



## Check Out Your New College Web Site - [www.bcpharmacists.org](http://www.bcpharmacists.org) -

The upgraded College web site is available at the end of May to all pharmacists and the public. Just click on our new web address, **[www.bcpharmacists.org](http://www.bcpharmacists.org)**. Redesignated and re-organized in response to your input, the new web site is easier to navigate and gives you quick access to changes in drug regulations, scheduling and interchangeability.

“Our hope is that pharmacists will log onto the College web site as they start each shift,” says Registrar Linda Lytle. “The web site has been revamped to save you time by

providing one-stop access to the information you need in your daily practice.”

When you open the new home page you will immediately see a “What’s New” section highlighting Health Canada Advisories, product recalls, College initiatives and other important announcements. As requested by many of you during the Consultation Project, the College web site also offers you:

- ▶ Enhanced search functionality to make it easier to find information you need

## College Responds To Consultation Project Input

Two months ago the College mailed more than 4,200 copies of the College’s Consultation Project Report to pharmacists and stakeholders. “The Consultation Project was a kind of ‘needs assessment’ for the College,” says Registrar Linda Lytle. “Your input and your response to the Report helped us identify areas that could be improved. Now that we know what needs attention, we are moving ahead.”

Priorities include developing ways to:

- ◆ Make it easier for members to get involved
- ◆ Improve communications with members
- ◆ Enhance availability and access to continuing education opportunities and practice support services
- ◆ Project a positive public image of the pharmacy profession
- ◆ Improve public access to information about the pharmacy profession and pharmaceuticals

“We are committed to making positive changes as expediently as possible,” says Linda. The College has already:

- ◆ Upgraded the College web site
- ◆ Added new features to the Bulletin
- ◆ Endorsed the UBC Faculty of Pharmaceutical Sciences’ plan to develop a fast-track degree program
- ◆ Collaborated with the BCPhA to sponsor “Our Parents Show,” 27-29 September, a public event designed to provide seniors and their children with information to address the challenges of older age (see article on page 2)

Please let us know of any ideas, questions or concerns you have about College communication efforts in the coming months. Linda Lytle: E-mail - [LLytle@collegepharmacists.bc.ca](mailto:LLytle@collegepharmacists.bc.ca) or Tel - 604-733-2440, ext. 201, 800-663-1940.

**Published By:**  
College of Pharmacists of  
British Columbia  
#200 - 1765 West 8<sup>th</sup> 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](mailto:info@collegepharmacists.bc.ca)  
Web Site: [www.bcpharmacists.org](http://www.bcpharmacists.org)

**Managing Editor:**  
Linda Lytle, Registrar

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

- ▶ A quick link to changes in legislation and bylaws
- ▶ Additional links to drug information and continuing education events
- ▶ Easy access to the pharmacist’s resource guide, internship manual, community pharmacy manager’s audit and list of required references
- ▶ list of registered pharmacists and licensed pharmacies

*(Continued on page 4)*

## Table Of Contents

News Stories	1-6
Council Highlights	7
In Brief	8
Community Pharmacy Corner	8
Drug Updates	9
Q & A	9
What Went Wrong?	10
PharmaNet	11
Resource Source	12
Plan to Attend	12
People News	12
Councillor Contact List	12



## College Undertakes Public Outreach Through New Forum

### OUR PARENTS SHOW: Navigating Our Golden Years

Vancouver Convention and Exhibition Centre  
27-29 September

In partnership with the BC Pharmacy Association and the BC Medical Association, the College is planning the "OUR PARENTS SHOW: Navigating Our Golden Years." This new public forum will profile free, half-hour seminars and exhibits to provide seniors and their children with information and products to address challenges in the golden years. The show is being professionally produced by Big Feats Management and Logistics.

"We see 'OUR PARENTS' as a major opportunity to show people what they can expect from their pharmacists and how to effectively access information about medication and their health," explains Registrar Linda Lytle. "Pharmacists are an important source of information and know-how, and we want to make sure that older people get the services they need." Participation in this public forum furthers the College's communication objectives to project a positive image of our profession and to improve public access to information about pharmacy and pharmaceuticals.

For more information on the OUR PARENTS SHOW, please see the show web site at [www.ourparentsshow.com](http://www.ourparentsshow.com) or contact the College. Linda Lytle: E-mail - [LLytle@collegepharmacists.bc.ca](mailto:LLytle@collegepharmacists.bc.ca) or Tel - 604-733-2440, ext. 201, 800-663-1940.

## College Continues To Explore Ways To Address Demand For Pharmacists

The demand for pharmacists continues to grow. Your concerns about the impact of these demands on individual pharmacists, pharmacies and our profession were at the forefront of the recent Consultation Project.

The College has undertaken numerous activities over recent years to address this issue, and we will continue to be proactive in helping ease the demand for pharmacists.

