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PDAP sessions popular

About 1500 pharmacists are now taking part in the new Professional Development and Assessment Program (PDAP). The College has invited everyone to attend free PDAP orientation sessions held across B.C. from April through June.

"We received such a positive response to the orientation sessions that we added one additional session in Surrey and four in Vancouver," says Doreen Leong, Director, Assessment Programs. Presented by practising pharmacists and a facilitator, the sessions offer information about the new *Framework of Professional Practice* (FPP) as well as details about the Professional Development and Assessment Program. A PDAP video is also available to pharmacists who are unable to attend a PDAP orientation session.

The new *Framework of Professional Practice* was mailed to all pharmacists and pharmacies in April. "The FPP provides a blueprint of good pharmacy practice," says Doreen. "It forms the basis of all College programs and services, including the Professional Development and Assessment Program."

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Changing the way we look at pharmacy

Mentor, ambassador, professional development coach and inspector – that's how the College's newly minted Quality Outcomes Specialists describe their multiple roles. "We are changing the way we look at pharmacy," says Sharon Kerr, one of seven Quality Outcomes Specialists. "We are taking on more of a consultant role instead of trying to manage the pharmacy. We spend more time evaluating the pharmacy practice in terms of how the practice will impact patients' overall health outcomes."

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TechWise update - Hiring the best technician gets easier

How do you choose the pharmacy technician that's best for your practice? With dozens of institutions across B.C. offering pharmacy technician training programs, this has long been a challenge for community and hospital pharmacy managers. A new pharmacy technician hiring resource guide offers answers.

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COLLEGE MISSION

Safe and effective pharmacy practice outcomes for the people of British Columbia.

Mandatory HIV infection reporting

On April 30 HIV infection was added to Schedules A and B of the *Health Act Communicable Disease Regulation* under the *Health Act*. The main reason for making HIV reportable in B.C. is to involve the public health system in the notification of partners of people who have tested positive for HIV. This is a proven procedure for reaching people with high risk of infection and providing them with an opportunity to be tested or change their behaviors.

Patients will have a choice of being tested with or without their name appearing on the test requisition. If a patient decides not to have their name included on the requisition, their initials and date of birth will appear instead.

Started on May 1, public health personnel routinely contact physicians' offices and clinics which offer HIV testing, to assist with voluntary, confidential contact identification and partner notification for people who have newly tested positive for HIV.

There has previously been a legal framework for reporting AIDS statistics to public health authorities. If a person went from being HIV-positive and converted to AIDS, that's when the person's physician had to report the statistic. But the new regulation means that anyone testing positive for HIV will have that statistic reported.

Pharmacists and other health professionals involved in HIV testing, counselling, care and support should be aware that:

- The confidentiality obligations of section 6.1 of the *Health Act Communicable Disease Regulation* apply. A confidentiality breach constitutes an offence and could result in a fine of \$200,000 and/or 12 months in jail.
- The names of the people who are HIV positive cannot be released outside the public health system without the consent of the patient. People releasing this information without authorization are subject to penalties.
- Anyone who has information about a patient, as a result of the patient having voluntarily tested for a reportable, communicable disease, must not disclose that information to anyone, except as authorized by the patient, or in the case of public health officials, as required in the course of their duties.
- The only exception to this rule is if a physician has reasonable grounds to believe that any third party may be at risk of harm from a patient. That physician may, without the patient's consent, advise the medical health officer of the physician's concerns. The officer may then gather further information and, if s/he deems it necessary, disclose the information without the patient's consent to any person who might be at risk of harm.

A full report on HIV reportability may be found at www.healthplanning.gov.bc.ca/pho/other.html.

