



## Additions To Scope Of Practice Proposal

In July 1995, the College submitted the document "Scope of Practice Review of Pharmacists" in response to an invitation to participate in the Health Profession Council's scope of practice review of the health professions. Since that time the pharmacy profession has been changing as it shifts to a patient care practice.



To enable pharmacists to offer more comprehensive assistance to patients and their health care providers, the College proposes the addition of three points to its previously submitted scope of practice proposal:

- ▶ Administering medications, including parenteral, intradermal, subcutaneous, intramuscular and intravenous injections.
- ▶ Performing screening and monitoring procedures using pharmacy-based laboratory tests, including the associated quality control functions, and interpreting and communicating the results.
- ▶ Selecting, recommending and initiating the drug therapy, dose and route of administration when a qualified practitioner has made a diagnosis.

The Health Profession Council is circulating an information package on the proposal and its additional points to interested stakeholders in other professions. A formal hearing will be held in mid-April for the Health Profession Council to receive input to the College's proposal from interested parties.

An update on the scope of practice proposal and hearing will be presented in future *Bulletin* issues. Members wanting to learn more now about the proposal or to receive an information package can contact the College office.

**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

**Managing Editor:**  
Linda Lytle, Registrar

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

## Introducing The Council's New President And President-elect

Election of the Council's new President and President-elect was conducted following the College Annual Meeting on September 30. The Council is pleased to have District 7 Councillor Curt Jordan as the new President. He has been an active Council member since 1996. A UBC '68 B.S.P. grad, Curt works at the Ridge Meadows Hospital pharmacy in Maple Ridge.

Involved with Council since 1994, current District 4 Councillor Erica Gregory is the new President-elect. Erica (B.Sc.(Pharm.) '77) is the Pharmacy Manager at Safeway Food & Drugs in Trail.

The Council and College members look forward to working with Curt and Erica in the coming year.



*For the holiday season, coming year and new century - best wishes.*

FROM THE PRESIDENT, COUNCIL & STAFF

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## Update On International Pharmaceutical Competencies



*Bulletin* readers will already be aware of the excellent progress made in developing "world core competencies" for pharmacists last November at the 3<sup>rd</sup> International Conference on Pharmaceutical Competence held in Sydney, Australia. Finalizing the international competencies and establishing a mechanism for their maintenance are crucial next steps along the path to achieving international reciprocity for pharmacists. What was once just an abstract concept is now becoming closer to reality.

Using the foundation set by participants of earlier International Conferences (1993 in Amsterdam and 1996 in Maui), pharmacy regulators and educators from Australia, Canada, New Zealand, Samoa, South Africa, Thailand, the UK and US produced a draft overriding statement and a preliminary framework of core competencies, as follows:

"The pharmacist, using a unique body of knowledge and skills to meet a patient's pharmaceutical and health-related needs, practises patient-focused care in partnership with the patient and other health care providers to manage therapy in order to achieve optimal health outcomes and quality of life."

Competency #1: Pharmacists contribute to the management of patients' pharmaceutical and health-related needs to optimize health outcomes.

Competency #2: Pharmacists provide pharmaceutical goods and services.

Competency #3: Pharmacists use information to promote optimal health outcomes.

Competency #4: Pharmacists practise pharmacy in a professional, legal and ethical manner.

Over the next 12 months, an international steering committee and Canadian planning group (including the College's Deputy Registrar Brenda Osmond) will be expanding and refining the draft world core competencies, and preparing the groundwork for developing a model licensing program for mutual recognition purposes.

NAPRA is hosting the next International Conference, set for 15-19 October 2000 in Ottawa. Details about the 4<sup>th</sup> International Conference on Pharmaceutical Competence will be published in upcoming editions of the *Bulletin*. If you would like to be added to an advance mailing list for conference information, please contact NAPRA at Fax: (613) 569-9659 or E-mail: [napra@istar.ca](mailto:napra@istar.ca).

## Positive Response To Emergency Contraception Initiative

As outlined in a mailing sent to College members this fall, the Society of Obstetricians and Gynaecologists of Canada, the Provincial Minister's Health Advisory Council on Women's Health, and the BC Women's Hospital and Health Centre have contacted the College of Pharmacists to express their support for initiatives to increase women's access to emergency contraception (EC). Some organizations have specifically requested that the College implement a process whereby a woman could obtain emergency contraception pills (ECP) directly from pharmacists without a prescription from a physician. The regulatory structure is already in place in BC to allow a pharmacist and a physician to work collaboratively to

increase access to ECP without the physician having to see the patient.

