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ECP program wins award

When B.C. pharmacists started prescribing emergency contraception in late 2000, it marked a fundamental change in the way pharmacy is practised in North America. At that time only a physician could prescribe the "morning after pill." Today this medication is available directly from pharmacists in every B.C. health region. Pharmacists now prescribe the Emergency Contraceptive Pill (ECP) about 140 times a week.

"We are enormously proud of the positive impact of this program," says Registrar Linda Lytle. "It took two years of close collaboration with the BCPhA and liaison with government officials, physicians, public health officers and other organizations to complete the necessary research and resolve all the moral, ethical and inter-professional issues."

In June 2003, the B.C. Branch of the Canadian Society of Association Executives (CSAE) recognized these efforts by awarding the College and the BCPhA the CSAE Association Cornerstone of Excellence (ACE) award in government affairs. The purpose of the award is to, "recognize CSAE-BC members for outstanding accomplishment in the association sector."

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College seeks input on medical marijuana

With the possibility of medical marijuana becoming available through pharmacies, the College is seeking your input into a policy statement on medical marijuana use.

"Given the direction being taken by the federal government, it is possible that doctors may soon be able to prescribe medical marijuana in B.C.," says Registrar Linda Lytle. "We want to make sure we have a clear position on this issue that reflects the input of pharmacists."

By now you should have received a letter asking for your comments regarding a draft policy statement on medical marijuana use and the role of pharmacies in the distribution of the product to approved patients.

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Methadone training sessions planned

Following months of collaboration with the City of Surrey, the College has resolved issues relating to a few pharmacies that dispense methadone. Councillors in several Lower Mainland municipalities are concerned about high concentrations of methadone users and about clients taking methadone away from a pharmacy, known as a "carry," and selling it on the street.

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HAVE YOU GOT YOUR PDAP HANDBOOK?



By the time you read this you should have received your personal copy of the Professional Development and Assessment (PDAP) Handbook. "We decided to send a copy of the Handbook to everyone," says Doreen Leong, Director, Assessment Programs, "even if they haven't been selected to participate in the first cycle of PDAP starting September 1.

"Many pharmacists have expressed apprehension regarding assessment," explains Doreen. "We hope the Handbook will allay their fears and demystify PDAP. We want to help pharmacists understand the purpose and scope of this new program."

Along with the Handbook you should have also received a Self-Assessment Form and instructions. "We encourage all pharmacists to complete a self-assessment once a year," says Doreen. "But only those participating in PDAP need to submit their Self-Assessment Form to the College.

Based on the *Framework of Professional Practice (FPP)* the Self-Assessment helps you identify your strengths and weaknesses and guide your professional development.

If you have any questions or concerns about PDAP or have not received your PDAP Handbook please contact Doreen at the College office or by email, pdap@bcpharmacists.org.

1,000 pharmacists attend PDAP sessions



Doreen Leong

Nearly one-third of the College's membership have now attended one of 17 Professional Development and Assessment Program (PDAP) orientation sessions held in communities across the province.

"This is an outstanding response," says Doreen Leong, Director, Assessment Programs. "We are delighted so many pharmacists chose to come and learn more about the program, including hundreds who have not been selected for this cycle of PDAP."

Although many people arrived at the sessions apprehensive about the new program and anxious about the implications of assessment, close to 90 percent of pharmacists who filled out evaluation forms reported the sessions met their expectations well or very well.

Each session was facilitated by a practising pharmacist along with Susan Simosko, a consultant who specializes in workplace learning and assessment. "I can't thank my co-facilitators enough," says Susan. "They made a huge difference to the effectiveness of the sessions. They all did a great job."

If you weren't able to attend a PDAP session, but would like more information about the program, please contact the College office.

Co-facilitators:

Peter Cook

John Goring

Lorna Kroll

Sam Louie

Wayne Rubner

If you have any questions or concerns about PDAP please contact Doreen Leong at the College office or by email, pdap@bcpharmacists.org.

PDAP orientation session comments

"Relieved some of my fears about the examination process."

"Takes mystery out of all the information we have been receiving."

"Answered lots of questions and put me at ease about the process."

"You have cleared the muddy waters! The experience of ¹²CARE had built strong doubts and instilled deep fears in this type of program."

"Good work. This is so much better than previous tools."

"It gave a good baseline to start from. I am eager to begin!"

Mandatory continuing education - why not?

Why doesn't the College include mandatory continuing education as an option in the Professional Development and Assessment Program (PDAP)? This question came up during several PDAP orientation sessions.