New pregnancy/parental leave refund policy

The College has developed a new policy for offering a registration fee refund to pharmacists on pregnancy/parental leave. Applicants for a reduction of their current year's registration fee must:

- Complete an "Application for Fee Reduction" form, confirming that you are on pregnancy or parental leave and will not practise as a pharmacist in any capacity during the leave period
- Return the registration fee receipt for the current year's fees to the College office

Registrants whose fees are reduced under this new policy will receive a refund calculated on a pro-rated monthly basis from the first full month after the beginning of their leave. An administration fee of \$150 (plus GST) will be deducted from the calculated refund.

For example, if a \$535 + GST pharmacist fee was paid in Feb 03 (to cover March 03 to Feb 04), and a request for refund was processed in July 03, a refund of 7 months would be owed (@ \$44.58/month = \$312.06 + 21.84 GST) less the \$160.50 administration fee (incl. GST), for a refund of \$173.40 incl. GST. In the case of a refund request with only a few months owing, the refund may be zero after the administration fee is deducted.

Applicants should note that, under this new policy, the portion of the registration fee that is designated for the College Place Building Fund (paid by each registrant for the first five years of registration) will not be refunded.

For more information and a copy of the application form, visit the College web site, www.bcpharmacists.org>Registration>Registration Information>Return to Practice>Return to Practice Pregnancy-Parental Leave, or contact Susan Lo at the College office, ext. 208, email: susan.lo@bcpharmacists.org.



DRUG UPDATES AND ADVISORIES



HEALTH CANADA ADVISORIES

- Acetaminophen-containing drugs: safe use information
- Cochlear implants: information update
- Diethylstilbestrol (DES): information on complications
- Synagis (palivizumab): important information

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

AVOIDING REACTIONS FROM APPLYING CREAM

The College recently heard from a caregiver who has an allergy to anti-inflammatories. She had an allergic reaction after applying a prescribed diclofenac cream to a patient's back.

Pharmacists are reminded to inform patients and caregivers about potential reactions and the possible need to wear gloves.

COUNCIL HIGHLIGHTS

The Council of the College of Pharmacists of B.C. met in Vancouver at College Place on May 2, 2003 to consider a variety of topics and issues. Highlights of the discussions are presented below.

Medical Marijuana

The Council heard an update on current issues relating to the medical use of marijuana. The presentation was by Dr. Robin O'Brien, a pharmacist at the B.C. Cancer Agency and a member of Health Canada's Stakeholder Advisory Committee on Medical Marijuana. She is also on the College's Drug Advisory Committee.

Dr. O'Brien reviewed the events that led to the formation of the national advisory committee and to the development of regulations allowing certain categories of patients to use marijuana for medical purposes. The federal government is embarking on the next phase, using a research approach with standardized product to be supplied by a Manitoba company.

The Councillors decided on a draft policy statement for medical marijuana use and the role of pharmacies in the distribution of the product to approved patients. They requested that a consultation process be initiated to provide pharmacists and other stakeholders with the opportunity to comment on the proposal.

When the consultation process is complete (watch for a mailing in July), the Council will consider the comments and suggestions, and finalize its position at the September 2003 Council meeting.

Identifying Patients for PharmaNet Purposes

Based on pharmacists' requests, earlier Council discussion and a recommendation from the Registrar, the Council decided to revise the "Guidelines for the Positive Identification of Patients" to emphasize the individual pharmacist's and pharmacy manager's responsibility to ensure the positive identification of patients, expanding the list of primary and secondary identification options. The revised guidance document will be provided to pharmacy managers shortly.

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Physician countersigning for international prescribing services inappropriate

The College of Physicians and Surgeons of B.C. (CPSBC) has notified physicians that the practice of physicians countersigning U.S. physicians' prescriptions is inappropriate. The CPSBC Council's position is that it is inappropriate for physicians registered to practise in B.C. to countersign the prescriptions of physicians from out of province whom they have never met, for patients whom they have never seen or examined. However, some physicians are having difficulty putting a stop to the use of their signatures for ongoing dispensing once the initial prescription has been countersigned.