The College of Pharmacists of BC and the BC Pharmacy Association are adapting a program developed and implemented by the Washington State Pharmacists Association in 1997. The BCPhA will coordinate the provision of educational programs required for BC pharmacists to obtain approval to provide ECP without a prescription.

The key components of the educational program will include:

- ▶ training trainers
- ▶ training pharmacists before collaborative agreements are approved
- ▶ enlisting the support of the health care community

- ▶ securing appropriate compensation
- ▶ informing women about the availability of this service.

Also included in the College's mailing to members was a survey to determine BC pharmacists' level of interest in this initiative, with findings to be used in planning the educational program. Survey responses have flooded in from all parts of the province. Over 700 pharmacists have told us that they are very excited about increasing access to this important health care service by becoming involved in this initiative. Training sessions are being organized, and pharmacists will be notified when sessions are offered in your area.



## The Methadone Program: More Participation Required

Nearly 30% of the pharmacies in BC have recognized the important role they can play in improving the lives of opioid addicts through the methadone program. Five thousand people in BC now receive methadone from community pharmacies on a regular basis. Although these figures represent a significant increase over the participation of two years ago, there is more work to be done. Every person addicted to opioids should be provided with the opportunity to succeed on the methadone program. It is estimated that there may be 10,000 to 15,000 people in the province who could benefit from this health care program.

Consider participating in the methadone program today. For more information about the program, please contact the College office.

## Responding To Police "Wanted" Ads

The College has received queries from community pharmacists who recognize photographs of individuals in "wanted" ads circulated by the local police in community newspapers. The pharmacists want to know whether they may or must share their information with the police.

After seeking legal advice the College advises that, as a general rule, pharmacists should not respond to "wanted" ads when they recognize "wanted" patients. Pharmacists should consider all information obtained from a patient in the context of a pharmacist-patient relationship to be confidential and subject to the overriding statutory and common law duty of confidentiality. Only in the



rarest of cases when public safety is at high risk should a pharmacist report a potentially violent situation to the police.

## A Frequently Asked Question

The College frequently has pharmacists inquiring if they can dispense a large quantity of methadone in instances where a physician prescribing methadone for a number of patients starts ordering a one-week carry for one of his patients.

Carry (take-home) privileges should not exceed 400 mg or a 4-day supply, whichever is less. If a physician wishes to prescribe a larger carry, they must first obtain authorization from their College. If you have worked with the physician before, and know that they are aware of their responsibility to obtain authorization from their College, it may not be necessary for you to follow up further. If you are unfamiliar with the patient or physician, you may wish to contact the physician or the College of Physicians and Surgeons to confirm that they have obtained the appropriate authorization.

## Pilot Sites Needed For Medical Practice Access To PharmaNet

HealthNet/BC, a division of the Ministry of Health's Information Management Group, is in the process of inviting practising physicians to participate in the pilot project on Medical Practice Access to PharmaNet. Expected to begin this fall, the pilot project will include up to 100 sites.



The project for bringing PharmaNet access to physicians in medical practices is strongly supported by the College of Physicians and Surgeons of BC. For authorized individuals in medical practices, it will provide access to the PharmaNet database and other Ministry services, including:

- ◆ obtaining an accurate and complete record of medications dispensed to a patient
- ◆ obtaining patient demographics and Personal Health Number (PHN)
- ◆ transmitting patient information securely over the internet ("HNSecure")
- ◆ performing allergy checking and drug utilization evaluation to identify contraindicated medications
- ◆ obtaining drug monographs suitable for use by the physician and/or the patient
- ◆ assigning new PHNs as needed
- ◆ updating a patient's record to record drugs administered or given as samples as appropriate.

