

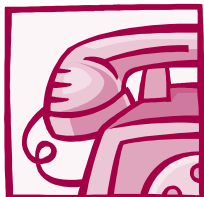


Support In Place To Increase Access To ECPs

Since 1 December 2000, certified pharmacists have been providing emergency contraceptive pills (ECP) directly to women without a clinic or physician visit. Over 1,200 pharmacists have taken the training required to become certified.

Training programs are still being conducted across the province. For information on a training program near you, contact the BC Pharmacy Association at 279-2053 or 1-800-663-2840.

If you have completed the training program, but have not yet registered with the College to become certified, be sure to register. Contact the College office to obtain



a copy of the registration form.

The ECP Program offers a toll-free telephone number (1-888-NOT-2-LATE) to inform callers where a woman can obtain emergency contraception. The system recognizes the area code and first three digits of the callers' telephone number and provides the names

and phone numbers of the five nearest clinics, followed by the five nearest pharmacies. The system tells callers to telephone the pharmacy first to ensure that a certified pharmacist is on duty. It also provides general information about emergency contraception.

Published By:
College of Pharmacists of
British Columbia
#200 - 1765 West 8th Avenue
Vancouver, B.C. V6J 1V8
Tel : (604) 733-2440
(800) 663-1940
Fax: (604) 733-2493
(800) 377-8129
E-mail : info@collegepharmacists.bc.ca
Web Site: www.col1pharmbc.org

Managing Editor:
Linda Lytle, Registrar

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

Nearly 200 pharmacies are listed with the NOT-2-LATE registry.

The web site www.not-2-late.com groups pharmacies and clinics according to community, and provides the telephone numbers for each location. It also includes a section of frequently asked questions.

The Ministry of Health is distributing ECP posters and pads of detachable flyers to ECP pharmacies to help promote the ECP program, the toll-free information line and program web site to the public.

Study Shows Talking With Pharmacists Can Improve Patients' Health

Counselling and services pharmacists provide may contribute to the better health and well-being of patients, help reduce the number of physician visits, and allow for the more efficient use of health care resources, according to a study released by the Government of New Brunswick and the Canadian Association of Chain Drug Stores (CACDS).

The year-long study involved all of the pharmacies in the Fredericton-Oromocto area and more than 250 patients diagnosed with asthma or gastrointestinal (GI) disease, two conditions that prompt a large number of people to seek care through emergency departments.

Pharmacists in the study provided advice on asthma and GI disease, education on drug use and how to incorporate medication into lifestyle, as well as ongoing follow-up. This included calling patients back and reminding them of their refills. Prior to the start of the study, and one year later, researchers measured the number of patient visits to hospitals and physicians' offices, patients' health and well-being, and how many days patients missed from work.

In the study, the amount spent on drugs increased as patients improved their adherence to their drug regimens. Physician visits decreased, as did the time spent away from work. The majority of patients in the study also reported having a greater understanding of their disease, as well as a decrease in the severity of their conditions.

Debbie Saltmarche, director of pharmacy for the CACDS, says, "We are not looking to replace physicians in any way. All the services provided in the study are within the scope of pharmacy practice. Instead, the study demonstrates both quantitatively and qualitatively the important role that pharmacists play."

Table Of Contents

News Stories	1-3
In Brief	3
Community Pharmacy Corner	4
Hospital Pharmacy Insights	5
Resource Source	5
B.C.A.R.E. Program Update	6
PharmaNet	7
Plan to Attend	8
People News	8
Councillor Contact List	8



Electronic Delivery OF Bulletin Now Available

The College is now offering members the choice of receiving the *Bulletin* newsletter and its inserts via mail or accessing the material electronically. The new electronic service has been developed based on feedback from members about reducing the duplication of mailings (e.g. pharmacists in the same home, pharmacy managers' pharmacist and pharmacy mailings).



