



Pharmacists' Role in Fighting the HIV-AIDS Pandemic

A joint declaration has been made by the World Health Organization (WHO) and the International Pharmaceutical Federation (FIP) in their commitment to work actively to prevent the further spread of the HIV-AIDS virus, to seek to improve patient care, and to fight against discrimination in all its forms. In cooperation with WHO, FIP has developed guiding principles for pharmacists and pharmaceutical scientists on the approaches they can take in the fight against the spread of HIV-AIDS. Some of these guiding principles are outlined below, with the full principles list and declaration available from the College office.

- ▶ Encourage and promote better support networks for people with HIV-AIDS, and even more determined action against discrimination.
- ▶ Participate in the global struggle against the HIV-AIDS pandemic, on the basis of the commitments made by heads of state and government at the summits in London 1992, and Paris 1994.
- ▶ Fight to ensure that all proven treatments be made accessible in all countries to all who could benefit from them, without discrimination.
- ▶ Coordinate with all those working in public health education, and seek closer ties with other individuals and community groups who could be usefully involved in the effort to combat the disease, in terms of prevention, treatment and patient-care, and support – teachers, family associations, politicians, etc. – and through community involvement of pharmacists.
- ▶ Provide information on STD

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

prevention and treatment in order to promote "health awareness behaviour" with regard to STD's.

- ▶ Develop specific training programs for professionals, whether initial training or continuing education.

Food Allergies in School children



As many as 5% of schoolchildren have food allergies; some are also affected by asthma. A food allergy reaction can range from mild unpleasantness to anaphylaxis, a life threatening situation. In recent years Canadian media has reported deaths of several people, especially children, as a result of allergic reactions to foods. Eight foods (peanuts, tree nuts, milk, eggs, wheat, soy, fish and shellfish) are responsible for 90% of the problem, with peanuts identified as the worst enemy. Presently, there is no medication, no treatment, no known cure. To prevent reactions to food allergies, these foods must be avoided altogether.

In elementary schools, efforts to help children with food allergies are increasing. Epinephrine injection kits, in case of anaphylaxis, are sometimes kept by the principal, teacher or nurse who know what to do in emergencies, and often the child will carry one in his or her school bag. A number of schools have actually banned peanuts. Others are developing food safety programs.

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Prescription for Trouble

The April 1998 *Money* magazine devoted six pages to a "Prescription for Trouble" article. The article highlighted four dispensing errors and the impact they had on everyone involved. The authors provided guidelines for consumers on how to avoid prescription errors. These tips are valuable and translate into steps pharmacists should take in their practice to ensure errors will not occur.

What the article tells consumers ...

- ▶ Most pharmacy misfills could be detected before the customer leaves the pharmacy if pharmacists and customers took the time to open the vial and double-check the contents against the original prescription when the prescription is being picked up.
- ▶ While you are at the doctor's office, write down the generic and brand names of the medicine you are being prescribed along with the dosage being ordered and the purpose of the medicine.
- ▶ Protect yourself against possible adverse drug reactions by reminding both your doctor and your pharmacist of any other drug allergies you have. It cannot hurt to repeat the information each time a prescription is being written and filled.
- ▶ Check refills carefully to make sure the pills are the same colour and size you usually get.
- ▶ Avoid getting prescriptions filled on a Monday, traditionally the busiest day at a pharmacy. Also, call in refills a day or two ahead to lessen the chances that your prescription will actually be filled during busy late afternoon and early-evening rush hours.

What pharmacists should be doing ...

- ▶ Eighty percent of all dispensing errors would be detected if this step was carried out. Thorough pharmacist/patient dialogue should include showing the contents of the vial to the patient.
- ▶ Before telling a patient what a medication is for, ask them what their physician told them about the medication. You can reinforce what they already know, correct misunderstandings, and verify that you have interpreted the prescription correctly.
- ▶ When receiving prescriptions always ask about a patient's allergy status. Even if your records are up-to-date, new allergies may have been discovered since the patient's last visit.
- ▶ Patients are not surprised when their pills look different. Thorough pharmacist/patient dialogue is required even with prescriptions refills.
- ▶ You will know from workload statistics what days are busiest and can staff the dispensary appropriately. By continually encouraging patients to order prescription refills a few days in advance of needing them you can better organize your time.

Methadone Carry Privileges

College Inspectors still occasionally find instances of weekend carries of methadone being dispensed in spite of the fact that the physician has directed the methadone to be taken daily under the supervision of the pharmacist. Pharmacists are not to assume that if the pharmacy is closed on the weekends carries can be dispensed. There may be good reasons why the client is not permitted to have a carry under any circumstances.