For more information, please contact:

- ◆ Chris Schrader, Project Manager  
Tel: (250) 952-2906, E-mail: [chris.schrader@moh.hnet.bc.ca](mailto:chris.schrader@moh.hnet.bc.ca)
- ◆ Liz Carter, Business Liaison Consultant  
Tel: (604) 879-3313, E-mail: [liz\\_carter@bc.sympatico.ca](mailto:liz_carter@bc.sympatico.ca)



## Council Highlights

The Council of the College of Pharmacists of British Columbia met for a one-day meeting on 29 September 1999. Various agenda items were discussed, and decisions were made on the following issues:

- ▶ Council approved a resolution calling for the creation of a new schedule to include a list of drugs for which pharmacists could independently initiate therapy. The first four entries in the proposed schedule are the medications used for emergency contraception. Cabinet approval of the proposal is necessary before it becomes effective.
- ▶ A new policy for the maintenance of documentation pertaining to refill authorizations was approved. Details will be announced in the next issue of the *Bulletin*.
- ▶ The Councillors discussed problems associated with the provision of palliative care medication kits. The primary issues included the accessibility of the kits to authorized medical and nursing personnel, the storage and maintenance of the kit contents, and the return of unused supplies to pharmacy inventory. Council decided to work with the BC Pharmacy Association to urge the development of a pharmacy payment plan under the Pharmacare Program.
- ▶ Council supported a proposal developed by the BC Naturopathic Association and the College's Drug Advisory Committee to grant naturopathic physicians independent prescribing authority for 25 Schedule I drugs. The proposals were presented at a Health Professions Council hearing in mid-November and will require legislative approval before they become effective.
- ▶ A recommendation that exempted codeine products in excess of 50 dosage units or 100 mL be entered on the purchaser's PharmaNet record by the pharmacist who approves the sale of the product was approved by the Council.
- ▶ Council extended the deadline for the installation of Year 2000-compliant PharmaNet software to 15 November 1999.
- ▶ A \$5000 grant to the BC Seniors Medication Information Line (BC SMILE) was approved.
- ▶ Council endorsed a proposed model position statement developed by the National Association of Pharmacy Regulatory Authorities (NAPRA), concerning a pharmacist's refusal to provide a product or service for moral or religious reasons. The model statement is slated for further review and discussion by the NAPRA Council at its next meeting.

## Readers Respond

*This occasional column will present highlights of comments forwarded to the Editor by Bulletin readers, for the information of all College members.*

"When reading "What Went Wrong?" and the four cases of medication errors in the July/August 1999 *Bulletin*, I noted a common theme that each pharmacist was unaware of the patient's indication for the drug involved.

What could the indication be for testosterone in prostate cancer outside research settings? What could the indication be for prednisone in the diabetic Brian - was he warned that it would affect his diabetes? When the pharmacist counselled Susan on her

metformin, was she also counselled on her newly diagnosed "diabetes?" How was Lorna counselled on her chloroquine without knowing if she was using it for malaria, rheumatoid or other autoimmune disease?

Although community pharmacists do not have the benefit of a formal diagnosis for their patients, I would like to see more community pharmacists try to ascertain this information through dialogue with patients. Otherwise the counselling itself means little in improving patient care." *M. de Lemos*



## Drug Updates



- ◆ Colchicine is now a Schedule I drug.
- ◆ Please make note of the following sound-alike, look-alike product names:
  - **Celebrex™** (celecoxib capsules), **Celexa®** (citalopram hydrobromide tablets), and **Cerebyx®** (fosphenytoin sodium injection)
  - **Buscopan®** and **Buspar®**.  
When filling a prescription or dispensing one of these products, check the name (brand and generic), dosage form, and strength to ensure that the proper medication is dispensed to each patient. To avoid potential errors, verify the indication directly with the patient and offer counselling on proper use.

## Helpful Readership Survey



Thank you to College members who responded to the *Bulletin* readership survey in October. Many helpful comments were provided in the 72 responses received.

Readers appear to be generally satisfied with the current format of the newsletter. They have suggested a number of topics of interest which the Editor will refer to when preparing future *Bulletin* issues.

## In Brief



### ► Fall Annual Meeting a Success

The College's 108th Annual Meeting was held 30 September in Victoria, with 70 registrants in attendance. The meeting included the President and Registrar presenting highlights from their reports, and a useful discussion around the one submitted resolution.

The resolution, "that all pharmacists employed by the College of Pharmacists of British Columbia be required to maintain knowledge and skills by working 160 hours annually in a community or hospital pharmacy, in the provision of direct patient care," was defeated. Registrants concluded that a working pharmacy perspective is needed by the policy makers at the Council level, who in turn give directives to College staff. Councillors are currently elected by their own pharmacy colleagues and effectively represent practising pharmacists.

