



Ministry To Explore Tobacco Sales Restrictions Options

As reported in the July/August 1999 *Bulletin*, the College Council had decided (pending approval of the necessary legislation) to prohibit the licensure of new pharmacies located in establishments which sell tobacco products beginning on 1 June 2000, and to implement an absolute ban by 1 July 2004.

The Ministry of Health recently informed the College Registrar that the government will not be making a decision prior to 1 June concerning the College's tobacco sales restrictions proposal. Ministry staff will be doing further analysis of the

issue, including obtaining additional information and considering other means, both intermediate and long-term, to limit sales of tobacco products.

The Ministry indicated their appreciation of the College's ongoing efforts to limit the sale of tobacco products, and their hope that collaboration between the Ministry and College on this important health care issue can continue. The College will keep members informed of further work on tobacco sales restrictions undertaken with the Ministry.

Emergency Contraception Pill Program Update

The College of Pharmacists (CPBC) has worked collaboratively with the B.C. Pharmacy Association and others over the past year to develop and deliver the Emergency Contraception Pill (ECP) Program training and materials to about 800 pharmacists in all regions of the province.

CPBC staff and lawyers have also been working with Ministry of Health staff and government law-

yers to address legislative changes necessary to implement the ECP Program in pharmacies.

At present, the government does not support the option of granting pharmacists the right to prescribe EC products through new prescriber schedules due to legal difficulties they foresee in changing the *Pharmacists, Pharmacy Operations and Drug Scheduling Act*. Instead,

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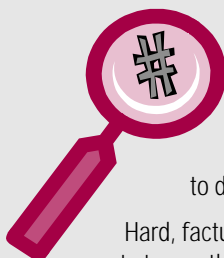
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Your questions and comments about this Bulletin are welcome and may be forwarded to the Registrar.

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CPhA Proposes Pharmacist Shortage Study



At present, it is estimated that Canada is in need of another 500 to 750 pharmacists. Roughly 800 pharmacy students graduate each year, but the increases in demand are greater than the supply.

In response to this increasing shortage of pharmacists in Canada, the Canadian Pharmacists Association (CPhA) is preparing a proposal for the federal government, in conjunction with other national pharmacy organizations including the National Association of Pharmacy Regulatory Authorities (NAPRA), asking for funds to develop a database to determine human resources needs in pharmacy practice across Canada.

Hard, factual data on current pharmacy manpower numbers and distribution will be useful now and in the future. The CPhA wants to use the database to forecast manpower trends in pharmacy practice across Canada. The Association hopes the provinces will be able to use the database to address the shortages that exist by, among other things, judging whether to increase or decrease admissions to university pharmacy programs.



Lock-And-Leave Requirements



There has been a significant increase in the number of pharmacies installing lock-and-leave operations due to pharmacist labour shortages in both urban and rural areas of the province. While the arrangements are frequently made by chain store head office personnel, it is important for the pharmacy manager to understand the operational requirements as outlined in Bylaw 29.

- 1a. The College must be notified of the hours that the pharmacy is open and the hours for the rest of the store.
- 1b. A diagram of the pharmacy must be provided to the College indicating the location of the barriers and the products made inaccessible during lock-and-leave hours.
- 2. A physical barrier must surround the dispensary, the professional service area and the professional products.
- 3. Schedule I, II and III drugs in a storeroom must be inaccessible to anyone other than a pharmacist.
- 4. The hours when a pharmacist is on duty must be posted within the pharmacy (and it is strongly recommended that the pharmacy hours also be posted at the exterior (and mall, if applicable) entrances to the store).
- 5. Only pharmacists may have keys to the lock-and-leave area.

If you have recently installed lock-and-leave in your pharmacy and have not yet notified the College, please take a moment to do so by e-mail, fax or mail (to your Practice Consultant).

ECP Program

Continued from page 1

the CPBC has been encouraged to explore options with the College of Physicians and Surgeons (CPSBC). The CPBC Registrar and Deputy Registrar have met with the Executive Committee of the CPSBC to support the all-inclusive published proposal whereby a sole collaborative physician in an appropriate position (e.g. the Provincial Health Officer) would sign a flat protocol for all "suitably-trained" pharmacists to dispense the drug under his or her name. The Executive Committee has proposed a pilot project incorporating this collaborative therapy model. Plans for the pilot are now being prepared by the CPSBC, with the assistance of CPBC member Dr. Judy Soon who recently received her Ph.D. from UBC. Next steps include the CPSBC Executive Committee reviewing the pilot project plans.