"Research shows that mandating learning doesn't work," says Doreen Leong, Director, Assessment Programs. One of the most comprehensive studies ever conducted on this topic was recently completed by the U.S. National Council of State Boards of Nursing. Results showed that, "Mandating continuing education does not have a significant impact upon the practice and professional development of nurses."

A 1999 Canadian survey of 155 Canadian regulatory bodies and professional associations came to a similar conclusion, "While registrants can be forced to participate in education, they cannot be made to learn."

"With PDAP we're offering pharmacists the positive aspects of continuing education, without the negative impact of making it mandatory," explains Doreen.

PDAP provides two options - a Knowledge Assessment (KA) open-book exam and a Learning & Practice Portfolio (LPP). Pharmacists who choose the LPP decide what they want to learn and how they want to learn it. A Self-Assessment Form helps pharmacists identify their strengths and weaknesses and choose the learning they need most. An evaluation process enables them to show how their learning impacts their practice and demonstrate to others that they are staying current.

"Instead of mandating continuing education (CE) the LPP values all kinds of learning, including CE units," says Doreen. "Some pharmacists view the LPP as an expanded version of mandatory continuing education."

For more information about the LPP or any other aspects of PDAP, please contact Doreen at the College office or by email, pdap@bcpharmacists.org.

Survey findings

According to a survey of 155 Canadian regulatory bodies and professional associations:

- The top reasons for having a competency program were public protection and professional growth
- Continuing education and self-assessment were the most common approaches, yet they ranked lowest for satisfaction
- Examination and assessment were the least common approaches, yet they ranked highest for satisfaction

Source: "Continuing Competence Assessment for Regulated and Non-regulated Professionals," Assessment Strategies Inc., February 1999.

PDAP PARTICIPANT INFORMATION

If you have been selected to participate in the first cycle of the Professional Development and Assessment Program (PDAP) you should have already received a registration form with your PDAP Handbook and Self-Assessment Form.

- PDAP participants have until August 15, 2003 to complete their Self-Assessment Form, choose the Knowledge Assessment (KA) or Learning & Practice Portfolio (LPP) option and send or fax your registration form to the College.
- Depending on the PDAP option you choose, you will receive either a Knowledge Assessment Information Guide or a Learning & Practice Portfolio Information Guide. These guides give you detailed information about your option.
- The KA is held at least three times a year in communities across the province. PDAP participants have until February 28, 2005 to take the KA or complete the LPP.
- If you haven't been selected for this cycle of PDAP and would like to participate in the first PDAP cycle starting September 1, 2003, you can register any time before the registration deadline. This option may suit pharmacists who are planning maternity or paternity leaves or other major personal events.
- Registration deadline is August 15, 2003.



COUNCILLOR CONTACT LIST

Erica Gregory, President
District 4 - Kootenay/Okanagan
tel: 250-368-3790 fax: 250-368-3513
email: ericagregory@look.ca

Wayne Rubner
District 1 - Metropolitan Vancouver
tel: 604-730-7928
email: Wayne_R@shaw.ca

Amin Bardai
District 2 - Fraser Valley
tel: 604-241-9115 fax: 604-241-9115
email: aminbardai@shaw.ca

Caren Heughan
District 3 - Vancouver Island/Coastal
tel: 250-388-5181 fax: 250-388-5191
email: caren_heughan@hotmail.com

Janice Reynolds
District 5 - Northern B.C.
tel: 250-747-5170 fax: 250-992-8870
email: blakereynolds@telus.net

John Hope
District 6 - Urban Hospitals
tel: 604-587-3721 fax: 604-587-3720
email: John.Hope@fraserhealth.ca

Carol Gee
District 7 - Community Hospitals
tel: 250-565-2318 fax: 250-565-2888
email: Carol.Gee@northernhealth.ca

Robert Sindelar, Dean
Faculty of Pharmaceutical Sciences
tel: 604-822-2343 fax: 604-822-3035
email: sindelar@interchange.ubc.ca

Gurmeet Gill
Government Appointee, Surrey
tel: 604-572-3005 fax: 604-572-7970
email: gurmeetgill65@hotmail.com

Jo Ann Groves
Government Appointee, Smithers
tel: 250-847-2214 fax: 250-847-2171
email: thegroves@telus.net

Marina Ma
Government Appointee, Vancouver
tel: 604-657-9802 fax: 604-261-0082
email: mma@uniserve.com

Peter Rubin
Government Appointee, Vancouver
tel: 604-631-3315 fax: 604-631-3309
email: peter.rubin@blakes.com

COLLEGE MISSION

To ensure British Columbia pharmacists provide safe and effective pharmacy care to help people achieve better health.