### ► District Meetings Continue

District meetings were held in October around District 4, including Castlegar, Cranbrook, Kamloops and Kelowna. Registrar Linda Lytle and District 4 Councillor and President-elect Erica Gregory took part in the meetings, attended by a total of 39 members. District meetings were held in District 5 in April 1999, and plans to hold meetings in Districts 1 and 3 are currently being made.

### ► Scheduled Drug Sales to Commercial Buyers

Since the implementation of the harmonized drug schedules as recommended by NDSAC, reports have been made of Schedule III (pharmacy-only nonprescription drugs) being for sale in non-pharmacy retail outlets.

Upon investigation, the offending retailers indicated that many of the products are purchased at pharmacies and not from wholesale distributors. They purchase these items in quantities of five to six at a time, with no one questioning these sales.

Pharmacies should make cashiers aware of these potential purchases and establish an approach for assessing large quantities of Schedule III drugs being purchased. For example, a discreet question to purchasers may open up communication that will alert cashiers to the intended use of these products. In many cases the retailers making the purchases may not be aware of the drug schedules. (*Reprinted from the Saskatchewan Pharmaceutical Association newsletter.*)

### ► Proper Disposal of Confidential Information

The College has received reports, including photographs, of patient medication records being thrown into clear garbage bags and placed in pharmacies' exterior dumpsters, with lids left open for full access by the public. Pharmacists are reminded to dispose of all confidential material through incineration or shredding procedures.



## ETHICS IN PRACTICE

### Guidelines for Pharmacists Dispensing Placebos



From time to time prescribers request pharmacists to dispense placebos. This practice has the possibility of conflicting with the Code of Ethics. Two case studies show how to apply the Code of Ethics in real life practice situations.

#### Case 1:

The first case involves a prescription for a vitamin that the prescriber wanted labelled as the antidepressant Zoloft. The prescriber also asked the pharmacist not to discuss any adverse effects with the patient.

The central issue in this case is whether the patient is competent. Competent patients must be respected, and mislabelling prescriptions in an attempt to mislead competent patients is dishonest and unethical. However, the situation may be different for patients who are incompetent.

Patients who are not competent (that is they do not have an appreciation of their illness, nor do they understand and appreciate the consequences of treatment) may have decisions regarding their care made by a surrogate. This person, usually a spouse, close relative or close friend, along with the prescriber may decide on the appropriate medical care, and this person along with the pharmacist should decide on proper pharmacy care. The surrogate provides either a substituted judgment (a decision that is thought to be what the patient would have made if competent), or a decision that is in the best interest of the patient.

The pharmacist should research the use of placebos in the treatment of depression. The prescriber is likely attempting to respond to the patient's request for antidepressant medication where it is not indicated. In this case it is not likely the patient is actually suffering from depression, or may become a danger to him or herself or others.

Although it is unlikely the patient is incompetent, the pharmacist should confirm this with the prescriber. If the patient is competent the pharmacist should tell the prescriber it is unethical to mislabel prescriptions and together find an alternative, possibly based on what the pharmacist knows about the patient. If the patient is not competent, the pharmacist should consult with the surrogate before deciding how to label the prescription.

#### Case 2:

The second case involves a single-blind drug trial where the patient knew there was a 50% chance of receiving either a real drug or a placebo.

In this case pharmacists should feel no ethical conflict in labelling the placebo with the active drug name if the placebo is dispensed. However, patients should be counselled that the PharmaNet profile indicates they were dispensed the active drug, when there is a 50% possibility that they were dispensed the placebo. To minimize possible problems, patients should be advised to have the prescription refilled only at the pharmacy that initiated it, or be sure to tell any other dispensing pharmacist that they are involved in a drug trial and may be taking a placebo.



## Hospital Pharmacy Insights



### Methadone Update

With over 5,000 people enrolled in the methadone maintenance program in BC, hospital pharmacists now encounter a wide variety of methadone treatment scenarios. Refer to the March/April 1998 *Bulletin* for basic information about methadone prescribing and dispensing in hospitals.

#### Methadone Prescribing

Problems occur when a patient enrolled in the methadone maintenance program is admitted to a hospital in a community where there is no physician with methadone prescribing privileges. Some hospitals have successfully resolved this problem. Here are some options used to ensure that methadone treatment is not interrupted.