Pharmacists must always contact the physician in these instances. If carries are to be permitted, the physician is required to write or stamp that condition on each triplicate he or she writes for that patient. If carries are not appropriate, and the patient must have each dose supervised, the patient will have to deal with another pharmacy on the days when the original pharmacy is closed.

Food Allergies *(Continued from page 1)*

In pre-school and elementary school, children are too young to explain their condition and precautions to staff. To protect their children, parents use the MedicAlert identification and medical information service. Children wear MedicAlert bracelets, engraved with their allergies, member ID number and an emergency hotline number. They also carry a MedicAlert card showing contact information, allergies and other medical facts. If a crisis occurs, a child's detailed medical record is available to health care professionals to assist with diagnosis and administration of proper treatment. For more information about the Canadian MedicAlert Foundation's services for allergies, pharmacists can call 1-800-668-1507.



Interventions Against Multidoctoring

Brenda Osmond, Pharm.D., Deputy Registrar

The College receives reports from a variety of sources about patients who appear to be multidoc-toring. These sources include phar-macists, physicians, concerned fam-ily members, and coroners. When these reports are received, the Col-lege may view the patient's Phar-maNet profile to determine if the pharmacies involved are consis-tently making appropriate interven-tions and are documenting these important patient care activities. Because it is not always possible to assess these matters simply by viewing the medication profile, ad-ditional follow-up is often required.

What is multidoc-toring?

There is no definitive description of multidoc-toring. *The Controlled Drugs and Substances Act* (formerly *The Narcotic Control Act*) states that a patient must dis-close to the prescriber if they have received a narcotic product from another prescriber within the previ-ous 30 days. A change in pre-scriber may not necessarily signal a problem. For example, a locum covering for a physician during a vacation period would be writing prescriptions and making other therapeutic decisions based on the same medical record used by the primary physician. This record should indicate what prescriptions have been recently written.

For patients with acute illnesses or in short-term isolated incidents, the appropriateness of the interval be-tween prescriptions may be more important than the number of pre-scribing physicians. Patients with chronic medical conditions will re-ceive the best health care by attend-

ing one physician and one phar-macy. Others seeking narcotics or other target drugs on an ongoing basis require diligent follow-up. Physicians regard the vigilant phar-macist as a very important source of information in these matters.

What are a pharmacist's responsibilities?

Each situation must be assessed in-dividually. You may wish to in-form the patient that their medica-tion profile indicates they received a similar prescription from a differ-ent physician a short time ago. Contact the prescribing physician to ensure they are aware of the previ-ous prescription(s). The physician may cancel the prescription they have just written, reduce the quan-tity on the prescription, or suggest that you dispense it as written. If you will not be dispensing the pre-scription as written, inform the pa-tient that you and their physician are concerned about their medica-tion usage and suggest they will re-ceive the most effective care by at-tending one physician and one phar-macy.

You should not return a prescrip-tion to a patient if the physician cancels it or if you refuse to dis-pense it. If you feel you must re-turn the prescription, mark it in some way to indicate that it should not be dispensed.

If you have entered the prescription in PharmaNet you must reverse it. By entering an intervention code in-dicating a refusal to fill you can alert other pharmacists that there was a problem with the prescrip-tion.



What about restricting the patient to one physician and one pharmacy?

Pharmacare may determine that a patient's medication will only be funded if they attend one particular physician and one pharmacy. These restrictions are generally initiated by a physician when mul-tidoctoring appears to be a prob-lem. Although this system does not stop patients from attending other physicians and other phar-macies, these prescriptions should only be dispensed if a patient can-not reasonably attend their identi-fied physician or pharmacy and has an urgent medical need. You may want to ensure that the pre-scribing physician is aware that the patient is restricted to another pre-scriber.

What if a patient says the prescriptions on their profile do not belong to them?

By obtaining positive identifica-tion from every patient before dis-pensing a prescription you will en-sure that all prescriptions are en-tered on the correct profile.

If a patient reports that their Care-Card has been stolen or that some-one else is using their Personal Health Number, suggest they add a keyword to their medication pro-file to ensure that no one else can access their profile. If a patient is adamant that they did not receive the medication, you may wish to contact the College office for as-sistance in determining if there are any problems associated with the prescription.



Retaining Prescription Hard Copies

Inspectors have noted on store visits that there appears to be confusion regarding the length of time prescriptions must be retained. Bylaw B19(5)(a) - Standards of Pharmaceutical Practice states "All prescriptions received, upon the authority of which drugs were dispensed by a pharmacist, shall be retained for a period of not less than two (2) years." The interpretation of Bylaw B19(5)(a) with respect to storage requirements is that prescriptions must be retained for a period of two years after their most recent activity, including refill transactions. That is, the prescription hard copy must be kept for two years from the **last time** that prescription number was used (**not the first** time, as is sometimes thought).

