



College Kicks Off Consultation

Improve member communications - that's the message Council sent at the September Council meeting.

According to our most recent member survey, some pharmacists feel the College is out of touch with day-to-day realities of pharmacy practice, that we're not listening to your concerns. Others told us that some of the information the College sends out to members is unnecessarily complex and confusing. Further feedback showed limited acceptability of the ^BC.A.R.E. Program by some members.

The College takes this input seriously. We have suspended the ^BC.A.R.E. Program for the interim to allow time to identify the current needs and concerns of members and our profession. But be assured that we will build on the hard work and positive aspects of the valid assessment options previously introduced (e.g. Practice Audit, Knowledge Assessment) and the newly developed Learning and Practice Portfolio. Our goal is to develop a new, streamlined approach to assessing competency that better meets your needs, and those of the public.

During October and November the College began a province-wide consultation program involving:

- ▶ Telephone surveys with a cross-section of pharmacists represent-

ing different practice settings, districts, as well as members from the former ^BC.A.R.E. Task Group.

- ▶ Interviews with opinion leaders who have a key interest in the profession of pharmacy, such as:
 - UBC Faculty of Pharmaceutical Sciences
 - BC Pharmacy Association
 - BC Branch of the Canadian Society of Hospital Pharmacists
 - Chain Drug Association of BC
 - Public health advocacy groups
 - Public representatives
 - Members voicing ^BC.A.R.E. concerns at the 2000 AGM.

And that's just the first step. In October committee members also began an in-depth review of the Framework of Professional Practice. The purpose of this review is to make it easier for you to use the Framework in your daily practice settings.

Early in the New Year, the College will:

- ▶ Hold discussion groups with members in Burnaby (Districts 1/2), and Castlegar (District 4). (If you do not receive an invitation and want to get involved, please call Lori Polegato at the College office.)
- ▶ Develop a summary of issues and concerns raised during the consultation and make it available to all members.

Look for updates on this consultation program in the January/February 2002 *Bulletin*.

Other communication initiatives the College will explore in the coming months include:

- ▶ Upgrading the College web site to enable two-way communication and provide new information sources
- ▶ Developing "Backgrounders" - summary information on key issues of interest to members

Published By:
 College of Pharmacists of British Columbia
 #200 - 1765 West 8th 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
 Web Site: www.collegepharmacists.org

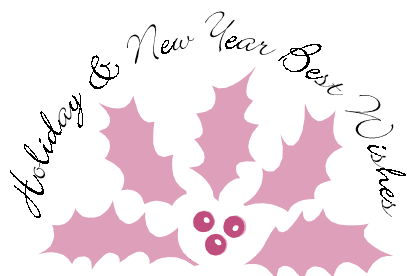
Managing Editor:
 Linda Lytle, Registrar

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

- ▶ Enhancing the College's information phone line (the practice consultation telephone service, accessed via the College office telephone number, already receives 30 to 40 calls per day).

The College will make every effort to keep you fully informed of ongoing communication initiatives and opportunities for involvement through the *Bulletin* and special mailings. Please contact the College office with any comments or questions.

Contact: Doreen Leong
 Tel: 604-733-2440, ext. 203
 800-663-1940
 Fax: 604-733-2493, 800-377-8129
 E-mail: DLeong@collegepharmacists.bc.ca



From the President, Council and Staff

Table Of Contents

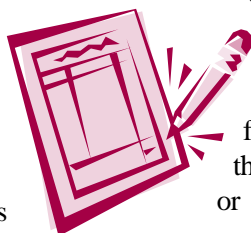
News Stories	1-5
Drug Updates	5
In Brief	6
Community Pharmacy Corner	7
What Went Wrong?	8
PharmaNet	9
Plan to Attend	10
People News	10
Councillor Contact List	10



Seeking Input From All Pharmacists

The College hopes to reach a representative cross-section of members and other stakeholders through telephone surveys, interviews and discussion groups. However, we can talk directly to only a small percentage of you.

We want to hear from as many pharmacists as possible across different districts and practice settings. The questions we are asking in the telephone survey are posted on the College web site for printing out



(<http://www.collpharmbc.org> - click on the "What's New" tab and then the "Consultation Project" section). The survey can also be sent to you via e-mail, fax or mail by contacting Lori Polegato at the College office, 604-733-2440, ext. 243 or 800-663-1940.

Please forward your survey responses to the College office, Attention: Lori Polegato, **by 21 December**.

Thank you for your input.

PEBC Introduces The OSCE To Its Certification Process

The Pharmacy Examining Board of Canada (PEBC) is pleased to announce the introduction of a two-part Qualifying Examination process. This new process for assessing the competence of candidates for entry-to-practice includes both a written multiple choice question (MCQ) examination [Part I] and a new Objective Structured Clinical Examination (OSCE) [Part II]. PEBC and the College of Pharmacists of British Columbia collaborated over the past few years in the development, piloting and research of the new performance-based examination. It is very similar to BC's Panel Assessment procedure.

The multiple choice question examination is useful for the assessment of candidates' knowledge, applied knowledge and some problem-solving skills. However, this examination format does not effectively measure important abilities like communication skills, ethical and professional judgement, complex problem-solving skills, and some supervisory skills. PEBC recognizes the need to test these skills and abilities, and, therefore, has added the OSCE to its certification process. Together, the OSCE and written formats of the examination assess a broader scope of pharmacy practice. This helps to ensure the competency of registrants for the protection of the public.

The OSCE tests the following major competency areas/abilities:

1. Practise pharmaceutical care
2. Assume ethical, legal and professional responsibilities
3. Access, retrieve, evaluate and disseminate relevant information
4. Communicate and educate effectively
5. Manage drug distribution
6. Apply practice management knowledge and skills.

(Continued on page 7)

Community Dental Programs In BC

In Health Units throughout BC, dental hygienists and certified dental assistants provide community programs focused on education and prevention of oral disease.



Resources and services are available to pre- and postnatal groups, infants, preschool and school-age children, community care facilities and adults with developmental disabilities.

Assistance is given in accessing dental treatment for low-income families through programs such as *BC Healthy Kids*. The *Healthy Kids Program* provides basic dental care and eye glasses for children under 19 years of age. Families with limited income who are eligible to receive premium assistance for BC Medical or who are receiving income assistance from the Ministry of Human Resources, may have benefits for their children under this program.

For more information about Community Dental Programs in BC and resources available for pharmacies, please call your Community Dental Health Program located under Health Authorities in the blue pages.



Therapeutic Ineffectiveness: A Reportable Adverse Drug Reaction

An adverse drug reaction can be defined as a response to a drug which is noxious and unintended, and which occurs at doses normally used. From the pharmacological point of view, therapeutic failure may not at first glance seem to be an adverse drug effect. However, the World Health Organization's definition of an adverse drug reaction indicates that therapeutic failure may be reflected by a noxious and unintended response which, in certain cases, may have serious consequences. It is estimated that 55% of the pharmacotherapy-related problems that result in hospital admission are the result of therapeutic failure.

An unexpected absence of, or decrease or change in the effectiveness of a drug, may be indicative of an important underlying problem relevant to pharmacovigilance.

What is involved may be, among other things, a pharmaceutical defect, an interaction, inappropriate use, resistance, tolerance or tachyphylaxis. Since clinical trials are of limited duration, the long-term effectiveness is not really known until after a drug goes on the market. In addition, the dose selected for assessing the effectiveness of a product is generally validated with reference to a selection of patients who may have been easier to treat than those encountered in the general population (multiple pathologies, concomitant medication, etc.), or does not include the various ethnic groups (metabolic variations, genetic predispositions, etc.). Reporting therapeutic ineffectiveness may bring to light new information on a drug. The Canadian Adverse Drug Reaction Monitoring

Program is counting on pharmacists' vigilance for reporting cases of therapeutic ineffectiveness.

If you have observed an event that you suspect might be an adverse drug reaction, **please report it** if it is serious, unexpected or involves a new drug:

New Central ADR Contact Numbers

New toll-free telephone and fax numbers are now provided for health professionals and consumers to report adverse drug reactions (ADRs). Calls are automatically routed to the appropriate regional or national ADR centre.

Telephone: 866-234-2345

Fax: 866-678-6789

BC Regional ADR Centre
c/o BC Drug and Poison
Information Centre
1081 Burrard Street
Vancouver, BC V6Z 1Y6

Tel: 604-806-8625
Fax: 604-806-8262
E-mail: adr@dpic.bc.ca

Program Name Contest Update

As part of a survey mailed in June, the College asked members to submit possible new names for the ¹³C.A.R.E. Program. The prize was complimentary registration and accommodation at the October BC Pharmacy Conference in Kelowna, and partial coverage of travel costs.

In September the College suspended the ¹³C.A.R.E. Program. Any program developments, including a name change, are now on hold until all consultations are complete. However, we wanted to show our appreciation for the 35 helpful name suggestions submitted over the summer. In October we assigned a ballot to each program name entry and selected a winning ballot.

The winner was Shannon Oleksinski, now practising in Regina. Shannon planned to attend the Kelowna conference and was thrilled with the news of her complimentary trip. Congratulations, Shannon. Thank you to all respondents for your creative efforts.





Input Needed For Advanced Practitioner Credentialing Project

Drugs are discussed more and more frequently in the media but pharmacists are rarely mentioned as drug experts. Although pharmacy practice is shifting from a focus on products to a focus on patients, most people still see us as drug sellers and dispensers.

Through education and training many of us acquire high levels of expertise in specific practice areas. However, currently there is no official recognition for pharmacists who can give patients advanced pharmacy services. The National Association of Pharmacy Regulatory Authorities (NAPRA) says a specialty recognition program is needed.

The College is responding to this need by initiating an “Advanced Practitioner Credentialing Project.” It will look at how to develop a voluntary process which would recognize pharmacists, who have the qualifications and have met set standards in a specific practice area, as qualified in a particular area of practice. This initiative could benefit British Columbia pharmacists and the practice of pharmacy.

A committee has been established, chaired by Dr. Reginald Smith of the Royal Jubilee Hospital, Victoria. Consultant Dr. Alan Low and Deputy Registrar Dr. Brenda Osmond are overseeing the project. It is in the early stages of development. Your input and ideas are essential to the success of the Advanced Practitioner Credentialing Project. Your comments will have a direct impact on the direction it takes.

Please let us know your thoughts on the project:

- ▶ What would you want from credentialing?
- ▶ What would you be willing to do in order to complete a valid credentialing process?
- ▶ What kind of structure do you feel would be feasible?
- ▶ What means would you like available to provide input to the project?
- ▶ How would you like to be informed about input received from stakeholders, and project updates?

You can contact us with your feedback, concerns or questions by phone, fax, e-mail or writing.

Contact: Alan Low, BSc.(Pharm.), Pharm. D.

Consultant, Advanced Practitioner Credentialing Project

Phone: 604-733-2440 ext. 234 or 1-800-663-1940

Fax: 604-439-8463 or 1-800-377-8129

E-mail: alanlow@interchange.ubc.ca

Mail: c/o CPBC office

The deadline for input is 31 December. A summary of your input will appear in an upcoming *Bulletin*.

Potential Benefits of Credentialing

- ◆ Expands the scope of pharmacy practice in British Columbia.
- ◆ Facilitates reimbursement for non-traditional pharmacy services.
- ◆ Improves patient access to specialty pharmacy service.
- ◆ Helps the public understand the changing role of pharmacists.
- ◆ Allows pharmacists to specialize and be recognized in an area of expertise.
- ◆ Sets standards to evaluate pharmacists with advanced qualifications.
- ◆ Provides a framework for evolving pharmacy practices.
- ◆ Provides guidance to certification and continuing education programs.



College Registration Under The MRA

Between 01 January and 25 October, 2001, 85 out-of-province pharmacists have been registered by the College under the Mutual Recognition Agreement (MRA) (see accompanying table). Thirty-five

Month	# Of Candidates	Prev. Licensed
January	8	7 - Alberta 1 - Saskatchewan
February	8	3 - Alberta 2 - Manitoba 3 - Ontario
March	5	2 - Alberta 2 - Manitoba 1 - Ontario
April	3	1 - Alberta 2 - Saskatchewan
May	13	3 - Alberta 4 - Saskatchewan 4 - Ontario 2 - Nova Scotia
June	6	1 - Alberta 3 - Saskatchewan 1 - Manitoba 1 - Nova Scotia
July	12	4 - Alberta 3 - Saskatchewan 1 - Manitoba 3 - Ontario 1 - Nova Scotia
August	8	1 - Alberta 3 - Saskatchewan 1 - Manitoba 3 - Ontario
September	18	6 - Alberta 2 - Saskatchewan 5 - Manitoba 5 - Ontario
October (1-25)	4	2 - Alberta 1 - Saskatchewan 1 - Ontario

percent of pharmacists came from Alberta (30), 24% from Ontario (20), 22% from Saskatchewan (19), 14% from Manitoba (12), and 5% from Nova Scotia (4).

The process of registering an out-of-province pharmacist with the College can take up to one month depending on the candidate's familiarity with legislation. After the candidate submits an application form, the College sends an "Information File Binder" to the candidate for review. Once the binder has been fully studied, the candidate forwards a signed statement to the College indicating s/he understands and can apply all the material. It is important that candidates allow time between their application and statement submissions to complete a proper review of the binder and sign the statement in good faith. Once the College receives a candidate's affidavit, we finalize the registration in a maximum of ten business days.

Drug Updates



◆ SAM-e

The Therapeutic Products Directorate (Health Canada) has determined that **SAM-e (S-Adenosylmethionine)** is a drug product regardless of claims. This means that it is not approved for sale in Canada at this time. Pharmacies should remove the product from sale until further notice.

◆ Aristolochia or Aristolochic Acid

Health Canada is requesting pharmacies discontinue the sale of all products containing **Aristolochia or aristolochic acid**. Aristolochia is an herb which produces aristolochic acid and has long been used in traditional Chinese medicine. Aristolochic acid can cause cancer, changes in human cells and kidney failure. Health Canada is also investigating products labelled to contain other herbs such as Stephania, Clematis, Akebia and Asarum for the presence of aristolochic acid. This group of herbs may be used interchangeably with Aristolochia under the traditional name Mu Tong. