrar Linda Lytle.

In response, the College, working with pharmacists experienced in all types of practice, revamped the *Framework of Professional Practice* (FPP) so that it reflects the realities of daily practice. Building on the FPP, the College developed a new assessment option, the Learning and Practice Portfolio (LPP), and retained the most popular option from the B.C.A.R.E. program, the Knowledge Assessment (KA) exam.

"There are now two options instead of four, and there is no re-testing for anyone who meets the standards," says Doreen Leong, Director Assessment Programs. The College will ask every phar-

macist to complete an annual self-assessment. Once every six years, the College will ask pharmacists to choose either the Knowledge Assessment or the Learning and Practice Portfolio, based on the results of their most recent self-assessment.

"The vast majority of pharmacists will meet the standards with ease," says Doreen. "If you meet appropriate standards, you will have fulfilled all the program requirements for the six-year period." Orientation workshops to explain the FPP, LPP and KA will be held in all districts during the spring. Starting in June, the College will select half the membership to take part in the new professional development and assessment program.

"Although pharmacists are split on whether they personally feel the need for assessment, most agree the public wants and deserves accountability from health care professionals," says Doreen. Ontario has had an assessment program for the past five years, while Alberta and

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Linda Lytle, Registrar

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

Manitoba have also recently introduced assessment programs. In early 2003 NAPRA plans to announce a National Model Continuing Competence Program.

For more information about the professional development and assessment program, please contact Doreen Leong at the College. Ext 203, email: Doreen.Leong@bcpharmacists.org. You can download orientation workshop schedules and copies of the FPP and LPP from the College web site [www.bcpharmacists.org](http://www.bcpharmacists.org).

## E-Link: Choose The Mail Option That's Best For You

Starting March 2003 you can choose to receive College publications like the *Bulletin*, Council Commentary, FYI Information for Pharmacists, and legislation updates by email via your free NAPRA webmail account (see page 6, In Brief, for webmail information).

Printing and mailing publications costs the College well over \$100,000 a year. You can help the College control costs and reduce future fee increases by choosing electronic delivery for your College communications. Enclosed with this *Bulletin* is an E-link sign-up sheet explaining how easy it is to switch to email document delivery.



The College will continue to send printed copies of the *Bulletin* and other publications to pharmacies by mail. For more information about electronic delivery options, please contact Samantha Towler at the College. Ext 220, email: [Samantha.Towler@bcpharmacists.org](mailto:Samantha.Towler@bcpharmacists.org).

## Table Of Contents

News Stories	1-6
In Brief	6
Council Highlights	7
Community Pharmacy Corner	7
Committee Profile	8
Drug Updates	8
What Went Wrong?	9
Q&A	10
CPE Events	11
Plan to Attend	11
Resource Source	11
People News	12
Councillor Contact List	12



## Consultation Project Update

### Council increases CPE support

During the consultation project, pharmacists asked the College to work more closely with UBC and support the UBC Continuing Pharmacy Education Division. Council recently voted to give UBC CPE an additional \$50,000 one-time grant in the current fiscal year to ensure adequate staffing and resources. This will help UBC CPE initiate a wide range of professional development activities in addition to formal continuing education courses. This grant is part of the College's ongoing support of professional development and continuing education.

For more information please contact Janice Moshenko, Director Continuing Pharmacy Education, Faculty of Pharmaceutical Sciences, UBC, 604-822-3085, email: [janice@cehs.ubc.ca](mailto:janice@cehs.ubc.ca).

## Tobacco Survey Results Surprising

As part of its ongoing campaign to persuade the provincial government to ban tobacco products from pharmacies, the College recently wrote to every pharmacy manager in communities with only one retail pharmacy. "When we talked to government last fall, they expressed particular concern about negative economic impact in rural areas," explains Registrar Linda Lytle. "So we decided the best thing to do was to ask each rural pharmacy manager directly for their views on removing tobacco from their stores."

More than 80 percent of the 44 managers responded. "Somewhat to our surprise, we discovered that more than half these pharmacies have already banned tobacco," says Linda. "They told us the economic impact was either negligible or, at worst, short term."

When asked what strategies they used to replace tobacco revenues, pharmacy managers described a variety of tactics, including:

- ▶ Substituting higher margin health-related products in the same higher profile display space, including photo-

finishing products, film and distilled water systems

- ▶ Promoting sales of smoking cessation products
- ▶ Advertising that the store was tobacco-free
- ▶ Conducting customer surveys to determine new product lines
- ▶ Expanding home health care presence

However, managers of pharmacies that currently sell tobacco expressed strong concern that a tobacco ban could threaten the profitability of their stores. "We recognize this is a controversial issue for many pharmacy managers and owners," says Linda. "We believe prohibiting sales in pharmacies is an important step towards gaining recognition for pharmacists as an integral part of the health care team. As long as tobacco is sold in pharmacies, some people will use this situation to cast doubt upon our integrity as health care professionals."