Members are asked to choose one of the two delivery methods. Those wanting to switch to electronic access should contact Elsie Farkas at the College via EFarkas@collegepharmacists.bc.ca and provide the following information:

- ◆ **Pharmacist** name, diploma number and e-mail address, and/or
- ◆ **Pharmacy name**, Pharmacare number, e-mail address

People receiving both their pharmacist and pharmacy materials electronically should be aware that each contains different inserts. All inserts need to be reviewed, and only the duplicates should be deleted.

People not signing up for the new electronic service will continue to receive the *Bulletin* via mail. Note that all other mass College mailings to pharmacists and pharmacies will also be sent by regular mail until the effectiveness of the new electronic delivery is fully assessed.

Council Examines Implementation Of Pharmacy Tobacco Sales Ban

The Council of the College recently reviewed different means of implementing its resolution that "a pharmacy license will not be issued for any new or existing pharmacy located in an establishment that sells tobacco products, effective 1 January 2002." After consultation with the College's lawyers and Ministry of Health legal staff, Council has recommended to the Ministry that it amend regulations to the *Tobacco Sales Act*.

The College is now awaiting a response from the Ministry. The total ban resolution still stands, with the goal of removing tobacco products from establishments with pharmacies by 1 January 2002.

Prescriptions For Benzodiazepines From Midwives And Podiatrists No Longer Honoured

The practice of midwives and podiatrists prescribing benzodiazepines under the federal *Benzodiazepines and Other Targeted Substances Regulations* is no longer legal, in accordance with wording in the federal *Controlled Drugs and Substances Act (CDSA)*.

In the CDSA, "practitioner" is defined as:

A person who is registered and entitled under the laws of the province to practise in that province the profession of medicine, dentistry or veterinary medicine, and includes any other person or class of persons **prescribed** as a practitioner.

Also in the CDSA, "prescribed" is defined as:

Prescribed by the **regulations**

"By the regulations" refers to the federal regulations, rather than any provincial legislation. Therefore, BC's designation of midwives as practitioners would not apply to the federal CDSA or any regulation to it. Pharmacists should be aware that prescriptions for benzodiazepines from midwives and podiatrists can no longer be honoured.

BC Implements New Registration Requirements

As of 1 January, it has become easier for pharmacists from other provinces to practise in BC. The College has effected changes that it hopes will make the province more attractive to pharmacists. The changes were implemented right away to address the work shortage, and to make it simpler for people to come from other provinces to BC. Under the Mutual Recognition Agreement (MRA), all other provinces (except Quebec) will change their registration requirements by 1 July 2001.

Relaxing registration requirements to encourage mobility does not mean lowering standards. New registrants out of school in all of the signatory provinces will be required to have Pharmacy Examining Board of Canada (PEBC) certification. Pharmacists wanting to practise in BC are required to complete an application form, pay an application fee, provide a certificate of standing from the registrar of the province where they are currently registered to practise, and pay the current pharmacist registration fee. Pharmacists coming from jurisdictions not covered by the MRA are still required to have PEBC certification, and BC's forensic and English-language proficiency assessments. Most must also complete an internship.



In Brief



► **Transmission of Allergy Information to PharmaNet Essential**

The College was recently notified about a situation where a new patient alerted a pharmacist to his penicillin and quinolone allergies. When checking the PharmaNet patient record, however, there was no entry of the allergy information. The pharmacist then obtained details from the other pharmacy which had recorded the information on its local files but had not updated the PharmaNet record.

Fortunately, no serious problems arose from this patient's crucial information not being previously transmitted as required to PharmaNet. Unlike this situation where the pharmacist was alerted to an allergy status, many patients assume the information is recorded on their PharmaNet record and do not volunteer the information to other pharmacists. Pharmacists are reminded of the importance of routinely transmitting allergy information to PharmaNet for all affected patients.

► **Remote PharmaNet Access Not Acceptable**

Pharmacists are advised that due to confidentiality concerns, access to PharmaNet from outside of pharmacies for pharmacy-related purposes is not allowed. The documentation for connection to PharmaNet using HNSecure and the internet states that it is not acceptable to use remote access software like PCAnywhere, although some vendors do use it for support purposes only.