New privacy legislation

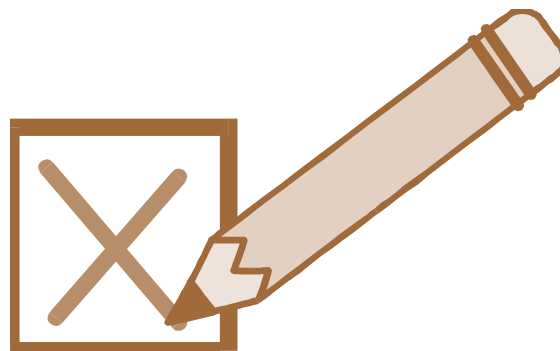
In January 2002, the federal government introduced the *Personal Information Protection and Electronic Documents Act* (PIPEDA) to provide privacy

protection for personal information that is collected, used or disclosed in the private sector through any activity, not just "electronic" or "online" activities. Personal information is defined as "information about an identifiable individual" and includes such things as age, race, marital status, medical history, address and telephone number.

On January 1, 2004, the Act will apply more broadly. The key principle will be the requirement for organizations to obtain an individual's consent when they collect, use or disclose personal information. The general rule is that no one else will be able to make use of an individual's personal information without that person's permission. Personal information can only be used for the purposes for which it was collected. Individuals should be given the assurance that their information will be protected by specific safeguards, like locked cabinets, computer passwords, encryption and proper destruction methods.

B.C. pharmacists may also have to comply with provincial privacy legislation. The provincial government is currently developing legislation that will come into effect if approved by the federal government.

The College will send detailed information to all members on the provincial legislation as it is finalized, likely in fall 2003.



Council elections held

Elections for the College Council were conducted on May 29, 2003. Congratulations to the successful candidates, who will take office for a two-year term at the conclusion of the College annual general meeting on November 29, 2003.

District 1 - successful candidate -
Wayne Rubner (Vancouver)

District 3 - successful candidate -
Howard Rose (Victoria)

District 5 - no nominations received -
new election to be called for
September

District 7 - one nomination received -
Carol Gee re-elected by
acclamation

HOSPITAL PHARMACY INSIGHTS

Seamless Care

Recently there was a visually-impaired patient discharged home from a hospital on a daily subcutaneous regimen of low molecular weight heparin (LMWH). A pre-filled syringe with the required dose of LMWH was commercially available and would have been the preferred product to dispense to this patient. However, when the patient presented a prescription for the LMWH to the community pharmacy, the pharmacist, who was not familiar with the product, dispensed a multi-dose vial of LMWH. As a result a home care nurse was required to come in and draw up the required dose for the patient to administer.

Early discharge of patients from hospitals to make beds available has resulted in some patients being discharged home without adequate notice or opportunity for the pharmacist to provide a discharge summary plan. Often it is difficult to coordinate this activity between the pharmacy and the nursing unit, with the result that a patient may come to a community pharmacy unable to provide relevant, accurate and current information with respect to their pharmaceutical needs.

An integral part of a patient care plan is to support and monitor the client's progress with a care plan (*Framework of Professional Practice*, Role 1, Provide Pharmaceutical Care). As a minimum pharmacists should verify that patients and caregivers understand what medications they are using, why they are using them, and how to use them.

Hospital pharmacists can facilitate the transfer of drug therapy information to community pharmacists once the required written consent has been obtained from the patient. This process ensures each patient's regimen of pharmaceutical care is maintained, thereby avoiding drug-related problems, or at the very least keeping them to a minimum. The transfer of information between the hospital and the community pharmacy should include stating the desired outcome and the level of monitoring required to ensure that the outcome is achieved. Documentation of the information provided to the patient should be included in the health record.

Our goal is to help people achieve their desired health outcomes smoothly. We do this by providing current, rational, safe and cost-effective pharmaceutical services and products. In addition, we provide information in collaboration with the patients and the subsequent caregivers in the health care community, in order to continue the desired regimen to its completion. By documenting and communicating the needs of the patient to the community pharmacist, the hospital pharmacist avoids wasting resources and ensures a smooth transition. We need to accept responsibility for assisting the patient to achieve their desired outcomes. There is a process for this. It is called seamless care.



COUNCIL HIGHLIGHTS

The Council of the College of Pharmacists of B.C. met at College Place in Vancouver on Friday, June 20. These are the highlights of the meeting discussions.

Planning Session

The Councillors participated in a half-day planning session designed to:

- Confirm the College's mission
- Build a common understanding of the Council's desired outcomes
- Revise and, where necessary, add to the Council's desired outcomes for the next three to five years

New Mission Statement

The current mission statement for the College was reviewed for its clarity and relevance. Although the relevance of ensuring safe and effective pharmacy practice outcomes was strongly confirmed, the Councillors decided to slightly re-word the mission statement to emphasize the recipients of pharmacy care.

Our Mission

To ensure British Columbia pharmacists provide safe and effective pharmacy care to help people achieve better health.

Awards Program

Plans were made to revise the College's awards program by focusing on practice achievements, rather than on single-criteria awards such as the Fifty-Year Practice Award. A decision was made to phase out the Fifty-Year Practice Award by granting the award to eligible pharmacists who have been registered as a pharmacist for 45 years or more by the end of 2003.

Pharmacists are welcome to make suggestions for new awards categories during the coming months as the program is redeveloped. Please contact any Councillor or the Registrar with your ideas.

Pharmacy Corporate Directors

At the Registrar's request, the Councillors considered whether it would be useful to revamp the current requirement that each corporation that owns a pharmacy must have a board of directors with the majority of the board members pharmacists registered in British Columbia. Corporate owners occasionally have difficulty finding pharmacists who are willing to undertake the responsibilities of this position.

The Council indicated its willingness to consider relaxing the requirements and requested that the Registrar provide further information and several options for consideration at the next Council meeting.



QUESTIONS & ANSWERS

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

Q Can Benadryl® (diphenhydramine) be sold from the Professional Products Area (Schedule III) of a pharmacy?

A Oral forms of Benadryl® (diphenhydramine) can be sold from the Professional Products Area (Schedule III) of a pharmacy, however, topical forms must be sold from the Professional Services Area (Schedule II).

Q Can Buscopan® (hyoscine) tablets be sold without a prescription?

A Yes, it is a Schedule II drug and may be sold from the Professional Services Area of a pharmacy.

Q Do I need a duplicate / triplicate prescription to compound codeine 60 mg/5 ml in acetaminophen syrup?

A Yes, the duplicate / triplicate prescription guidelines state that a duplicate / triplicate prescription is required for codeine when prescribed as a single entity or when included in a preparation containing 60 mg or more per dosage unit.

Q Do I need to account for the dispensing of "balance owing" prescriptions even though the original prescription is already hand-initialled by the dispensing pharmacist?

A Yes, Council policy EP-21 states that each prescription (new, refill or balance) must be accounted for in all instances. The prescription number, quantity and handwritten identification of the pharmacist dispensing the balance owing must be documented in the refill log (noted as a balance owing) or in a separate log of dispensed balance owings.

Q Are all strengths of Reactine® (cetirizine) now Schedule III?

A The various Reactine® (cetirizine) products are scheduled as follows:

Product	Schedule
Reactine® (cetirizine) pediatric liquid 5 mg/5 ml	III - must be sold from the Professional Products Area of a licensed pharmacy
Reactine® (cetirizine) 5 mg tablet	U - may be sold from any retail outlet
Reactine® (cetirizine) 10 mg tablet	U - may be sold from any retail outlet
Reactine® (cetirizine) 20 mg tablet	I - requires a prescription

Identifying patients for PharmaNet purposes

As requested by Council, College staff have completed an analysis of the patient identification guidelines for the purposes outlined in Bylaw 6(49)(2). PharmaNet Coordinator Melva Peters says that, "Other than the creation of duplicate patient records and the entry of new prescription information onto incorrect patient records, no other major problems have been identified with use of the current bylaw wording and identification guidelines." The list of acceptable identification documents in the *Guidelines for the Positive Identification of Patients* was designed to comply with Ministry of Health standards for the Client Registry (creation of PINs) in the mid-1990s when the PharmaNet system was implemented.

In line with the College's efforts to transition to outcomes-based regulation and in consultation with College staff closely involved with PharmaNet administration, the College has decided to retain the current wording of Bylaw 6(49)(2). However, several changes have been made to the guidance document.

It has been renamed *Identifying Patients for PharmaNet Purposes* and revised to emphasize the individual pharmacist's and pharmacy manager's responsibility to ensure the positive identification of patients. The list of primary and secondary identification document options has also been expanded.

The revised guidance document was recently mailed to all pharmacists. It can be viewed on the College web site, [www.bcpharmacists.org/PharmaNet/Resources/Identifying Patients for PharmaNet Purposes](http://www.bcpharmacists.org/PharmaNet/Resources/IdentifyingPatientsforPharmaNetPurposes).

Obtaining a PharmaNet Patient Record

A patient may obtain a copy of his or her PharmaNet Patient Record by making a request at any pharmacy in British Columbia. The record cannot be printed at the pharmacy, but a request is forwarded electronically to the College of Pharmacists of B.C. using the PharmaNet TPM transaction. The College mails the PharmaNet Patient Record directly to the patient.

