



Council Proposes Pharmacy Tobacco Sales Ban



The Council of the College has taken steps to prohibit the licensure of pharmacies which sell tobacco products or which are located within establishments that sell tobacco products. The absolute ban will be effective on 1 July 2004 (pending the approval of the necessary legislation).

The Council also decided that if the Minister of Health enacts legislation to further the concepts included in the 1998 submission entitled "A Proposal to Prohibit the Sale of Tobacco Products by Pharmacies," it (the Council) would be prepared to advance the 2004 deadline.

The decisions were made at the June meeting of the Council. Having decided to prohibit the licensure of new pharmacies located in establishments which sell tobacco products beginning on 1 June 2000, the Council had turned its attention to the longer term.

The Council's appointed task group presented seven additional options for consideration. One of the task group's suggestions was that further efforts be made to promote the ideas included in the 1998 submission to the Health Minister entitled "A Proposal to Prohibit the Sale of Tobacco Products by Pharmacies." Other suggestions were that the College develop a comprehensive smoking cessation program for use by its members when they interact with consumers, that a public relations program be initiated to communicate the College's stepwise program to interested stakeholders, or that advertising and display restrictions be considered.

However, the Council decided that the proposals for enhanced pharmacy services, along with the other components of the April 1998 submission, have the potential to greatly benefit the public. Additional efforts will be made to promote the proposals, with the anticipated assistance of the B.C. Pharmacy Association.

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

Trial Change To Panel Assessment Dates

Council has made a trial change to the College's upcoming panel assessment schedule, omitting the February 2000 assessment and asking those who want to be licensed before June 2000 to sit the October 1999 assessment. The high development costs of each panel assessment, and the scheduling of ¹³C.A.R.E. activities in early March 2000 were factors in this schedule change.

In making this decision, careful consideration was given to members' needs. On average, seven candidates register and start working in the rural areas after February panel assessments. Therefore, the assessment sitting of least demand and impact on members was selected for trial cancellation. Effort will be made to schedule the two remaining panel assessments (currently mid-October and early June) at even intervals in the calendar year to best accommodate candidates and address all region's needs for registered pharmacists. The College will monitor any impacts from the schedule change, and make necessary date adjustments in subsequent years to maximize the effectiveness of the panel assessment schedule.

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Federal Status Of Ephedrine

The sale of ephedrine-containing products in Canada is governed by provincial and federal legislation. The provincial drug schedules currently place "ephedrine and its salts as a single entity for oral use" in Schedule 1. Therefore, single-entity ephedrine products require a prescription as a condition of sale. The sale of products containing ephedrine in combination with other active ingredients is not prohibited by provincial legislation. However, the federal government has only approved ephedrine, as a nonprescription drug, for use as a nasal decongestant.

Ephedrine-containing products approved for sale in Canada by Health Canada will have a DIN on the label. Additionally, the labels will display only one indication: for use as a nasal decongestant. Approved ephedrine products will also display the following warnings on the label:

- ◆ Do not exceed recommended dosage or take for more than 7 days except on advice of a physician.
- ◆ Consult a physician prior to use if you have heart or thyroid disease, high blood pressure, diabetes, glaucoma, difficulty in urinating or if you take any prescription drugs.
- ◆ Do not take if you are currently taking (or recently took) MAO inhibitor drugs.

When the amount of ephedrine per dose exceeds 11 mg (or daily dose exceeds 32.5 mg), a warning must be added to the inner and outer labels that the product is to be used on the advice of a physician, and the advertising shall be limited to the name, price and quantity of the drug. The product may not be promoted in any other manner.

Products containing ephedrine in combination with other active ingredients, which promote other indications for use or which do not display the proper warnings are not approved for sale in Canada. Pharmacists should check their Professional Products Area shelves for unapproved products.

(Reprinted from the Nova Scotia Pharmaceutical Society newsletter.)