"I want to personally thank every manager who took the time to fax us their comments. The fact that almost all of you responded helps us give government solid eco-

## NAPRA Announces Model Competence Program

Early in 2003 the National Association of Pharmacy Regulatory Authorities will announce a National Model Continuing Competence Program. Based on several years of study and development, the model is evidence-based and fully validated. It is now available for the NAPRA member provinces and territories for review and decision as to whether to adopt or adapt this model.

"This program has some excellent components," says Registrar Linda Lytle. "We will be studying ways to adapt this model to work with the College's new *Framework of Professional Practice* and our professional development and assessment program."

For more information or to view a copy of the National Model Continuing Competence Program, go to [www.napra.org](http://www.napra.org).



omic data." The information will be included in a report for the provincial government, 'The Case for Implementing a Ban of Tobacco Products in British Columbia,' available on-line at [www.bcpharmacists.org](http://www.bcpharmacists.org) under What's New.

For more information, please contact Registrar Linda Lytle at the College. Ext 201, email: [Linda.Lytle@bcpharmacists.org](mailto:Linda.Lytle@bcpharmacists.org).



## Pharmacy Technicians Speak Out

From Hope to Houston and Quesnel to Qualicum Beach, more than 300 pharmacy technicians completed the recent Community Pharmacy Technician survey. "I am pleased with the wide representation," says TechWise project leader Wayne Rubner. "Technicians from more than 56 communities participated."

Complete results are available at [www.bcpharmacists.org](http://www.bcpharmacists.org). Here are a few highlights:

Community pharmacy technician activities:

- ▶ 48% do more than 60% of the compounding in their pharmacy
- ▶ 66% do more than 60% of the measuring, counting, mixing and labelling
- ▶ 71% do more than 60% of the ordering, marking, receiving and stock pricing
- ▶ 21% do more than 60% of the reports and paperwork

"I was pleased to see that 77% of respondents agree or strongly agree that they are ready to take on more responsibility," says Wayne.

"From reading the many pages of comments I sensed that many technicians see themselves as an integral part of pharmacy practice and express desire for more training and development."

### Survey Responses

***"Pharmacy techs are an important part of the health care team."***

***"I see myself making the workplace a less stressful place for the pharmacist by taking care of as much as I can so the pharmacist is free to do her job effectively."***

***"I would like to see more training for us."***

***"It would be more cost effective to have a tech do more paperwork, compounding and receiving."***

Winners of the Community Pharmacy Technician Survey prize draw are Tara Murley from Victoria, Jinder Johal from Abbotsford and Phyllis Sikic from Kelowna. Thanks to everyone who took part in this important process.

Ultimately, Council's goal is to develop pharmacy technician guidelines for pharmacists and pharmacy managers. "Finding out exactly what pharmacy technicians do in their daily practice is an essential first step," says Wayne.

For more information on the TechWise Project please contact your District Councillor (see list on page 12.)

## Annual General Meeting Outcomes

The College's 111<sup>th</sup> annual general meeting, scheduled for 23 November 2002 in Vancouver, proceeded as an information session when the required quorum was not present at the scheduled starting time. Planned videoconference sites had to be cancelled due to insufficient registrations at the remote sites. Only one or two people registered for each of the five remote sites.

With the agreement of those in attendance, the agenda topics were presented as information items. The approval of the minutes of last year's meeting will be brought forward to the 2003 annual general meeting.

(Continued on page 7)

### What's New Big Hit

According to input recently received on the College's web site interactive survey, the most popular reasons for accessing the web site are to:

- ◆ Check out the What's New section
- ◆ Access legislation
- ◆ Obtain professional practice information
- ◆ Use the Links information

In response to your comments, the College has removed pharmacists' College diploma numbers from the site and is now looking at:

- ◆ Adding information about upcoming pharmacy conferences in B.C. and across Canada
- ◆ Providing instructions on how to use the advanced search function
- ◆ Updating and expanding links, including continuing education
- ◆ Posting new communications on the What's New, Announcement section so users know what section to access (for example: we will post FYI publications in the What's New section with direct links to the FYI page)

The interactive survey continues to be available on the web site, and the College welcomes your feedback. For more information, please contact Doreen Leong at the College. Ext 203, email: [Doreen.Leong@bcpharmacists.org](mailto:Doreen.Leong@bcpharmacists.org).



