



New Internet Partnership To Enhance Information Sharing



The National Association of Pharmacy Regulatory Authorities (NAPRA) and IMS

HEALTH have announced a partnership agreement which will use the Internet to enhance sharing and transmitting information between pharmacy organizations, their members and the general public.

This new program involves the development of a pharmacy website, through which pharmacy associations, professional regulatory bodies, pharmacists and the public will be able to share information on new drugs, pharmaceutical issues, research initiatives and pharmacy education programs.

The site is being launched 21 November 1998 and will be located at www.napra.org.

The new website will have three sections:

- ▶ The general public will have access to information about standards of practice in pharmacy and the educational requirements to become a pharmacist.
- ▶ Pharmacists can find information on national and provincial pharmacy standards and policies, as well as lists of continuing education courses which will provide a critical link between provincial licensing bodies and individual members.
- ▶ Member pharmacy regulatory authorities will have exclusive,

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

electronic security-controlled access to regulatory information to enhance pharmacist licensing procedures and their mobility.

The website will continue to evolve as other services and applications are explored.

Year 2000 Computer Checks

Pharmacists need to be sure that their computers and computer software are "year 2000 compliant," meaning the computers and the software they run will not be confused by dates after the turn of the century. This could lead to false or misleading information in a patient's profile. For example, a prescription filled on 1/10/00 could be incorrectly interpreted to have been filled on 1/10/1900 rather than 1/10/2000. While this is a rather extreme example, other changes could be more subtle and hard to detect.

Pharmacists should contact their computer vendors to be sure that their computers and all prescription software is "year 2000 compliant." Remember, it is the pharmacist, not the computer, who will be responsible if a drug regimen review is incorrectly evaluated.

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Working With The Revised Drug Schedules

Pharmacists have now had several months to adapt to the harmonized drug schedules which were introduced in March. Having similar drug schedules across the country will benefit consumers, pharmacists, distributors and manufacturers by removing some of the complications associated with the former system.

Instead of having 10 different systems, there will soon be only one or two. So far, Alberta, Manitoba, Nova Scotia and British Columbia have adopted the schedules, and the other provinces will follow soon. Quebec has opted for a similar four-schedule model, but with some different entries. Because drug scheduling is a provincial responsibility, there may continue to be minor deviations between the provinces. However, the majority of drugs will be scheduled consistently across Canada.

Although the harmonized drug schedules closely resemble our former four-part drug schedules, some adjustments were necessary in order to achieve harmonization. This has meant quite a bit of inventory rearrangement, with questions raised about why some entries were changed.

Here are a few clarifications:

- ▶ Pedialyte is now considered to be a Schedule III drug and may be distributed from the self-selection Professional Products Area. While the daily dosage can be easily calculated, it is more difficult to define an individual dose and determine whether or not the amount of potassium chloride exceeds the Schedule II limits.
- ▶ Diphenhydramine topical is Schedule II, while diphenhydramine oral is Schedule III. Concerns about the topical preparations are related to the potential for CNS toxicity which cannot be adequately addressed by labelling. While the oral products have sometimes been purchased for nonmedical use in British Columbia, there is no recent national evidence to support the continued restriction of the drug. Please advise the College office if you observe any resurgence of purchases for nonmedical use.
- ▶ Sodium chloride (greater than 0.9% concentration) is included in Schedule II when the product is administered directly to the eye or is a contact lens rinsing solution. If, however, the sodium chloride solution is rinsed off prior to inserting the contact lens (as in a cleaning solution), it would be unscheduled.
- ▶ Muro-128 ophthalmic drops and ointment are Schedule II products due to the concentration of sodium chloride.

Opportunities For Collaborative Practices

Many American pharmacy licensing authorities have enabled pharmacists and physicians to work together to develop treatment protocols that allow pharmacists to 'prescribe by protocol.' These protocols allow a pharmacist to adjust drug dosages or add drugs to a medication regimen according to a protocol developed and agreed to by a specific physician and pharmacy. For example, treatment protocols have been used to facilitate anticoagulation with warfarin and to improve the treatment of asthma.