Year 2000 Availability Fears

A series of national meetings are being held to address pharmacy associations' and drug manufacturers' concerns that pharmacies and consumers may hoard drugs in anticipation of 1 January 2000. This may be a legitimate concern given that the American Red Cross' Year 2000-preparedness advice suggests people have an ample supply of prescription medications and nonprescription remedies prior to 31 December 1999.

Pharmacy and consumer unease about supplies could create the very shortage they are concerned about. Stockpiling of medications could result in inventory shortages in early 2000. Manufacturers are confident they are Year 2000 compliant and that any potential Year 2000 problems (e.g. computer failures in the manufacturing, ordering and delivery systems) will not result in a shortage of medications. They believe sufficient supplies of drugs will be available at the start of 2000, and will not increase their production to meet extra demand.

The Canadian Pharmacists Association (CPhA) has met with manufacturers of prescription and nonprescription drugs and other industry associations to discuss the issue. They have agreed that education about not hoarding medications is essential for consumers, prescribers, and pharmacists and their staff.

Pharmacists have a responsibility to understand the problems that could result from stockpiling medications and to ensure that all staff have the same awareness. It is also important that pharmacists reassure their patients that the pharmacy will be there for them on 1 January 2000, help them understand the potential difficulties arising from stockpiling, and discourage them from hoarding. Experts say that, even if there are some significant problems because of Year 2000, consumers do not need more than a two-month supply of drugs. Patients should therefore be advised to "have only a reasonable amount of medications on hand."

The CPhA will be developing public awareness materials and working with the media to help educate Canadians about the issue. The association will also be contacting prescribers' professional organizations about its concerns. Watch future issues of the *Bulletin* for updates on these and other efforts to address potential Year 2000 medication stockpiling.





National Model Licensing Program Takes Shape

The National Association of Pharmacy Regulatory Authorities (NAPRA) is developing a national model licensing program (NMLP) to assist in accommodating the interprovincial movement of pharmacists. The program is based on entry-to-practice competencies adopted in 1997.



Three new modules have been approved for the NMLP:

- ◆ Language fluency requirements of licensure as a pharmacist in Canada,
- ◆ Pharmacy jurisprudence competencies for licensure as a pharmacist in Canada, and
- ◆ A framework for assessing Canadian pharmacists' competencies at entry to practice through structured practical training programs.

NAPRA recommends that these modules be adopted and implemented by provincial licensing organizations prior to 01 July 2001.

Addressing Substitution Errors

The Institute for Safe Medication Practices shared the following case with its subscribers. When typing prescription directions for a baby, a pharmacist accidentally touched the letter "F" key instead of the adjacent "G" key. As a result, the prescription label incorrectly read "Five 1/4 teaspoonful of dextromethorphan-containing qid" instead of "Give 1/4 teaspoonful qid." Fortunately, the baby's father questioned the directions as he was giving the first dose. A call to the pharmacy clarified the error.

Substitution errors like this one can only be discovered when proper check systems are in place to review computer orders. This is best accomplished by having the original prescription and the typed label accompany one another throughout the dispensing process, thus allowing several checkpoints. Likewise, discussing the label directions with the patient or family member at the time of dispensing can help detect this type of error. Both patient and dispenser have an opportunity to discuss how the product is supposed to be used, making it easy to realize that "five 1/4 teaspoonful..." (which could be erroneously interpreted either as a 5 x 1/4 teaspoonful or 5 and 1/4 teaspoonfuls) does not make sense.

Adding verbs to prescription directions (e.g. "give" and "take") can lead to other types of errors. For example, prescription directions for a coal tar bath preparation that read "take four capfuls in bath" led to a patient swallowing concentrated coal tar solution intended for dilution in the bath water. If verbs are to be added, make certain they are necessary for correct interpretation of the directions.

Council Highlights

The Council of the College of Pharmacists of B.C. met at College Place on 18 June 1999, and a number of important policy decisions were made.