The following initiatives have been implemented to date:

- ▶ Formed the joint College and BCPhA Pharmacist Workforce Task Group to explore ways to address the demand for pharmacists.
- ▶ Rescinded the College policy that restricted the pharmacist-to-technician ratio to 1:1+1.

▶ Worked closely with NAPRA to develop the Mutual Recognition Agreement (MRA), implemented January 2001. Pharmacists can now obtain a license outside of their "home" province/territory within a matter of weeks.

▶ Endorsed the UBC Faculty of Pharmaceutical Sciences' plan to develop a fast-track degree program.

▶ Worked with BCPhA and UBC to implement the summer 2001 Community Pharmacy Workforce Survey to collect data on vacant pharmacist positions.

▶ Supported the Canadian Pharmacists Association's proposal to the federal government for developing data on current pharmacy manpower numbers

and distribution.

Other initiatives currently planned include:

- ▶ Conducting a second Community Pharmacy Workforce Survey this summer to identify additional trends in pharmacist demand.
- ▶ Working with the Ministry of Health to make it easier for qualified pharmacists from other countries to receive a license in B.C.
- ▶ Supporting NAPRA's efforts to expedite the licensing of U.S.-trained pharmacists in Canada.

Pharmacists can also take action to address the demand for pharmacists and improve your conditions of work. As professionals, you can take a stand. Don't be willing to take

*(Continued on page 6)*



## Scope Of Practice And Prescribing Authority Explored Advanced Practitioner Credentialing Project Update

Scope of practice and prescribing authority were hot topics at three recent events involving pharmacists, nurses and the Ministry of Health Planning. The shortage of general physicians is increasing dependence of patients on other health care providers, particularly pharmacists. Pharmacists are responding by considering their evolving role in patients' care, and how they can contribute to the ever-growing need for health care services.

In March 2002, during Pharmacy Awareness Week, the Canadian Society of Hospital Pharmacists (CSHP) launched its media campaign on pharmacist prescribing. "CSHP advocates the role of pharmacists as capable prescribers," says Margaret Gray, CSHP President. "In order to enhance the quality of patient care and optimize therapeutic outcomes, physicians and pharmacists must become partners in prescribing. CSHP supports the pharmacist's role in a collaborative prescribing model to maximize the efficient use of resources for the provision of timely and appropriate direct patient care."

Also in March 2002, the Registered Nurses Association of BC and the Ministry of Health Planning held a Stakeholder Forum to discuss an expanded role and scope of practice for nurse practitioners. Then in May 2002, "Scope of Practice" was the topic discussed at the National Pharmacy Forum at the Canadian Pharmacists Association's annual conference.

It is clear that not all pharmacists desire prescriptive authority. However, studies show that when pharmacists have prescriptive roles, this leads to improved health outcomes and decreased adverse drug effects. Recognizing pharmacists with advanced training is one of the first steps in pursuing prescriptive authority. It may also lead to acknowledgement and reimbursement of advanced pharmacy services.

Our recent survey showed that 93% of the 55 respondents - mainly community practice pharmacists, pharmacy managers and administrators - favour the College administering a voluntary credentialing process. Eighty percent say they are interested in undertaking a credentialing process. Respondents believe credentialing leads to more education, better public recognition, and improved ability to care for patients and to seek reimbursement (see the comment box below).

Pharmacists responded enthusiastically to an enclosure in the March/April 2002 *Bulletin* which asked about specialty training and time spent in a specialty practice area. The enclosure also invited interested individuals to help develop the credentialing process. Based on the response, our project committee is working on a process and criteria for credentialing.

You can find more information about the Advanced Practitioner Credentialing Project on the College web site, [www.bcpharmacists.org](http://www.bcpharmacists.org). Select the "What's New" tab on the home page and click on "Advanced Practitioner Credentialing Project." You are also welcome to contact us about the project with your feedback, concerns or questions by telephone, fax, e-mail or writing:

Contact: Alan Low, BSc.(Pharm.), Pharm. D.  
Consultant, APC Project  
Tel: 604-733-2440, ext. 234 or 800-663-1940  
Fax: 604-439-8463 or 800-377-8129  
E-mail: [alanlow@interchange.ubc.ca](mailto:alanlow@interchange.ubc.ca)  
Mail: c/o CPBC office

### Pros & Cons of Credentialing

#### "Why Yes?"

- ◆ "To be formally recognized for the skills and training I have."
- ◆ "To be perceived as a specialist by the public."
- ◆ "To enhance my value as a pharmacist to the patient."
- ◆ "To gain more education and confidence in areas of practice, to further the profession, and to be adequately compensated."
- ◆ "To increase one's knowledge base and role in patient care."
- ◆ "To enhance the profession and pave the way for cognitive services."