## International Prescription Service Pharmacies Must Meet Standards Of Practice Requirements

If you provide pharmacy services to residents of foreign countries, keep in mind that they must receive the same standard of pharmacy care as residents of British Columbia. The standards of practice for B.C. pharmacists are outlined in the *Framework of Professional Practice*. The Framework is available in the Information File binder or on the College web site at [www.bcpharmacists.org](http://www.bcpharmacists.org).

International prescription service (IPS) pharmacy service providers need to consider the following points:

- ▶ Prescription authorizations must be received from Canadian-licensed prescribers.
- ▶ The patient identification requirements (one primary identification document or two secondary identification documents) must be obtained prior to creating a PharmaNet patient record. See [www.bcpharmacists.org](http://www.bcpharmacists.org) (PharmaNet, Resources) for more information.
- ▶ A Personal Health Number (PHN) needs to be assigned if the patient doesn't have one, in accordance with PharmaNet requirements.
- ▶ Pharmacists must take steps to find and fix drug-related problems by reviewing each patient's complete medication history each time a prescription is prepared.
- ▶ Methods of meeting the pharmacist-patient dialogue requirements need to be developed and used for every patient service.

An updated IPS pharmacy services information package is available from the College office. Please contact Administrative Assistant Kelly Baker-Pabla. Ext 241, email: [Kelly.Baker-Pabla@bcpharmacists.org](mailto:Kelly.Baker-Pabla@bcpharmacists.org).

### Initiative to Improve Treatment of Congestive Heart Failure

A new, more effective way to coordinate services for British Columbians with congestive heart failure was the topic of the Congestive Heart Failure Collaborative conference held in November 2002.

Participants discussed implementing recommendations in the recent report, "Improving Chronic Disease Management: A Powerful Business Case for Congestive Heart Failure." The report, produced by the ministries of Health Planning and Health Services and Healthy Heart B.C., proposes a new, integrated team approach to treating and managing chronic heart failure. This will help create a comprehensive, evidence-based approach.

The multi-phase Collaborative initiative is bringing together physicians, nurses, administrators and other health service providers from across B.C. to look at new ways to manage resources for those with chronic heart disease. An estimated 41,000 British Columbians suffer from chronic heart disease, and studies suggest that at least another 40,000 cases are undiagnosed.

Visit the government web site [www.healthservices.gov.bc.ca/cdm/cdmnbc/congestive\\_plan.pdf](http://www.healthservices.gov.bc.ca/cdm/cdmnbc/congestive_plan.pdf) to view the report and learn more about the Congestive Heart Failure Collaborative initiative.

## First Oral Exam By Age Of One

Early Childhood Caries (ECC) is one of the most common chronic childhood diseases of infancy with potentially adverse effects on the general health of children. Treatment of ECC is the number one reason for children undergoing general anaesthesia in most regions of North America. ECC is preventable and easily manageable when diagnosed early.

Early evaluation of children with ECC will allow for timely intervention, interceptive or definitive treatment, and preventive anticipatory guidance in the future. Preventive strategies, such as diet modifications and use of xylitol containing chewing gum, may start prenatally, and have been shown to be effective in improving mother's oral health and delaying the transfer of mutans streptococci to the infant. Dietary modifications and use of fluoride varnishes have been shown to be beneficial in intercepting the caries process when diagnosed early. For medically compromised children who may be at higher risk of developing dental dysplasia and caries, anticipatory guidance may be the most effective preventive strategy.

Therefore, it is imperative for health professionals to be aware that all national regulatory bodies strongly recommend that the first oral exam be conducted within six months after the eruption of the first tooth or by the age of one. If treatment is required, reasonable options for the management of the disease should be offered to the parent. A broad range of treatment options may be considered, including definitive restoration of the carious teeth with the use of conscious sedation or general anaesthesia.



## Discipline Hearing Conducted

A Discipline Hearing was conducted on 2 August 2002 to inquire into the conduct of Grant Rowley (diploma 4016), manager of Gonzales Pharmacy in Victoria, B.C. The Citation against Mr. Rowley alleged twenty-one separate infractions, several of which contained multiple contraventions.

Mr. Rowley acknowledged that his conduct breached section 43(1) of the *Act* when he obstructed a College inspector attempting to carry out the normal course of her duties at Gonzales Pharmacy on or about 12 April 2000. Section 43(1) of the *Act* states:

A person must not mislead, obstruct, harass or physically or verbally abuse the Registrar or an inspector appointed under section 40 or 68 in the lawful performance of duties or exercise of powers under this *Act*, the regulations or bylaws.