- ▶ A proposed model national licensing program, developed by the National Association of Pharmacy Regulatory Authorities (NAPRA) (see adjacent article), was reviewed and endorsed in principle by the Council, with suggestions that NAPRA give further consideration to the language proficiency standard setting procedures and to proposed exemptions for language proficiency testing.
- ▶ A draft Mutual Recognition Agreement (MRA) with other provinces to facilitate labour mobility between the provinces was approved in principle. The MRA group will be asked to consider interim measures to address continuing competency concerns when one province has an active quality assurance program and another province has not yet implemented a program. It is anticipated that all provinces will implement quality assurance programs in the next few years.
- ▶ There was further discussion about the sale of tobacco products by pharmacies, and a decision was made to prohibit the licensure of any pharmacy located in an establishment which sells tobacco products, beginning on 1 July 2004, or earlier if certain steps are taken by the Minister of Health. Further details can be found on page 1.
- ▶ An earlier decision to withhold the distribution of members' contact information to selected organizations was reconsidered in conjunction with the receipt of additional legal advice. The distribution will now be permitted (with strict confidentiality guidelines) to three organizations which provide continuing education activities and events for College members.

(Continued on page 8)



Drug Updates



- ◆ **Correction** - The May/June *Bulletin's* Drug Updates discussed the use of **ibuprofen** in patients with Hepatitis C virus. Paragraph 2, sentence 3 should read as follows: "No cases of hepatic injury.....when taking \leq 2 g/24 hours of acetaminophen."
- ◆ **Airomir™** is the first chlorofluorocarbon (CFC)-free salbutamol metered dose inhaler to be marketed in Canada. The active ingredient in Airomir is the sulfate salt of salbutamol, while the active ingredient in **Ventolin®** and generic CFC-containing salbutamol inhalers is salbutamol base. Because these products contain different salts they are considered noninterchangeable.
- ◆ The Drug Advisory Committee recently conducted a review of **levothyroxine products** and determined that they should continue to be noninterchangeable.
- ◆ All **micronized fenofibrate products** of the same strength are interchangeable.
- ◆ All **enteric-coated divalproex sodium products** of the same strength are interchangeable.
- ◆ **Oxipor Lotion** contains 40.8% coal tar solution (20% coal tar), therefore it has approximately 8.2% coal tar. Because of this, it is a Schedule 2 product.
- ◆ Pharmacists should take note of the following sound-alike, look-alike drug names:
 - **Prandase®** and **prednisone**
 - **Androcur®** and **Andriol**
 - **Celexa®** (citalopram), **Celebrex™** (celecoxib), and **Cerebyx®** (fosphenytoin). Confusion may be reduced between the three products by encouraging physicians to include the drug's indication when prescribing these products; adding an alert to the pharmacy computer to remind pharmacists to verify the patient's diagnosis; and limiting verbal orders to emergency situations, spelling the name back to the prescriber, and confirming the drug's indication with the prescriber.

(Continued on page 6)

In Brief



► **Pharmacist Purchases of Prescription Medications for Personal Use**

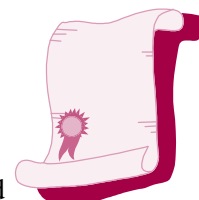
The College reminds pharmacists of its proposed bylaw that "a pharmacist must not sell or dispose of a drug specified or referred to by category in Schedule 1, except for an inventory transfer to a pharmacy by order of a pharmacist." This bylaw has been approved as Council policy for the interim period until the proposed bylaws receive government approval, anticipated for Fall 1999.

► **Cyclamates and Saccharin Distribution**

Cyclamates and saccharin are not in this province's Drug Products Distribution Requirements list, however they are covered in the regulations of the *Food and Drugs Act*. Part E of the Act states that "No person shall sell any saccharin sweetener to the general public except on the premises of a pharmacy" (presumably the 30-foot area).