- ◆ Ask the hospital's medical director to contact the College of Physicians and Surgeons about obtaining methadone-prescribing authorization for hospital inpatients only.
- ◆ Determine if the patient's usual methadone prescriber can be given "temporary," "patient-specific" or "drug-specific" prescribing privileges. This may be an option for a physician that already has admitting privileges at another hospital within the same health region.

#### Seamless Care

Community pharmacists usually notify the patient's methadone prescriber when the patient has not picked up the methadone prescription on schedule. In some cases, the pharmacist and physician may be unaware that the patient has been admitted to a hospital. Whenever possible:

- ◆ Notify the community pharmacist of the patient's admission date and reason for not adhering to the methadone pick-up schedule.
- ◆ Inform the community pharmacist of the date and time of the patient's last methadone dose in the hospital.

#### Using a Patient's Own Methadone

In hospitals where methadone is not on the formulary, the patient's own medication may be brought into the hospital. Some tips to consider include:

- ◆ Arrange with the community pharmacist to have the methadone delivered directly to the pharmacy or nursing unit (if the pharmacy is closed).
- ◆ The patient's methadone must be stored in a locked narcotic cabinet. Inform the nursing staff that methadone must never be stored at the patient's bedside.
- ◆ Inform the nursing staff that methadone must never be "borrowed" from one patient's supply for another patient.

#### Methadone for Pain Control

Methadone may also be prescribed for pain control. Pharmacists may compound methadone in any strength, vehicle or formulation suitable to meet the needs of the patient.

#### Questions?

The College has an information package called *What BC Pharmacists Need to Know about the Methadone Maintenance Program*. Although written primarily for the community pharmacist, it may be a useful reference in a hospital pharmacy.

If you have any other questions about the use of methadone in your hospital, please contact Sharon Clark or Brenda Osmond at the College office.



## *Rx* C·A·R·E Program

Approximately one-third of the College's registrants have been randomly selected for mandatory participation in the first two-year cycle of the <sup>BC</sup>C.A.R.E. Program. Notification letters were sent in July, and the selected pharmacists were asked to respond by indicating their choice of assessment tool.

Additional materials specific to each selected assessment tool have now been sent to the pharmacists who selected the Practice Review Self-Assessment and Professional Portfolio options.

The Knowledge Assessment dates have been confirmed (12 February and 15 April 2000), and arrangements are being made to offer the assessment at approximately 20 sites around the province. Participants who selected this option are receiving registration materials in November.

Forty-eight pharmacists requested and received one-year deferrals (for reasons such as illness, extended travel abroad, and plans to transfer to the Nonpractising Register within a few months). Four pharmacists were

temporarily deferred due to acute disability situations, and three exemptions were granted because the pharmacists had recently been assessed in another jurisdiction.

Twelve requests for exemptions were declined, and 28 pharmacists decided to transfer to the Nonpractising Register, rather than participate in the <sup>BC</sup>C.A.R.E. Program.

Several pharmacists have requested clarification about the status of Councillors and staff with regard to <sup>BC</sup>C.A.R.E. Program requirements. All British Columbia registered pharmacists, including elected Councillors and pharmacist employees of the College of Pharmacists of BC, are included in the group from which the random selections are made every two years. They are required to participate when their names are selected.

The <sup>BC</sup>C.A.R.E. subcommittees for each assessment tool have had a busy fall, reviewing the assessment tools and incorporating improvements which were identified by pharmacists who participated in the pilot phase of the program last year.

## Long-term Care

### Requests for Medication Disaster Supplies for Facilities

College staff have received a number of inquiries about how to handle facility staff's requests for emergency quantities of drugs in anticipation of earthquakes or other major disasters. The concern of the facility staff and their need to be prepared is understandable. However, the College's position is that such a supply is unsafe and would be unfeasible from both an economic and logistical point of view.

- ▶ It would be virtually impossible to keep the stock current. Each new prescription would have to be supplied in duplicate and each discontinued prescription would have to be weeded out of the back-up stock. Expiry dates would have to be checked routinely.
- ▶ Extra blister cards would create a significant storage problem. Bulk ward stock containers would not be acceptable. The availability of extra stock could create additional problems of borrowing and pilferage.
- ▶ A continuous supply of emergency stock would be costly, and Pharmacare would not pay for those medications.
- ▶ The chance of an earthquake, hurricane, flood or other disaster hitting the contracted pharmacy and any other pharmacy which could step in to assist, but leaving the facility supply untouched, is very small.
- ▶ Facilities should be reassured that in the event of a disaster, the servicing of a facility would be a priority matter. Other pharmacists would step in to help out and other pharmacy locations would be utilized for emergency dispensing by the facility's regular pharmacist. We have evidence of how quickly pharmacists can put contingency plans in place and how helpful other pharmacists are from the summer of 1998 fires in Salmon Arm when the entire town was evacuated, the pharmacies closed, and physicians could not be reached.
- ▶ Facility administrators should be reminded that, with PharmaNet, a person's profile can be accessed and prescription labels generated in emergency situations through any pharmacy in the province.