The College of Pharmacists is also continuing its collaboration with the BCPhA to work with government on the other option, pharmacist prescribing rights. Updates on these efforts and the status of the ECP Program will be provided in future *Bulletin* issues.

Pseudoephedrine Alert

All pharmacies should be aware that over-the-counter (OTC) drug products can be used to make drugs, such as methamphetamine. One of the most common products used is pseudoephedrine, a nasal decongestant found in many cold, flu and allergy medications. It has been reported that some manufacturers of illegal drugs will add sulfur and ammonium to their tablets, along with polyethylene oxide gum and sodium laurel sulfate surfactant. The sulfur and ammonium produce a foul smell during the synthesis of the illegal drug, and the gum and surfactant block the purification process.

Some things to watch for in detecting suspicious transactions include:

- ◆ OTC customers buying large/frequent quantities of pseudoephedrine
- ◆ customers who buy only the large size
- ◆ customers who buy other methamphetamine processing products at the same time (e.g. alcohol, Coleman fuel, acetone, road flares, drain cleaners, iodine, muriatic acid, rock salt, starter fluid/ether, dry gas/alcohol, coffee filters, large amounts of matches)
- ◆ customers who indicate they resell the product
- ◆ iodine customers with no legitimate reason for large quantities
- ◆ customers who purchase hydrogen peroxide and more than four fluid ounces of iodine
- ◆ customers who want to purchase red phosphorous or iodine
- ◆ customers who always pay with cash.



(Reprinted from the PEI Pharmacy Association's "The Island Capsule")



Discipline Hearing Conducted - John Evans (Diploma #6876)

At a Discipline Hearing held 4 May 2000, John Evans pled guilty to professional misconduct related to a large number of inappropriate accesses made to patient medication records on PharmaNet.

In the summer of 1999 the College received a complaint that John Evans had accessed a PharmaNet patient record for reasons unrelated to health care. In investigating this complaint, it was determined that between December 1997 and June 1999, Mr. Evans made a large number of PharmaNet accesses while working at one pharmacy. These accesses were made to profiles of people who had never been patients of the pharmacy. The accesses were not the result of inquiries made by the person whose record was accessed, or by physicians.

Mr. Evans admitted to the unauthorized accesses. He explained that he was familiarizing himself with the PharmaNet system and

that he did not recognize he was breaching confidentiality. Although he signed a Confidentiality Undertaking before beginning to use PharmaNet, he stated he did not read the document before signing it and did not clearly understand the concerns surrounding the privacy and confidentiality of PharmaNet records.

Mr. Evans ceased the practice of inappropriate access after reading of a previous case of inappropriate PharmaNet accesses, and has kept his own personal PharmaNet diary since that date. In this diary he records all accesses to PharmaNet that are not directly related to dispensing a prescription. He has expressed deep remorse for his actions. Nonetheless, the large number of accesses made to the PharmaNet records of public figures and private citizens of interest to Mr. Evans demonstrates a severe breach of his duties with

respect to the privacy and confidentiality of PharmaNet records.



Mr. Evans' actions were deemed to be serious and significant. His actions violated Value V of the Code of Ethics, sections 35(3) and 37(1) of the *Pharmacists, Pharmacy Operations and Drug Scheduling Act*, and the Council policy on appropriate uses of PharmaNet. This policy states that the appropriate uses of PharmaNet include dispensing a prescription, counselling a patient with regard to the patient's drug therapy, patient-specific drug usage evaluation, or claims adjudication and payment by any insurer providing drug coverage.

Mr. Evans was assessed a fine and required to pay the costs of the hearing and the investigation. The assessment totalled \$10,000.

Proper Splitting Of Tablets

Pharmacists must provide appropriate medications in their proper form to their patients. Only drug products that are scored should be used for tablet splitting (i.e. into half or quarter tablets). Drugs that are not scored will likely not split properly to provide a uniform dose. Coated tablets can also present problems, because once the drug is split any effect the coating provides may be compromised.