Mr. Rowley also admitted to the twenty other counts. Those of most significance include the following deficiencies noted over four or five years:

In January 1999 Mr. Rowley knowingly submitted a false Inspection Reply Form to the College advising that practice deficiencies had been corrected when they had not;

From 1997 to 2001 he failed to have current reference materials in his pharmacy library;

On five separate occasions, he allowed outdated prescription drugs to be stocked on his dispensary shelves;

On four separate occasions the compounding area was found to be in an unclean, cluttered and unhygienic condition;

On five separate occasions, the prescription files were not maintained in accordance with generally accepted standards of pharmacy practice;

On five separate occasions, prescriptions were either inappropriately labelled with incorrect information about the brand of product being dispensed or had no pharmacy label at all;

On four separate occasions, prescription information about patient allergies was not transmitted to the PharmaNet database.



The Discipline Panel noted that several of the deficiencies relate to issues that have direct health and safety concerns for patients. Each of these complaints when considered in isolation may appear to be a minor violation, however the Panel considered the pharmacist's overall conduct. Significant effort was made by the College to assist Mr. Rowley in modifying his practice to meet the requirements of the *Act* and Bylaws. In spite of these efforts, over a span of approximately five years, the pharmacist's practice remained largely unchanged. The panel noted that these problems persisted over a significant length of time, over a number of separate inspections and in spite of remedial assistance provided by the College.

In considering whether the pharmacist's conduct was negligence, incompetence or professional misconduct, the Panel stated that the pharmacist's repetitive conduct over a significant time frame could only be described as a blatant disregard for the provisions of the *Act* and the Bylaws of the Council of the College of Pharmacists of British Columbia. Therefore, the pharmacist's conduct was described as professional misconduct rather than simply negligence.

In assessing the penalty the Panel stated their hope that Mr. Rowley's involvement in this discipline process would have a sobering effect on him. The Panel advised him to familiarize himself with his pharmacy computer software and to make more effective use of pharmacy technicians to deal with duties that he is permitted to delegate. They also noted that the practice of pharmacy is a constantly changing profession and Mr. Rowley needs to keep abreast of these changes. The penalty assessed was:

1. A fine of \$20,000.00 plus costs and disbursements not to exceed \$7,500.
2. Mr. Rowley must undergo a College Inspection without any repeat deficiencies by 15 December 2002.



## Should I Give My Child Fluoride Supplements?

This is a common question asked by parents of young children. There is conflicting advice on this subject in the various information sources available to parents and health professionals. The fact that recommendations are different in Canada versus the United States is particularly confusing for parents accessing the Internet or reading publications from south of the border.

The Canadian Dental Association (CDA) (March 2000) makes the following recommendations:

"The use of fluoride supplementation before the eruption of the first permanent tooth is generally not recommended. When, on an individual basis, the benefit of supplemental fluoride outweighs the risk of dental fluorosis, practitioners may elect to use these supplements at appropriate dosages on younger children. In doing so, the total daily fluoride intake from all sources should not exceed 0.05-0.07 mg fluoride/kg body weight; and

Following the eruption of the first tooth and the associated decrease in the risk of dental fluorosis at this stage of development, fluoride supplements in the form of lozenges or chewable tablets may be used to deliver an intra-oral fluoride dose."

The CDA goes on to say that fluoride supplements are only required for patients at high risk for tooth decay and may be unnecessary if the patient is receiving adequate fluoride from other sources. A Canadian Consensus Conference on the Appropriate Use of Fluoride Supplements for the Prevention of Caries in Children (1997) suggested that high caries risk individuals or groups may include those who do not brush their teeth (or have them brushed) with a fluoridated toothpaste twice a day. Others may be assessed at high risk because of community or family history of tooth decay.

### Bottom Line

Fluoride supplements are not recommended routinely. The first step in reducing a child's risk for tooth decay is to implement twice daily brushing with an appropriate amount of fluoridated toothpaste (see November/December 2002 *Bulletin* article).

A child's dentist is in the best position to determine the child's risk for tooth decay and may recommend supplements even if the child is younger than the age when permanent teeth begin to erupt (around 6 years).

However, when recommending fluoride supplements for a child of any age, the factors mentioned above must be considered in determining the appropriate dose. Exposure to more fluoride than is necessary to prevent tooth decay can cause dental fluorosis, particularly in children under the age of six.



## In Brief

### ▶ **NAPRA Makes Webmail Easier**

NAPRA recently switched to a more flexible email system. New software allows you to forward messages to your personal email box.

Please check your NAPRA email box to obtain instructions on how to set up your personal options and for new messages. If you have not yet set up a mailbox on this system and need help, please contact Melva Peters, PharmaNet Coordinator, at the College. Ext 223, email: [Melva.Peters@bcpharmacists.org](mailto:Melva.Peters@bcpharmacists.org).

