



## Pharmacy Tobacco Sales Task Group Update



As reported in the January/February 1998 *Bulletin*, College Council struck a Tobacco Sales task group in response to member concerns and opinion survey results about pharmacy tobacco sales. The task group met in January to develop proposals for Council to further its 21 November 1997 motion for initiating "steps to make recommendations to the Provincial Ministry of Health to prohibit the sale of tobacco products from retail premises which contain pharmacies."

The task group reviewed other provinces' positions or regulations regarding the sale of tobacco from licensed pharmacy premises, and also listed issues, factors and concerns individual members believe may have an impact on the development of options and implementation plans. An option package was then identified by the group, forming elements of the program proposal presented to Council on 23 January.

The proposals in the option package were approved by Council in

principle. The BCPhA also supports in principle the proposals of the task group. The program proposal will be subject to change based on further review by the task group and by Council at its March meeting. The final proposal will then be presented to the Ministry of Health. College members will be kept informed of progress on the pharmacy tobacco sales issue as it occurs.

Proposal highlights include:

- ▶ New community pharmacy licences would be issued only when tobacco products are not sold or distributed from the premises.
- ▶ Licensed community pharmacies currently selling or distributing tobacco products would be required to offer a College-approved smoking cessation program as an immediate first step towards the eventual elimination of tobacco products.
- ▶ Community pharmacies which currently or subsequently do not sell or distribute tobacco products and which offer College-approved smoking cessation programs would be authorized to offer smoking cessation products as a Pharmacare benefit.
- ▶ Community pharmacies which do not sell or distribute tobacco products would be authorized to offer and invoice the government for other services (yet to be determined).
- ▶ The government would support scope of practice expansion for

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Linda Lytle, Registrar

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

pharmacists to enable agreed-upon new pharmacy services.

- ▶ The BCPhA would develop and offer the necessary education programs for expanded pharmacy services.
- ▶ The Ministry of Health, the College and the Association would partner in the development of an appropriate community relations program to inform the public

*(Continued on page 2)*

## Members' Ideas Welcomed



College Council, Registrar Linda Lytle, and all College staff welcome members'

contribution of ideas for policy areas that need to be developed or fine-tuned. All input received will be forwarded to the Registrar's office for the preparation of discussion items to be considered by Council.

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## Sending Medications to Canadian Citizens in the U.S.



All prescription drugs mailed to Canadian citizens at addresses in the United States must now include the following documentation:

1. A photocopy of a document proving the addressee's Canadian citizenship (e.g. birth certificate, health card, drivers licence, passport).
2. A Consignment Note (form #33-808-001). A telephone number where the addressee can be contacted must be written on this Note under (5), Receiver's name and address.
3. An Invoice Declaration Form (form #33-081-002). The contents should be declared as prescription medication. Any alternate descriptions of the packages' contents could result in the seizure and destruction of the package. Fines in the range of \$400-\$700 could also be assessed. At a minimum, it may cause a delay in the package reaching the addressee.

## Tobacco Sales

(Continued from page 1)

about the new initiatives.

- ▶ The College and the Association would continue to seek controlled-access tobacco sales (sale of tobacco products from a limited number of sites which are operated similarly to government liquor outlets) with the objective of reducing tobacco use.
- ▶ Once the implementation program is agreed to, the College would initiate the required legislative amendments to prohibit the sale or distribution of tobacco products from all licensed pharmacies, effective five years from the proclamation date of the legislation.

All the above documents must be placed in a plastic pouch on the outside of the package. Consignment Notes and Invoice Declaration forms can be obtained from Canada Customs offices. Prescriptions cannot be mailed to U.S. citizens.

Under no circumstances can narcotics be mailed into the U.S. Canadian citizens carrying prescriptions with narcotics into the U.S. are advised to also carry a letter from their physician to attest to their treatment with the medication. U.S. customs officials have the right to seize and destroy all contents of a package containing a banned drug. Therefore, if regular prescription medication is included in a package with a narcotic, all contents may be destroyed because of the narcotic.

Pharmacists should advise their patients travelling to the U.S. to take enough medication with them to cover the duration of their stay to avoid any inconvenience. Patients may be wise to take slightly more medication with them than necessary for their length of stay in case of unexpected delays in returning to Canada.

(Reprinted from Alberta Pharmaceutical Association, *Communications*.)