► **PEBC's Exam for BC Pharmacist Candidates**

The College of Pharmacists of BC will no longer administer a provincial-based entry-to-practice practical evaluation. The College is supporting the national process, whereby new pharmacist candidates will be required to pass the Pharmacy Examining Board of Canada's (PEBC) qualifying examination. The examination is now similar to the College's previous panel examination, with a written exam and a structured performance assessment procedure known as the objective structured clinical evaluation (OSCE).

► **GST Rebate**

Pharmacists who pay their own annual registration fees may be eligible to receive a rebate from the government for the GST portion of the total. For more information regarding this, contact the Canada Customs and Revenue Agency to request a copy of the Employment Expenses guide which also includes the necessary forms. Information can also be found at their web site, www.ccr-aadrc.gc.ca/E/pub/tg/t4044eq/README.html.

► **Nominations Sought for Bowl of Hygeia Award**

The College welcomes members' nominations of recipients for the Bowl of Hygeia Award, sponsored by WhiteHall-Robins. The award honours a British Columbia pharmacist for his/her outstanding community service. Nominations should be forwarded to Registrar Linda Lytle by 30 April, after which time a selection committee will choose the award recipient.

Early Childhood Caries Prevention Efforts

Dental treatment is the most common surgical procedure in BC hospitals. Very young children almost always require general anesthetic for treatment of extensive decay.

In the January/February 2001 issue of the *Bulletin*, all community pharmacies received new Early Childhood Caries (ECC) resources. These were produced by Community Dental Programs from the South Fraser Health Region (SFHR).

The materials are part of a province-wide ECC initiative.

April is Dental Health Month, with activities for 2001 focusing on ECC prevention.

Community pharmacies are encouraged to participate in the promotion by displaying the ECC materials.

For additional copies, contact Community Dental Programs, South Fraser Health Region at (604) 507-5400.





Community Pharmacy Corner

Simplifying Prescription Transfers

When requested by a patient, a prescription must be transferred from one pharmacist to another pharmacist. You must contact the pharmacist at the pharmacy that has the prescription. The pharmacist transferring the prescription must identify the pharmacist and pharmacy to whom the prescription has been transferred. The pharmacist receiving the prescription must also identify the transferring pharmacist and pharmacy directly on the prescription.

When you transfer a prescription, all remaining refills are cancelled and transferred to the receiving pharmacy.

Narcotic and controlled drugs (e.g. Tylenol 3, phenobarbital) **CANNOT** be transferred. Benzodiazepines may be transferred only **ONCE** in the lifetime of a prescription.

Transferring prescriptions that have not been filled:

A patient may present you with two or more prescriptions on one form. If s/he would like to have one or more of the prescriptions dispensed at another pharmacy, you may:

- ▶ Return the **ORIGINAL** prescription to the patient, provided that it is not a narcotic, control or targeted drug substance.

- ▶ Cross off the prescription(s) that you have dispensed and note your pharmacy name, your initials and the date on the original prescription.
- ▶ Photocopy the original or make a transcription of the prescriptions that you have dispensed. Make a note that the original was returned to the patient.
- ▶ Return the original prescription to the patient. The patient can then have the undispensed prescriptions dispensed at the pharmacy of his/her choice.
- ▶ If the prescription that you dispensed is a narcotic, a controlled drug or targeted drug substance, **KEEP** the original prescription for your prescription files and log the other prescriptions in your pharmacy software. You may provide the patient with a copy of the undispensed prescription. Note your pharmacy name and telephone number on the copy so that the other pharmacy can contact you for the transfer.
- ▶ If you receive a prescription copy, contact the original pharmacy to transfer the undispensed prescription from the patient's record.
- ▶ You may transfer prescriptions by fax only after you have communicated directly with the other pharmacist involved in the transfer.

Narcotic Part-Fills

Narcotic prescriptions may be "part-filled" if:

- ▶ The physician has written a prescription for a quantity of drug with directions that a partial quantity be dispensed at specific intervals.
- ▶ A patient requests that smaller quantities of the prescription be dispensed at a time.
- ▶ The pharmacist feels the quantity is inappropriate according to good pharmacy practice.

Proper documentation of narcotic part-fills is as follows:

- ▶ At the dispensing of **EACH PART-FILL**, the amount dispensed and the date must be indicated on the **ORIGINAL PRESCRIPTION**, and the handwritten initials of the pharmacist responsible for dispensing

the part-fill must be shown. The original prescription is filed on the date of the first dispensing.

- ▶ At the time that each part-fill is dispensed, a "paper-trail" prescription is generated and filed with that date's prescriptions. The "**PAPER -TRAIL PRESCRIPTION**" must show that it is a part-fill and have the original prescription number written on it. The paper-trail prescription need not have a new prescription number; however, some software programs force it. In this case, the "forced prescription number" should also be noted on the **ORIGINAL PRESCRIPTION**.

In the case of **METHADONE PART-FILLS**, the paper-trail prescription is not required. At each part-fill, the pharmacist enters on the back of the original prescription, the amount dispensed, the date and the initials of the pharmacist responsible for dispensing the part-fill.



Hospital Pharmacy Insights



Spilled Volatile Agents

Containers of volatile liquids such as inhaled general anaesthetics occasionally leak or break. In a poorly ventilated area of the pharmacy, you or other staff could be exposed to significant airborne concentrations of the spilled agent. Two manufacturers have provided information about the hazards and handling of spilled volatile general anaesthetics:

Spilled volatile anaesthetics in poorly ventilated areas are an inhalation hazard. Inhaling the airborne vapour from a spill could produce headache, fatigue, drowsiness, dizziness, incoordination and loss of consciousness. The vapour may be an irritant to the upper respiratory tract. The spilled liquid may be absorbed through the skin.

In the case of a spill, immediately remove all staff from the site of exposure. Seek medical assistance for anyone who is cyanotic or having difficulty breathing. If breathing has ceased or is failing, apply artificial respiration until medical assistance and mechanical ventilation is available. For skin contact, remove any contaminated clothing and place in a closed container. Wash the skin thoroughly with soap and water. If signs of toxicity occur with skin contact, seek medical attention.

Any spill, regardless of the room ventilation conditions, requires careful handling. Restrict access to the spill area only to those equipped with proper personal protection, including respiratory protection, impervious gloves and eye protection. Entry into an area with an unknown airborne concentration of a volatile anaesthetic should only be made with a self-contained breathing apparatus (call the fire department). Any remaining liquid can be absorbed onto sand, vermiculite, earth or another suitable absorbent material. Transfer the material to a closed container for disposal.

Although these agents are drugs, the manufacturers can provide Material Safety Data Sheets (MSDS) which contain more detailed information about handling accidental spills. Have a copy of the MSDS, the necessary protective equipment, absorbent material and a closed container available outside any area where a spill might occur. Be prepared to evacuate and close the pharmacy or spill area and to call the fire department for assistance with cleaning up any remaining liquid.

Section 51

A number of hospital pharmacists have asked about the applicability of "Section 51" to their work on a hospital quality assurance, medication error review or other committee. Section 51, Health Care Evidence, is found in BC's *Evidence Act* and is unique in Canada. Information disclosed to a hospital committee by a health professional, including pharmacists, for the purpose of improving care or practice in the hospital cannot be disclosed in legal proceedings. BC's *Evidence Act* is available on-line at www.qp.gov.bc.ca/bcstats/96124_01.htm. Scroll down and click on Section 51, Health Care Evidence.

Resource Source



◆ Benzodiazepines Withdrawal Manual

The manual "Benzodiazepines - How They Work and How to Withdraw," by Professor C. H. Ashton at the University of Newcastle, was recently mailed to pharmacy managers. Extra copies of this helpful manual are for sale to any pharmacist or patient who is interested in having their own copy. Patients are encouraged to take the manual to their physician to educate him/her about how to help patients properly get off benzodiazepines. Pharmacists or their patients can contact Rand Bard in Richmond at Tel: (604) 244-5879, E-mail: rmb@intergate.ca to order the manuals for a \$20 donation per copy (including postage).