Once a physician has instructed the pharmacist to discontinue issuing prescriptions in his or her name, pharmacists need to ensure that ongoing refill authorizations are cancelled. Your cooperation in helping deal with this difficult issue is important and appreciated.

CPSBC self-prescribing policies reviewed

Previous Bulletin articles have indicated that physicians should not be self-prescribing. The College of Physicians and Surgeons of B.C. (CPSBC) has revised its policy to allow self-prescribing in some circumstances:

"A member of the College will on occasion write a prescription for him or herself or a member of his or her family to address the treatment needs of minor illness or to cover short-term prescription requirements during a period when routine medical care is unavailable from a personal physician. This does not mean that a physician should renew regular prescriptions for him or herself, or family members, on a continuing basis."

The CPSBC has also revised its policy on retired life member privileges. Now a retired life member has all the privileges of an active member except the right to practise for gain. The member can reactivate his or her license from time to time by payment of a fee, and undergoing necessary educational and skill needs assessments. Pharmacists should note that retired life members are permitted to prescribe for themselves and for members of their families (using the guidelines noted above) as long as they are not paid for it.

For further information on these two policies, please see the CPSBC web site at www.cpsbc.bc.ca.

HOSPITAL PHARMACY INSIGHTS

Fentanyl Transdermal Patches

A used fentanyl patch may contain sufficient residual drug to become a harmful substance if it is not disposed of properly. Discarding patches into garbage containers in the hospital may encourage inappropriate reuse.

The results of a study¹ to determine the amount of fentanyl remaining in a transdermal fentanyl patch after three days of continuous use found that a fentanyl patch originally containing 2.5 mg (25mcg/hr) of fentanyl still had 0.77-1.22 mg remaining. Patches that contained 10 mg (100 mcg/hr) had 4.46-8.44 mg remaining after use. This residual amount of fentanyl has the potential for abuse and for causing harm.

The manufacturer recommends that immediately after use the used patches should be folded so that the adhesive side of the system adheres to itself. The manufacturer then suggests that the patches be flushed down the toilet. This proposal is not environmentally friendly and the residual medication may contribute to the contamination of our water system.

If your hospital does not have a policy directing nursing and pharmacy staff on the proper disposal or destruction of fentanyl patches, the following information may be of assistance to you:

1. The products should be cut into pieces and placed in a container for incineration. Gloves should be worn when cutting the patches to prevent the gel from touching the skin. The destruction must render the product unusable and be witnessed by another health care professional.
2. If incineration on site is not possible, the used patch should be cut and placed in a properly labelled waste biohazard container for disposal.

Hospital pharmacists have an obligation to institute practices that minimize the abuse of discarded fentanyl patches.



¹Marquardt KA, Tharratt RS, Musallam NA, Fentanyl remaining in a transdermal system following three days of continuous use. *Ann Pharmacother.* 1995; 29:696-71

MORE COUNCIL HIGHLIGHTS

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Professional Development and Assessment Program

Councillors received an update on the Professional Development and Assessment Program orientation sessions being held at 18 locations around the province. They were also provided with updated Board of Examiners' policies on the operation of the program, to demonstrate compliance with the Council's assessment principles and criteria.

One-year Expiry Date on Prescriptions

In response to a request from a District 5 pharmacist, the Councillors reviewed the current bylaw requiring that all prescriptions (with the exception of those for oral contraceptives) be considered expired after one year from the date of prescribing. Patients are sometimes unaware of the expiry date and have experienced problems when attempting to obtain a refill supply.

The Council decided to refer the topic to the Community Pharmacy Advisory Committee for review. Pharmacists are invited to provide comments and suggestions to any Councillor or to the Registrar, and they will be considered in future discussions.

Generic Drug Names on Prescription Labels

A suggestion from a District 5 pharmacist that single-entity drugs should be labelled with only the generic drug name (plus the manufacturer's name) was also discussed by the Councillors and referred to the Community Pharmacy Advisory Committee for the development of a recommendation. If pharmacists would like to offer comments on this proposal, they are invited to contact any Councillor or the Registrar, who will forward them to the committee for consideration during its discussions.