The *Pharmacists, Pharmacy Operations and Drug Scheduling Act* includes provisions for such collaborative practices. A pharmacist may dispense a drug or device contrary to the terms of a prescription if it is within the specifications established under a protocol intended to optimize the therapeutic outcome of the treatment with the prescribed drug or device that has been approved by the Council of the College of Pharmacists of B.C.

Rx Facsimiles From Community Care Facilities



As indicated in previous information sent to members, the facsimile transmission of most prescriptions is now permitted, effective 01 October 1998.

It should be noted, however, that the previous policy for faxing prescriptions from community care facilities is not affected. Written prescriptions may be faxed from these facilities, but each original prescription must be retrieved from the facility and stored at the pharmacy which dispensed the prescription.



Effective Health Promotion And Prevention

It is important for pharmacists to establish a personal rapport with patients and “know their audience” when considering ways to promote different patients’ well-being.

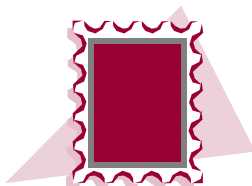
For example, some seniors and patients with low literacy skills may be able to read prescriptions/OTC labels but not understand the directions. Pharmacists need to check that information provided to patients has been fully understood.

This example illustrates that the specific issues pharmacists address and some of the outcomes they seek may differ at times between population groups. However, the general processes and principles of promoting health are similar in any group:

- ▶ Living conditions, income, education and other such factors are very important in health. These non-behavioral factors must be addressed wherever possible.
- ▶ People - and communities - need to be engaged in their own health promotion.
- ▶ No one way of communicating with population groups is sufficient in and of itself. Mass media messages are good at reaching large numbers of people with simple messages. Presentations by health care providers can help to answer medical and pharmaceutical questions and increase medications awareness. One-on-one discussions and community education can build skills while exploring other issues.

Committee Members Honoured

All of the College’s committee members were honoured at a Committee Appreciation Reception held at the College office on the evening of 15 October. Each committee member was presented with a memento - a first-day cover of a new postage stamp issued by Canada Post to honour health professionals.



During the reception, twelve of the current year’s recipients of the College’s Certificate of Merit were presented with a framed document noting their long-term service as a committee member or committee chair. Some recipients were cited for their service on two or three committees during the past few years. A total of 27 Certificates of Merit were awarded by the Council this year.

President Barbara Appleton thanked the committee members and the Certificate of Merit recipients for the hundreds of hours of volunteer time they have contributed to their profession.

Thanks to Executive Assistant Traci Deman for her expert arrangements for invitations, mementoes, catering and other preparations.

Benevolent Society Invites Participation

The British Columbia Pharmaceutical Benevolent Society provides financial assistance to pharmacists in need and funds bursaries for students. Current and former College members and their legal dependents are eligible recipients.

In the last few months, one pharmacist was provided with a grant and a loan to enable participation in a specialized treatment program. The surviving spouse of a former member was provided with a grant to assist with the former member’s funeral expenses.

Each year, the Benevolent Society funds six bursaries of \$1000 each for pharmacy students at the University of British Columbia. Five of the bursaries are for undergraduates and one is earmarked for Doctor of Pharmacy program students.

The Benevolent Society also provides a loan to the B.C. Pharmacy Association’s Pharm-Assist Committee to help it provide emergency help to pharmacists when required.

The elected and appointed trustees of the British Columbia Pharmaceutical Benevolent Society invite all College members to consider a contribution to the Benevolent Society when they renew their College registration. More details about the Benevolent Society’s work and a contribution form will be circulated with the pharmacist registration renewals.