► **Entries Sought for the 1999 Commitment to Care Awards**

The journals *Pharmacy Practice* and *Hospital Pharmacy Practice* have launched their 1999 Commitment to Care Awards Program. The 5 November 1999 event will honour innovation by pharmacists in health promotion, patient care, charity work, patient-centred pharmacy design, hospital pharmacy and student leadership. A new award for service to the profession will also be presented this year to a pharmacy leader who has helped to advance the profession on a local, regional, provincial or national level.



Nominations of individual pharmacists are welcomed, with the deadline for entries 28 September 1999. Entry forms can be obtained from the journals or by contacting Rosalind Stefanac at Tel: (416) 596-3496, Fax: (416) 596-3499, or E-mail: rstefanac@mhpublishing.com.



Hospital Pharmacy Insights



PharmaNet Access

Use of PharmaNet

Hospital pharmacists frequently use PharmaNet as a tool to provide patients with the most appropriate medication therapy. However, pharmacists may also receive requests to access PharmaNet for inappropriate reasons. Bylaw 40(4) states that pharmacists may only access the information available on PharmaNet for:

- ◆ dispensing
- ◆ counselling a patient about drug therapy
- ◆ drug usage evaluation
- ◆ claims adjudication or payment by an insurer who provides drug coverage

Hospital pharmacists should note that "drug usage evaluation" includes activities such as resolving questions about a patient's medication therapy prior to admission, printing a PharmaNet record for the patient's health record, and reviewing the profile for possible drug-related problems.

All other accesses to PharmaNet patient demographics or medication records are inappropriate.

Documenting PharmaNet Access

When a PharmaNet patient medication record is reviewed or printed without dispensing a prescription, the date, location of the access and the name of the individual making the access are logged as a separate entry. If a patient calls the College office about an access to his or her record or if an unusual pattern of accesses to PharmaNet records is noted, the College will ask you to provide the reasons for the accesses.

It is important to document your reason for each access to PharmaNet. Your PharmaNet software package may provide a function that allows you to record a "reason for access." Alternately, many pharmacy departments have implemented a log book for pharmacists to document each PharmaNet access. The log book should include:

- | | |
|----------------------------------|---------------------|
| ◆ date | ◆ reason for access |
| ◆ patient name | ◆ pharmacist name |
| ◆ patient personal health number | |

If the pharmacy department has not already implemented a system to document PharmaNet accesses, you should maintain a personal log book of PharmaNet accesses.

Tips

- ◆ If you access PharmaNet from more than one pharmacy or location and maintain your own log of PharmaNet accesses, do not forget to record the name of the location (e.g. pharmacy, emergency department).
- ◆ Before accessing the PharmaNet record for patients who are not currently admitted to the hospital, ensure that there is an appropriate reason to access and provide the confidential information.

If you have any questions, contact Melva Peters (ext. 223, e-mail: mpeters@collegepharmacists.bc.ca) or Sharon Clark (ext. 237, e-mail: sclark@collegepharmacists.bc.ca) at the College office.

Community Pharmacy Corner



Council Highlights in the May/June 1999 *Bulletin* presented the policy that "pharmacist-patient dialogue be permitted to occur at any stage of the dispensing process, provided that the pharmacist-patient dialogue bylaw requirements are fulfilled." To further clarify this new policy, the Community Pharmacy Practice Committee offers the following points:

- ▶ The pharmacist who monitors the patient record and DUE information is an integral part of the process in the pharmacist-patient dialogue.
- ▶ Pharmacist-patient dialogue bylaw compliance is required for new and refill prescriptions.
- ▶ The College's Inquiry Committee (and other jurisdictions) has found that approximately 80% of reviewed incidents would likely have been prevented if appropriate pharmacist-patient dialogue had been completed and if the patient had been shown the medicine. A number of additional errors are frequently detected during the pharmacist-patient dialogue process. Systems must be enhanced to prevent errors. If medications and labels are not being reviewed at the time the patient receives the completed prescription, the importance of the "final check" must be emphasized.