If you were to continue to add refill authorizations to prescriptions forever, and to use the old number forever, you would never be able to throw away any prescription files! To allow you to eventually discard old files, a baseline is usually set. Most pharmacies have chosen two years as the length of time from the original fill date that they will use a prescription number. A policy must be set in each pharmacy that no one ever uses a number which is older than the established active files. Instead, if a prescription is to be refilled which was originally dispensed more than two years ago, all of that information must be brought forward, a new hard copy made, new authorizations obtained, and a new prescription number generated.

You must still **retain your prescription files for two years** past the length of time you consider them active. You must **add** the mandatory two years of retention to the length of time you establish as your active length of time and retain your files for that length of time. The prescription must be retained for two years from the last time it has been filled in case it is needed for an inquiry or investigation into its refills by the College, Pharmacare, or Health Protection Branch. (See chart on page 10)

To assist with filing requirements, some software vendors automatically display a flag or message when accessing prescription numbers that are over two years old. This reminds the pharmacist to update the prescription and prescription number with a new verbal prescription from the physician. Most software vendors enable the pharmacist to easily generate a new prescription number and hard copy for existing prescriptions for chronic medications. Please contact your software vendor if you have any questions on their features to make updating prescription numbers easier.

Destruction of Prescription Information - A New Consideration

At the September 1995 meeting, Council approved the following Prescription Information Destruction Policy:

Effective immediately all prescription files, patient medication profiles, personalized patient educational materials, unusable prescription labels and any other personalized documents must be destroyed on site by means of effective shredding, burning or in the case of computer hard drives, erasure. Alternatively, arrangements may be made for off-site destruction by effective shredding or burning by a bonded document destruction service.

The confidentiality of patient health records is an area of increasing concern for many members of the public, as evidenced by public reactions to several recent incidents involving the accidental availability of private health information.

Since the implementation of this policy in November 1995, most pharmacies have installed shredders in the dispensary. Those that have not have other acceptable methods in place for destruction of patient information (such as utilizing a commercial shredding service).

However, recent inspections have uncovered two more types

of patient information pharmacists must be aware of. First, is a prescription vial. Whether a vial is given to the pharmacist for refilling or the patient has asked the contents to be destroyed (by way of the EnviRx pail), a prescription vial has the same label affixed to it that Council policy directs must be destroyed. Second, many pharmacies receive blister cards back from either patients or long-term care facilities for monitoring purposes. The labels on these blister cards also contain patient information which should be destroyed before they are thrown out. A simple way to effectively obliterate the patient's name on the label of vials or blister cards is to stroke through it with a heavy felt pen. Doing so will prevent identification of the patient should these vials or blister cards turn up in the trash.

A further consideration is the triplicate prescription form. Until all practitioners are using duplicate prescription blanks, the current triplicate prescription is presented to the pharmacist with two copies. The copy labelled *Data Entry Copy* should be filed with the hard copy in which case it will get shredded when the prescription files are destroyed. To get rid of the *Data Entry Copy* of the triplicate before it is filed, be sure to destroy it by shredding, rather than just placing it in the pharmacy trash.





Drug Updates



- ◆ **Correction:** In the January/February 1998 *Bulletin*, the "Drug Updates" column erroneously stated that Bayer Inc.'s **One-A-Day® Advance Adults 50+ Multiple Vitamins and Minerals** product contains more than 1 mg of elemental iron per container, and therefore must be stocked within the dispensary area of pharmacies. The currently marketed **One-A-Day® Advance Adults 50+** product (DIN 02155206) does not contain iron, and may be stocked in the patient self-selection area of the pharmacy. A previously marketed **One-A-Day® Advance Adult 50+** product (DIN 02080702) did contain iron, but it has not been available for approximately two years.
- ◆ The hepatitis A vaccines **Vaqta®** and **Havrix™** are not interchangeable. The adult formulation of **Vaqta®** contains 50 units hepatitis A virus protein per mL. **Havrix™** contains not less than 720 ELISA units of viral antigen per mL.
- ◆ The hepatitis B vaccines **Engerix® -B** and **Recombivax HB®** are not interchangeable. **Engerix® -B** contains 20 mcg/mL hepatitis B surface antigen while **Recombivax HB®** contains 10 mcg/mL hepatitis B surface antigen.
- ◆ Macrocrystalline formulations of nitrofurantoin are not interchangeable with microcrystalline formulations. **Novo-Furantoin** capsules are a macrocrystalline formulation of nitrofurantoin. **Nova-Furan** tablets and **Apo® - Nitrofurantoin** are microcrystalline formulations of nitrofurantoin.
- ◆ **Morinal®** (dronabinal) is a narcotic which requires a written prescription.