◆ New Publications from APhA

Several new books of interest to our members are now available through the American Pharmacy Association:

- Trissel's Stability of Compounded Formulations, 2nd edition - Lawrence A. Trissel
- Problems in Pediatric Therapy, 4th edition - Louis A. Pagliaro and Ann Marie Pagliaro, MSN, editors
- Allen's Compounded Formulations: The US Pharmacist Collection, 1995-98 - edited by Loyd V. Allen, Jr.

To order the publications, contact the APhA at Tel: (800) 878-0729, Fax: (802) 864-7626.



C.A.R.E Program Under Review

At the urging of its registrants, the College has initiated a major review of the ^{BC}C.A.R.E. Program. In January, Council appointed a working group of 17 pharmacists from across the province (see list on page 7) to begin a detailed analysis of all aspects of ^{BC}C.A.R.E.:

- ◆ Its intended dual purpose
- ◆ The relevance and appropriateness of each assessment and learning option
- ◆ Current implementation policies and practices
- ◆ The communication strategy used to convey information about the program

Council has asked the working group to develop a set of recommendations that may well modify the ^{BC}C.A.R.E. Program but still reflect its dual purpose: to promote ongoing professional development among the registrants and to quality assure the continuing competence of all pharmacists registered in British Columbia. Under the *Health Professions Act* requirements, the College must demonstrate its commitment to both.

At its initial meeting, the working group identified and analyzed many of the expressed concerns of the membership. Some of these included:

- ◆ The apparent complexity of the ^{BC}C.A.R.E. Program
- ◆ The lack of clarity about its intended dual purpose
- ◆ The acceptability and validity of some of its components
- ◆ The allocation of resources required to administer it
- ◆ The lack of specialty in the Framework of Professional Practice

The working group reviewed the program rationale and the evidence for validity and acceptability (by many participants) of the components. It also examined the quality assurance programs of other provinces, nations, and professions, as well as NAPRA's proposed model continuing competency program. By investigating these other programs, the working group sought to learn how other jurisdictions had resolved key issues in order to determine what changes could be effectively implemented to improve the ^{BC}C.A.R.E. Program.

The working group members were asked to develop individual recommendations for refining the program. At a second meeting, the individual ideas were reviewed for areas of agreement, and a consensus-building process resulted in the development of a set of recommendations for Council's consideration. The following recommendations from the working group were sent to Council for discussion at its February meeting, with further review by the Board of Examiners on 15 March.

1. Continue the suspension of the ^{BC}C.A.R.E. Program until the fall of 2001.
2. Add two new options to the four existing assessment options.
 - New options (benefits and limitations to be specified in program materials)
 - Learning portfolio (incorporating a self-assessment based on the Framework of Professional Practice)
 - Employer-based performance evaluations (based on the Framework of Professional Practice)
 - Existing options (benefits and limitations to be specified in program materials)
 - Knowledge assessment
 - Professional portfolio
 - Practice audit
 - Structured performance assessment
3. Create a new program name to emphasize its professional development aspects.
4. Undertake a communications program with registrants to inform them about the program purpose, options and implementation plans.
5. Confirm that registrants who meet the standards at Level I will not be required to progress to Level II for any reason.
6. Delay the planned questionnaire survey of College registrants until the conclusion of the communications program.
7. Postpone decisions relating to the adoption or adaptation of the NAPRA model continuing competency program until the communication and review activities noted above have been completed and Council has considered the results.

The working group also advised the College to continue to invite the comment and involvement of the membership throughout the development and implementation phases of any proposed change to ^{BC}C.A.R.E. or any subsequent quality assurance program.

Erica Gregory, President of the College, indicated her satisfaction that a process was in place to respond to members' concerns about the ^{BC}C.A.R.E. Program - "This marks an exciting opportunity for the pharmacists of BC and the College. Together we can build on all the work that has gone on before to develop a modified program that is stronger and more fully reflects the needs of BC's pharmacists, the College, and, of course, the public." And as Linda Lytle, Registrar of the College, expressed it, "We have heard the membership in its concerns about the ^{BC}C.A.R.E. Program. We now need to work together to build a new model that will benefit everyone."