#### "Why No?"

- ◆ "I'm too old, but would be happy to help with setting one up."
- ◆ "At this stage in my career, credentialing would not be advantageous."
- ◆ "This credentialing process would be most beneficial for front-line community pharmacists, which I'm not."
- ◆ "I don't think there is any reason for me to do so."
- ◆ "I have no time."



## Special Access Programme Requirements

Health Canada's Special Access Programme (SAP) authorizes a manufacturer to sell to a physician a specific quantity of drug that cannot be otherwise sold or distributed in Canada. The drug is sent to the physician or a hospital pharmacy, but not to a community pharmacy. The physician cannot sell the product to a community pharmacy for dispensing to his/her patient.

The physician who has made the decision to prescribe this medication is thought to be in the best position to continually monitor the use of these drugs. A practitioner receiving access to a drug through the SAP must provide a report on the results of the drug's use. This includes information on adverse drug reactions and, on request, accounting for all quantities of drug released. The SAP does not authorize the use or administration of the drug; this authority falls within the practice of medicine.

For more information, please refer to the Special Access Programme section on the Health Canada web site: [www.hc-sc.gc.ca/hpb-dgps/therapeut/htmleng/edrp.html](http://www.hc-sc.gc.ca/hpb-dgps/therapeut/htmleng/edrp.html).

## Spring Into New Continuing Education Opportunities



The Continuing Pharmacy Education Spring 2002 Calendar is now available in PDF format on the CPE web site, [www.ubcpharmacy.org/cpe](http://www.ubcpharmacy.org/cpe), under "What's New." With

four pages of courses, there are continuing education opportunities for every pharmacist.

Anyone without web access can contact CPE (Tel: 604-822-0354, 800-663-0348, ext. 2, Fax: 604-822-4835, E-mail: [infoce@cehs.ubc.ca](mailto:infoce@cehs.ubc.ca)) to request that a copy of the Calendar be forwarded via mail, fax or e-mail.

### New College Web Site - *Continued from page 1*

- ▶ List of registered pharmacists and licensed pharmacies
- ▶ Forms for downloading and printing

The web site has a new look and feel, intended to better reflect the diversity of British Columbia pharmacists and their practices. Where the old web site opened with a photograph of the College office building, the new site features a collage of pharmacists counselling patients.

In addition to providing enhanced communications for members, the web site also gives the public easy access to reliable information about pharmacists and pharmaceuticals. A new component, "You and Your Pharmacist," educates the public about the roles of B.C. pharmacists. This section includes questions the public should ask when buying prescription and nonprescription drugs, plus advice on natural

health products and children's medications.

B.C. pharmacists are not the only ones with a new web site. The National Association of Pharmacy Regulatory Authorities (NAPRA) also recently launched a redesigned web site available at [www.napra.org](http://www.napra.org). "Together these web sites offer a full array of important regulatory, drug and resource information," says Linda. "With the increasing availability of web-based information, innovative pharmacies might consider the advantage of making information available by means of a dedicated terminal - for both pharmacists and patients."

Many people were involved in developing the new web site. Special thanks to all the members who gave us valuable input. Special recognition also goes to CPBC staff members Brenda Osmond, Doreen Leong, Melva Peters and Samantha Towler.

This is only the first phase of the web site upgrade. The College is currently exploring factors and costs involved with providing Medline and other types of web-based support through College fees. Future phases will include more interactivity and a secure, password-protected section of the site for on-line registration renewals.

Please contact Doreen Leong at the College office with any comments and suggestions about the web site changes. E-mail - [DLeong@collegepharmacists.bc.ca](mailto:DLeong@collegepharmacists.bc.ca) or Tel - 604-733-2440, ext. 203, 800-663-1940.



## Development Of New Provider Registry Under Way

College Council has previously authorized the provision of registrant information to organizations (e.g. Continuing Pharmacy Education, NAPRA, Clinical Skills Resource Centre/PEBC) to help support pharmacists. At its April meeting, Council approved the release of registration and employment status information from our member database to the Provider Registry currently being undertaken by the Western Health Information Collaborative (WHIC).

WHIC represents a joint partnership agreement between all western provinces and territories to explore collaborative opportunities in the development of a Canadian health infrastructure. The B.C. Ministries of Health Services and Planning are leading the Provider Registry project in partnership with Alberta, Saskatchewan and Manitoba. Our College and the BCPhA are being closely consulted on the project.

The Provider Registry will be a standards-based, centralized, electronic application, working with provider data from key Colleges. Initially, the Registry will contain registration and employment status data on select groups of licensed individual health care service providers, specifically physicians and pharmacists. Subsequent phases of the project will include other licensed and unlicensed health care service providers, as well as licensed and unlicensed suppliers of goods of interest to the health care sector.