In Brief



► **Correction re: Sending Medications to Canadians in the U.S.**

In the March/April 1998 *Bulletin*, an article about sending medications to Canadian citizens in the U.S. outlined the availability of two forms - a Consignment Note (Form #33-808-001) and an Invoice Declaration Form (Form #33-081-002) - from Canada Customs offices to be enclosed in prescription mailing packages. The College has learned that these forms are now not available and that instead, pharmacies can provide this information on plain paper for proper documentation.

The article also states that "under no circumstances can narcotics be mailed into the U.S." While it is acceptable for pharmacists to do this, a package recipient risks having the prescription mailing intercepted by U.S. customs because of their officials' right to seize and destroy all contents of a package containing a banned drug.

► **Oral Contraceptive Tablets for Emergency Contraception**

With respect to the dispensing of oral contraceptive tablets for emergency contraception, the pharmacist must:

- 1) only dispense the number of tablets prescribed, and
- 2) provide appropriate information to the patient, including advice on prophylactic anti-emetic treatment. Manufacturers' patient package inserts are not considered appropriate for the indication of emergency contraception.

► **Nicotine Chewing Gum**

Even though federal legislation prohibits the sale of tobacco products to a minor, the prohibition does not apply to nicotine, a component of tobacco. The nicotine chewing gum form, therefore, can be sold to a minor to assist in smoking cessation without violation of legislation.

► **Research Laboratories Correspondence**

Registrar Linda Lytle wrote to Health Canada to express the College's concern regarding the discontinuation of pharmaceutical laboratory research activities by the Bureau of Drug Research. The federal government reassured the College that biologics research has been retained, and that pharmaceuticals will continue to be effectively regulated through requiring pharmaceutical manufacturers to conduct necessary research, and contracting with other Health Canada academic and commercial laboratories. The government also indicated measures will be taken to ensure the integrity of any research it might sponsor.

Pediatric Ibuprofen Study

Ibuprofen is a nonsteroidal antiinflammatory drug (NSAID) with significant antipyretic properties. The March 1995 issue of the *Journal of the American Medical Association* reported on a study to assess the safety of pediatric ibuprofen with respect to serious but rare reactions.

(Continued on page 8)



Community Pharmacy Corner



Narcotic prescriptions cannot be "refilled." A new order, verbal or written, depending on the drug, is required. Narcotic prescriptions may, however, be part-filled. For example:

- ◆ The physician may write a prescription for a quantity of a drug, with directions to fill a certain partial quantity every so many days.
- ◆ The physician may write a prescription for a quantity of a drug, which the patient may request to be dispensed in smaller quantities.

In either of these instances, the following steps are required:

- ◆ On the original prescription, note the quantity actually dispensed on that day, along with the handwritten initials of the pharmacist responsible for dispensing the prescription.
- ◆ At the time of each part-fill, file a "paper trail" prescription, for information purposes, with the current date's prescriptions. This paper trail copy need not have a new prescription number. On that copy, note that it is a part-fill and note the original Rx number.
- ◆ As each part-fill is dispensed, enter the date, quantity and handwritten initials of the dispensing pharmacist on the back of the original prescription. Some software programs do not have a part-fill function and, instead, force the initiation of a new prescription number each time. This is viewed as a matter of semantics, as these are not really new prescriptions. In those instances, however, that "ghost number" should also be included on the back of the original prescription.

In the case of methadone prescriptions, the date, quantity and handwritten initials of all part-fills must be entered onto the back of the original prescription. However, in the case of methadone only, the paper trail copy which would ordinarily be filed on each part-fill date is **not** necessary.

Pharmacists are reminded that a narcotic prescription incorrectly written by the physician for refills, cannot be converted by the pharmacist to a part-fill format.

Example: 100 Tylenol #3; Refill every 30 days x3
This **cannot** be converted to 400 Tylenol #3; fill 100 every 30 days. Only the first 100 doses can be dispensed without contacting the physician for a new prescription.

Hospital Pharmacy Insights



In June 1997, a child died in B.C. as a result of a dose of vincristine that was erroneously administered by the intrathecal route. Copies of the Coroner's Inquiry, the hospital's internal review recommendations and additional background information about the error were directed to the College by the hospital pharmacy.

There was no evidence of a pharmacy or pharmacist error. However, due to the fatal consequences of this medication administration error, the Hospital Pharmacy Committee was asked to review the available information and report to College Council, if necessary.

The problem in this case was not the intrathecal medications (specially labelled and highlighted to note the intrathecal route). The dangerous medication was the intravenous vincristine. Despite a warning label on the outer packaging, the vincristine was placed in proximity to the lumbar puncture treatment tray where it was given intrathecally.

The manufacturers' labelling of vincristine and other vinca alkaloids has warnings that administration by the intrathecal route causes death.