The College is committed to providing regular updates about the review of the ^{BC}C.A.R.E. Program and any subsequent implementation plan. The College continues to invite any pharmacist who would like to be involved in one or more aspects of the review to please contact Doreen Leong at (604) 733-2440, (800) 663-1940 or dleong@collegepharmacists.bc.ca.



Technician Entry Of Pharmacist IDs

HealthNet/BC Professional and Software Compliance Standards requires that the identification of the pharmacist responsible for the transaction be transmitted to PharmaNet. In many cases, a technician may be responsible for entering the prescription information into the local computer system and transmission to PharmaNet.

In all cases, a pharmacist must take responsibility for reviewing the local and PharmaNet patient record and any DUE messages returned. In cases where the technician is transmitting prescriptions to PharmaNet, the diploma number of the pharmacist who is responsible for the profile review must be transmitted to PharmaNet. If more than one pharmacist is on duty, a decision will need to be made about who will check the patient records and DUE messages. That pharmacist's user ID and diploma number should be used by the technician who is entering the data. It is not acceptable to transmit the manager's diploma number for all transactions as a default.

One option for handling technician transmitted prescriptions is to set up a technician with several unique user



IDs, each corresponding to a pharmacist responsible for the prescription. When the technician transmits the prescription to PharmaNet, s/he uses the user ID that corresponds to the responsible pharmacist.

Drug Diversion Alert (Fanout) Messages

The Drug Diversion messages are sent to pharmacies to alert pharmacists to recent incidents of written and verbal forgeries and stolen prescription forms. Occasionally, the College may send out messages containing information that is deemed to be important, often related to drug scheduling or Pharmacare benefit changes. Pharmacare may also send messages about upcoming "network down" situations.

Pharmacists are reminded that the alert messages are automatically attached to the **NEXT** transaction or prescription that is transmitted to PharmaNet by your pharmacy. The messages are **NOT** linked to the PHN on PharmaNet; therefore the message you receive is not necessarily related to the patient and prescription being dispensed.

DUE Messages Depend On Accurate Entry Of Days Supply

A number of calls have been received in the College office asking why DUE messages were not returned by PharmaNet when a new prescription was transmitted. When the patient record was reviewed it was determined that an inaccurate days supply was transmitted on the original prescription.

PharmaNet performs DUE using the days supply value transmitted with each prescription. All prescriptions that are "active" on the patient record are checked against the new prescription being dispensed. The expiry date for a prescription is determined by adding the days supply value provided by the pharmacist to the dispensing date of the prescription. An inaccurate days supply value may either shorten the expiry date for the prescription, therefore not including the prescription in DUE checking, or may extend the expiry date for the prescription and increase the number of messages returned.

By transmitting accurate days supply values with prescriptions, accurate DUE messages are returned by PharmaNet. For prescriptions where it may be difficult to calculate an exact days supply value (e.g. eye drops, creams and ointments), pharmacists should use their professional judgement to provide a "best guess" value for the days supply of the prescription.

BCA.R.E. Working Group Members

Sue Aro	Hospital pharmacist
Peter Jewesson	Hospital pharmacist
Dom Khoo	Hospital pharmacist
Peter Loewen	Hospital pharmacist
Rhonda Malyuk	Hospital pharmacist
Shelina Reyani	Drug information pharmacist
Stephen Liang	Community pharmacist – District 1
Gary Hubbard	Community pharmacist – District 4
Peter Cook	Community pharmacist – District 1
Erica Gregory	Board of Examiners / President
Maria Finamore	Board of Examiners
Marguerite Yee	Board of Examiners
Bruce Millin	Board of Examiners
Janice Moshenko	Continuing Pharmacy Education
Three BCPhA appointees	



Council or Contact List

Erica Gregory, President

District 4 - Kootenay/Okanagan
Tel: (250) 368-3790 Fax: (250) 368-3513
E-mail: erica.gregory@look.ca