The centralized Provider Registry will facilitate transmitting health information between participating providers and authorized users, including health ministries, health authorities, public bodies and private organizations (e.g. laboratories, physician offices). Security software and processes will be used to ensure confidentiality of provider data. Each provider and user will have a unique identifier to help ensure the appropriate delivery of private and sensitive health information and to provide access to health information by users with a legitimate "need-to-know."

For British Columbia, the Registry will provide a more standardized and efficient system for transmitting College registrant data to PharmaNet. Data in the Registry will go directly to PharmaNet, greatly reducing time demands on College staff.

Once developed, the Provider Registry application can be implemented in any Canadian province or territory. The standardized Registry is a fundamental building block toward the development of the national Electronic Health Record. Updates on the project will be included in future issues of the *Bulletin*.

## Medical Residents – Can They Prescribe?

Occasionally when a prescription is entered into PharmaNet, the error message "prescriber not found" will be returned. This can occur if a physician's name is not on the College of Physicians and Surgeons of B.C. practising register, or if they are a medical resident.

Most medical residents are registered with the College of Physicians and Surgeons of B.C. only for educational purposes. This registration does not automatically provide prescribing privileges.

### Medical Residents with Prescribing Privileges

Only a small number of medical residents have prescribing privileges. To be able to prescribe independently, a medical resident must first obtain the Licentiate of the Medical Council of Canada (LMCC) qualification, be in at least their second year of postgraduate training and make application to the Faculty of Medicine Dean of Postgraduate Education. Medical residents who have prescribing privileges are required to sign the prescription and print their name as well as their preceptor's name on the prescription. These prescriptions should be entered using the resident's name as the prescriber.

### How can you tell if a resident has prescribing privileges?

If you perform a practitioner search on PharmaNet using the practitioner name or ID number, PharmaNet will either return the practitioner information with the prescriber's status identified, or an error message stating "prescriber not found." The "prescriber not found" message means that the medical resident does not have prescribing privileges, and their prescriptions must be co-signed by their physician preceptor. The preceptor's name should be used as the prescriber.

If a medical resident believes s/he does have prescribing privileges but PharmaNet does not recognize them, s/he may contact the College of Physicians and Surgeons of B.C. to discuss the discrepancy.





## NAPRA Plans New Services To Further Support Pharmacists

A number of new ventures for NAPRA were approved in principle during the Association's Annual General Meeting held 7 April in Ottawa.

Activities related to the demand for pharmacists in Canada were identified as a priority for the Association, such as measures to expedite the licensing of U.S.-trained pharmacists in member provinces. NAPRA Directors also approved the development of tools aimed at supporting individual pharmacists such as a searchable federal and provincial legislation and policy database as well as a customized, on-line catalogue of drugs referencing national, federal and provincial schedule status. Also, the establishment of a pharmacist-accessible on-line licensing service was confirmed as a priority over the next two to three years, due to the projected cost savings for NAPRA members.

Council Members also re-affirmed their support for projects the association currently has under development, such as the Canadian I-VIPPS program, model standards for technology in the

workplace (e.g. central-fill operations, central-processing, automation), a national pharmacist specialty certification program, a national continuing competence program and a model regulatory framework for the utilization of technicians. These projects will continue through special partnership arrangements with individual member licensing bodies. A revitalized NAPRA web site with new user administrative utilities was also unveiled at the meeting,

NAPRA Directors endorsed a settlement agreement reached with the Ontario College of Pharmacists, to allow for OCP to terminate its membership in NAPRA effective 5 April 2002. Ontario was a founding member of NAPRA in 1995 and as such, has provided a profound level of influence and leadership in the Association's development over the years. Accordingly, NAPRA members were saddened to learn last year of the OCP's decision to withdraw from regulatory initiatives at the national level.

### Demand For Pharmacists

- Continued from page 2

employment positions in understaffed pharmacies. Be clear on what hours you will work and what functions you are prepared to do. If long hours are ongoing, play a key role in convincing management that lock-and-leave is a viable option.

The College can and will support employee pharmacists in their efforts where issues cannot be resolved. Because situations, people and the environment can differ so dramatically between pharmacies, there is no one solution (e.g. daily dispensing limits). Actions must be individualized and a shared effort, with the initiative coming from pharmacists themselves.

Future undertakings by the College to address the demand for pharmacists will be reported in the *Bulletin*. Any comments on current and/or future activities are welcomed by the Pharmacist Workforce Task Group, and can be forwarded via Registrar Linda Lytle.

### Promoting Good Dental Health In Children

#### Follow The Dental Care Checklist

Good dental health is an important part of a child's health. In order for a child to grow into a healthy adult, they need to develop good dental habits.



Some people think that sugar alone causes cavities. This is not true. There are many factors involved in tooth decay, including how often food is eaten and how long food stays on the teeth. Inappropriate feeding and comforting habits, and lack of daily brushing with fluoride toothpaste are the main causes of tooth decay in young children.