The Hospital Pharmacy Committee forwarded a Policy Statement recommendation to College Council. The Policy Statement was approved and will be incorporated into the draft hospital pharmacy practice bylaws:

All parenteral syringes containing vinca alkaloids (including vinblastine, vincristine, vindesine, vinorelbine and any others) must be labelled directly on the syringe barrel with a prominent warning label containing the words:

WARNING:

FATAL IF GIVEN INTRATHECALLY.



What Went Wrong?

A recent Coroner's Inquiry into the death of a child attached no fault to the pharmacy department that prepared the medications. Nonetheless, the report contained a number of findings that are relevant to pharmacy practice.

A child in a B.C. hospital was scheduled to receive a cancer treatment consisting of four drugs. The treatment protocol called for three of the drugs to be given intrathecally (into the spinal fluid by lumbar puncture) while one drug, vincristine, was to be given intravenously. Tragically, the vincristine was mistakenly given into the spinal fluid.

The neurotoxic effects of vincristine are well documented even when the drug is administered in therapeutic doses by the intravenous route. Intrathecal administration of vincristine is associated with almost 100% mortality due to ascending paralysis and associated respiratory compromise. Despite all of the hospital's subsequent interventions, the child died.

Pharmacists pay special attention to medication orders for intrathecal use. Intrathecal medications and their diluents must be preservative-free. Strict observation of sterile technique is required to ensure the sterility of the final product. Because there is no preservative, intrathecal medications are usually prepared just prior to administration. As well, auxiliary labels are used to alert nursing staff that the medications are to be given intrathecally by a physician during a lumbar puncture.

In this particular case, all four medications were correctly prepared and labelled. The route was highlighted on the label on the syringe and the outer package of the three intrathecal medications, and an additional auxiliary label was affixed to the outer packaging to indicate that the drugs were intended for intrathecal use. As well, the vincristine outer packaging carried an auxiliary label stating:

WARNING:
DO NOT REMOVE COVERING
UNTIL MOMENT OF INJECTION.
FATAL IF GIVEN INTRATHECALLY.
FOR IV USE ONLY.

Despite all of these precautions, the outer packaging of the vincristine was removed and the syringe was placed in proximity to the lumbar puncture treatment tray where it was mistakenly given intrathecally.

In this case, the danger to the patient was not from one of the intrathecal medications. Intravenous administration of any one of the three intrathecal medications would have been a serious medication error but one without tragic consequences. The dangerous drug in this case was the intravenous vincristine.

In settings where a patient has an order for a lumbar puncture and a combination of intrathecal and intravenous therapy, take care to ensure that procedures include the following steps:

- ◆ **Ensure that vinca alkaloids (vincristine, vinblastine, vindesine, etc.) are NEVER in the same treatment area where a lumbar puncture is being performed.**
- ◆ Prevent cross-labelling in the pharmacy. Physically separate intrathecal and intravenous doses during all stages of preparation and labelling. Use separate set up trays and clear the hood of all intravenous medications prior to mixing drugs for intrathecal use.
- ◆ Physically separate vinca alkaloids from intrathecal medications during transportation and delivery to the treatment area. If possible, arrange to prepare and send vinca alkaloids after the intrathecal medications have been administered to the patient.
- ◆ Prominently warn that vincristine and other vinca alkaloids are fatal if given intrathecally. Ensure the warning label is affixed **directly** to the label on the syringe barrel, as well as on any protective wrapping or outer packaging.

Other visual cues such as special label colour coding or highlighting, special shapes or packaging are not reliable methods to identify medications at the time of administration. Promote practices that require a nurse or physician to read aloud the label information, including the medication name, dose, route of administration and any auxiliary labels, to another nurse or physician just prior to injecting the chemotherapy.

Long-term Care

For the past several years, pharmacists have been required to mechanically shred all patient-identified material in the interests of patient confidentiality.

Blister cards returned to the pharmacy from a facility cannot be shredded. However, pharmacists are required to do all they can to meet current confidentiality standards. Such standards require that, at the very least, the patient's name on the blister card be struck through with a black felt pen. Pharmacy managers, who are not already doing so, are asked to implement a policy whereby a member of the staff (it need not be a pharmacist) carries out this important procedure.



Rx C.A.R.E Program

Program Pilot Nears Completion

The pilot phase for three of the four ^{Rx}C.A.R.E. assessment options has been completed. The fourth pilot (of the Structured Performance Assessment) will be completed in June. More than 1000 pharmacists have participated in the pilot phase, with another 60 to take part in the final pilot.

Reporting of results to all participants may be delayed due to workload at the College office. Because the program is being operated under strict budgetary constraints which preclude the addition of staff, it will be necessary to adjust certain program timelines and defer some of the less urgent activities. Volunteer participants will be provided with their results as quickly as possible.