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Long-term Care

Year 2000 Preparedness



Long-term care pharmacists will already have plans in place to ensure that their facilities receive their usual service over the “turn of the century” period.

The Long-term Care Committee reminds pharmacists that facility administrators are understandably worried about Year 2000 preparedness. Communication is of paramount importance. Pharmacists should be sure to acknowledge the worries expressed from the facilities and to discuss the pharmacy’s plans in order to allay any fears.

Consider the following points in your Year 2000 preparedness:

Medication Supply

- ▶ Your wholesale/direct accounts will be preparing for adequate levels of stock. Inquire about their plans.
- ▶ When you are assured suppliers will have adequate levels of stock, you can reassure your facilities about this.
- ▶ As outlined on page 2 of this *Bulletin*, be aware of rising concerns about a possible run on drug stocks causing shortages at manufacturers and suppliers.

Run Passes Early

- ▶ As a precaution, run the passes well in advance to ensure that required stock is available. This is particularly important for passes due at the beginning of January or early in the month.
- ▶ Relay this information to the facilities.

Do Not Provide Duplicate Supplies

- ▶ This is not feasible logistically or economically.
- ▶ Facilities could experience serious storage problems.
- ▶ Problems could arise in the event of changes in directions and discontinuations.
- ▶ Pharmacare will not pay for duplicate medications or for pharmacists’ time to prepare duplicate medications.
- ▶ Reassure facilities that the pharmacy will have adequate supplies and that if required, blisters can be part-filled as an interim measure.

You will already have, or will soon have, verification that your computer is Year 2000 compliant. Facilities, as with many businesses, may be asked to obtain assurances that the companies they deal with are Year 2000 compliant. Pharmacies should be ready to supply this documentation to alleviate concerns.

If the College or the Long-term Care Committee can be of any assistance, please feel free to contact the College office.

Drug Updates - continued from page 4

◆ **Celebrex ADR Alert:** Celebrex (celecoxib) the new cyclooxygenase-2 (COX-2) inhibitor used in inflammatory disorders is contraindicated in patients with a history of sulfonamide allergy. The product monograph states that it should not be given to patients who have demonstrated allergic-type reactions to sulfonamides. This is because celecoxib contains a sulfonamide group in its chemical structure. The B.C. Regional ADR Centre has received two case reports of allergic reactions suspected to be related to the use of

celecoxib in patients with an allergy to sulfonamides. One patient developed a rash, and the other patient had an anaphylactic reaction. If you see any cases like this, please report them to the ADR Centre. Always ask the patient about allergies to sulfonamides before dispensing celecoxib.

References:

1. Product Monograph. Celebrex (celecoxib). Searle Canada
2. Cases on file, B.C. Regional ADR centre, 16 June 1999.



What Went Wrong?



Tom took his prescription to the pharmacy for two medications to treat his prostate cancer. When he received the prescriptions, he told the pharmacist that he expected to receive two kinds of tablets, not one tablet and one capsule. The pharmacist told him that Andriol had always been a capsule and stilboestrol had always been a tablet. He took these medications for approximately two months before it was discovered that his prescription was for Androcur® and stilboestrol, not Andriol and stilboestrol.

Brian had been taking metformin and glyburide for some time when he took a prescription for a new medication to the pharmacy. The pharmacist prepared the prescription and discussed with him how to take this new medication: prednisone. Brian questioned the pharmacist about the medication, telling her that he was a diabetic. The pharmacist stated that prednisone was what the physician ordered. He took the prednisone for two weeks before being admitted to hospital for uncontrolled blood glucose levels. It was then discovered that his prescription for Prandase® had been dispensed incorrectly with prednisone.