### ▶ **Additional Hospital Pharmacy Residency Site**

The September/October 2002 *Bulletin* included an article on the 2003 Hospital Pharmacy Residency Programs. Since that publication the Prince George Regional Hospital has become a new residency site for a June 2003 start date. For further information, please see [www.ubcpharmacy.org/residency](http://www.ubcpharmacy.org/residency).

### ▶ **Drug Inventory Invoices Need To Be Retained for Three Years**

Please ensure that your pharmacy retains drug inventory invoices for Schedule I drugs and Controlled Drug Substances (including narcotics and benzodiazepines) for at least three years. Bylaw 32(3) requires that the invoices be maintained so that incoming inventory and outgoing inventory (as documented by prescription hard copies) can be accounted for in case a formal audit is required.

If you transfer Schedule I inventory to another pharmacy, a record needs to be kept of the transfer. It is no longer necessary to maintain drug inventory invoices for Schedule II and III drug products.

### ▶ **New Community Pharmacy Reference Library List Approved**

The Community Pharmacy Advisory Committee has streamlined the reference library list and has expanded the range of acceptable editions for some of the publications. The format has been revised to make it easier to find all the important information.

You can view the new list on the College's web site at [www.bcpharmacists.org](http://www.bcpharmacists.org). Click on Resources, then select Community Pharmacy Resources, followed by Community Pharmacy Reference Library List. There is also a list of suppliers and their contact information.

If pharmacists know about other references that should be considered for the various categories, please contact Elizabeth Winter at the College. Ext 242, email: [Elizabeth.Winter@bcpharmacists.org](mailto:Elizabeth.Winter@bcpharmacists.org).



## Council Highlights

The Council of the College of Pharmacists of B.C. met in Vancouver on 22 November. A number of important policy decisions and legislative recommendations were finalized.

### Centralized Prescription Processing

In response to requests from College registrants and other interested stakeholders, the Council considered a proposal to permit centralized prescription processing (sometimes referred to as “central fill”). The new policy is available on the College’s web site at [www.bcpharmacists.org](http://www.bcpharmacists.org) under Legislation (click on Provincial Legislation, then Council Policies).

Centralized prescription processing allows pharmacists to take advantage of the speed, accuracy and efficiency of proven automated dispensing equipment at a remote site. This enables the local pharmacists to spend more time finding and fixing drug-related problems and communicating with their patients.

One of the most important aspects of using technology in dispensing prescriptions is a reduction in medication errors. The use of bar coding, for example, has been shown to reduce the error rate to 1 error per 3 million prescriptions from 1 in 300 using manual data entry.

The complete patient record must be maintained by the local pharmacy. The record at the central processing pharmacy contains only the information required to complete orders that are processed at that location.

### TechWise: Enhancing the Role of Pharmacy Technicians

Councillors participated in a half-day workshop to develop tools to assist pharmacists and pharmacy managers with assessing the capabilities of pharmacy technicians at the time of hiring and to help expand the role of currently employed technicians.

### Professional Development and Assessment Program

A detailed update on the new continuing competency program was presented. The Board of Examiners and the Learning and Practice Portfolio committee members have been working during the past year to create a new program that will address the concerns expressed previously by pharmacists. The new program is much simpler, but still offers a choice of tools. Further finetuning will be done in the next two months, and the program will be finalized at the January Council meeting.

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### Annual Meeting - *Continued from page 3*

The College’s auditor, Tony Crerar of Grant Thornton LLP, presented a summary of the audited financial statements. The statements had been reviewed and approved earlier by both the Audit Committee and the Council of the College.

The President highlighted her annual report, and the Registrar provided updated registration and licensure statistics. The group paid tribute to registrants who had passed away since the last annual general meeting.

The President presented the Fifty-Year Practice Award to Jim Jackson of Princeton, who attended the meeting, and to Addie Hamm and Steve Juba in absentia. The award was presented earlier to Kerry Park and Holly Ready at the B.C. Pharmacy Conference awards banquet. Gianni Del Negro and Janet Webb were present to receive their Certificates of Recognition.

One previously circulated resolution calling for Council to exempt conscientious objector pharmacists from compliance with Value IX of the Code of Ethics was defeated after a period of debate.

## Community Pharmacy Corner



### Manager’s Community Pharmacy Audit

The Manager’s Audit was distributed in early January. The Audit is intended to serve as a quality assurance tool to help managers examine their pharmacies and pharmacy practices and to alert them to areas for improvement before problems develop. The College encourages managers to review the Audit with other staff members to ensure they are aware of the policies and procedures the manager has in place. It is also an opportunity for staff to offer suggestions for changes that might enhance the pharmacy’s current practice. If you have not yet seen the Audit, please speak to your manager.