It is important to remember that the pilot phase is for the benefit of

College members, as well as the College office. Part of Council's evaluation of the four options will be an assessment of the impact on the College office, its staff and the associated administrative costs.

Knowledge Assessment

Due to in-office technological problems and other circumstances beyond our control, some of the Knowledge Assessment registration materials were distributed with short response deadlines. Although the two dates for the Knowledge Assessment had been announced in October 1997, a high volume of telephone calls by prospective participants further delayed the preparation of the 900 confirmation notices. We thank everyone for their patience, and apologize to the pharmacists who were inconvenienced.

A few pharmacists experienced problems at some of the 22 administration sites. Others objected to the tone of the assessment instructions and confidentiality guidelines. Participants were given a chance to record their comments (both criticisms and compliments), and these will all be taken into account when the final program proceeds according to the Council's policy decision later this year.

Professional Portfolio and Practice Review Audit

Assessors for the Professional Portfolio submissions and the Practice Review Audit procedures were trained at the College office during March and April, and have now completed their assigned assessments and audits. As noted above, there may be delays in replying to volunteer participants but reports will be sent as quickly as possible.

Structured Performance Assessment

The pilot phase of the Structured Performance Assessment is scheduled in Vancouver during the first and third weekends of June. Reports will be sent to participants in mid-July.

Security Guidelines

Strict security guidelines are an essential component of today's assessment and evaluation environment. Not only do strict guidelines help ensure fairness for all participants, but they also protect against the loss of the considerable financial and volunteer investment required to produce a valid and reliable assessment instrument. In addition, liability issues can arise if assessment security is breached. This is also an important issue for our program partner, the Pharmacy Examining Board of Canada.

Survey of Program Participants

All pharmacists who have participated in one or more of the four assessment tools will be invited to complete a survey to be distributed in the summer. A special task group, comprised of selected members of the ^{Rx}C.A.R.E. Committee, the Board of Examiners, the Council and others, will assist with the development of the survey questions. The Council appointees are Heather Baxter and Barbara Thompson.

The survey questionnaire is very important because it will provide the Councillors with key information about the acceptability of each of the four options, based on each respondent's actual participation and experience.

Ibuprofen *(Continued from page 5)*

The study concluded that the risk of hospitalization for gastrointestinal bleeding, renal failure or anaphylaxis was not increased following short-term use of ibuprofen in children. However, the data provided no information on the risks of less severe outcomes or the risks of prolonged ibuprofen use. For statistical information from the studies, please contact Registrar Linda Lytle.



PharmaNet Users Group

Pharmacists' Guide to the HealthNet/BC Professional and Software Compliance Document

The finishing touches are being put on the Pharmacists' Guide to the Compliance Document which has been developed to provide pharmacists with information regarding the standards against which pharmacy software in B.C. is evaluated, as well as the business rules for access to PharmaNet transactions.

The guide will be distributed to all pharmacies in early May. Pharmacists with any questions regarding the document can contact the PharmaNet Coordinator at the College.

DUE Tolerance Changes

As reported in the last *Bulletin*, the tolerance added to Duplicate Ingredient/Duplicate Therapy checking was changed from ten days to three days effective 26 March 1998. PharmaNet now adds a three day tolerance to the expiry date of a prescription in order to account for noncompliance and washout issues for the purposes of this DUE check. That means that a 100-day supply of any drug, for example, will remain active on the PharmaNet record for the purposes of Duplicate checking for 103 days instead of 110 days.

Please contact the PharmaNet Coordinator at the College with any concerns or comments regarding these changes.

PharmaNet Drug Interaction References

PharmaNet performs Drug Utilization Evaluation (DUE) for drug to drug interactions. The message returned to pharmacists includes:

- ▶ a description of the drugs or

classes of drugs which interact

- ▶ the clinical effect of the interaction
- ▶ the significance level
- ▶ reference to the relevant page numbers of Hansten & Horn's Drug Interactions Analysis and Management.

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Council Highlights

1998-99 Operational Goals

Council approved the Registrar's operational goals. Interested members can obtain a copy from Linda Lytle's executive assistant, Traci Deman, at the College office.

Policies

During the past year Council reviewed all of its existing policies, separating operational policies from governance policies. Several internal and external policies were reviewed and approved. Members will receive a new *Council Policy* section for the Information File binder in an upcoming mailing.

Sale of Tobacco Products by Pharmacies

To further the Council policy "to initiate steps to make recommendations to the Provincial Ministry of Health to prohibit the sale of tobacco products from retail premises which contain pharmacies," Council approved the *Proposal to Prohibit the Sale of Tobacco*

by Pharmacies for presentation to the Ministry of Health.

B.C.A.R.E. Program

As part of its monitoring task, Council reviewed the bi-monthly B.C.A.R.E. Program report from the Registrar. The B.C.A.R.E. Program pilot acceptability report and other important data will be presented to Council in a workshop format this fall.

New Bylaws

Linda Lytle met several times with Legislation Division representatives at the Ministry of Health regarding the revised College Bylaws. The seventh draft is being presented to Council in June for final approval. It is hoped that the bylaws will be approved and distributed to pharmacists in the fall. The proposed revisions will bring the bylaws in line with *The Pharmacists, Pharmacy Operations and Drug Scheduling Act*.

Help "Give Life"

Barbara Perceval, a Community Pharmacy Practice Consultant/Inspector with the College, is on long-term disability leave due to end stage kidney failure. On peritoneal home dialysis since last April, she shares her thoughts and a special request to all members in her accompanying letter.

The B.C. Transplant Society is receiving over 1,000 Organ Donor Registration Forms daily. The forms are also now available at all ICBC Autoplan Brokers in addition to London Drugs stores and Motor Vehicle Branches. The Society's goal is to have 500,000 donors registered by the year 2000.

Thanks to all my friends and colleagues who have asked about my health and have passed on many wishes for a timely and successful transplant.

My routine includes four peritoneal dialysis exchanges per day, each one requiring 30 to 40 minutes of quiet, uninterrupted time. In addition, I am responsible for one sterile dressing change per day, one subcutaneous injection of EPO every ten days, ordering the necessary supplies from Baxter every six weeks and reordering medications as needed from the Kidney Dialysis Pharmacy services. Besides the time factor for all these functions, I must deal with the ongoing fatigue, sleeplessness, persistent skin itchiness and lack of concentration skills.

One way all pharmacists can help me is by providing a highly visible display of the pamphlet, "Give Life." Supplies of this pamphlet can be obtained from the B.C. Transplant Society at 1-800-663-6189 or <http://www.transplant.bc.ca>. Please use every opportunity with your patients to explain the new computerized register, and encourage them to take enough pamphlets for the entire family and to discuss their wishes within the family unit.

After two years, I remain on medical leave anxiously waiting for a transplant and a return to my normal professional life.

Hard Copies (Continued from page 4)

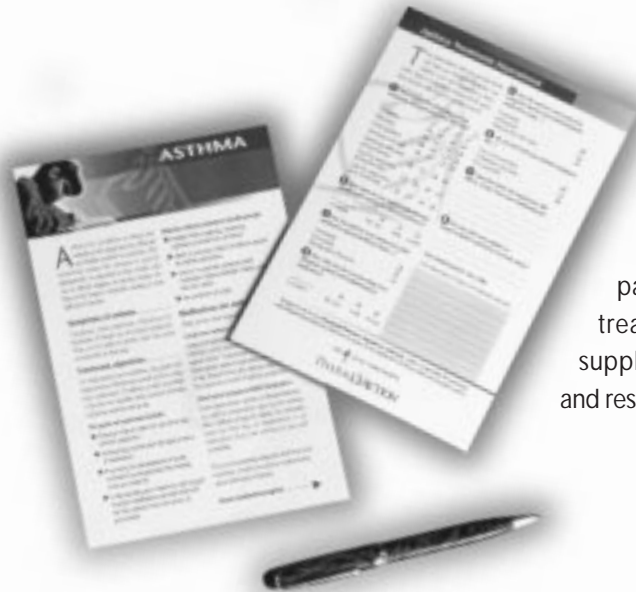
length of time from dispensing date pharmacy policy permits refills of a prescription	length of time from dispensing date hard copy must be retained
None	2 years
1 year	3 years
2 years	4 years



PHARMACTION: NOW WITH DISEASE-SPECIFIC COUNSELLING & MONITORING SECTIONS

PATIENT COUNSELLING SECTION:

Provides patients with important information on their disease and treatment objectives as well as what they need to do to help ensure the best possible outcome.



TREATMENT MONITORING SECTION:

Encourages feedback from patients, so you can assess treatment progress. Use the supplied algorithms to identify and resolve drug-related problems.



College of Pharmacists
of British Columbia

PHARMACTION

BRINGING PERSONALIZED HEALTH CARE TO YOUR PATIENTS.

Resource Source



◆ New Electronic Journal

The Canadian Society for Pharmaceutical Sciences (CSPS) is pleased to announce the launch of its official journal, the electronic "Journal of Pharmacy and Pharmaceutical Sciences" (JPPS). The JPPS is a broad-spectrum, multi-media, peer-reviewed, international pharmaceutical journal circulated electronically via the World Wide Web. Subscription is free of charge, with issues available for online viewing and/or printing at the CSPS website: <http://www.ualberta.ca/~csp>.