Before splitting tablets, pharmacists must make sure that:

- ▶ the drug literature indicates splitting of the specific brand of tablet can be accomplished safely and effectively;
- ▶ if a change in the prescription occurs due to using a strength higher than originally called for, the prescriber must approve the change, and
- ▶ detailed patient counselling is provided to ensure the patient understands changes made to the prescription, and if the patient is responsible for tablet splitting, explain splitting techniques and tools.

Council Highlights

The Council of the College of Pharmacists met on 16 June, to discuss topics of interest and concern.

- ▶ The Registrar was asked to contact the Ministry of Health to obtain further information concerning the reasons for the Ministry's letter about delaying its decision on the proposed by-law to prohibit the sale of tobacco products in pharmacies licensed after 1 June 2000. The request followed a presentation by representatives of the Canadian Association of Chain Drug Stores, who recommended that Council permit freedom of choice for pharmacists and pharmacies considering whether or not to offer tobacco products for sale from their establishments. The CACDS representatives also urged the Council to encourage the promotion of pharmacies as smoking cessation centres.

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Drug Updates



- ◆ Any pharmacist suspecting an adverse drug reaction should contact the reporting service for ADRs at the regional **Drug Poison Information Centre**, Tel (*for ADRs only*): 806-8625, Fax: 806-8262 or E-mail: adr@dpic.bc.ca.
- ◆ Please note the following look-alike, sound-alike drugs:
 - **Flomax®** and **Fosamax®**
 - **Prandase** and **Prednisone**
 - **Androcur** and **Andriol**
- ◆ **Tiger Balm Pain Relieving Ointment** (previously Schedule II) has been reformulated so the camphor content is reduced to 11%. This product, available starting 15 June, is unscheduled and can be sold in nonpharmacies.
- ◆ As with all Schedule II drugs, pharmacists are reminded of their responsibility to be directly involved in the sale of **Gravol** (dimenhydrinate), screening purchases and covering all information during counselling.
- ◆ Effective 7 August, Janssen-Ortho Inc.'s prescription drug **Prepulsid®** (cisapride), used to treat disorders of gastrointestinal movement, will no longer be available due the possibility of rare, but serious, heart complications, including irregular heartbeat rhythms and sudden death. Pharmacists requiring further information on the status of Prepulsid can contact Health Canada at 1-800-267-1238, or consult the web site at <http://www.hc-sc.gc.ca>.
- ◆ Pharmacists should note the following drug interchangeability updates:
 - **Gen-Carbamazepine CR**, **PMS-Carbamazepine CR**, **Taro-Carbamazepine CR** and **Tegretol® CR** are all interchangeable.

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In Brief



► Legality of Drug Sales to U.S. Practitioners

Some Canadian pharmacists and pharmacy-related web sites are selling Schedule F drugs to U.S. practitioners. According to Health Canada's Therapeutic Products Programme, these sales are illegal unless the province involved has licensed the U.S. practitioner to treat patients.

► Dispensing Dexedrine for Treatment of Depression

The College has been notified by some physicians that their patients are encountering difficulty having their dexedrine prescription dispensed for treatment of depression (e.g. told no refills until the exact day it is required).

Pharmacists should be aware that amphetamines like dexedrine are useful in treating depression which is not responsive to more traditional medications. Appropriate caution should be exercised when dispensing this controlled drug, but pharmacists should act under the assumption that they are dispensing a legitimate prescription. Any restrictions relating to dexedrine and "Division 4: Practitioners" of the Food and Drugs Regulations are prescribers' concern, and pharmacists need not address them.

► Dealing with Methotrexate and NSAID ADR Alerts

Specialists in arthritis treatment commonly prescribe non-steroidal anti-inflammatory drugs with methotrexate to enhance the beneficial effect of the low dose methotrexate in inflammatory arthritis. The prescribers are aware of the drug interaction from this coprescription. Problems arise because PharmaNet automatically highlights the ADR, with pharmacists often contacting the prescriber and informing the patient of the interaction.

Pharmacists should consider the source of the prescription when viewing the PharmaNet ADR alert. If the prescriber is an arthritis specialist, s/he likely does not need to be contacted on all alerts. Patient counselling should be conducted carefully in these cases, with communication minimizing interaction concerns and patient alarm.

► Dispensing Insulin

Some pharmacists are changing insulin products for patients and providing them with premixed insulin pens. Insulin is on the List of Noninterchangeable Drugs, and pharmacists should not be making changes unless they have consulted with the prescriber.

Although insulin does not require a prescription, pharmacists often process it through PharmaNet so the patient can obtain third-party payer benefits. Pharmacists must obtain the prescriber's authorization each time the medication is provided to the patient (unless refills have been authorized).

► Reviewing Drug Information Printouts

Pharmacists are reminded of the importance of fully discussing drug information printouts with patients. In particular, a proper perspective on side effects should be provided (e.g. frequency, reversibility, avoidance) so that patients do not become alarmed about their prescriptions.



Hospital Pharmacy Insights



Hospital Pharmacy Bylaw Implementation

In January 2000, the College sent a legislation update package to all pharmacists and pharmacies that included new pharmacy bylaws. Some hospital pharmacists may be unaware that, for the first time, the bylaws contain a section for hospital pharmacy practice. If you provide pharmacy services in a hospital or institutional setting, you should review Bylaw 8, subsections 68 to 88.

The majority of the subsections codify existing standards of pharmacy practice in BC hospitals. However, for some pharmacies, a few bylaw subsections may require the implementation of new pharmacy services or programs in order to meet the new, legislated standards of practice. Recognizing current fiscal, staffing and other restraints, the College has approved the Hospital Pharmacy Committee's bylaw implementation timetable.

The following bylaw subsections codify existing standards of practice, are easily implemented or have minimal budgetary or staffing implementation implications. Compliance with the following bylaw subsections is expected no later than **31 March 2001**:

- 69 Responsibilities of the hospital pharmacy manager
- 70 Hospital pharmacy license
- 72 Hospital pharmacy premises
- 73 Equipment and references
- 74 Medication distribution
- 75 After hours service
- 76 Prescription label
- 77 Returned medications
- 78 Medication procurement / inventory management
- 79 Inpatient pass medications
- 80 Emergency department medications
- 81 Special access medications
- 82 Medication repackaging and compounding
- 83 Function of hospital pharmacy support persons
- 87 Residential care

For some hospitals, the following bylaw subsections may represent a higher standard of practice, require significant planning and consultation to implement, or have significant budgetary or staffing implications. Compliance with the following bylaw subsections is expected no later than **31 March 2003**:

- 71 Quality management
- 84 Patient record and medication order review
- 85 Medication administration
- 86 Patient-oriented pharmacy services
- 88 Documentation

Additional information about some bylaw subsections will be published or provided to hospital pharmacies shortly. If you have any immediate questions about the hospital pharmacy practice bylaws, please contact Sharon Clark at the College office (e-mail: SClark@collegepharmacists.bc.ca).



Community Pharmacy Corner / Long-term Care

Quality Management

An article in the March/April *Bulletin* introduced the topic of quality management. A quality management program may involve reviewing and documenting procedures already in place. It may also involve recognizing that, if a procedure was developed, an activity could be done better, more safely or more efficiently.

Purpose of a Quality Management Program

- ▶ To prevent errors; to be able to detect errors; to learn from errors.
- ▶ To improve services.
- ▶ To ensure that there is a system for documenting procedures.
- ▶ To ensure that there is a process in place to monitor compliance with the procedures.
- ▶ To enable the effectiveness of the procedure to be checked (the correct end product, the expected service, the patient's expectations).

General Approach

- ▶ Identify a matter for review.
- ▶ Is the procedure that you have in place now clearly documented? Does the staff know where to find the file or binder containing the written procedure?
- ▶ Does the procedure represent current pharmacy standards? If not, revise it.
- ▶ Is the procedure routinely being used in your pharmacy? If not, why not? Involve the people who do the task, the people who could be doing the task, and the people who might be affected by it.

The quality management topics in the adjacent table on page 7 have been suggested by the Long-term Care Committee and the Community Pharmacy Practice Committee. As you see, several topics are applicable to both areas of practice. The committees will be suggesting additional information for future *Bulletins*. (Continued on page 7)

Drug Updates

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◆ Drug Interchangeability Updates (continued):

- **Novo-Naproxen SR 750 mg** is interchangeable with **Naprosyn® SR 750**.
- **Amiodarone** has been added to the Non-Interchangeable Drugs list. Only **Alti-Amiodarone** and **Cordarone®** are interchangeable without a physician's authorization. There are no concerns about the safety of any of the amiodarone products approved for use in Canada, but because of amiodarone's unique pharmacokinetic characteristics (particularly the half-life of 25 to 53 days), it is difficult to demonstrate that the products are identical.

For patients already on amiodarone:

- Patients who have been stabilized on one brand of amiodarone should remain on that brand.
- If a patient has been on a generic amiodarone (other than Alti-Amiodarone), and a physician writes a prescription for Cordarone, the physician must be contacted to confirm if the patient should continue to receive the generic, or if the physician would rather the patient be placed on Cordarone (or Alti-Amiodarone).
- If a patient has been stabilized on Alti-Amiodarone and a physician orders Cordarone, you may continue to dispense Alti-Amiodarone without contacting the physician.

For patients starting on amiodarone:

- If a patient has not been on amiodarone before, a prescription written for Cordarone must be dispensed with Cordarone or Alti-Amiodarone, or the physician must be contacted before substituting another generic product.

®C.A.R.E. Program

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Opportunity for Early Participation

The fall assessments (Knowledge Assessment, Practice Review/Self-Assessment and Professional Portfolio) will also be available to pharmacists who were not selected in the first cycle but who would like to begin to complete their ®C.A.R.E. Program requirements this year, instead of waiting until 2001 when the second cycle begins, or 2003 when the third cycle begins. A registration fee of \$53.50 (including GST) will be charged to additional participants to cover our direct costs of exam administration.

If you are interested in this option, please contact the College office to obtain the necessary application forms. The deadline for receipt of "early participation" applications is 31 August 2000.



Quality Management - *Continued from page 6*

Long-term Care Committee	Community Pharmacy Practice Committee
<p>1. Provision of Medication Documented procedures might include:</p> <ul style="list-style-type: none"> - Receipt of verbal orders - Receipt of written prescriptions (clarity of doctor's writing, clarity of faxes, etc.) - Computer entry - Dispensing process - Checking processes <p>Indicators that a review might be needed:</p> <ul style="list-style-type: none"> - Are errors occurring? - Is everyone following the agreed-upon procedure? If not, is it because there is something unmanageable about that procedure? - Is one area of the procedure taking too much time, leaving inadequate time for the other steps to be done effectively? <p>2. Service Levels Documented procedures might include:</p> <ul style="list-style-type: none"> - Forwarding of orders from the facility - How orders are dealt with at the pharmacy - System for identifying new orders as such when delivering them to the facility (reminder on the outside of the bag, and on the items themselves) - Getting the orders to the facility in a timely manner - Notifying the facility that medications are arriving (to ensure proper receipt of them) - Notifying the facility that the physician has phoned a new order to the pharmacy - Notifying the facility ahead of time that the patient must pay for the medication <p>A tool to assist you here might be to have an evaluation of pharmacy services sent annually to the facility, listing points such as those noted above.</p>	<p>1. Patient Complaints</p> <ul style="list-style-type: none"> - Type of complaint (medication error, perception by patient of inappropriate treatment, etc.) - Handling of the incident <ul style="list-style-type: none"> - How? - By whom? - Clarification with nonpharmacy staff (e.g. store managers, owners) of roles - Steps to follow if the patient is not satisfied - Follow-up with patient, with physician - Discussion with staff - Was the procedure followed? Would a different procedure have produced better results? <p>2. Access to Dispensary</p> <ul style="list-style-type: none"> - Reasons for policies clearly listed (security of drugs, confidentiality of patient information, public perception) - Who has access and who does not - How to handle inappropriate accesses <p>3. Drug-related Interventions</p> <ul style="list-style-type: none"> - How is the physician approached? - How is the revision explained to the patient? - If the physician cannot be reached, what approaches are set out? - Documentation of the particular intervention on the prescription or patient record - Documentation of type of problem for general discussion with rest of staff <p>4. Narcotic Receiving</p> <ul style="list-style-type: none"> - Who is responsible for receiving narcotics? - What degree of checking is done when they are received? - Where is the order left before unpacking? - Where are items being unpacked and marked off? (security issue) - Narcotic reconciliation (i.e. balancing of quantities dispensed against quantities received)

Council Highlights

Continued from page 3

- ▶ As the result of questions raised about repackaging bulk nonprescription drugs for sale from the Professional Products Area, the Council decided to adopt a policy that prohibits the sale of repackaged nonprescription drugs from the Professional Products Area (Schedule III). The policy permits the sale of repackaged nonprescription drugs from the Professional Service Area (Schedule II), provided that:
 - The package label includes the medication name, the classification of the drug (laxative, anti-allergenic, etc.), an appropriate expiry date, the lot number and minimum common directions.
 - The medication is repackaged in a child-resistant container when possible.
 - Pharmacist-patient dialogue occurs, with particular emphasis on contraindications for use of the drug.
- ▶ Legislative proposals to enable the recently signed Mutual Recognition Agreement to be implemented were approved. The legislation has been submitted to the Ministry of Health for approval and implementation by 1 July 2001, the federal deadline for labour mobility barriers to be removed.
- ▶ The National Drug Scheduling Advisory Committee's recommendations were approved:

Schedule III	Meclizine 25 mg or less
Unscheduled	Ibuprofen (when sold in strengths of 200 mg or less per dosage form)

The government must approve the amendments before they are effective. Pharmacists will be notified when this has occurred.



Rx C.A.R.E Program

Level 1

Level 1 of the first cycle of the ^{Rx}C.A.R.E. Program has been completed. The total number of participants was 676:

Knowledge Assessment		394
Group Average	80%	
Cut Score	61%	
Group Range	50-95% (Form A)	
Group Range	46-96% (Form B)	
Practice Review/Self-Assessment		230
Professional Portfolio		<u>52</u>
TOTAL		676

Knowledge Assessment participants' individual score reports were mailed at the end of May. The report summarized the group average, group range, cut score, number of participants and number unsuccessful. An analysis of the scores indicates pharmacists performed very well overall in a test of clinical knowledge, although many found the assessment challenging.

Practice Review and Professional Portfolio participants' individual score reports were mailed in June. The overall quality of the practice review, portfolios and participants' comments indicate both tools are valuable for reviewing one's own practice, and demonstrating how standards are met and are being maintained or enhanced through ongoing quality improvement activities. The tools also identify areas on which to focus additional learning and professional development.

Individuals who were selected for the first cycle and who did not participate in one of the three available options between December 1999 – April 2000 will have the option of participating in the fall of 2000. Information packages and application forms were mailed to affected individuals in June, with a response required by 31 August 2000. The fall will be the last opportunity to complete an assessment in Level 1, with a completion deadline of 31 December 2000.

Level 2

Level 2 of the first cycle is now under way. Twenty percent (approximately 160) of the Level 1 participants have been selected for Level 2 assessment. This includes participants who did not meet the Level 1 performance standards set by their peers (in order to further confirm and identify the learning needs revealed by the Level 1 assessment), as well as a randomly selected number who performed well at Level 1 (for confirmation of validity and consistency).

In addition to reasons pertaining to validity and consistency, it is essential to have individuals who are likely to perform well (based on the Level 1 results) in order to conduct accurate standard-setting procedures for the Level 2 assessments. If the entire group of Level 2 participants is comprised of individuals who performed poorly at Level 1, it would not be possible to establish valid cut scores for the Level 2 assessments. Good performers are needed in both levels to enable meaningful performance standards to be established.

As part of the Level 2 assessment options, 24 participants have already been selected for the Practice Audit assessment. The Practice Audit will involve a half-day, on-site observation in their practice settings when the participants will be completing typical work activities which reflect their involvement in the various roles described in the Framework of Professional Practice (FPP). The auditors have been carefully selected and trained for their role.

The remainder of Level 1 participants who have been selected for Level 2 will have the option of completing the Knowledge Assessment, Practice Review/Self-Assessment with Peer Consultation, Professional Portfolio or OSCE/Panel Assessment, depending on their prior Level 1 assessment choice and their practice setting.