Shawn Sandhu

District 1 - Metropolitan Vancouver
Tel: (604) 872-5177 Fax: (604) 872-5207
E-mail: rxmgr004@londondrugs.com

Amin Bardai

District 2 - Fraser Valley
Tel: (604) 241-9115 Fax: (604) 533-1000
E-mail: aminbardai@home.com

Bill Creighton

District 3 - Vancouver Island/Coastal
Tel: (250) 748-1226 Fax: (250) 748-2549

Tinka von Keyserlingk

District 5 - Northern B.C.
Tel: (250) 847-2288 Fax: (250) 847-9034
E-mail: tvk@northerndrugs.com

John Hope

District 6 - Urban Hospitals
Tel: (604) 412-6324 Fax: (604) 412-6187
E-mail: john_hope@sfrh.net.bc.ca

Curt Jordan

District 7 - Community Hospitals
Tel: (604) 463-1859 or 463-4111 Fax: (604) 463-1860
E-mail: curlane@telus.net

Frank Abbott

Dean, Faculty of Pharmaceutical Sciences
Tel: (604) 822-2343 Fax: (604) 822-3035
E-mail: fabbott@interchange.ubc.ca

Tania Jarzebiak

Government Appointee, Surrey
Tel: (604) 543-9570 Fax: (604) 255-0971
E-mail: tania@tradeunionresearch.com

Christine Liotta

Government Appointee, Langley
Tel: (604) 412-7490
E-mail: cliotta@bcit.ca

Peter Rubin

Government Appointee, North Vancouver
Tel: (604) 631-3315 Fax: (604) 631-3309
E-mail: peter.rubin@blakes.com



Plan To Attend

- ▶ **Drug Therapy Decision Making Course: A Drug Odyssey**
Delta Pacific Resort, Richmond
3-4 May
Contact: Portfolio Conf. Planning
Tel: (604) 685-4888
E-mail: portfolio@intouch.bc.ca
- ▶ **BSP Class of '91 Reunion**
College of Pharmacy, University of Saskatchewan
29 June - 1 July
Contact: Susan Yee
Tel: (306) 789-4467
E-mail: gsyee@accesscomm.ca
- ▶ **BC Injury Prevention Conference "Preventing Injuries In & Around the Home"**
Dunsmuir Lodge, Sidney
24-25 May
Contact: MoH, Office for Injury Prevention - Tel: (250) 952-1533
E-mail: josie.kelly@moh.hnet.bc.ca
- ▶ **Council Meetings**
27 April / 22 June
- ▶ **College Annual General Meeting**
3 November
Morning - Professional Development
Afternoon - AGM

People News



Announcements

- ▶ **Kathy McInnes** is the new Pharmacy Examining Board of Canada Board member representing British Columbia. She is succeeding **Mits Miyata**, who has now completed two three-year terms as the College's PEBC Board appointee.
- ▶ **Margaret McLean**, Pharmacy Practice Consultant, is now primarily involved with onsite pharmacy service reviews in facilities. Pharmacy Practice Consultant **Sharon Kerr** is now conducting onsite pharmacy reviews half-time, and administering assessment programs half-time.
- ▶ The College's Administrative Assistant - Reception **Kelly Baker-Pabla** is on a one-year maternity leave. **Angela Gordon** is the temporary Administrative Assistant, and **Anouk Crawford** is the Administrative Assistant-Reception for one year.

Achievements

- ▶ **Maria Kwari**, a third-year UBC Pharmacy student, has received the McKesson HBOC Pharmacy Scholarship. The scholarship is awarded to 50 pharmacy students in accredited pharmacy schools in America or Canada.
- ▶ UBC Pharmacy student **Van Thi-Hong Nguyen** has been selected to receive the Dean A. W. Matthews Testimonial Bursary and the College of Pharmacists of BC Entrance Bursary. **Fardin Mirhashemi** has received the College of Pharmacists of BC Bursary.

In Memoriam

- ▶ Council regrets the passing of College members **Vernon Foord** of Victoria, **Ted Koelewyn** of Williams Lake, **Isabel Metcalfe** of Royston, and **Ernest Moon** of Duncan.