In addition to the specific invitations for comment on three of the Council agenda items, you are welcome to contact any Councillor or a College staff member with further suggestions.

QUESTIONS & ANSWERS

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

Q How long should prescription hard copies be retained?

A Prescriptions, including refill transactions, must be retained for a period of three years after their most recent activity, meaning three years from the last refill date.

Q Can you clarify the scheduling requirements for nicotine and its salts?

A Transdermal nicotine patches (22 mg or less daily dosage) and nicotine chewing gum (4 mg or less) are now Unscheduled and may be sold by a nonpharmacist to any person.

Q May I provide a patient with a compound made of equal parts Nystatin cream and Hydrocortisone 0.5% cream without receiving a prescription?

A No, a prescription is required for any strength of Hydrocortisone in combination with any other drug. Hydrocortisone is Schedule III only when sold as a single ingredient in topical preparations in concentrations of 0.5% or less.

Q When the expiry date on a product is stated as month/year, can I dispense it until the end of that month?

A When the expiry date is stated only as month/year, the date is interpreted as the last day of the noted month. For dispensing purposes however, the manufacturer's expiry date is a "consumer-use-by" date, not a "pharmacist-dispense-by" date. Pharmacists must calculate the prescription's days supply and ensure that, if used according to direction, it will be completed prior to the stated expiry date.

Q Can I repackage bulk non-prescription drugs for sale in smaller container sizes?

A Yes, but the following guidelines must be followed:

- Repackaged drugs should not be sold from the Professional Products Area (Schedule III); they may be sold from the Professional Service Area (Schedule II)
- Labelling should include the name of the medication, expiry date, lot number, the classification of the drug, and minimum common directions
- Child-resistant containers should be used when possible
- Contraindications for use of the drug should be emphasized in the patient-pharmacist dialogue

High use of the BC HealthGuide Program

The BC HealthGuide Program provides high quality health information and nursing advice to B.C. citizens to help them manage their personal health risks and conditions, take action appropriate to their health problem, and participate more actively in decision-making with their health providers.

Since their introduction in April 2001, program components have been accessed by many people in the province:

■ BC HealthGuide Handbook

1.6 million copies of the 400-page book have been distributed to households, health professionals and health-related agencies in B.C.

■ BC First Nations Health Handbook

27,000 books have been distributed to aboriginal communities throughout B.C.

■ BC HealthGuide OnLine

400,000 hits have been made to the medically-approved web site

■ BC NurseLine

Nursing triage and health education was provided by toll-free telephone, 24/7, to over 200,000 callers (between April 8/01 and December 02). For 12% of calls, health service utilization was avoided; 7% were downgraded to a less resource intensive health service; 5% were upgraded to a more urgent and appropriate level of service; and 51% confirmed the level of care originally intended by the caller.

■ BC HealthFiles

A series of 120 one-page health and safety fact sheets are available in all of B.C.'s health units, and at other health-related offices/clinics/services.

LONG-TERM CARE CHECKLIST

As a provider of pharmacy services to facilities and group homes, a pharmacy is required to meet the criteria listed below.

If you require further assistance, please contact your Quality Outcomes Specialist at the College office (Tel: 604-733-2440, 800-663-1940): Margaret McLean (Lower Mainland), ext. 235 / Donna Hayward (Vancouver Island), ext. 404 / Regan Ready (Interior), ext. 401. You may also reach us by email and fax.