Susan went to her regular pharmacy to pick up a refill of her lithium carbonate and estrogen tablets. There was a prescription for metformin included with the two prescriptions she was expecting to receive. When the pharmacist counselled Susan about the metformin, Susan stated that her doctor did not tell her she was to receive a third prescription. The pharmacist could not find the hard copy of the prescription, and wanted to call the physician to clarify the matter. Susan did not want to wait, so she left the pharmacy with the three prescriptions. It was later discovered that the metformin was processed in Susan's name by mistake.

Lorna's physician telephoned the pharmacy with a refill authorization for chloroquine. When Lorna picked up her prescription she noticed that the pills looked different from the ones she received before. When she asked the pharmacist about this, she was told the pharmacy ran out of the other brand but that these ones were the same as the ones she would have received before. She took the medication for three months before it was discovered that she had been taking chlorpropamide rather than chloroquine.

Each pharmacist follows detailed and methodical processes to check all aspects of a prescription before it is dispensed to a patient. Thorough counselling helps ensure that all aspects of the prescription are correct and that patients know how to use their medication appropriately. In spite of our best efforts, in rare instances, errors may still occur. When patients ask questions about their prescriptions, it is critical that we investigate their concerns fully to ensure that something has not gone wrong along the way. Although most of the time this follow-up will reveal that the prescription is in fact correct, the few minutes it takes to investigate further may prevent incidents such as those described above.



Generic Practitioner ID Number Assigned For Alberta Dentists

Unique practitioner ID numbers are no longer required for prescriptions written by Alberta dentists. Since ongoing updates of the records for Alberta dentists are not available, pharmacists may transmit the prescription to PharmaNet using the generic practitioner ID of 99999 and an ID reference of 85. The local system must store and display the true name of the prescriber on the patient record and must print the name on the prescription label and receipt.

This change does not apply to any other Alberta prescribers. All prescriptions from other types of practitioners in Alberta must be transmitted to PharmaNet with a valid, unique practitioner identification number.

The existing procedure of using the generic practitioner ID of 99999 plus the appropriate provincial practitioner ID reference remains in effect for all practitioners outside of Alberta and B.C.

Canadian Strength Corrections

In late 1996, the College of Pharmacists and Pharmacare were made aware of a problem with the labelling of strengths for a small number of products returned by PharmaNet (e.g. fluticasone propionate (Flovent®) inhalers and salmeterol xinafoate (Serevent®) inhalers). The drug information used on PharmaNet is provided by First DataBank in the United States and as a result, the labelling was based on U.S. conventions rather than Canadian.

This problem has now been resolved and as of 22 April 1999,

all new prescriptions dispensed will display the Canadian strength on the patient record returned by PharmaNet. Prescriptions dispensed prior to the implementation of this correction will continue to display the U.S. labelling conventions.

The products affected by this change are:

- ▶ fluticasone propionate 125mcg
- ▶ fluticasone propionate 50mcg
- ▶ fluticasone propionate 250mcg
- ▶ bismuth subsalicylate 17.6mg/ml
- ▶ bismuth subsalicylate 264mg/15ml
- ▶ ciprofloxacin lactate/D5W
- ▶ salmeterol xinafoate 25mcg
- ▶ iohexol 518mg/ml
- ▶ iohexol 647mg/ml
- ▶ iohexol 755mg/ml
- ▶ iohexol 388mg/ml
- ▶ iohexol 302mg/ml.

Council Highlights - *continued from page 3*

The three organizations are UBC's Continuing Pharmacy Education, the B.C. Pharmacy Association, and the B.C. Branch of the Canadian Society of Hospital Pharmacists (District 6 and 7 members only).

- ▶ Support was provided for the promotion of collaborative drug therapy protocols and education programs for pharmacists interested in the provision of emergency contraceptive measures directly to patients. The possibility of obtaining independent authority to initiate the therapy will also be pursued.

The next Council meeting is scheduled for Wednesday, 29 September 1999, at the College office.