Pharmacists are encouraged to contact the College office if they have any further questions.



## Practitioner Suspensions And Prescribing Restrictions

Currently, PharmaNet functionality does not allow for the College of Physicians and Surgeons and College of Dental Surgeons to inactivate or suspend a practitioner. As a result, PharmaNet does not prevent the dispensing of a prescription or provide a warning message to pharmacists if a practitioner has restricted or suspended prescribing privileges.

Software changes to PharmaNet will be implemented in 2000 that will permit the appropriate regulatory authority to "suspend" a practitioner or a pharmacist. Once this change has been implemented, any prescription transmitted to PharmaNet with the suspended practitioner or pharmacist will be rejected. In addition, the change will cause a prescription to be rejected when the practitioner has been restricted from prescribing specific drugs or classes of drugs, or in the case of midwives where the drugs a practitioner is permitted to prescribe are limited by bylaw.

Pharmacists are reminded to consult the latest "List of Suspended/ Restricted/Reinstated Practitioners" (distributed to pharmacies with each *Bulletin* by the College of Pharmacists of BC) to determine if a practitioner has prescribing restrictions. For up-to-the-minute information, please contact the College of Physicians and Surgeons directly.

## Enhancements And Changes To PharmaNet Software

Each year many suggestions for changes and enhancements to PharmaNet are submitted to Pharmacare and to the PharmaNet Users Group at the College. Pharmacare has a process for the review and prioritization of the requests.

Enhancements and changes under consideration for inclusion in a new release of PharmaNet are reviewed by the Pharmacare Change Management Advisory Committee (PCMAC). The mandate of the PCMAC is to review the submitted change requests and to recommend to the Ministry of Health a priority for the implementation of the changes based on a high-level cost/benefit analysis. The committee is comprised of representatives from the College of Physicians and Surgeons, Pharmacare, HealthNet/BC and the Ministry of Health, as well as Registrar Linda Lytle and PharmaNet Users Group Chair Ken Foreman.

The establishment of the PCMAC permits College members to have a greater say in the changes that are made to PharmaNet through input from the Registrar and the PharmaNet Users Group. However, the PCMAC is only an advisory committee and, therefore, it is possible that priorities set by the committee may be overridden by changes in government policy and budget allocations to Pharmacare by the Ministry.

Each year a budget is established for changes to the PharmaNet system. This limits the number of change requests considered for each release.

PharmaNet Release 4.0 is being implemented and includes a wide variety of changes to the system, ranging from fixes necessary to ensure correct operation of PharmaNet in the Year 2000 to major enhancements to the functionality on PharmaNet. Some of the enhancements include:

- ▶ Implementation of First DataBank's Drug Allergy Module which will report allergies at the ingredient, cross allergen and related chemical group level.
- ▶ Implementation of enhanced practitioner restriction functionality.
- ▶ The ability for PharmaNet to deal with the increasing number of drug interactions that are appearing as new drugs are marketed.

While the College and the PharmaNet Users Group were successful in having much of Release 4.0 dedicated to changes to the Drug Information System of PharmaNet, some of the change requests submitted from the PharmaNet Users Group will be delayed until Release 5.0. This includes changes to how Drug Utilization Evaluation (DUE) is performed and the ability to select which drugs or classes of drugs on which DUE is performed, as well as a change to the submission of special services fee claims which will permit the reversal of the prescription and the SSC fee claim to be transmitted on different days.

If you have any suggestions for enhancements or changes to PharmaNet or would like to discuss the process for change management further, please contact the PharmaNet Coordinator.