Margaret McLean



Donna Hayward



Regan Ready

Description	Frequency	Documentation *
		<i>* To be available in the pharmacy for the period stated below</i>
Monitored dose system <i>[Bylaw 7 Section 56(1)]</i>	Routine medications must be supplied automatically on an agreed upon cycle (e.g. monthly or 35 day); prn medications are re-ordered by the facility on a when-needed basis	
Medication administration record <i>[Bylaw 7 Section 62]</i>	Provided monthly, showing the month and year of use (not just the date on which they were printed)	3 years if a pharmacy copy is being initialled and dated as the accountability log for refills. Otherwise, no need to keep a pharmacy copy.
Medication room inspection <i>[Bylaw 7 Section 53(3)]</i>	Every 3 months for a care facility (7 beds or more); once a year for a residential care home (3 to 6 beds)	3 years (and a copy of the report supplied to the facility)
Resident medication review <i>[Bylaw 7 Section 64]</i>	Every 6 months, at the facility, with the physician attending if possible, along with appropriate facility staff. Reviews for residents of a group home (3 to 6 beds) every 6 months with the home manager, but need not be done on site	A record of each review, listing the date, those present, and the recommendations, to be kept for 3 years (and a copy supplied to the facility or home)
Physician refill authorizations <i>[Bylaw 7 Section 64(5)]</i>	Every 6 months ("physicians' letters" requesting authorization are usually either signed by the physician at the medication review, or sent immediately following the medication review)	3 years
Medication Safety and Advisory Committee meeting <i>[Bylaw 7 Section 63]</i>	At a care facility - every 6 months At a care home - incorporated into the annual on-site visit, with other on-site visits as appropriate Pharmacists are also advised to document pertinent telephone discussions and decisions	3 years (These meetings and medication reviews are separate matters and require separate documentation)
Standing orders, if applicable, as determined by each facility's Medication Safety and Advisory Committee <i>[Bylaw 7 Section 58]</i>	Must be signed and dated by the physician every 12 months	A copy of a resident's current standing orders must be readily accessible to the nursing staff
Contingency medications, if applicable, as determined by each facility's Medication Safety and Advisory Committee <i>[Bylaw 7 Section 57]</i>	Reviewed occasionally by the Medication Safety and Advisory Committee to ensure that the items listed are still appropriate	A copy of the contingency medication list must be readily available to facility staff and the pharmacy
Policy and procedure manual, specific to each facility and agreed upon by the Medication Safety and Advisory Committee <i>[Bylaw 7 Section 53(4)]</i>	Must be reviewed routinely by the Medication Safety and Advisory Committee to ensure that it reflects current regulations and the facility's current procedures	A copy of the policy and procedure manual must be readily available at the facility and pharmacy

APPOINTMENTS TO COLLEGE COUNCIL

The College Council is pleased to announce the following appointments to Council by the Office of the Premier:

- Marina Ma - reappointed, effective July 27, 2003 to July 26, 2005
- Peter Rubin - reappointed, effective March 28, 2003 to October 20, 2005
- Gurmeet Gill - newly appointed, effective March 28, 2003 for a one-year term

Gurmeet Gill has been a licensed real estate salesperson since 1989, when he began his career in real estate for United Realty in Surrey. Mr. Gill has also worked as an engineer and planner for Quintette Coal in Tumbler Ridge and Echo Bay Mines in the Northwest Territories. Mr. Gill studied engineering at the Crawley College of Technology in the United Kingdom. He is a member of Applied Science Technologists and Technicians of B.C.

OTHER PEOPLE NEWS

- Appointment to the Pharmacy Examining Board of Canada's Executive Committee - Kathy McInnes (also on the College's Board of Examiners)
- CPhA Centennial Award 2003 - UBC student Rita Lung. The College congratulates Rita and will provide funding for her travel expenses associated with the award.
- Deceased - former CPBC President (1977-78), John Little of North Vancouver



Access to dental care for low-income families

Submitted by Public Health Services, Dental Program, Fraser Health Authority

The certified dental assistants and dental hygienists that work in public health dental programs are very familiar with access-to-care issues. Prevention of tooth decay in young children is their primary focus, but in the course of their work they also encounter children with the disease. When a family has a low income, getting dental treatment for their child is challenging. Sometimes it's a matter of knowing the resources that are available to them.