Samples of a new resource, "The Dental Care Checklist," were sent to all B.C. community pharmacies in the March/April 2002 *Bulletin*. The Checklist gives parents key dental messages that correspond with the ages of the immunization schedule for young children. Following these messages will help to establish healthy dental habits and promote the overall health of a child.

For more information, please contact the South Fraser Community Dental Program, Fraser Health Authority at 604-507-5400.



## Council Highlights

The Council of the College of Pharmacists of B.C. met in Vancouver on 26 April. The agenda and outcomes included the following items:

### ▶ Reducing Regulations

The Councillors considered a report from the Registrar in which she summarized the “pros and cons” of being regulated under the *Health Professions Act (HPA)*, as opposed to maintaining our more independent legislation. The *HPA* and its bylaws are less process-oriented than our legislation. A transition to the *HPA* could be a method for reducing pharmacy regulations.

Information from other provincial regulatory organizations was available for review, and their perspectives were highlighted. Most health professions (with the exception of medicine, nursing and dentistry) are now regulated under the *HPA*.

The Councillors decided to proceed with caution and explore other options before making a decision on the next steps. Council asked the Registrar to obtain information from other pharmacy regulatory organizations that are focusing on outcomes, rather than process. The topic will be on the agenda again for the June Council meeting.

### ▶ Councillors' Work Plan

The Councillors decided to devote additional time during the coming year for creating information and materials to support pharmacists in their efforts to make better use of pharmacy technicians. The first steps are to research the existing pharmacy technician training programs to determine their curriculum and practicum components. Next steps will be discussed at the June Council meeting.

### ▶ Specialized Drug Product Compounding

After reviewing examples of compounding practices that have raised questions in the minds of pharmacists and other health professionals, the Council decided that the development of detailed guidance would not be the best option due to the continuing evolution of this area of practice. One of the important areas of concern is the lack of adequate safety and effectiveness evidence for many compounded products (including the traditional mixtures frequently prepared by most pharmacies).

Recognizing that the development of evidence-based documentation may be a long-term effort, the Council decided to remind pharmacists that they need to make sure their patients are advised about this situation.

Patients are entitled to know about the level of safety and effectiveness information so they can make an informed decision about whether or not to purchase and use the product.

### ▶ Cross-border Delivery of Prescription Drugs to Foreign Countries

A few B.C. pharmacies are beginning to dispense prescriptions for residents in foreign countries, especially the United States. Following a thorough discussion, the Councillors agreed that further regulation or policy development for these situations is not required.

Pharmacists are expected to comply with all aspects of the current standards of practice (Framework of Professional Practice) and legislated requirements (including appropriate prescriber authorization, PharmaNet entry and pharmacist-patient dialogue). The Council has requested that the advocacy organizations alert pharmacists to the liabilities and legal risks involved with cross-border shipments.

### ▶ Transmitting Prescriptions from a Prescriber's Computer to a Pharmacy's Fax Machine

The Councillors approved a new policy to allow transmission of certain prescriptions from a prescriber's computer to a pharmacy's fax machine:

A prescription authorization for a drug other than a Controlled Drug Substance (which includes a narcotic) and Schedule 1A (Duplicate/Triplicate) drug may be transmitted by facsimile by a prescriber to a pharmacy in accordance with Bylaw 5 or provided that the prescription authorization includes a unique identifier approved by the CPBC Registrar.

### ▶ Awards and Recognition

The Council approved the selection of several pharmacists for awards and recognition to be presented at the B.C. Pharmacy Conference or the College's annual general meeting in the fall:

*Whitehall Robins Bowl of Hygeia Award:* Dale Dodge

*Certificate of Merit:* Rubina Sunderji, Tinka von Keyserlingk and Janet Webb

*Fifty Year Practice Award:* Kevin Guest, Adaline Hamm, James Jackson, Stephen Juba, James Park, Holly Ready and Edward Zulcowski



## In Brief

**► Correction for the Complementary/Alternative Text**

The College made an error both on our web site and hardcopy list for the complementary/alternative text. The title of the text is **Natural Medicines Comprehensive Database**.

The web site address is [www.NaturalDatabase.com](http://www.NaturalDatabase.com) and the publisher is:

Therapeutic Research Faculty  
3120 W. March Lane  
P.O. Box 8190  
Stockton, CA 95208

**► Printing of Controlled Drug Substances Report No Longer Required**

Pharmacists are no longer required to print a controlled drug substances (including narcotics) report twice a month.

**► NAPRA "Outlook" Newsletter Posted On Web Site**

The National Association of Pharmacy Regulatory Authorities (NAPRA) has decided to reduce costs by no longer producing its "Outlook" newsletter in a printed format. The newsletter will now only be posted on the NAPRA web site. For the most recent issue, go to [www.napra.org/about/outlook/outlook.html](http://www.napra.org/about/outlook/outlook.html).