## Important Coroner's Recommendations

A Coroner's Inquiry into the death of a 76-year-old man concluded that he died from bronchopneumonia due to acute intracranial hemorrhage, as a consequence of inadvertent ingestion of anticoagulant medication.

The man had taken an excessive amount of the anticoagulant Coumadin<sup>®</sup> for 22 days. At the same time he took less than the prescribed amount of diuretic Lasix<sup>®</sup>, a situation that contributed to the worsening of his cardiac failure. The source of this medication error appears to have been the pharmacy that filled the prescriptions.

The patient had brought two empty containers that had previously held Coumadin and Lasix into his pharmacy. These containers were used to refill the medications. Upon admission to the hospital, 22 days after the prescriptions were filled, examination of the two bottles revealed that they had

been cross-labelled.

The Coroner's recommendations to the College of Pharmacists of B.C. included advising community pharmacies of:

- ◆ The potential hazards of reusing medication containers and placing new labels over old ones.
- ◆ The necessity to review prescribed medications with the patient.
- ◆ The necessity to open the container in front of the patient even on refill, particularly when the appearance of the medications is similar.

Pharmacists are asked to carefully review and implement these recommendations in their practice to help prevent a death of a similar nature from occurring in the future.



## Drug Updates



- ◆ Pharmacists should take precautions with the following sound-alike drug names:
  - **Foradil**® dry powder capsules sounds like **Toradol**®.
  - Foradil's generic name, **formoterol fumarate 12 mcg**, manufactured by Novartis, sounds like **fenoterol**, manufactured by Berotec.
- ◆ **Select**® 1/35 and **Brevicon**® 1/35 are made by the same manufacturer in the same facilities, using the same ingredients and processes. For these reasons the two products are considered interchangeable.
- ◆ **Tiazac**® is a novel, once daily formulation of diltiazem with a unique pharmacokinetic profile. It is noninterchangeable with other diltiazem controlled-delivery products.
- ◆ **Chronovera**® is a controlled-onset extended-release formulation of verapamil with a unique pharmacokinetic profile. It is noninterchangeable with other sustained-release verapamil products.
- ◆ There have been reports of patients receiving inappropriate continuous therapy with etidronate (**Didronel**®) for the treatment of postmenopausal osteoporosis. The recommended dosing for the treatment of osteoporosis is 14 days of etidronate disodium 400 mg followed by 11 to 13 weeks of elemental calcium 500 mg daily. The **Didro-cal**® Kit provides a 90-day cycle of etidronate and calcium that matches these recommendations. Three to six months of continuous etidronate, usually without calcium supplementation, is indicated for the treatment of symptomatic Paget's disease. **Didronel**® is indicated for the treatment of symptomatic Paget's disease and for the treatment of hypercalcemia of malignancy.

## In Brief



### ► Circulation of New Triplicate Prescription Form

The new two-part Triplicate Prescription (TPP) form is now in circulation. However, pharmacists may continue to see the old three-part form until all prescribers change over to the new form.

On the TPP form, pharmacists no longer need to complete the information below the line "Pharmacy Use Only," but are required to get the patient's or agent's signature.

### ► College of Midwives Registrants

The College of Midwives of B.C. has given a list of its 30 registered midwives to the College of Pharmacists of B.C. The list is available to interested pharmacists through contacting the CPBC office.

### ► Narcotic Records

Effective January 1996, the Health Protection Branch discontinued the requirement to submit regular narcotic reports. Pharmacists are still required, however, "to maintain on their premises updated records of their purchases and sales transactions" in accordance with Sections 38, 39, 40 and 41 of the *Narcotic Control Regulations*. These regulations refer to "a book, register, or other record." This does not necessarily mean the old-style narcotic register, particularly since Health Canada no longer produces this book.

Narcotic purchase and sale records must still be maintained for a minimum of two years and be readily accessible for inspection. (Reprinted from Newfoundland Pharmacy Association, *The Apothecary*.)

### ► Refill Prescriptions Policy

Pharmacists are permitted to accept only authorization for refills of prescriptions which identify (either verbally or in writing) the drug, the quantity, and the name of the patient. Refill instruction which simply states "Refill prescription #1234" cannot be accepted by pharmacists. This policy applies to all prescriptions in B.C.

### ► Folic Acid Supplements

In a survey on the availability of folic acid, only 40% of pharmacists recommended folic acid supplementation before conception. In another survey, 40% of physicians did not mention this supplementation with women of childbearing age or those planning pregnancy. Pharmacists are in an ideal position to tell patients about the role of folic acid (0.4 mg daily) in preventing neural tube defects and should make a point of providing this information.

### ► Medical Supplies to People in Need

MAP International of Canada responds to international relief efforts, providing essential medical supplies to people in need. This includes assembling Physician Travel Packs which can each contain enough medicine to treat the primary health care needs of 1,500 people. The medicine is often donated by pharmaceutical companies and health care suppliers. In fall 1997, MAP International shipped 40 pallets of medical aid to Bosnia Herzegovina, with the wholesale value of donations by companies amounting to over \$2.2 million.



## Hospital Pharmacy Insights



Methadone is a long-acting, oral opioid that may be used in the treatment of opioid (usually heroin) dependence or for pain control.

### Methadone Treatment Program

The recent increase in the number of opioid dependant patients seen in the methadone treatment program means that hospital pharmacists now frequently encounter acute care orders for methadone. For these orders:

- ◆ The physician must have authorization to prescribe methadone treatment.
- ◆ A triplicate prescription form is not required for an inpatient of a hospital.
- ◆ Dispense methadone as a solution of 1mg/mL in a vehicle of water flavoured with full strength "Tang" or other similar beverage crystals.
- ◆ A nurse, pharmacist or physician must supervise the patient's daily methadone dose ingestion. Ensure that the dose has been swallowed by engaging the patient in a conversation that requires a verbal response.
- ◆ Methadone "carries" or pass medications out of the hospital are not allowed.
- ◆ If methadone is not on the formulary, the patient may use his or her own supply. Because the patient's daily ingestion must be supervised, ask the community pharmacist to deliver the patient's methadone to the hospital pharmacy (not directly to the patient).

An information package of references about the methadone treatment program is available through contacting the College office. Note that dispensing information contained in the package is specific to community pharmacies.

### Palliative Care

Hospital pharmacists may also be consulted about using methadone for pain control, primarily in palliative care. For these medication orders:

- ◆ The physician must have authorization to prescribe methadone for pain control.
- ◆ When methadone is dispensed for pain control, there are no restrictions on the maximum daily dosage, total quantity or number of days' supply dispensed.
- ◆ Methadone may be dispensed as a 1mg/mL or more concentrated solution and the vehicle may be flavoured or unflavoured, depending on the patient's preference or tolerance.

### Methadone Records

Any licensed pharmacy may order methadone powder from a wholesaler. Methadone powder and solutions must be stored in a locked vault or cupboard at all times. All pharmacy and nursing unit receipts and issues of methadone must be recorded and counted in the same manner as for any other "straight" narcotic.

### Prescribing Authorization

To verify whether a physician has either a methadone treatment program or pain control prescribing authorization, contact the Methadone Program Coordinator at the College of Physicians and Surgeons of B.C. at (604) 733-7758 or 1-800-461-3008.

## Community Pharmacy Corner



The *Narcotic Control Regulations* require that a prescription be filed chronologically by date and prescription number. Pharmacists are sometimes presented with a prescription which the patient knows is to be dispensed within five days of prescribing, for a medication they still have a supply of from a previous prescription. Pharmacists and patients wisely do not want excess medication in the home. In these cases, the following steps should be taken:

- ▶ Note "not dispensed", "logged on only" or a similar phrase on the prescription.
- ▶ File it with that day's prescriptions, in order of prescription number.
- ▶ When the prescription is accessed from the computer and dispensed at a later date, file a "paper trail" copy on that day with a notation cross-referencing it to the written prescription.

Remember that it may not always be appropriate to dispense the prescription at a later date. Pharmacists should use their judgement in assessing the situation. The practitioner may have to be contacted to confirm the current need for the medication.



## Council Highlights

- ▶ The College's 1998-99 annual budget has been approved by Council. Total revenues are projected at \$2,446,315, with pharmacist registration and pharmacy licence fees at \$1,957,765, and other registrations at \$56,550.