Tuberculosis Medications Are Provincially Funded

When isoniazid, rifampin, ethambutol or pyrazinamide are dispensed by the B.C. Centre for Disease Control (BCCDC) pharmacy for prophylaxis or treatment of tuberculosis, they are provincially funded and the patient is not required to pay for the medications. The BCCDC pharmacy is also able to monitor for the appropriate dosage and drug regimen to help prevent the development of resistant strains of tuberculosis.

If a patient presents a prescription for these medications to a community pharmacy, the pharmacist should determine the indication for the medication, either by speaking with the patient or their physician. If the medications have been prescribed for the prophylaxis or treatment of tuberculosis, the patient should be referred to a chest clinic or the local health unit. TB Control can provide addresses of chest clinics and health units.

Related tuberculosis medication therapies are not always provided by the BCCDC and patients will con-

tinue to obtain the medications from their community pharmacy.

The BCCDC also provides provincially funded medications for leprosy, hemosiderosis and end-stage renal diseases.

Registration for all programs is required before medications will be dispensed. The following contact telephone numbers may be used to obtain further information:

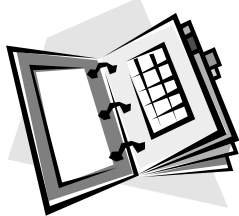
- ▶ BCCDC Pharmacy Services
(604) 660-6000
8:30 am to 4 pm, Monday through Friday
- ▶ TB Control
(604) 660-6108
- ▶ Provincial Renal Agency
(604) 631-5845
- ▶ Epidemiology (for leprosy)
(604) 660-6061.

Long-term Care

Pharmacists who service long-term care facilities have experienced a huge increase in the number of requests from residents and residents' families for herbal, homeopathic and other alternative medications. Pharmacists and facility staff are often unsure of how to handle the requests for more commonly used products, and are uncomfortable with the administration of those items for which there is no information available.

Many facilities now have a policy in place. The Long-term Care Committee has recently reviewed several policies currently in use, along with suggestions from pharmacists at the Long-term Care Workshop in May. A sample policy has been drafted by the committee which pharmacists are free to use in part or in full should they wish assistance in formulating a policy. The sample policy may be obtained by contacting the College office.

Other Long-term Care Committee guidelines and suggestions available from the College office include:



- ▶ A table of contents for a policy and procedure manual.
This lists the topics which might be used in a policy and procedure manual, but does not include the policies themselves. They will vary according to setting, type of residents and level of care required.
- ▶ A sample medication room inspection form for pharmacist use.
- ▶ Guidelines for policies and procedures for medications for respite residents.
- ▶ Legislation and guidelines of the Community Care Facilities Programs for the self-administration of medication.



Drug Updates



- ◆ **PMS-Carbamazepine CR, Taro-Carbamazepine CR and Tegretol® CR** are now interchangeable.
- ◆ Because **Zyban® 150 mg** and **Wellbutrin® SR 150 mg** contain an equal amount of the same active ingredients, possess comparable pharmacokinetic properties and have the same clinically significant formulation characteristics, they are considered interchangeable. In spite of this, pharmacists may choose to stock both products for a number of reasons. The products have different approved indications and there is a potential for patient confusion or concern if they receive one product on one occasion and another product the next time they have their prescription dispensed. Zyban comes with patient education material including a toll-free number for a 24-hour stop-smoking helpline. It is anticipated that physicians may indicate "no substitution" when they order these products.
- ◆ Pharmacists should be aware of reported cases of adolescents purchasing the chemical **salt petre** to make smoke bombs.

In Brief



► Proper Forwarding of Destruction Requests

Narcotic and controlled drug destruction requests should be forwarded to the Bureau of Drug Surveillance, not the College.

► Vaccine Storage Practices

Careful attention to storage conditions is necessary to preserve the optimal potency of vaccines and to maximize the subsequent efficacy of immunization. Inadvertent freezing will substantially reduce the potency of alum-absorbed vaccines such as DPT. Heat can destroy live, attenuated viral vaccines. Thus, inadequate refrigeration harms virtually all vaccine preparations.

Most products should be stored between 2°C to 8°C until immediately prior to use. Some vaccines have very low temperature storage requirements (e.g. attenuated varicella vaccine must be stored at -15°C). For more information on proper vaccine storage practices, refer to the article, "Survey of Vaccine Storage Practices: Is Your Office Refrigerator Satisfactory?", *BC Medical Journal*; vol. 38(2).

► Narcotic Register Changes

The Bureau of Drug Surveillance has advised that it is no longer producing Narcotic Registers. Pharmacies are still obliged to keep records (computer or hand-written) of purchases and sales of reportable drugs. The Bureau has suggested using a hardbound notebook for documentation.

► Importance of Bulletin Newsletters

Bulletin newsletters are considered one of the College of Pharmacists' official methods of notification to pharmacists, pharmacy owners, and other licensees of the College. They have been and will continue to be used in hearings as proof of notification. It is important to read the newsletters carefully and maintain them for future reference.

Counseling Patients On OTC Use For Children

A study published in the July 1997 issue of *Archives of Pediatric and Adolescent Medicine* found



that even though a large number of caregivers administer over-the-counter (OTC) products to children, the caregivers' lack of knowledge about these medications, including the accuracy and correctness of the dosing, raises concerns about the children's safety.

In the study, investigators presented a mock scenario to 100

caregivers, who were asked to determine and measure a correct dose of acetaminophen for their child. A dose of 9 to 16.5 mg/kg was considered correct, and a measurement within +/-20 percent of the intended dose was considered accurate.

Only 40 percent of caregivers calculated an appropriate dose for their child and only 67 percent were able to accurately measure the amount of acetaminophen they intended. A total of 43 percent actually measured a correct

amount of the drug, but almost one-third of that number did so accidentally by inaccurately measuring an improper intended dose. Combining these results, only 30 percent of the caregivers were able to demonstrate both an accurately measured and correct dose for their child.

The study results show that improved caregiver education is necessary. Pharmacists should make every effort to counsel parents who intend to dose their children with OTC preparations.



Hospital Pharmacy Insights



Providing Emergency Quantities of Medications - Part 1

Nurses are not authorized by legislation to dispense medications yet there are times when a registered nurse may be the only health professional available to patients in locations where limited community pharmacy services are available. In 1996, the College of Pharmacists, the Registered Nurses Association and the College of Physicians and Surgeons approved a document entitled *Interpretation Guidelines for the Dispensing of Emergency Quantities of Medications by Registered Nurses*.

Although the dispensing process delegation outlined in the *Guidelines* has been implemented successfully in many hospitals, some recurring questions still arise. Here are some of the most frequently asked questions and answers:

1. Can a physician direct a nurse to dispense any or all medications kept in the ER?

No, the delegated function is only for a specific list of medications approved by the hospital's Pharmacy and Therapeutics Committee (or equivalent). The *Guidelines* contain a sample list, policies and procedures.

2. What are the responsibilities of the pharmacist?

The pharmacist may be asked to provide the educational material or inservices for nurses and may also be involved in the certification process.

The pharmacist should ensure that an appropriate and current drug information reference or individual drug monographs are available to nursing staff.

The pharmacist is responsible for prepackaging appropriate quantities of the medications in child-resistant containers.

The pharmacist is responsible for labelling the prepackaged medications according to the standards for outpatient medication dispensing.

3. Are child-resistant vials really necessary? We only provide a couple of tablets and/or the ER medication room does not have space.

Yes! Medications for use outside the hospital must be packaged and labelled according to the standards for outpatient medication dispensing. Bylaw B-19(8) states that **all** prescriptions must be dispensed in a child-resistant package.

4. What narcotic pain relievers can be included on the list of medications that can be dispensed by nurses?

If approved by the Pharmacy and Therapeutics Committee, a "verbal prescription" narcotic, such as Tylenol #3[®], could be dispensed by a nurse to a patient. Physicians cannot delegate the dispensing of "written prescription" narcotics or Triplixate/Duplicate Prescription Program medications.