**► Marijuana Medical Access Regulations**

The *Marijuana Medical Access Regulations* came into effect on 30 July 2001 as an amendment to the *Narcotic Control Regulations*. The regulations provide seriously ill Canadian patients access to marijuana by defining the circumstances and the manner in which access for medical purposes will be permitted.

The regulations contain two main components: "authorization to possess" and "license to produce" marijuana for medical purposes. Community and hospital pharmacists are not directly affected as the regulations currently address personal possession and production of marijuana only. Medical practitioners are most affected as their authorization must be included on applications.

Physicians and patients can contact the Office of Cannabis Medical Access in Ottawa for further information, Tel: 1-866-337-7705, and can view the Health Canada web site at [www.hc-sc.gc.ca/english/protection/marijuana.html](http://www.hc-sc.gc.ca/english/protection/marijuana.html).

## Community Pharmacy Corner

### Opening a New Pharmacy



If you are planning to open a new pharmacy, you need to notify the College office of your plans at least **eight weeks** before the planned pharmacy opening date.

We require the following documents (please contact our office for an information kit and forms):

- ◆ Original diagram (scale ¼ inch equals 1 foot)
- ◆ Completed pharmacy license application
- ◆ Completed permanent pharmacy record card
- ◆ British Columbian or Canadian Certificate of Incorporation (if owned by a corporation)
- ◆ Memorandum of Incorporation or Notice of Directors - Form 8/9 (corporations)
- ◆ License fee

We are unable to accept photo-reduced or faxed diagrams because the measurements become distorted. You need to obtain approval for the proposed diagram before you begin construction.

Once all the above information is received, we will notify Pharmacare, which will then arrange the connection of the PharmaNet telecommunication line. Pharmacare must receive the work order eight weeks in advance of your anticipated opening date.

For further information or to obtain an information and resource package, please contact us at 604-733-2440 or 800-663-1940.



*This Bulletin column features frequently asked questions from pharmacists using the College's practice support telephone service.*

- ?** Is it okay to use tap water for reconstituting and preparing products for ingestion?
- A** Tap water is fine. However, if an area has received warnings to boil drinking water, boiled, distilled or bottled water must be used.
- ?** May a pharmacist sign a Duplicate/Triplicate Prescription Program form to show receipt of the prescription?
- A** A pharmacist's signature is not acceptable. The patient or the patient's agent is required to sign the prescription to acknowledge receipt of the medication.
- ?** Do Cesamet® (nabilone) prescriptions require the use of a Duplicate/Triplicate Prescription Program form?
- A** Cesamet® is a narcotic drug but is not included in Schedule IA. Therefore, a Duplicate/Triplicate Prescription Program form is not required.
- ?** How may I obtain a supply of melatonin for one of my patients?
- A** Health Canada has not assigned melatonin a DIN. Therefore, it is not an approved drug in Canada and cannot legally be sold. Melatonin products cannot be compounded in a pharmacy pursuant to prescription unless the prescriber applies to Health Canada for the product to be released as an "emergency drug" through the Special Access Program (formerly called the Emergency Drug Release Program). The drug will then only be supplied to physicians' offices and hospital pharmacies (see article on page 4).

To initiate a request, practitioners may write, telephone, fax or e-mail:

Special Access Program  
Therapeutic Products Program  
Finance Building 2<sup>nd</sup> Floor  
Tunney's Pasture  
Ottawa, Ontario K1A 1B9  
Address Locator 0202C1

Tel: 613-941-2108 or 613-941-3061

Fax: 613-941-3194

E-Mail: EDR\_Drugs-BPA@hc-sc.gc.ca

## Drug Updates



### ◆ Sodium Phosphates Oral Solutions

Health Canada has issued an advisory regarding new safety concerns for sodium phosphates oral solutions - Fleet® Phospho-soda® and Phosphates Solutions.

The solutions are used as laxatives and as bowel cleansers before X-ray examinations, colonoscopy and surgery. They can cause dehydration and changes in the levels of calcium, phosphorus, potassium and sodium in the blood when used inappropriately. These changes can affect the function of the heart, muscles and kidneys. The maximum recommended dose of the solution for an adult is 45 mL in a 24-hour period.

Patients suffering from kidney failure, heart disease, bowel disease, diarrhea or vomiting, the elderly, and those taking drugs that can affect electrolyte levels are at greater risk for developing electrolyte changes with these drugs.

### ◆ Hua Fo Tablets

Health Canada is warning consumers not to use Hua Fo tablets bearing the DIN 02243366. The tablets contain an unauthorized substance similar, but not identical, to sildenafil. Sildenafil is a prescription drug approved for male erectile dysfunction, sold under the brand name Viagra®. Inappropriate use of sildenafil could cause severe adverse reactions. For further information check NAPRA's web site at [www.napra.org](http://www.napra.org).