The balanced budget projects \$2,396,879 in operating costs (2.5% increase from 1997-98). Expenditure increases are budgeted for Council, professional activities, inquiry/discipline, education and general administration. Expenditure decreases are forecast for committees, some Council costs, inspection, and licensing/assessment (excluding <sup>B</sup>C.A.R.E. which had some 1997 expenses carried

over to the new budget year). The new budget includes \$49,436 in capital expenditures, 95% comprised of computer hardware/software upgrades.

- ▶ A new process has been approved for selection of the Bowl of Hygeia Award recipient. Past-president and District 4 Councillor Heather Baxter will chair the committee to oversee the new selection process.
- ▶ Council has directed Registrar Linda Lytle to correspond with Health Canada concerning public safety issues relating to the downsizing and closure of Health Canada laboratories.

## What Went Wrong?



Dear College:

I just purchased a multivitamin from a community pharmacy. After I left the pharmacy I realized the manufacturer's expiry date on the product was three months ago. I went back to the pharmacy and checked the shelves; all of the other multivitamins were also expired. If they try to sell expired drugs from the front of the store, I bet they have expired prescription drugs as well.

Yours truly,

A Concerned Consumer

Dear Registrar:

Last week I got a refill on my prescription for birth control pills. When I got home I realized the package showed the pills expired two months ago. What if I hadn't noticed they were expired and gone ahead and taken them? Would they still have worked? Recently I had a prescription for a painkiller dispensed in an amber plastic vial with a pharmacy label on it. Now I'm wondering if that might have been expired too.

Signed,

Exasperated about Expiry Dates

The first four complaints received in 1998 were all related to expired medications; two were prescription drugs, two were nonprescription products. Each of the callers was concerned the product they received might be less potent and less effective than it should be. Two of the callers felt stocking outdated products demonstrated a lack of diligence in product management. They also wondered if this lack of diligence carried over into other aspects of the pharmacy's practice.

*The Pharmacists, Pharmacy Operations and Drug Scheduling Act* states that "A person must not sell a drug after a date on which the drug is indicated or labelled to expire." In the case of "month-year" expiry date designations, the date of expiry is consid-

ered the last day of the month indicated.

The expiry date on a product indicates the stability of the drug in the closed container. Once the container has been opened the expiry date on the container no longer applies. In the absence of specific information provided by a manufacturer, a reasonable guideline may be to consider an expiry date of one year from the time a manufacturer's container is opened.

Although outdated drugs are unlikely to be harmful, the potency retained after the expiry date cannot be accurately predicted. It is dependant on the characteristics of the drug and the extremes of light, temperature and humidity it has been exposed to.

In the complex world of pharmacy

practice, this may seem like a minor matter. Nonetheless it is a back-to-basics issue that patients can easily understand and monitor. A breach of this fundamental can shake a patient's confidence in other areas of a pharmacy's practice. From a therapeutics perspective, the use of expired products can complicate efforts to monitor a patient's response to a medication.

Processes should be in place to ensure expired products are not made available to the public. Expired products awaiting return or destruction should be stored in an area that is not accessible to the public and where the products cannot be inadvertently dispensed. Reviewing the expiry date should be a routine step in the final check performed on a prescription.



## <sup>Rx</sup>C.A.R.E Program

### Activity Update

The Practice Review Summaries forwarded to the College office have been computer-scanned and tabulated. Trained pharmacist assessors have reviewed all Professional Portfolios and are preparing a report for each pharmacist who chose this option. The assessors have been impressed with the high quality of the work from pilot participants.

Completed Full Practice Review/Audit forms have now been scanned and entered in a confidential database. The audits will be completed by the end of April.

Important developmental work has also been underway for the Knowledge Assessment and the Structured Performance Assess-

ment. Both tools were pre-tested in January and February. Over 100 pharmacists participated in this process to help ensure the clarity and relevance of the case studies, scenarios and questions when the tools are piloted in early April, late May and early June.

All <sup>Rx</sup>C.A.R.E. components are continuing "on time" in accordance with the plan approved by Council at the beginning of the project. A small budget variance has occurred due to sending unexpected mailings and holding an unplanned meeting to address member concerns.

A preliminary report will be presented at the June Council meeting. During the summer, a survey questionnaire will be sent to all pilot phase participants to determine the acceptability of the assessment tools for future use. A detailed report, including option summaries, will be available for Council in September to assist with final decision making on the components of the future <sup>Rx</sup>C.A.R.E. Program.