Providing Emergency Quantities of Medications - Part 2 will address commonly asked questions about dispensing narcotics from the emergency department. Look for Part 2 in the January/February 1999 *Bulletin*. To obtain a copy of the *Interpretation Guidelines*, please contact Sharon Clark at the College office.

Community Pharmacy Corner



Overlapping Refill Authority

At a recent meeting, Council confirmed its policy regarding overlapping refill authority. The requirement is as follows:

“If a patient presents a new prescription for a previously prescribed drug, the pharmacist must cancel any unused refill authorizations remaining on any previous prescription for that drug.”

In those instances when a pharmacist, refilling a prescription from pre-authorized refills, notices from PharmaNet that there has been an intervening order for that medication at another pharmacy, the Community Pharmacy Practice Committee suggests the following:

The pharmacist would be expected to find out from the patient the name of the pharmacy at which the intervening prescription had been dispensed and what the circumstances were. Having taken the circumstances into consideration, the pharmacist would use his or her judgement as to whether or not to continue using the authorized refills. It is **not** appropriate to have authorized refills at more than one pharmacy.



What Went Wrong?



Dear College:

On Saturday I took my friend's prescription to the pharmacy. She was just discharged from the hospital that day. The prescription was for an antibiotic.

From the questions the pharmacist asked me it seemed like the dose must have been unusual. I did not know very much about my friend's sickness, so I couldn't give the pharmacist much information. The pharmacist tried to phone the doctor but wasn't able to contact him.

I went home without the medication and it was Monday before the prescription was dispensed. I think my friend was too sick to go without antibiotics for that long.

Fearful For My Friend

The Pharmacist Responds:

A prescription for co-trimoxazole DS, two tablets 4 times a day for 7 days was presented to the pharmacy. This was not a dosage that I was familiar with. The person bringing in the prescription was a friend of the patient; they did not know very much about the patient's medical conditions. The PharmaNet medication profile did not provide any insight into her medical problems. The prescription was written on a hospital prescription form so I called the hospital hoping to speak with the prescribing physician. The physician was not available so I was not able to dispense the medication until Monday when the physician could be reached.

How Could This Problem Have Been Resolved?

If the prescribing physician is not available, the task of determining if an unusual dosage is appropriate can be a challenge. There are two steps in meeting that challenge. One is to determine if the dosage ordered is reasonable for any indication. The second is to determine if that indication is present in the patient.

Most of the College's recommended references on therapeutics discuss the use of co-trimoxazole 15-20 mg/kg/day (trimethoprim) x 21 days for the treatment of pneumocystis carinii (PCP) pneumonia in HIV-positive patients. The CPS also mentions this dosage in two co-trimoxazole mono-

graphs. For a 70-kg person, a dosage of co-trimoxazole DS, two tablets 4 times a day may not be unreasonable. Although the prescription was only ordered for 7 days, it is possible that the patient received a two-week course of treatment in the hospital.

In order to determine if the patient was being treated for PCP pneumonia, the pharmacist could have tried to gather information from a number of sources. The pharmacist could have telephoned the patient at home to discuss her medical condition and determine if the dosage of this medication was appropriate. Although the pharmacist reported that the prescribing

physician was not available, it is possible that another physician covering the same service at the hospital may have been able to answer questions about the patient. A pharmacist in the hospital may have been able to check their records to confirm the patient's diagnosis.

Although additional research may have been required to determine the appropriateness of this prescription, every effort should have been made to ensure delays in providing this important medication therapy did not occur.



PharmaNet Compliance Evaluation Process

The *HealthNet/BC Professional and Software Compliance Standards* are the minimum standards local pharmacy software requires to be considered compliant with professional requirements established by the College of Pharmacists, as well as functional requirements established by Pharmicare and organizations within the Ministry of Health. The pharmacy standards were prepared jointly by the College of Pharmacists and Pharmicare and included extensive consultation with practising pharmacists and the pharmacy software vendors.