To request a Patient Record the patient must provide positive identification at the pharmacy.

Positive identification is:

- 1 piece of Primary Identification (drivers license, passport, provincial identity card issued by the province of B.C., Police Identity Card issued by RCMP or municipality, Indian Status Card) OR
- 2 pieces of Secondary Identification (Care Card issued by the province of B.C., Birth Certificate, Canadian Citizenship Card, Landed Immigrant Status papers, Naturalization Certificate, Marriage Certificate, Change of Name Certificate, Identification or Discharge Certificate from External Affairs Canada or Canadian Armed Forces, Consular Identity Card)

To be sure that the Patient Record is mailed to the patient's correct address, check the address on PharmaNet and update it if it is not current.

The PharmaNet Patient Record the patient will receive in the mail includes:

- *Current Demographic Information:* This lists the name, address, phone number, personal health number and gender on record with the Ministry of Health.
- *Clinical Information:* Current and chronic medical conditions and the person who reported the information (patient, pharmacist or prescriber) are listed.

- *Adverse Drug Reaction Information:* This includes allergies and the side effects the patient has experienced with medications taken. It also lists the person who reported the information.

- *Medication History:* All prescriptions dispensed at PharmaNet-connected pharmacies in the past 14 months are shown. The prescription number, date dispensed, drug identification number, brand name, strength and dosage form of the drug, quantity dispensed and prescriber are listed.

- *Medication Profile Access:* To protect privacy, each access made to the clinical information, adverse drug reaction information, or the medication history by pharmacists, emergency department physicians, private physicians, the College of Pharmacists of British Columbia or the College of Physicians and Surgeons of British Columbia is recorded. Each access during the past three years includes the date, pharmacy or group identification, the name of the practitioner and the transaction or reason for access.

The PharmaNet Patient Record does not include any details about the costs of the medications dispensed. This information can be requested from the pharmacy that dispensed the medication, or from PharmaCare for those medications paid for or covered by PharmaCare.

A PharmaNet Patient Record that includes medications dispensed more than 14 months ago, and/or which includes accesses to the Patient Record more than 3 years ago can be obtained by contacting the College of Pharmacists of B.C. at (604) 733-2440 or 1-800-491-6333. There is a \$200 fee (plus GST) for this service.

Antivirus Software Strongly Recommended for Pharmacies

Several incidents of virus infections in pharmacy computer systems have occurred over the past few months. The result of these infections has included local computer system outages which can lead to the loss of local business functions as well as loss of the ability to transmit prescriptions electronically to PharmaNet and Third Party Adjudicators.

All pharmacies in British Columbia, through the connection to PharmaNet, have access to the Internet and therefore are at risk of virus infection. In addition, diskettes or CD ROMs can contain viruses. Antivirus software with up-to-date virus definitions is the easiest way to reduce or eliminate this risk.

Good Antivirus software includes "real-time scanning" for viruses so that files read by the computer, including those read from diskettes, CD ROMs, hard drives, network resources and the Internet, are automatically scanned for viruses without the need for user intervention. In addition, some Antivirus software can be configured to scan incoming and outgoing email messages.

It is strongly recommended that all pharmacies install up-to-date Antivirus software on their local computer systems. Commercial versions of Antivirus software typically receive updated virus definition files weekly. Pharmacy managers should discuss Antivirus software solutions with their computer support organization or software support organization (SSO).



DRUG UPDATES AND ADVISORIES

HEALTH CANADA ADVISORIES

- **Seavite products with iodine - advisory against the use of these products**
- **Fragmin® (dalteparin sodium injection) - clarification of dosing recommendations**
- **Permax® (pergolide mesylate) - safety information regarding development of cardiac valvulopathy drug therapy**

See detailed postings on the NAPRA (www.napra.ca) or College (www.bcpharmacists.org) web sites.

ANABOLIC STEROIDS

Anabolic steroids are not monitored by the Duplicate / Triplicate Prescription Program, so the drugs do not need to be prescribed using the special forms.

PRECURSOR CONTROL REGULATIONS

The federal Precursor Control Regulations implemented in July 2003 have a minimal effect on community and hospital pharmacy practice. The intent of the regulations is to control and monitor precursors used in the manufacture of illicit substances. Ephedrine and pseudoephedrine are Class A precursors, but pharmacies do not require a license to sell products unless they sell packages containing over 3 g pseudoephedrine or 400 mg ephedrine. Guidance documents are available at <http://www.hc-sc.gc.ca/ocs-bsc>.

WHAT WENT WRONG?

Dear College:

Last Thursday I called my doctor's office and requested that he phone in a renewal for my prescription. He called the pharmacy and left a recorded voice message on its interactive voice response system.

Two days later I called the pharmacy to ask if my prescription had been phoned in. I was told that it had not. Since my doctor only works on Thursdays, I was very upset that I would have to wait five more days for this issue to be resolved.

Five days later a pharmacist called to tell me that in fact a prescription had been phoned in last week. Apparently the pharmacist at the time had misheard my name and the doctor's name.

Concerned about Communication

The pharmacist that transcribed the prescription from the interactive voice response system (IVR) heard that the prescription was for "Jane Doe" from "Dr. Darby." When he couldn't find "Jane Doe" in the local pharmacy database, he contacted the doctor's office. He was told that there wasn't a prescriber there by that name. He then placed the prescription in the "patient not on file" bin.

Five days later it was discovered that the prescription was for "Jane Boe" from "Dr. Hardy."

How could the above incident been avoided?

An IVR system can be a great tool for improving the efficiency of your practice and decreasing interruptions. If you are using an IVR system, ensure that safeguards are in place to avoid misinterpretation. The following strategies may be helpful:

- Prompt prescribers to include their practitioner identification numbers in the message

- Prompt prescribers to spell out the patient name and the drug name in the message
- Prompt prescribers to leave their telephone numbers, including the area code, in the message
- Always clarify with the prescriber if there is any part of the prescription you cannot understand

When taking verbal prescriptions or clarifying prescriptions on the phone, the following strategies can be used to reduce the incidence of errors:

- Repeat the prescription to the prescriber, enunciating clearly and slowly
- When repeating prescriptions, state numbers (e.g. say aloud "one five" instead of "fifteen" which can be misheard as "fifty")

If you have any other tips on how to make the best use of an IVR system, please share them with the College. Contact Zahida Esmail at zahida.esmail@bcpharmacists.org.

COMMITTEE PROFILE: Hospital Pharmacy

By bringing together pharmacists from a cross-section of B.C. hospitals, the Hospital Pharmacy Committee offers members extensive expertise on the many and varied aspects of hospital pharmacy.

"Over the years there have been numerous issues around the permitted scope of practice for pharmacy technicians in hospitals," says the committee's staff resource person Alan Samuelson. The committee has identified an expanded role for technicians and been able to liaise with other professional bodies to explain what is acceptable under current legislation. "For example, the committee gave the RNABC information about nursing practice in relation to medication administration," says Alan.

Committee members meet every second month to review issues relating to hospital pharmacy practice and help develop policies and guidelines. Using the Bulletin, they also answer questions from pharmacists and pass on important new information.

In addition to helping pharmacists and other professional groups, being a committee member pays personal dividends. "For the College to be most effective as a liaison between public safety and the practice of pharmacy, the active involvement of pharmacists is required," says Committee Chair Dianne Kaptay, pharmacy manager at the Fraser Valley Cancer Centre. "Being a member of this committee gives me a broad view of how pharmacy is practised in other institutions.

"For example, the clinical care delivered where I work differs substantially from that delivered at B.C. Children's and Women's Health Centre. However, there are things I can learn from my Health Centre committee colleague about how they do business."

The Hospital Pharmacy Committee always welcomes new members. If you are interested in getting involved or want more information please contact Alan Samuelson at the College, ext. 237, email: alan.samuelson@bcpharmacists.org.

Hospital Pharmacy Committee

Dianne Kaptay, Chair
Mark Collins
Sherry Coutts
Jack da Silva
Cam Egli
John Hope
Dr. Anita Lo
Keith McDonald
Bruce Millin
Linda Morris

NEW APPOINTEES AND AWARD RECIPIENTS

The government has appointed **Jo Ann Groves to the Council of the College of Pharmacists for a one-year term, effective May 16, 2003. She resides in Smithers, where she is co-owner and manager of Coast Mountain Chev Olds Ltd. Jo Ann has served on the Smithers Town Council as an elected representative from 1999 to 2002. She has also served as Councillor for the Bulkley Valley Health Council. Jo Ann has studied at both Cariboo College and Simon Fraser University.**

Marshall Moleschi is representing the College of Pharmacists of B.C. on the steering committee for the Ministry of Health Services' Leadership Collaborative on Congestive Heart Failure.

Neil de Haan is this year's British Columbia recipient of the Future Leader Award, co-sponsored by Apotex Inc. and the Canadian Pharmacists Association. The recipients are chosen by their respective faculties of pharmacy for having made a substantial contribution to undergraduate student life and for their potential to continue this dedication and enthusiasm for the betterment of the profession in the future.

Ivy Chow is the 2003 recipient of the Gibb G. Henderson Memorial Prize in Pharmaceutical Sciences. The award is funded by the College.



RESOURCE SOURCE

■ **Ashton Manual Benzodiazepines: How They Work and How to Withdraw**

Pharmacies received a hard copy of the Ashton Manual several years ago. An updated version is now available. Pharmacists can easily access the manual via the College web site, www.bcpharmacists.org>What's New>The Ashton Manual.

■ **PrescriptionWise www.prescriptionwise.com**

PrescriptionWise is a public education pilot project designed to help people understand their prescriptions and use medications correctly. The web site offers common sense advice and handy patient tools for anyone taking prescription drugs.

■ **Motherisk www.motherisk.org**

Motherisk is a service of the Sick Children's Hospital in Toronto that provides counselling and conducts research on the effects of drugs in pregnancy and lactation.

■ **Non-Potable Alcohol and Inhalant Abuse www.inhalants.ca**

Created by Manitoba's Non-Potable Alcohol and Inhalant Abuse Committee, the web site describes the problem, suggests how to deal with it, summarizes legal information and provides links to organizations offering assistance. You can also direct specific questions to the committee via the web site.



Methadone training

continued from pg 1



Brenda Osmond

Earlier this year Surrey proposed a controversial bylaw that would have allowed police to scrutinize the client lists of pharmacies that dispense methadone. "This was clearly unacceptable because it conflicted with the fundamental principle of the confidentiality of patients' health records," says Deputy Registrar Brenda Osmond.

Following discussions with the College about alternate approaches, City Council endorsed a new bylaw on May 26, 2003. The bylaw states in part, "No pharmacist shall provide, permit or allow a carry without a physician's written prescription to that effect. Every pharmacist shall ensure that the methadone has been swallowed in his or her presence by requiring the patient to talk or open his or her mouth after drinking (the drug)." Pharmacies dispensing methadone contrary to prescription instruction could be fined up to \$5,000 by the City of Surrey and lose their business license.

"The concerns recently expressed by some communities, including Surrey, highlight the importance of methadone treatment being made a regular part of traditional pharmacy practice," says Brenda.

In an effort to disperse high concentrations of methadone users, the College is developing a methadone training program. "We're hoping that by providing training more pharmacies will get involved in the methadone maintenance program."

Sessions will likely cover:

- pharmacology of methadone
- aims and goals of the methadone program
- strategies to integrate methadone services into pharmacy practice
- how to bill for methadone

Training will initially be offered to pharmacists working in Surrey with future sessions provided depending on demand. A revised methadone information package will be available on the College web site in the fall.

The College has also agreed to work with Surrey RCMP to discuss the possibility of undercover operations to identify pharmacies that allow clients to take home methadone "carries" not authorized by a physician.

"Although methadone is the best studied and most effective treatment for people on heroin, from time to time it becomes the focus of negative public and media attention," says Brenda.

"The evidence is clear. People who use methadone for long periods of time have decreased illicit opioid use, decreased criminal activity and decreased rate of transmission of blood born diseases such as HIV and hepatitis. They also enjoy a better quality of life and improved physical and mental health." British Columbia currently has more than 7,000 people on the methadone maintenance program.

For more information about the methadone maintenance program please contact Deputy Registrar Brenda Osmond at the College, email: brenda.osmond@bcpharmacists.org.

Medical marijuana

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Dr. Robin O'Brien

This position was developed in co-operation with Dr. Robin O'Brien, a public information pharmacist at the B.C. Cancer Agency who is a member of the College's Drug Advisory Committee. Robin is also a member of Health Canada's Stakeholder Advisory Committee on Medical Marijuana.

The draft position states:

- The College of Pharmacists of British Columbia considers medical marijuana to be the herbal form of the cannabinoid class of drugs
- Pharmacists currently dispense cannabinoids as the prescription synthetics, nabilone and dronabinol
- Dronabinol is THC, which is also the primary active constituent of medical marijuana
- Patients have the right to use either a synthetic or herbal source of THC and other cannabinoids for legitimate uses
- The College discourages the smoked route and encourages research that includes alternative delivery systems
- The College supports patient access to standardized medical marijuana through pharmacies, preferably at the same level of control as the synthetic cannabinoids

At the May 2 meeting of Council, Councillors decided the College should undertake a consultation process to provide pharmacists and other stakeholders with the opportunity to comment on this proposal. When this process is complete Councillors plan to finalize the policy statement at the September 19 Council meeting.

For more information please contact Registrar Linda Lytle at the College, email: linda.lytle@bcpharmacists.org.