### ◆ Terfenadine-containing Drugs

Health Canada's Therapeutic Products Directorate reminds health care professionals and consumers that terfenadine-containing drugs no longer have valid DIN numbers. Their manufacturers have ceased the sale of these drugs in Canada.



## What Went Wrong



### Dealing With Prescription Forgery Fan-outs

JT has a history of multi-doctoring and forging prescriptions. Fan-outs about his activities were sent to pharmacies at least five times during the year 2001. Targeted drugs included benzodiazepines and narcotics such as acetaminophen with codeine tablets. Despite all these warnings, JT was still able to obtain numerous prescriptions for targeted drugs. Some of the prescriptions turned out to be forgeries.

A fan-out was sent 18 May regarding JT's forgeries, but a pharmacy dispensed a forged prescription for oxazepam on 21 May. Another fan-out was sent 7 June, but a pharmacy dispensed a forged prescription for lorazepam on 9 June. On 18 June another fan-out message was sent, but pharmacies dispensed more forged prescriptions for diazepam, Tylenol #3's, lorazepam and oxazepam over the next few months.

This situation highlights the importance of having fan-out information easily accessible to all pharmacists in the dispensary.

#### What is a fan-out?

A fan-out is a message sent through PharmaNet, usually from the College of Pharmacists, most often about prescription forgeries, or lost or stolen prescription pads. The amount of information that can be transmitted in a fan-out is limited, so the messages are brief and to the point. They are usually initiated by the pharmacist who identifies a prescription forgery. S/he contacts the College of Pharmacists to have the information shared with other pharmacies in the area.

#### Interpret fan-outs with caution

Fan-outs often identify the patient name used in the prescription forgery. Sometimes the pharmacist may know the person committing the forgery. However, it is possible for a person forging a prescription to use a false name. The other person may be an innocent victim of the forgery. Obtaining positive ID for all prescriptions should help minimize this problem.

#### How does your pharmacy manage forgery fan-outs?

There are a number of ways to manage fan-out information:

1. Some pharmacies add the "fan-out patient" to their local patient database with notes about the problem. Remember that the patient has the right to access any information in their patient record. Your note should be factual and professional in tone.
2. You may choose to file the printed fan-out in a binder for easy reference. You could have every dispensary staff member sign the fan-outs to indicate that they have reviewed the form. Although this method is efficient, it may not be effective, as it requires you to rely on your memory when prescriptions are presented to you.
3. Some pharmacies retain a separate computerized fan-out record. Although this is more convenient than paper storage, it still requires you to remember what you have read in each fan-out.
4. The Community Practice Advisory Committee (CPAC) suggests creating the fan-out patient in your local patient database with a note that simply says, "See fan-out of 25 May 2002." The pharmacist is then reminded to look at the fan-out record (either paper or electronic).

Regardless of which method is used, it is important to remember that fan-out information is time sensitive and should be removed from the patient's record or from the electronic record or paper file six months to one year after it has been entered.

#### Summary

There are a number of ways to handle forgery fan-outs. It is important that one consistent method be used in your pharmacy. Fan-out information should be readily accessible. All communications should be professional and factual in tone, and fan-outs must be interpreted with caution. Please review your pharmacy's fan-out procedures to ensure that all dispensary staff understand how to handle a fan-out and have easy access to the information.



## “Not Currently Practising” Or “Work Site Unknown”

The College provides pharmacist information, including name, work address and phone number, to PharmaNet daily. When the work location is unknown, the College previously sent “Not Currently Practising.” This has now been changed to “Work Site Unknown.”

If you notice that your pharmacist record contains this information as the address, your pharmacy manager can notify the College office of your employment in the pharmacy. Once we receive this information, your information will be updated.

## Obtaining A PharmaNet Patient Record

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

To request a patient record, the patient must provide positive identification at the pharmacy.

Positive identification is:

- ▶ One piece of Primary Identification (drivers license, passport, provincial identity card issued by the province of B.C., Police Identity Card issued by RCMP or municipality, Indian Status Card) OR



- ▶ Two pieces of Secondary Identification (Care Card issued by the province of B.C., Birth Certificate, Canadian Citizenship Card, Landed Immigrant Status papers, Naturalization Certificate, Marriage Certificate, Change of Name Certificate, Identification or Discharge Certificate from External Affairs Canada or Canadian Armed Forces, Consular Identity Card)

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

The PharmaNet patient record the patient will receive in the mail includes:

- ▶ *Current Demographic Information* - This lists name, address, phone number, personal health number and gender on record with the Ministry of Health.
- ▶ *Clinical Information* - This notes current and chronic medical conditions and the person who reported the information (patient, pharmacist or prescriber).
- ▶ *Adverse Drug Reaction Information* - This includes allergies and the side effects experienced with medications taken. It also lists the person who reported the information.
- ▶ *Medication History* - This shows all prescriptions dispensed at PharmaNet-connected pharmacies in the past 14 months. The prescription number, date

dispensed, drug identification number, brand name, strength and dosage form of the drug, quantity dispensed and prescriber are listed.