### Help and Support Available From The Learning Centre

The Learning Centre (Continuing Pharmacy Education) has staff available to help pharmacists (<sup>Rx</sup>C.A.R.E. pilot participants and others) work through any learning needs activities which may have been identified when completing the Practice Review Summary. If you have identified any knowledge or skill gaps, this would be an ideal time to contact The Learning Centre (tel: (604) 822-3085, fax: (604) 822-4835).

### Why Not Mandate Continuing Education Hours?

There is little question that required continuing education participation is a form of quality assurance which

has the potential to enhance practice. It is, however, a primitive form in that it frequently does not involve an individual learning needs assessment, nor is there confirmation after the fact that the needed learning has occurred. Continuing education is clearly an integral component of a quality assurance program, which is why The Learning Centre is a key component of the <sup>Rx</sup>C.A.R.E. Program.

### Timing of Mailings

We are working harder to ensure mailings concerning the four components are sent in a more timely fashion than some of the earlier material. When the "real" <sup>Rx</sup>C.A.R.E. Program gets underway next year, we will incorporate all the administrative lessons we have learned, as well as the technical and professional knowledge gained from the pilot phase of the program.

### What Are Other Professionals Doing?

Our College is not alone in its search for an effective quality assurance program. Other pharmacy jurisdictions and professions are introducing programs to demonstrate that individuals are personally accountable for their practices and that each profession as a whole is accountable to the public.

Ontario College of Pharmacists

- Self-assessment / Knowledge Assessment / Practice Review / Learning Portfolio

Alberta Pharmaceutical Association

- Practice Review

Licensed Practical Nurses Association of B.C.

- Professional Portfolio

Registered Psychiatric Nurses Association of B.C.

- Professional Portfolio

College of Physicians and Surgeons of B.C.

- Practice Review

## Important <sup>Rx</sup>C.A.R.E. Dates\*



### Practice Review / Audit

30 April Audits completed  
15 June Reports to participants

### Professional Portfolio

28 March Assessors reviews completed  
29 May Reports to participants

### Knowledge Assessment

01 April 1<sup>st</sup> administration (22 sites available throughout B.C.)  
05 April 2<sup>nd</sup> administration (22 sites available throughout B.C.)  
17 April Scoring completed  
15 May Reports to participants

### Structured Performance Assessment

01 April Participant schedules confirmed  
22 June Pilot administrations completed  
26 June Scoring completed  
11 July Reports to participants

\*These are projected dates. Participating pharmacists will be informed of any changes.



## Out-of-Province Practitioners

Pharmacists are reminded that all prescriptions from practitioners in British Columbia and Alberta must be transmitted to PharmaNet using their unique registration number. For practitioners in other provinces only, it is acceptable to transmit prescriptions to PharmaNet using a generic Practitioner Id of 99999 with the appropriate Practitioner Id Reference. For example, a prescription written by a physician in Saskatchewan would be transmitted with 71-99999 as the practitioner id. The in-pharmacy system must, however, store and print the name of the practitioner on the label and receipt. For further information, please refer to *PharmaNet Bulletin* 95:011 or contact the PharmaNet Coordinator at the College office.

## Drug Interaction Severity Codes

PharmaNet performs Drug Utilization Evaluation (DUE) for drug-to-drug interactions and returns a message to pharmacists which includes a level of significance (1, 2 or 3). The significance of the drug interaction is based upon severity, action and documentation as assessed by First DataBank.

### Level 1 Most Significant

Severity: 1. Severe

Action: Action is required to reduce the risk of severe adverse interaction.

Documentation: Documentation substantiates interaction is at least likely to occur in some patients even though more clinical data may be needed.

### Level 2 Significant

Severity: 2. Moderate

Action: Assess risk to patient and take action as needed.

Documentation: Documentation substantiates interaction is at least likely to occur in some patients even though more clinical data may be needed.

### Level 3 Possibly Most Significant

Severity: 1. Potentially severe

Action: Conservative measures are recommended because the potential for severe adverse consequences exist.

Documentation: Little clinical data exists.

## Office Use Medications

In January 1998, a letter was sent to managers of pharmacies which had not transmitted to PharmaNet a prescription for office use. Each pharmacy has been assigned an "O-med PHN" and a keyword to be used to transmit all medications sold to practitioners (physicians, dentists, veteri-

narians and midwives) or clinics for administration to patients.