Resource Source



◆ Therapeutics Initiative Web Site

Therapeutics Initiative has a web site at <http://www.ti.ubc.ca>. It includes editions of the *Therapeutics Letter* and information on courses and events.

◆ Helpline for Mothers

The Motherisk Program at the Hospital for Sick Children in Toronto has introduced a national, toll-free bilingual information line to answer questions on the use of alcohol, prescription medications and other drugs during pregnancy and breast-feeding. The Alcohol and Substance Use Helpline can be reached at 1-877-327-4636.

◆ Patient Screening Tool

The Canadian Pharmacists Association has developed a new kit, *Am I Getting the Most From My Medication?*, to provide pharmacists with the tools to quickly identify and resolve common medication issues in older adults. Each kit contains a guide explaining how to use the program, ideas for incorporating it into practices, a series of response guides on common problems in older adults, and 10 each of: Patient Screening Tool, Pharmacist Assessment Tool, Patient Assessment and Management Form. Extra copies of tools and forms are also available. For further information or to order the kit (\$25 + GST, CPhA member price; \$37 + GST, nonmembers), contact the CPhA at Tel: 1-800-917-9489, Fax: 1-800-601-1904, E-mail: orders@cdnpharm.ca.

◆ Herbal Remedies Book

The new book, *Herbal Remedies: Weeding Fact from Fiction*, gives the pharmacist a ready reference of relevant, clearly presented information to help make an informed professional judgement for a given herbal remedy. Included is an explanation of herbal medicine, homeopathy and aromatherapy. Fifty-five monographs cover the most frequently encountered herbs, illustrated with photos and diagrams. The author, Meera B. Thandani, has had her monographs printed in article form in the Manitoba Pharmaceutical Association's newsletter. Copies of the \$22 (postage paid) book can be ordered by sending a cheque along with your name and mailing address to Context Publications, 19 Laval Drive, Winnipeg, MB R3T 2X8, Tel: (204) 275-1598.

◆ Before Modern Medicine Book

Elizabeth Briggs, a teacher of biology and chemistry, and Colin Briggs, a professor of Pharmacy at the University of Manitoba, have researched historical and archival documents to produce *Before Modern Medicine: Diseases & Yesterday's Remedies*, an illustrated guide on how earlier generations dealt with illness and disease. The book includes descriptions of ailments, with their historical names; traditional treatments, with details of medications used; common preparations used and their adverse effects; and a comprehensive glossary and index. Orders and full payment for the \$28.95 book (plus \$7.00 postage/handling) should be sent to 46 Burnhill Bay, Winnipeg, MB R3T 5N3, with cheques payable to "Westgarth."

Community Pharmacy Corner - continued from page 5

- ▶ For new prescriptions for which counselling has been provided earlier in the process, the committee recommends that pharmacists provide additional counselling (with the completed prescription in hand) in the following cases:
 - Inhalers, eyedrops and similar items to ensure that the patient understands how to use the item.
 - When several new medications are dispensed which could create patient confusion.
 - When measuring devices are included, so that they can be demonstrated to the patient.
 - New verbal prescriptions will also require the completion of pharmacist-patient dialogue, and it is recommended that the medication be shown to the patient during the dialogue.
 - ▶ Refill prescriptions also require pharmacist-patient dialogue, and it is recommended that the medication be shown to the patient as the required dialogue elements are provided.
- It is important that pharmacists establish policies and procedures which ensure that patients receive appropriate and correct medications and that information is provided with maximum benefit for patients.