## College Staff Contact List

(\* Indicates part-time staff)

	Ext.
<b>Reception/General</b>	200
<b>Kelly Baker-Pabla</b> <i>Administrative Assistant - Reception</i>	200
<b>Sharon Clark</b> <i>Hospital Pharmacy Practice Consultant</i>	237
<b>Anouk Crawford</b> <i>Administrative Assistant</i>	214
<b>Elsie Farkas</b> <i>Administrative Assistant - Registration/Licensure</i>	212
<b>Marge Gardner</b> <i>Administrative Manager</i>	208
<b>Donna Hayward*</b> <i>Community Pharmacy Practice Consultant/ Inspector - District 3</i>	404
<b>Ashifa Keshavji</b> <i>Pharmacy Practice Consultant (office-based)</i>	238
<b>Sharon Kerr</b> <i>Assessment Programs Administrator</i>	239
<b>Doreen Leong</b> <i>Assistant PharmaNet Coordinator and Acting Director, Assessment Programs</i>	203
<b>Linda Lytle</b> <i>Registrar</i>	201
<b>Josefina Marchetti</b> <i>Administrative Assistant - PharmaNet</i>	219
<b>Sharon McLachlan</b> <i>Administrative Assistant - Assessment Programs</i>	241
<b>Margaret McLean</b> <i>Community Pharmacy Practice Consultant/ Inspector - Districts 1 and 2</i>	235
<b>Carol O'Byrne</b> <i>Director, Assessment Programs</i>	240
<b>Brenda Osmond</b> <i>Deputy Registrar</i>	202
<b>Geeta Parmar</b> <i>Administrative Assistant - Professional Services</i>	215
<b>Melva Peters</b> <i>PharmaNet Coordinator</i>	223
<b>Lori Polegato</b> <i>Administrative Assistant - Registration/Assessments</i>	243
<b>Regan Ready*</b> <i>Community Pharmacy Practice Consultant/ Inspector - Districts 4 and 5</i>	401
<b>Neetika Sethi</b> <i>Administrative Assistant - Registration Program</i>	216
<b>Lynn Seo</b> <i>Administrative Assistant - Registrar</i>	220
<b>Samantha Towler</b> <i>Administrative Assistant</i>	211
<b>Elizabeth Winter</b> <i>Community Pharmacy Practice Consultant/ Inspector - Districts 1 and 2</i>	242

To e-mail staff, use the following address:  
 firstnameinitiallastname@collegepharmacists.bc.ca  
 (e.g. LLytle@collegepharmacists.bc.ca)

## Plan To Attend



### ► Panel Assessments

10 June 2000  
 28 October 2000 (*to be confirmed*)

### ► Forensic Assessments

18 February 2000  
 9 June 2000  
 27 October 2000 (*to be confirmed*)

### ► Council Meetings

26 November 1999  
 11 February 2000  
 13 April 2000  
 16 June 2000



## People News

### Announcements

- **Janice Moshenko** is the Faculty of Pharmaceutical Science's new Director, Continuing Pharmacy Education. With her years of experience as a pharmacist, pharmaceutical educator and researcher, Janice will provide enthusiastic and innovative leadership to this important role. She can be reached at Tel: 822-3085, E-mail: janice@cehs.ubc.ca.
- Due to other commitments and demands on their time, Government Appointees **Anita Gill** and **Gordon Hawkins** have declined their re-appointment to the 1999-2000 College Council. Councillors, College staff and members extend their thanks to Anita and Gordon for their commitment and contribution to Council during their years of service. The College is awaiting the appointment of two new nonpharmacists by the Lieutenant Governor in Council.

NOTE: The contact lists for College staff and Councillors are printed when updates have been made to this information.

### Achievements

- **Leroy Fevang** has been made the fifth Honourary Member of the College in recognition of his distinguished service to the profession, including former College Registrar, and recently retired Executive Director of the Canadian Pharmacy Association.
- **Sharon McKinnon**, Associate Director of Continuing Pharmacy Education, and former Director **Kevin Moody**, are the proud recipients of the College's Certificate of Honour. This is only the second and third time the award has been given, recognizing provincial, national and international contributions to the profession over a minimum period of seven years.
- Fifty Year Practice Awards were presented at the BC Pharmacy Conference to May 1949 B.Sc.(Pharm.) pharmacists **Willy Kraus**, **Edward Rowley** and **Leonore Smith**.
- Two 1999 BC Future Leader Travel Awards, co-sponsored by the College, were also presented at the conference. Students **George Nakayama** (4th year), and **Serena Verma** (3rd year) were the winning candidates.