Dental prevention staff find that many families who do qualify for Ministry of Human Resources dental coverage for their children through the Healthy Kids program are not aware of it. Pharmacists who have contact with these same families may be interested to know more about the program.

Healthy Kids is a Ministry of Human Resources program available to children in families that are on income assistance or receive or are eligible to receive assistance with their medical coverage premiums through the Medical Services Plan. The program covers children up to 18 years of age and provides up to \$700 of basic treatment (check-ups, fluoride treatments, fillings, sealants) per year. Families can check to see if their children have coverage by calling 800-748-1144 with their child's CareCard number.

Of course, prevention is always the goal. The messages that public health dental staff share with families are:

- Brush teeth (as soon as they appear) twice a day with a small amount of fluoride toothpaste.
- Introduce a cup between six and 12 months of age to prevent a bottle habit.
- Visit the dentist six months after the first tooth comes in or by one year of age.
- Establish healthy eating habits. Nibbling or sipping throughout the day can cause tooth decay.

COMMITTEE PROFILE: LTC Committee seeks new members

If you provide pharmaceutical care in a long-term care facility you know that finding the best ways to help your clients can be quite a challenge. One of the key roles of the Long-term Care Committee is to act as a resource and sounding board for you.

"This area of pharmacy is constantly changing," says Margaret McLean, staff resource person for the committee. "The need to provide the variety of levels of care required by residents has resulted in many different types of facilities and residential care homes." Balancing safe outcomes and compliance with the legal requirements of pharmacy and long-term care licensing can require creative solutions. The Long-term Care Committee reviews these kinds of issues and provides recommendations to pharmacists and Council.



Peggy Tam

One of the key issues recently handled by the committee was a request that LPNs be permitted to verbally transmit a prescription. Committee members spent more than a year studying this complex topic and meeting with the College of Licensed Practical Nurses. The result was confirmation of the current Council policy, "Direct Communication with Prescribers," which restricts the transmission of facility prescription authorizations to Registered Nurses only.

The committee is currently working on a prototype policy and procedure manual for pharmacists and Medication Safety and Advisory Committees to use in compiling a manual for their own facilities. It also acts as an informal resource for Quality Outcomes Specialists, helping analyze tricky practice situations and developing ideas that can be passed on to pharmacists.

Any pharmacist with experience serving long-term care facilities or homes is welcome to join the committee. It will give you a chance to meet other long-term care pharmacists, share your expertise and benefit your colleagues.

For more information, please contact Margaret McLean, Quality Outcomes Specialist, at the College, ext. 235, email: margaret.mclean@bcpharmacists.org.

Long-term Care Committee

Peggy Tam (Chair)
Neemet Bhimji
Carol Hansen
Elaine Ho
Ada Leung
Stephanie Leong
Parkash Ragsdale
Sarah Wu

DIABETES INITIATIVES IN VANCOUVER'S EASTSIDE

Many College members undertake informative educational initiatives for their patients. For example, pharmacist Alex Tam, of the Downtown Clinic Pharmacy in Vancouver, is leading a Downtown Eastside Diabetes Program. As part of this program, Alex hosted a Diabetes Awareness Forum this winter for health care providers, community support service workers, caregivers and patients. He also arranges diabetes screening days and educational sessions for patients throughout the year.



Ashifa Keshavji

OnCall pharmacist returns from leave

Ashifa Keshavji is back from a pregnancy/parental leave and is again enjoying helping pharmacists on the OnCall Pharmacist Information Line - 800-663-1940. Ashifa handles more than 30 calls a day, with the service available Monday through Friday from 8:30 am to 5:30 pm. Messages can be left after office hours for non-urgent queries.

When Ashifa is not available there is always someone to take an urgent call. Just ask the College receptionist to put you through to the OnCall pharmacist. Otherwise, you can leave a message with reception, and the OnCall pharmacist will get back to you within a few hours.