College Staff Contact List

(* Indicates part-time staff)

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Reception/General	200
Kelly Baker-Pabla <i>Administrative Assistant - Reception</i>	200
Sharon Clark <i>Hospital Pharmacy Practice Consultant</i>	237
Anouk Crawford <i>Administrative Assistant</i>	214
Elsie Farkas <i>Administrative Assistant - Registration/Licensure</i>	212
Marge Gardner <i>Administrative Manager</i>	208
Donna Hayward* <i>Community Pharmacy Practice Consultant/ Inspector - District 3</i>	404
Ashifa Keshavji <i>Pharmacy Practice Consultant (office-based)</i>	238
Sharon Kerr <i>Assessment Programs Administrator</i>	239
Doreen Leong <i>Assistant PharmaNet Coordinator and Acting Director, Assessment Programs</i>	203
Linda Lytle <i>Registrar</i>	201
Josefina Marchetti <i>Administrative Assistant - PharmaNet</i>	219
Sharon McLachlan <i>Administrative Assistant - Assessment Programs</i>	241
Margaret McLean <i>Community Pharmacy Practice Consultant/ Inspector - Districts 1 and 2</i>	235
Carol O'Byrne <i>Director, Assessment Programs</i>	240
Brenda Osmond <i>Deputy Registrar</i>	202
Geeta Parmar <i>Administrative Assistant - Professional Services</i>	215
Melva Peters <i>PharmaNet Coordinator</i>	223
Lori Polegato <i>Administrative Assistant - Registration/Assessments</i>	243
Regan Ready* <i>Community Pharmacy Practice Consultant/ Inspector - Districts 4 and 5</i>	401
Neetika Sethi <i>Administrative Assistant - Registration Program</i>	216
Lynn Seo <i>Administrative Assistant - Registrar</i>	220
Samantha Towler <i>Administrative Assistant</i>	211
Elizabeth Winter <i>Community Pharmacy Practice Consultant/ Inspector - Districts 1 and 2</i>	242

To e-mail staff, use the following address:
 firstnameinitiallastname@collegepharmacists.bc.ca
 (e.g. LLytle@collegepharmacists.bc.ca)

Plan To Attend



► B.C. Hospital Pharmacy Residency Events

Residency Certificate Presentations
 8 September - 6:30 p.m.
 University Golf Club

Residency Introductory Night
 15 September - 6:30 p.m.
 UBC Campus Sub Party Room
 Events' Contact: Dr. Edward Dillon,
 520-4259, (ED-Dillon@sfrh.hnet.bc.ca)

► Panel Assessments

23 October 1999
 10 June 2000
 28 October 2000 (*to be confirmed*)

► College Council Meeting

Wednesday, 29 September
 College office

► College Annual Meeting

Thursday, 30 September - 2:00 p.m.
 Ocean Point Resort Hotel, Victoria

► Forensic Assessments

22 October 1999
 18 February 2000
 9 June 2000
 27 October 2000 (*to be confirmed*)

People News



Announcements

- Council elections were conducted in May. **Bill Creighton**, of Duncan, is replacing former District 3 councillor **Henry Mah** who is stepping down this year. Re-elected by acclamation are **Shawn Sandhu** of District 1, **Tinka von Keyserlingk** of District 5, and **Curt Jordan** of District 7.
- The College welcomes three new staff to its office, part-time Pharmacy Practice Consultant (office-based) **Ashifa Keshavji**, part-time Community Pharmacy Practice Consultant for District 3, **Donna Hayward**, and Administrative Assistant **Kerianna McGregor**.
- Congratulations to **John Hope**, of Burnaby Hospital Pharmacy, on his election to the Board of Directors of Pacific Blue Cross.

Achievements

- College Councillor and Board of Examiners member **Mits Miyata** has been honoured with the 1998-99 Bristol-Myers Squibb Past President Award for his outstanding work with the Pharmacy Examining Board of Canada.
- **Rita Thomson** of Prince George has been selected as the 1999 recipient of the Bowl of Hygeia Award presented by Whitehall-Robins. Congratulations to Rita for her active community involvement through the region's Highland Dance Association and Highland Games, the Intense Rehabilitation Centre of Northern B.C., Northern Interior Health Unit, local high school activities, and UBC regional alumni.