Facts about breast pumps

Submitted by the Fraser South Breastfeeding Promotion Committee

There are situations where a breast pump may be very useful to a nursing mother. Frequent nursing problems seen in the community include engorgement, latching difficulties, insufficient milk supply, and sore nipples that need a break. Mothers need to know what types of pump are most helpful for their particular needs.

Manual pumps are useful for engorgement or occasional pumping. Parents will often use them to save milk for times when they want to go out without their baby. Working mothers frequently will purchase mini electric or manual pumps.

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ECP program

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Linda Lytle

"We are delighted CSAE chose to recognize the enormous effort that went into creating a program that has benefited so many lives," says Linda. "Our next challenge is to raise awareness amongst young women across B.C. of their right to access ECP directly from pharmacists."

For more information about the ECP program, please contact Dr. Brenda Osmond at the College, 604-676-4202, email: brenda.osmond@bcpharmacists.org, or Mary McClelland at the BCPhA, 604-261-2092, email: mary.mcclelland@bcpharmacy.ca, or visit the College web site, www.bcpharmacists.org.

NAPRA REPRESENTS B.C. PHARMACISTS

The National Association of Pharmacy Regulatory Authorities (NAPRA) provides a variety of services that benefit B.C. pharmacists. NAPRA recently represented the interests of B.C. pharmacists at:

- The Network of Regulatory Agencies in Ottawa, an organization that focuses on educating the federal government regarding emerging issues affecting the regulation of professionals
- A workshop hosted by Health Canada in Edmonton to inform stakeholders about implications of upcoming Precursor Chemical Control Regulations
- A working group meeting of NAPRA and the Canadian Association of Chain Drug Stores held in Toronto to develop recommendations for electronic transmission of prescriptions
- A meeting of the Advisory Committee of the National Initiative for Telehealth Guidelines working to develop a national framework of guidelines for telehealth
- A health professions stakeholders meeting convened by the Public Policy Forum in Ottawa to obtain input into improving federal regulatory processes to approve new drugs
- A stakeholder forum held by the Canadian Institute for Health Information and the Canadian Initiatives in Health Research in Ottawa to discuss adverse effects and drug errors occurring in hospitals

For more information about NAPRA activities and how you can get involved, contact Registrar Linda Lytle at the College, email: linda.lytle@bcpharmacists.org.

Check www.bcpharmacists.org or
www.ubcpharmacy.org/cpe for details

PLAN TO ATTEND

Event CSHP B.C. Branch - Clinical Symposium
Date September 13, 2003
Location Pan Pacific Hotel, Vancouver
Contact Janice Yeung, Programs Chairperson, 604-875-4111, ext. 63761

Event Council Meeting
Date September 19, 2003
Location College office, Vancouver
Contact Samantha Lam, 800-663-1940, ext. 220

Event CSHP B.C. Branch - Annual Meeting
Date November 21-22, 2003
Location Sheraton Wall Centre, Vancouver
Contact Janice Yeung, Programs Chairperson, 604-875-4111, ext. 63761

Event Council Meeting
Date November 28, 2003
Location College office, Vancouver
Contact Samantha Lam, 800-663-1940, ext. 220

Event College Annual Meeting
Date November 29, 2003
Location to be announced
Contact Samantha Lam, 800-663-1940, ext. 220



The Bulletin newsletter provides important College and pharmacy practice information. All pharmacists are expected to be aware of these matters. Licensed pharmacies must have the last three years of Bulletin issues on file as per reference library requirements.

Breast pumps

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Full size electric pumps are useful for the above reasons but are especially recommended to establish, maintain and even to increase breast milk supply when a mother is unable to breast feed.

Like breast feeding, pumping is a learned skill. Many mothers are able to express only a few drops of milk when they first try an electric breast pump. With practise, pumping soon becomes easier.

We recommend alternating breasts several times during expression. This will result in a higher volume of milk. Pump until milk slows to infrequent drops, then switch sides. Continue this for 20-25 minutes.

An automatic electric breast pump with double pumping attachments is recommended for women with little time or who will be doing longer term pumping (e.g. with a premature baby). Double pumping will take about 10-15 minutes and seems to be more effective in maintaining milk supply.

Mothers are encouraged to contact their local Public Health Units for more information.

BULLETIN

Published by:

College of Pharmacists of British Columbia
200-1765 West 8th Avenue
Vancouver, B.C. V6J 5C6

Tel: 604-733-2440
800-663-1940

Fax: 604-733-2493
800-377-8129

Email: info@bcpharmacists.org
Web Site: www.bcpharmacists.org

Managing Editor:

Linda Lytle, Registrar

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