## Inquiry Committee Safeguards Standards

Pharmacists who serve on the College's Inquiry Committee know that no pharmacist sets out to make a mistake. "People shouldn't be afraid they will lose their license because there was an error," says Allen Jang, Pharmacy Manager at London Drugs in Brentwood Mall. "The perception is that we hold a stick over people's head. The opposite is true. We're here to help solve problems."

The Inquiry Committee deals with about 140 complaints received annually by the College, mostly from the public and mostly relating to dispensing errors. Allen estimates 98% of complaints are solved through a letter of explanation to the client and advice to the pharmacist. Generally only about one complaint a year is serious enough to send to the College's Discipline Committee.

The Inquiry Committee resolves most complaints within three months by asking the pharmacist involved to provide written documentation and a description of their recollection of events or their usual practice. When it is clear the pharmacist has identified steps to prevent a recurrence, the committee accepts the pharmacist's statement, notifies the complainant and closes the file.

"Pharmacy is a precise profession. Errors do occur," says Allen, who has been a member of the committee for three years. "The way we look at it is to find out how the error happened, how we can solve the situation and how we can make sure it doesn't happen again." Key cases are highlighted in the *Bulletin's* "What Went Wrong" column.

### Inquiry Committee

Amin Bardai  
Linda Bryan  
George Budd  
Gordon Eddy  
Allen Jang  
Betty Nielson  
Barbara Thompson

For more information about the Inquiry Committee, please contact any of the committee members or check out the College web site at [www.bcpharmacists.org](http://www.bcpharmacists.org).

## Methotrexate Overdose Alerts

The Institute for Safe Medication Practices (ISMP) has received a number of reports of accidental daily administration of oral methotrexate where weekly dosing was intended. Some reports have resulted in fatalities.

The use of methotrexate is well established in oncology. The drug CAN be prescribed daily for some indications in oncology. When used in the treatment of autoimmune disorders such as rheumatoid arthritis or inflammatory bowel disease, however, the drug is usually administered once or twice a week.

Because of the potential for fatalities from errors with oral methotrexate, it should be considered a high alert medication. A few of the safeguards that ISMP recommends to reduce the risk of an error when oral methotrexate is provided are:

- ▶ Ensure you know the indication for the medication. If the patient cannot tell you or is not available, speak directly with the prescriber to determine the indication, verify the proper dosing schedule, and promote appropriate monitoring.
- ▶ Talk to the patient and ensure they understand their dosage schedule.
- ▶ If you provide written drug information leaflets ensure that they contain clear advice about the patient's weekly or twice a week dosing schedule.
- ▶ Explain to patients that taking extra doses is dangerous and that the medication should not be used "as needed" for symptom control.

## Drug Updates

### ◆ Sound-Alike Warning

The manufacturers of **Seroquel**<sup>®</sup> and **Serzone-5HT<sub>2</sub>**<sup>®</sup> are warning health professionals of potential serious medication errors resulting from confusion between these two sound-alike medications.



### ◆ Amiodarone

**Amiodarone products** are now interchangeable. They were removed from the list of noninterchangeable drugs in November 2002.



## What Went Wrong ?

A patient was prescribed Lariam (mefloquine) for malaria prophylaxis. The pharmacist labelled and dispensed the prescription with Lamisil (terbinafine). When the pharmacist discussed the medication with the patient she was very clear in stating that the drug was used for malaria. The pharmacist did know that Lamisil is an antifungal agent and Lariam is for the treatment and prophylaxis of malaria. Somehow, in this one moment, she believed that Lamisil was Lariam. When she conducted the final check of the product, and even when she was talking to the patient, she continued to believe that she was giving the patient the right drug.

A prescription for acebutolol 10 mg "twice a day for hypertension" was labelled and dispensed with allopurinol 100 mg "twice a day for hypertension." Later when asked, the pharmacist stated that of course he knew that allopurinol was not used to treat high blood pressure, but at the moment the prescription was prepared, the pharmacist thought it was correct.

A prescription for digoxin 15 micrograms twice a day for a baby was labelled and dispensed with 150 micrograms twice a day. The pharmacist was very familiar with pediatric prescriptions for digoxin and knew that 15 micrograms twice a day was the appropriate dose. Even as he instructed the family on how to use the dropper to administer the 150 micrograms dose, he did not recognize the error.

The vast majority of dispensing errors reviewed by the Inquiry Committee are situations in which the prescription is interpreted and labelled correctly, but the incorrect medication is put in the vial. These errors can be avoided by ensuring that the DIN on the manufacturer's stock bottle matches the DIN on the label, and by visually inspecting the contents of the vial at the time of the final check and when discussing the medication with the patient.