Thank you to managers who have responded. Those who have not responded yet are requested to complete the "O-med PHN Activity" form and return it to the College office.

## Practitioner Suspensions and Prescribing Restrictions

Currently, PharmaNet functionality does not allow for the College of Physicians and Surgeons and College of Dental Surgeons to inactivate or suspend a practitioner. As a result, PharmaNet does not prevent the dispensing of a prescription or provide a warning message to pharmacists if a practitioner has restricted or suspended prescribing privileges. Pharmacists are reminded to consult the College of Pharmacists of B.C.'s "List of Suspended/Restricted/Reinstated Practitioners" to determine if a practitioner has prescribing privileges.

Software changes to PharmaNet in an upcoming release will allow the appropriate regulatory authority to "suspend" or restrict privileges.

Please see the enclosed March 1998 edition of the list (pharmacies only).

## Plan to Attend



### ► Council Meeting

Friday and Saturday, 12-13 June 1998

### ► Annual Meeting

Saturday, 13 June 1998

### ► Canadian College of Clinical Pharmacy AGM & Symposium

Whistler, 5-7 June 1998  
Contact - Tel: (250) 565-2283,  
Fax: (250) 565-2509,  
E-mail: ae598@pgfn.bc.ca

### ► UBC Class of Pharmacy '83 15th Anniversary Reunion

Queen's Park, New Westminster  
2 August 1998  
Contact - Tel: (604) 321-6361,  
E-mail: ramton@netcom.ca



## Councillors' Contact List

### Henry Mah, *President*

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## People News



### Announcements

The College is pleased to recognize the following appointments:

- ▶ **Lorna Kroll**, as a member of the College's Board of Examiners.
- ▶ **Roza Leyderman**, as the Program Assistant for UBC's Continuing Pharmacy Education.
- ▶ **Mits Miyata**, elected as President of the Pharmacy Examining Board of Canada for the 1998-99 year.
- ▶ **Louanne Twaites**, as a member of the Canadian Society of Hospital Pharmacists' Board of Fellows.

### Achievements

- ▶ **David Hill**, Associate Dean of UBC's Faculty of Pharmaceutical Sciences and active College committee member, has received his Doctorate of Education from Brigham Young University.
- ▶ **Ron McKerrow**, Director of Pharmacy and an Assistant Professor for UBC's Faculty of Pharmaceutical Sciences, was honoured as a "Fellow" of the Canadian Society of Hospital Pharmacists. The Fellowship

was presented at the Professional Practice Conference in Toronto, 9 February 1998.

- ▶ Council congratulates the following winners of the Canadian Society of Hospital Pharmacists' 1997/98 Awards:

#### Sandra Chang

Sabex Award (Palliative Care)

**Luciana Frighetto, Carlo Marra, Fawziah Marra, and Peter Jewesson**  
Roche Award (Specialties in Pharmacy Practice)

#### Luciana Frighetto, Carlo Marra,

**Rubina Sunderji and Peter Zed**  
Novartis Award (Pharmacoeconomics)

#### Ron Maxymyshyn

Glaxo Wellcome Award (Administration)

#### Robert Nakagawa, Stephen Shalansky and Annabel Wee

Apotex Award (Management Issues, Pharm. Care)

### In Memoriam

- ▶ In the Nov./Dec. 1997 *Bulletin*, the passing of member **Gordon Allan** of Langley was incorrectly noted due to confusion concerning a deceased of the same name. We apologize for this error.

## Resource Source



### ◆ BC SMILE

Pharmacists are reminded of the helpful information available through BC SMILE, which assists seniors, their families and caregivers to use medications in an effective and rational manner. Contact the **B.C. Seniors Medication Information Line** at 1-800-668-6233 or 822-1330.

### ◆ New Video Catalogue

The Ministry of Children and Families' Library Resource Centre has prepared a new **Alcohol and Other Drugs Video Catalogue** (October 1997) of the videos previously held by the Ministry of Health Library. The catalogue's video descriptions are now listed by subject area for improved video comparisons and searching. For further information on the catalogue and video borrowing, contact the Library Resource Centre at Tel: (250) 952-6658, Fax: (250) 952-6661, E-mail: mcflib@istar.ca.