RESOURCE SOURCE

■ Video - PDAP: Choosing the option that's best for you

This one-hour video provides information about the Professional Development and Assessment Program (PDAP). Designed for pharmacists unable to attend a PDAP orientation session, you can borrow a free copy from Lori Polegato at the College, email: lori.polegato@bcpharmacists.org.



■ CCCEP 2003 Home study booklets

Topics include:

Living with Congestive Heart Failure
Update on Pharmacotherapy for
Asthma and COPD

Evidence-Based Pharmacotherapy
Pharmacist's Guide to Psychiatric
Disorders in Children and
Adolescents

Infertility: An Overview for the
Pharmacist - 2003 Update

Herbal Medicine in Canada -
2003 Update

To order: use the registration form included in a brochure mailed to all pharmacists or download from www.ubcpharmacy.org/cpe/programs/cc3web.pdf. Cost: \$27 per booklet or \$147 for series of six. You can order year round.

For more information about CCCEP booklets and videos, please contact Janice Moshenko, UBC-CPE office, 800-663-0348, ext. 2, email: infocpe@cehs.ubc.ca.

TechWise update

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Wayne Rubner

Based on nearly a year of research and consultation, "TechWise: Hiring Smart" provides:

- Information on pharmacy technician training
- Pharmacy technician interview questions
- Relevant legislation excerpts
- Pharmacy technician job description
- Pharmacy technician sample exam

President-elect Wayne Rubner spearheaded Council's TechWise project team that developed this guide. "Councillors sincerely hope that every pharmacist in B.C. will find at least one 'gold nugget' in this package that helps make professional life a little less stressful," says Wayne.

Responding to input from pharmacists provided during the 2002 Consultation Project, the purpose of the TechWise project is to help pharmacists:

- Assess qualifications and skills of pharmacy technicians
- Hire qualified pharmacy technicians to meet the needs of the profession
- Use pharmacy technicians appropriately for non-professional duties

The guide points out that "job applicants may be at the top of their class, but if their training is not specific to the skills needed at your pharmacy then more on-the-job training will be required."

You can download "TechWise: Hiring Smart" from the College web site, www.bcpharmacists.org. "By making this guide available on our web site, we hope it may also become a valuable resource for pharmacy technicians and institutions offering training programs," says Wayne. The College will also send a copy to all pharmacists and pharmacies.

For more information please contact your District Councillor (see list on page 2).

PDAP sessions

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Pharmacists will also receive a PDAP Handbook and a Self-Assessment Form. The College encourages all members to complete the Self-Assessment Form once a year to guide personal professional development. Members selected to participate in PDAP must complete the Self-Assessment Form, choose an option and send their PDAP registration and completed Self-Assessment Form to the College.

Any time after completing the Self-Assessment, pharmacists who are not involved in direct patient care and do not supervise pharmacists providing patient care can choose to transfer to the Affidavit Register. Pharmacists on the Affidavit Register do not have to participate in PDAP. This option may suit educators, senior managers, researchers and consultants. It does not apply to pharmacy managers because they supervise pharmacists providing patient care.

For more information about PDAP, please check the College web site www.bcpharmacists.org, or contact Doreen Leong, Director, Assessment Programs at the College, email: pdap@bcpharmacists.org.

Quality Outcomes Program

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Sharon Kerr

The new Quality Outcomes Program, being launched this summer, is a direct result of the 2002 Consultation Project. Pharmacists asked for increased professional respect, more practice support and better communication. In response the College revamped the pharmacy inspection process, rewrote the job description for inspectors and created a new site visit format based on the *Framework of Professional Practice* (FPP).

Quality Outcomes Specialists now use the *Framework of Professional Practice* to guide pharmacy site visits, instead of ticking off boxes on a list of practice standards. "We are no longer caught up in all the rules," says Sharon. "Instead we show pharmacists why we evaluate certain elements of the practice and what impact those elements have in achieving the overall goal of positive practice outcomes. We encourage pharmacists to use more professional judgement."