The three incidents highlighted here are more difficult to address. Human factors experts believe that these kinds of incidents are a result of "confirmation bias."<sup>1</sup> Simply put, once your brain has decided what the prescription is for, in your next checking steps, you are most likely to believe information that supports that decision. That means that it can be very difficult to view the prescription any way other than how you first saw it. Look-alike or sound-alike drugs can often be implicated in cases of confirmation bias.

Steps to reduce this kind of error are difficult to identify. Some ideas include:

1. Review printed patient information with the patient while they are at the dispensary. Encourage patients to review the material when they get home and contact you if they have questions. In two of the three cases identified here, the patient information would not have supported the patient's diagnosis, and would have raised questions.
2. When conducting the final check, first examine the written prescription and 'set in your mind' how the label should read. If you check the product the other way, reading an incorrect label first might 'set in your mind' that the label is correct.
3. Whenever possible have a second person involved in the dispensing process. If that is not possible, be sure that you step away from a prescription and try to clear your mind before conducting the final check. Adopt the attitude that there is something wrong with the label and it is your job to find the problem.
4. Affix "name alert" stickers in areas where look-alike or sound-alike drugs are stored.
5. Store look-alike or sound-alike drugs in different locations with shelf labels to indicate where the product has been moved.
6. Change the appearance of product names on computer screens if possible. For example if the computer listed LaRIAM and LaMISIL the differences between the two drugs might be more evident.<sup>2</sup> Unfortunately, many pharmacy software programs will not be able to accommodate this kind of mixed case lettering.

<sup>1</sup> Institute for Safe Medication Practices (ISMP) Medication Safety Alert, November 2002; 1 (3):3

<sup>2</sup> Institute for Safe Medication Practices (ISMP) Medication Safety Alert, September 2002; 1 (1):1



*This Bulletin column features frequently asked questions  
by pharmacists contacting the College's  
OnCall Pharmacist Information Line  
- 1 800 663 1940 -*

**?** May I transfer a prescription to another pharmacist via facsimile?

**A** Yes, pharmacist-to-pharmacist communication of prescription transfers (for other than narcotics and controlled drugs) may be completed by facsimile transmission. However, along with the other required documentation, the fax must include:

- (a) the name of the transferring pharmacist
- (b) the address of the transferring pharmacy
- (c) the name of the pharmacist requesting the transfer

The receiving pharmacist is responsible for ensuring the authenticity of the transmitted prescription.

**?** Is it necessary to obtain approval from Health Canada prior to destroying Targeted Substances such as benzodiazepines?

**A** Prior approval from Health Canada is not required to destroy Targeted Substances such as benzodiazepines. However, records including the name, strength per unit, and quantity of the Targeted Substance destroyed must be kept for three years. The destruction must render the product unusable, and it must be witnessed by another health care professional. An exemption is made for hospital practice where a hospital employee, who is a health care professional, may destroy an opened ampoule containing amounts of a Targeted Substance without a witness.

**?** May a physician leave a verbal prescription authorization on my pharmacy's answering machine?

**A** Yes, a pharmacist may receive verbal prescription authorizations either directly from a practitioner or from a practitioner's recorded voice message.

**?** Is it permissible for a pharmacist to accept a refill authorization when the practitioner only states "Please refill Rx #123456?"

**A** No, the directive from a prescriber to repeat a prescription must identify the patient, the drug, and the quantity to be dispensed.

**?** I am going to begin dispensing methadone in my pharmacy. Do I need to inform the College?

**A** No, you do not need to inform the College. However, you may wish to inform the College of Physicians and Surgeons of B.C. Physicians often contact them in order to find out which pharmacies may be available to dispense methadone to their patients.

**?** What schedule is Aerius®?

**A** Desloratadine is listed in Schedule III. As a result, Aerius® may be sold from the self-selection Professional Products Area of a licensed pharmacy.



## Northwest CPE Conference

British Columbia's only regional continuing education conference kicks off on 26 April. Organized by CPE Regional Coordinators Denise Law and Kimberley Sentes, the purpose of this conference is to make continuing education more accessible to pharmacists in central and northern B.C.

Planned topics include:

- ▶ Depression
- ▶ HRT
- ▶ Prostate
- ▶ Antibiotics
- ▶ New uses for old drugs

Registration for the two-day event is expected to be \$75 and includes a lunch and information update hosted by the College. For more information please contact Denise Law, 250-615-5151, email: wesanddenise\_law@telus.net or Kimberley Sentes, 250-632-6177, email: ndk@northerndrugs.com.org.

### 17th Annual NW BC Pharmacy Conference

26 & 27 April 2003  
Best Western Terrace Inn  
Terrace, B.C.