In Level 2, the information gathered is intended to *confirm* that the pharmacist does meet (or is able to meet) the critical functions described in the Framework of Professional Practice. The Practice Review and Professional Portfolio are, therefore, unsuitable for those not in a position to directly provide, supervise or support patient care services. Level 2 participants also have the option of requesting a Practice Audit as their assessment choice with a nominal fee to cover the costs of the audit. Please note that the selection of the OSCE/Panel Assessment will be accompanied with a \$535 fee (including GST) to offset costs.

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If In Level 1 You Completed	Your Level 2 Options If You Are In A Patient Care Setting	Your Level 2 Options If You Are <u>NOT</u> In A Patient Care Setting
Knowledge Assessment	- Practice Review/Self-Assessment (no fee) - Professional Portfolio (no fee) - OSCE/Panel Assessment on 4 Nov. 2000 or June 2001 (fee required)	- OSCE/Panel Assessment on 4 Nov. 2000 or June 2001 (fee required)
Practice Review or Professional Portfolio	- Knowledge Assessment on 14 Oct. 2000 (no fee) - OSCE/Panel Assessment on 4 Nov. 2000 or June 2001 (fee required)	- Knowledge Assessment on 14 Oct. 2000 (no fee) - OSCE/Panel Assessment on 4 Nov. 2000 or June 2001 (fee required)



HNSecure Approved For Use In Pharmacies

The College of Pharmacists has approved the use of the HNSecure Protocol for connection to PharmaNet by pharmacies. Use of this protocol is not mandatory at this time, but may be at some time in the future.

What is HNSecure?

HNSecure is the Ministry of Health's (MoH) free software that opens the way for pharmacies to securely exchange data across the internet. It ensures that only licensed pharmacies can send and receive messages and that any message sent will be fully encrypted and tamper-proof. This protocol meets all security, privacy and confidentiality requirements for transmission of health data over the internet.

At the pharmacy level, HNClient software is incorporated into existing pharmacy software and is responsible for encrypting and decrypting the messages sent and received to/from PharmaNet as well as authentication of end points. Within the Ministry of Health, software called HNGate encrypts and decrypts messages sent by authorized pharmacies and routes the message to the appropriate place (for pharmacies, this is the PharmaNet system). In addition, HNGard at the MoH is the infrastructure which permits registration of authorized pharmacies to a directory and ensures the authenticity of the sender.

Why should pharmacies use HNSecure?

HNSecure uses the highest current standards for information security systems. Using today's technology ensures that health information is transmitted over telecommunication lines in a format that is tamper-proof and fully encrypted.

In addition, this new security protocol expands the options for connection to PharmaNet. Using HNSecure, it is possible to continue to use the MoH-provided modem and router connection via SpanBC, or a pharmacy may choose to connect to PharmaNet via a connection provided by an Internet Service Provider (ISP).

An additional benefit of using HNSecure is the potential integration with other health-related applications which use this protocol as they become available (e.g. Health Registry).

What is required to connect to PharmaNet using HNSecure?

A number of requirements must be met before a pharmacy may begin using HNSecure for connection.

- ▶ Install HealthNet/BC-compliant pharmacy software approved for HNSecure.
- ▶ Complete and submit a "Request for PharmaNet connection via HNSecure" form to the College office.
- ▶ Upon approval of the request by the College, register with HealthNet/BC.
- ▶ Install pharmacy software that includes HNClient on individual computer terminals or on a server (depends on pharmacy computer configuration).
- ▶ Register HNClient with the Ministry.
- ▶ If connecting via an ISP, additional requirements include:
 - All costs for telecommunication lines and service charges are the responsibility of the pharmacy.
 - Dedicated connection to the

internet (dial up access is not permitted).

- IP addresses assigned by the ISP must be static or in a tight range and must be provided to the College.
- Installation of firewall software at the pharmacy is recommended.

What differences will the pharmacy notice using HNSecure?

From a pharmacy practice perspective, no differences should be apparent. HNSecure works in the background in the transmission and receipt of PharmaNet messages. Some additional steps are required in the initial setup of HNSecure.