The journal welcomes the submission of papers describing issues related to pharmacy and pharmaceutical sciences. Interested authors may contact the JPPS editor at Tel: (403) 492-2807, Fax: (403) 492-0951, E-mail: fjamali@pharmacy.ualberta.ca.

Plan to Attend



► **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



College Staff Contact List

(* Indicates part-time staff)

	Ext.
Reception	200
Amin Bardai* <i>Internship Program Site Coordinator</i>	400
Yvonne Beavington <i>Senior Receptionist and B.C.A.R.E. Program Assistant</i>	243
Sharon Clark <i>Hospital Pharmacy Practice Consultant / Inspector</i>	237
Traci Deman <i>Executive Assistant</i>	220
Elsie Farkas <i>Registration Secretary</i>	242
Julie Ford* <i>Community Pharmacy Practice Consultant / Inspector - District 5</i>	402
Marge Gardner <i>Administrative Manager</i>	208
Sharon Kerr <i>Professional Development Liaison Officer</i>	239
Lorraine Kerrigan <i>Administrative Secretary</i>	212
Doreen Leong* <i>Assistant PharmaNet Coordinator and B.C.A.R.E. Program Assistant</i>	203
Linda Lytle <i>Registrar</i> <i>Email: ljlytle@bcsc02.gov.bc.ca</i>	201
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Margaret McLean <i>Community Pharmacy Practice Consultant / Inspector - Districts 1, 2 and 3</i>	235
Heather Murphy <i>Junior Receptionist</i>	211
Brenda Osmond <i>Deputy Registrar</i> <i>Email: blosmond@bcsc02.gov.bc.ca</i>	202
Carol O'Byrne <i>Director, Assessment Programs</i> <i>Email: cpbc@axionet.com</i>	240
Melva Peters <i>PharmaNet Coordinator</i> <i>Email: mmpeters@bcsc02.gov.bc.ca</i>	223
Neetika Sethi <i>Secretary</i>	214
Regan Ready* <i>Community Pharmacy Practice Consultant / Inspector - District 4</i> <i>Email: reganr@ibm.net</i>	401
Lynn Taylor <i>Administrative Assistant</i>	219

People News



Announcements

- ▶ There were calls for Council nominations in Districts 2, 4 and 6, with three councillors elected by acclamation for the two-year, 1998 to 2000 term. **Barbara Appleton** (District 2), with Shoppers Drug Mart in Abbotsford, has been on Council since 1995. **Erica Gregory** (District 4), with Safeway Pharmacy in Trail, was a Councillor in 1994-95 for the former District 5, and is currently co-chair of the B.C.A.R.E. Committee and a member of the Board of Examiners. **Mits Miyata** (District 6), with St. Paul's Hospital Pharmacy in Vancouver, is an active College member as Chair of the Board of Examiners, President of the Pharmacy Examining Board of Canada (PEBC) for 1998-99, and Provincial Representative to PEBC for another three years.
- ▶ **Rick Thomas**, former B.C.A.R.E. Program Assistant Coordinator, has left the College office to pursue other opportunities. **Doreen Leong** will be providing assistance for the B.C.A.R.E. Program until the end of the pilot project.

Achievements

- ▶ Congratulations to the five full-time Riverview Hospital Clinical Pharmacists who have been accepted as students in the University of Washington's external Doctor of Pharmacy program - **Jane Dumontet, James Kim, Elham Tabarsi, Debbie Thompson** and **Gordon Tse**.
- ▶ UBC Pharmaceutical Sciences student **Valerie Kan** has been named as one of Pharmacy's Canada Centennial Scholars,

recognizing her fine academic endeavours and involvement in student activities. The College is pleased to provide funding support to Valerie for attendance at the Canadian Pharmacists Association's Annual Conference in St. John's, Newfoundland.

- ▶ **UBC's team of pharmacy students** placed third, for the second year in a row, in the fifth annual CAPSI Warner-Lambert Pharma Facts Bowl. Over 500 pharmacy students competed in the event.

In Memoriam

- ▶ Council regrets the passing of member and former College President **Gerald Arthur Elliott** of Vancouver.

1998/99 College Council

Barbara Appleton, President	District 2, Fraser Valley
Shawn Sandu	District 1, Metropolitan Vancouver
Henry Mah	District 3, Vancouver Island/Coastal
Erica Gregory	District 4, Kootenay/Okanagan
Tinka von Keyserlingk	District 5, Northern B.C.
Mits Miyata	District 6, Urban Hospitals
Curt Jordan	District 7, Community Hospitals
Frank Abbott	Dean, Faculty of Pharmaceutical Sciences
Bob Evans	Government Appointee, Salmon Arm
Anita Gill	Government Appointee, Vancouver
Gordon Hawkins	Government Appointee, Victoria
Christine Liotta	Government Appointee, Langley