## Update Your Knowledge

Hear the latest information about important pharmacy topics at the 14<sup>th</sup> annual Update 2003. Sponsored by the UBC Alumni Pharmacy Division and UBC CPE, this one-day conference brings new information to community and hospital pharmacists.

**Update 2003**  
**Saturday, 1 February**  
**8:30 am - 4:45 pm**  
**Forestry Sciences**  
**Centre building**  
**UBC Campus, Vancouver**

For more information please contact Janice Moshenko, Director Continuing Pharmacy Education, Faculty of Pharmaceutical Sciences, UBC, 604-822-3085, email: janice@cehs.ubc.ca.

- ◆ HRT - have we really heard the final word?
- ◆ Osteoporosis - using the available evidence to make specific recommendations about BMD testing and treatment
- ◆ Moving ahead in Parkinson's disease
- ◆ Addiction Medication: Opioid substitution therapy for opioid dependence relapse prevention
- ◆ Methadone maintenance case studies
- ◆ CFC-free inhalers - making the transition
- ◆ Multiple sclerosis, the disease of the unknown

## Resource Source



**New ISMP Safe Medicine Publication**  
The Institute for Safe Medication Practices (ISMP) now has a two-page Safe Medicine publication for patients. There will be 12 issues per year, at a cost of \$12 US per subscription for up to 1000 subscriptions. ISMP can work with subscribers to use your own organization's letterhead on each publication. The first issue can be viewed at [www.ismp.org/ConsumerArticles/Issues/premier.pdf](http://www.ismp.org/ConsumerArticles/Issues/premier.pdf).

## Plan To Attend

- ▶ **Cancer Rehabilitation: Myths and Realities**  
28-29 March  
Coast Plaza Hotel, Vancouver  
Info: [www.interprofessional.ubc.ca](http://www.interprofessional.ubc.ca)  
604-822-0054



- ▶ **CPBC Council Meetings**  
31 January  
2 May  
20 June



## Council or Contact List

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## People News



### Announcements

► Councillor **Wayne Rubner** has been elected to the position of President-elect for the coming year. He will become the President at the next annual general meeting in 2003.

► **Marge Gardner**, Administrative Manager for the College since 1980, has announced her retirement to take effect at the end of February 2003. We thank her for her dedication and expertise during her term of service.

### Achievements

► A retirement dinner was held for **Dr. Frank Abbott**, Faculty of Pharmaceutical Sciences Professor and Dean Emeritus. The College President, Registrar, several Councillors and staff attended. President Erica Gregory presented a Certificate of Recognition to honour Dr. Abbott's six years of service as Dean on the College Council.

► The Whitehall-Robins Bowl of Hygeia was awarded to **Dale Dodge** of Oliver in recognition of his outstanding community service.

► Numerous awards were presented at the B.C. Pharmacy Conference in fall 2002:

- CPBC Certificate of Merit

Dr. Aslam Anis  
 Colleen Brady  
 Caroline Chin  
 Derek Daws  
 Gianni Del Negro  
 Derek Desrosiers  
 Mohamed Dewji  
 Dr. David Hill  
 Rose Lee  
 Stephanie Leong  
 Ada Leung  
 Alza Pang  
 Sandy Posnikoff

Rubina Sunderji  
 Peggy Tam  
 Dr. Brian Taylor  
 Tinka von Keyserlingk  
 Janet Webb  
 Dr. Jim Wright  
 - CPBC Fifty Year Practice Award  
 Adaline Hamm  
 James Jackson  
 Stephen Juba  
 Kerry Park  
 Holly Ready  
 - BCPhA Certificate of Recognition  
 - Distinguished Service  
 Derek Daws  
 William Heese  
 Linda Lytle  
 Gordon Sauder  
 - BCPhA Certificate of Recognition  
 - Service  
 Colleen Brady  
 Derek Desrosiers  
 Dr. Brenda Osmond  
 - BCPhA Ben Gant Innovative  
 Practice Award - Michael Ortynsky  
 - BCPhA Honorary Member  
 Louanne Twaites  
 - BCPhA Past President's Award  
 Geoffrey Squires  
 - BCPhA New Horizons Award  
 Roohina Virk  
 - Future Leaders Award  
 Anton Chau  
 Carolyn Cheung

► **Magda Kowalska** has received the College of Pharmacists of B.C. Entrance Scholarship. **Wilson Wai Shun Li** was awarded the College's Scholarship.

### In Memoriam

► Council regrets the passing of **Richard (Dick) Lingard** of Cranbrook and former College President **Barbara Appleton** of North Vancouver. Barbara was a Councillor from 1995 to 2000, and her presidential term was 1998-99.