Donna Hayward, another Quality Outcomes Specialist, says, "I think this new approach will create a more positive experience for pharmacists. It's my hope that after a site visit, pharmacists are encouraged to be better practitioners and are more aware of their influence on our health care system."

Quality Outcomes Specialists are still responsible for making sure that pharmacists follow current practice standards and adhere to bylaws. Deficiencies are addressed by developing an action plan to achieve desired practice outcomes. As Elizabeth Winter explains, "The new process is based on the FPP which allows us to focus on the evaluation of practice outcomes. If a pharmacy does not meet the global functions, we have the option of proceeding to a more detailed evaluation involving scrutiny of indicators to see why the function is not being met."

All Quality Outcomes Specialists are pharmacists with at least three years experience in community or hospital pharmacy practices; excellent written, verbal communication and interpersonal skills; and well-developed organizational abilities. The College's Quality Outcomes Specialists are:

Donna Hayward
Sharon Kerr
Ashifa Keshavji
Margaret McLean
Regan Ready
Alan Samuelson
Elizabeth Winter

For more information on the Quality Outcomes Program, please contact Registrar Linda Lytle at the College, ext. 201, email: linda.lytle@bcpharmacists.org.

COLLEGE WEB SITE GETS 2 MILLION HITS

By the time you read this article close to two million people will have accessed the College's web site since it was redesigned in May 2002. Starting with about 32,000 "hits" a month last May, usage has steadily increased to more than 250,000 hits in March 2003, the most recent statistics available at the time of writing this article.

Although the most popular areas of the web site change from month to month, the consistent favourites are:

- What's New
- Registration
- Pharmacist Resource Guide
- Legislation
- College Contacts
- Lifelong Learning
- You and Your Pharmacist
- Forms

Keeping the web site correct and up-to-date is an ongoing challenge. So if you spot anything that needs changing, please email samantha.towler@bcpharmacists.org.



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

PLAN TO ATTEND

Event Professional Development and Assessment Program Orientation Sessions
Contact Lori Polegato - Fax: 604-733-2493/800-377-8129,
Tel: 800-663-1940, ext. 203, email: lori.polegato@bcpharmacists.org

Date June 10, 2003
Location Pacific Palisades Hotel, Vancouver

Date June 11, 2003
Location Best Western Regency Inn, Abbotsford

Date June 17, 2003
Location Pacific Palisades Hotel, Vancouver

Date June 18, 2003
Location Pacific Palisades Hotel, Vancouver

Event Second Annual Pharmaceutical Compounding Conference
Date June 7-8, 2003
Location Pharmacy Practice Centre, Cunningham Building
Faculty of Pharmaceutical Sciences, UBC, Vancouver
Contact Janice Moshenko, CPE Office, 800-663-0348, ext. 2

Event Council Meeting
Date June 20, 2003
Location College office, Vancouver
Contact Samantha Towler, 800-663-1940, ext. 220

Event UBC Pharmacy Class of 1973 Reunion
Date June 21, 2003
Contact Victor Ko, ko-family@shaw.ca

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

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



Two new vaccine programs

On February 27, 2003 the Ministry of Health Planning announced public funding for two new vaccine programs: pneumococcal conjugate and meningococcal C conjugate. As of April 1, 2003, these vaccines are available for those considered to be at greatest risk for developing pneumococcal and meningococcal disease. Visit the College web site (www.bcpharmacists.org) to view the full announcement, clarification of individuals at high risk, and an associated Q&A.

Pharmacists can contact the Biologicals Desk at the B.C. Centre for Disease Control for a free package of tear-off counselling sheets for each vaccine program. There is a May 31 order deadline although requests will be accepted until mid-June. Please fax: 604-775-2718 or email: biologicals@bccdc.ca with your name, pharmacy's name, mailing address, and telephone/fax numbers. Allow up to **2 weeks** for delivery by mail.

BULLETIN

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

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