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

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

A PharmaNet patient record that includes medications dispensed more than 14 months ago, and/or which includes accesses to a patient record more than three years ago can be obtained by contacting the College of Pharmacists of B.C. at 604-733-2440 or 800-491-6333.



## Council or Contact List

**Erica Gregory, President**  
District 4 - Kootenay/Okanagan  
Tel: 250-368-3790 Fax: 250-368-3513  
E-mail: ericagregory@look.ca

**Wayne Rubner**  
District 1 - Metropolitan Vancouver  
Tel: 604-730-7928  
E-mail: Wayne\_R@shaw.ca

**Amin Bardai**  
District 2 - Fraser Valley  
Tel: 604-241-9115 Fax: 604-241-9115  
E-mail: aminbardai@shaw.ca

**Caren Heughan**  
District 3 - Vancouver Island/Coastal  
Tel: 250-388-5181 Fax: 250-388-5191  
E-mail: caren\_heughan@hotmail.com

**Janice Reynolds**  
District 5 - Northern B.C.  
Tel: 250-747-5170 Fax: 250-992-8870  
E-mail: blakereynolds@telus.net

**John Hope**  
District 6 - Urban Hospitals  
Tel: 604-412-6324 Fax: 604-412-6187  
E-mail: john\_hope@sfr.hnet.bc.ca

**Carol Gee**  
District 7 - Community Hospitals  
Tel: 250-565-2318 Fax: 250-565-2888  
E-mail: CGee@pgrhosp.hnet.bc.ca

**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

**Neil Cook**  
Government Appointee, Cranbrook  
Tel: 250-426-2358 Fax: 250-426-3336  
E-mail: neil\_cook@telus.net

**Peter Rubin**  
Government Appointee, Vancouver  
Tel: 604-631-3315 Fax: 604-631-3309  
E-mail: peter.rubin@blakes.com

## Resource Source



### ◆ Helpful Brochure on MRA Prepared by NAPRA

NAPRA and its member licensing bodies worked intensely for five years to create and implement the Mutual Recognition Agreement (MRA). Now, NAPRA and the "Pharmacy Post," with sponsorship by Pfizer Canada, have prepared an informative brochure on the MRA, "Mutual Recognition Agreement for the Profession of Pharmacy in Canada." To view the brochure and frequently asked questions about the MRA, see the NAPRA web site at [www.NAPRA.org](http://www.NAPRA.org) and click on the brochure title at the bottom of the home page.

### ◆ Health File on ECP Now Available to the Public

The Ministry of Health Planning is providing information about the emergency contraception pill to the public through its on-line *Health Files* series. To view the information piece, go to [www.healthservices.gov.bc.ca/hlthfile/hfile38e.html](http://www.healthservices.gov.bc.ca/hlthfile/hfile38e.html).

### ◆ New ADR Reporting Program Documents Available Via the Web

The Canadian ADR Reporting Program has two new documents available:

- **Canadian ADR Monitoring Program Guidelines for the Voluntary Reporting of Adverse Drug Reactions by Health Professionals** (January 2002)  
View at: [www.napra.org/advisories/adrguide\\_0102.pdf](http://www.napra.org/advisories/adrguide_0102.pdf)
- **Reporting Form for the Canadian ADR Monitoring Program**  
View at: [www.napra.org/advisories/adrform.pdf](http://www.napra.org/advisories/adrform.pdf)



## Plan To Attend

- ▶ **CPBC Council Meetings**  
14 June  
20 September  
22 November

- ▶ **CPBC Annual General Meeting**  
23 November - meeting location, and video conferencing sites to be determined.

## People News



### Achievements

- ▶ Congratulations to UBC student **Omar Alasaly**, winner of the new CPhA Centennial Award. The award, sponsored by CPhA, Apotex/PACE and Pharmasave, replaces the Centennial Scholars Award begun in 1967. The CPBC provided a \$400 grant to assist with travel and other expenses associated with attending the CPhA conference in early May.
- ▶ **Serena Verma**, of UBC's 2001 graduating class, is the proud recipient of the 2001-2002 CPhA-Apotex/PACE Future Leader Award.

### Announcements

- ▶ The College's office-based Community Pharmacy Practice Consultant **Ashifa Keshavji**, and PharmaNet Assistant **Kristi Hirsh** are on maternity leave. **Zahida Esmail** has been hired to cover these two positions.

### In Memoriam

- ▶ Council regrets the passing of College members **Con Cruickshank** of Vancouver, and **David Keller** (senior) of Burnaby.