If connection to PharmaNet using HNSecure is made via the internet, the pharmacy may notice an improvement in response time. However, the degree of improvement depends on service provider, pharmacy software and computer equipment used.

One of the major differences for pharmacies using internet connection will be in problem resolution and escalation procedures in cases of connection problems to PharmaNet. If connection to PharmaNet is no longer made using SpanBC (the government's private network), the PharmaNet Helpdesk will no longer be the first point of contact for resolution of connection problems. All issues related to connection must be resolved by the ISP.

Where can I obtain more information about HNSecure?

Information packages are available from the PharmaNet Coordinator at the College office. Also visit the HealthNet/BC web site at http://healthnet.hnet.bc.ca/catalogu/phase3/hnsecure_info.html.



Resource Source



◆ Publication on Stopping Misuse of Non-Beverage Alcohol Products

Recent amendments to section 62 of the *Liquor Control and Licensing Act* require that retailers take reasonable measures to ensure household products containing alcohol (e.g. cooking products, hair spray, aftershave, mouthwash) are being bought for their intended use and not for use as an intoxicant.

A brochure, *Stopping the Misuse of Non-Beverage Alcohol Products*, has been produced for retailers by the Ministry of Attorney General, Liquor Control and Licensing Branch. It outlines the new law, the misuse problem, what to watch for, and what to do. Brochure copies, as well as further information, are available by contacting Cindy Stephenson, Liquor Control and Licensing Branch, at Tel: (250) 387-9135.

◆ Informative PEBC Web Site

Pharmacists wanting to know what's new at The Pharmacy Examining Board of Canada (PEBC) need look no further than the Board's web site at <http://www.pebc.ca>.

◆ View All of NAPRA's Pharmacy Practice Toolkits

Pharmacists are reminded of the helpful "toolkits" prepared by the National Association of Pharmacy Regulatory Authorities (NAPRA) to provide guidance to pharmacists in meeting the National Standards of Practice for Canadian Pharmacists. Each of the nine modules provide development tools, resources, reading references and sample forms. Topics include:

- #1 to 4: pharmacy care plans: getting started (#1), care plan tools (#2), documentation (#3), integrated resources (#4)
- #5: facilities, equipment, supplies, workflow and facility re-design
- #6: drug information resources - #8: minimizing medication errors
- #7: the professional services area - #9: recycling and disposal of dispensed drugs

The modules can be viewed on the NAPRA web site, www.napra.org, under the *Pharmacy Practice* section. Print copies from each tool kit can also be purchased from NAPRA.

People News



Announcements

- ▶ Council elections were recently held in Districts 2, 4 and 6. **Amin Bardai** won the election in District 2 (against candidate **Rick Hawksley**). **Erica Gregory** (College President-elect) was re-elected by acclamation in District 4, and **John Hope** was elected by acclamation in District 6.
- ▶ Council extends their thanks to **Dr. Finlay Morrison** for his gift of \$500 to the College. Council used the contribution to have a special version of the College's Code of Ethics produced and framed for display in the College office's reception area.
- ▶ In June 1999, pharmacist **Byron O'Malley** passed away suddenly. His classmates, colleagues, friends and family are honouring him by establishing the Byron O'Malley Memorial Prize in Pharmaceutical Sciences at UBC. For information about donating or about the prize, please contact Roxane Carr at Tel: (604) 325-5424, E-mail: Rox@quik.com, or Darin Fenton at Tel: (604) 836-5733, E-mail: dfenton@telus.net.

In Memoriam

- ▶ Council regrets the passing of member **Stuart Pallot** of White Rock.



Plan To Attend

▶ Panel Assessments

Saturday, 4 November

▶ Forensic Assessments

Friday, 3 November

▶ Annual General Meeting

Thursday, 12 October

Renaissance Vancouver Hotel, Harbourside

(during the BC Pharmacy Conference program)

▶ BC Pharmacy Conference

12-15 October

Renaissance Vancouver Hotel, Harbourside

▶ 4th International Conference on Pharmaceutical Competence

"Developing the Global Pharmacist"

15-18 October,

Congress Centre - Ottawa

Registration \$595

(\$70 discount before 15 August)

(Conference information mailing from NAPRA to follow, or see web site

www.napra.org)