The compliance evaluation of any software intended to connect to PharmaNet is designed to evaluate all aspects of HealthNet/BC functionality. The evaluation will prove that the local software complies with all requirements in the *Compliance Document* and that all functions and processes of the local system provide accurate results.

Compliance evaluations of software accessing the PharmaNet Drug Information System are performed by the Ministry of Health's Quality Assurance staff plus the PharmaNet Coordinator of the College of Pharmacists. The compliance team will instruct and observe the transmission of transactions to a test database. Each transaction (e.g. a name search or the filling of a prescription) will be verified against a set of expected results.

The College of Pharmacists and the Ministry of Health have limited influence on how the local

software is designed. Local software must satisfy all mandatory requirements specified in the *Compliance Document*, but subjects such as screen layouts, navigation between screens, functionality and ease of use are under the control of the software vendor and the vendor's customers.

Since the implementation of PharmaNet in 1995, many pharmacists have contacted the College office to inquire about the functionality or display features of the software used in their pharmacy. The College of Pharmacists has developed the *Pharmacists Guide to the HealthNet/BC Professional and Software Compliance Standards* to provide pharmacy managers and staff pharmacists with information regarding the standards to which pharmacy software in B.C. is evaluated. The Guide was distributed to all pharmacies in B.C. in July 1998. If you have any questions regarding this document, please contact the PharmaNet Coordinator at the College.

Recording Interventions On PharmaNet

Pharmacists are reminded that there is an opportunity to record the interventions made in the dispensing of a prescription on PharmaNet.

The Canadian Pharmacists Association (CPhA) intervention codes are available and can be transmitted to PharmaNet with any prescription, not just on those prescriptions eligible for reimbursement of a Special Services Fee from Pharmicare. For

example, intervention codes such as UA (consulted prescriber and filled prescription as written) or UF (patient gave adequate explanation, prescription filled as written) provide additional documentation of an intervention made by the dispensing pharmacist.

PharmaNet Bulletin 95:006 (14 July 1995) provides a list of all intervention codes available for use on PharmaNet.

Clinical Conditions Recorded On PharmaNet

Pharmacists are reminded that all clinical conditions and associated comments recorded on a PharmaNet patient record are not archived or removed from the record. It is important to remember that information recorded in the clinical condition field on PharmaNet should not be "time sensitive." For example, comments which relate to a specific course of therapy and will not be relevant once the course is completed should not be reported in the clinical condition field.

If there is a need to enter a specific comment about a course of therapy, the functionality to add a comment to a particular prescription is available on all pharmacy software packages. Any prescription comment must be added by the pharmacy dispensing the prescription.

All clinical conditions and associated comments will be reported on the PharmaNet Patient Profile mailing if requested by the patient.



^{Rx}C.A.R.E Program

Supplementary Assessment Sites

Over 140 pharmacists wrote the supplementary Knowledge Assessment in selected sites around the province on 1 November. We thank all the pharmacists who served as coordinators for each of the sites. Their contributions made it possible to offer the supplementary sitting within the total ^{Rx}C.A.R.E. budget approved by the Council earlier this year.

Acceptability Surveys

The acceptability surveys were distributed to all ^{Rx}C.A.R.E. Pro-

gram participants who completed one or more of the four assessment options during the pilot phase.

Many pharmacists are taking advantage of the opportunity to provide their opinions on the acceptability of the various options, both in terms of the assessment of practice and as a tool to identify learning needs in order to enhance practice.

Next Steps by Council

The survey results will be made available to the Councillors when they review the assessment tool op-

tions which prove to be valid and reliable. The feasibility of each option is also being analyzed in terms of the necessary financial and staff resources.

When the Council has decided on the future course of the ^{Rx}C.A.R.E. Program, a report will be prepared for College members. The Councillors will begin their review of available options at a special workshop in early December in conjunction with the regular Council meeting.

Resource Source



Health Web Knowledge Base

- ◆ The **Health Web Knowledge Base** allows pharmacists to quickly search an electronic database of health texts and find information matching their queries in seconds. More than 25 pharmacy references are available for the Knowledge Base, with access available on the pharmacist's personal computer, as well as across a health facility or pharmacy chain's internal network. For more information, contact Health Web at Tel: (905) 513-0153, Fax: (905) 513-0467, World Wide Web: <http://www.hwi.on.ca>.

Plan to Attend



► Council Meetings

Friday, 29 January

Friday, 16 April

Friday, 18 June

► Forensic Assessments

Friday, 5 February

Friday, 4 June

Friday, 22 October

► Panel Assessments

Saturday, 6 February (*results Mar. 5*)

Saturday, 5 June (*results July 5*)

Sunday, 6 June (*if required*)

Saturday, 23 October (*results Nov. 22*)



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</i>	200
Sharon Clark <i>Hospital Pharmacy Practice Consultant</i>	237
Traci Deman <i>Executive Assistant</i>	220
Neetika Sethi <i>Registration Secretary</i>	242
Marge Gardner <i>Administrative Manager</i> E-mail: marge.gardner@moh.hnet.bc.ca	208
Sharon Kerr <i>Professional Development Liaison Officer</i>	239
Elsie Farkas <i>Administrative Secretary</i>	212
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Sharon McLachlan <i>Assessment Programs Assistant</i> E-mail: cpbc@axionet.com	241
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> E-mail: brenda.osmond@moh.hnet.bc.ca	202
Carol O'Byrne <i>Director, Assessment Programs</i> E-mail: cpbc@axionet.com	240
Melva Peters <i>PharmaNet Coordinator</i> E-mail: melva.peters@moh.hnet.bc.ca	223
Arina Reddy <i>Secretary</i>	214
Regan Ready* <i>Community Pharmacy Practice Consultant / Inspector - District 4</i> E-mail: reganr@ibm.net	401
Lynn Taylor <i>Administrative Assistant</i>	219

People News



Announcements

- ▶ The College's part-time Community Pharmacy Practice Consultant **Julie Ford** was accepted into the MBA Program at the University of Western Ontario in early September. She'll return to the College at the conclusion of her first year to conduct pharmacy inspections in the summer of 1999. In the meantime, queries from District 5 pharmacists can be directed to **Doreen Leong**.
- ▶ Former College President **Marshall Moleschi** is the new Director of Member and Corporate Services with the Health Association of B.C.
- ▶ **Derek Desrosiers** has been appointed Chair of the Therapeutics Initiative Advisory Committee.
- ▶ *BCPhA 20-Year Service Award:* **Bertha Johnson**
- ▶ *BCPhA Award of Distinction:* **Murray Dykeman**
- ▶ *BCPhA Ben Gant Innovative Practice Award:* **Larry Thorne**
- ▶ *BCPhA Award of Achievement:* **Raj Brar**
- ▶ *BCPhA Award of Recognition - Service:* **Tammie Toriglia** and **Kevin Moody**
- ▶ *BCPhA Honorary Membership:* **Gordon Aaronson**, **David Allen**, **Peter Bell**, **Erling Bjarnason**, **Bernard Brown**, **John Dyck**, **Max Faryon**, **Leroy Fevang**, **Douglas Fraser**, **Donald Hoffman**, **Trevor Watson**

Achievements

The College congratulates the following 1998 award recipients for their accomplishments:



- ▶ *BCPhA Award of Recognition:* **Ron Stein**
- ▶ *New Horizons Award:* **Darryl Deadmarsh, Dean Jarret, Diem Pham, Kimberly Sentes** and **Blair Tymchuk**
- ▶ *Future Leaders Award:* UBC Pharmaceutical Sciences third-year student **Alana Froese**, and fourth-year student **Valerie Kan**. The College is pleased to assist with the travel funding for this award.

In Memoriam

Council regrets the passing of member **Douglas Ballentyne** of Burnaby.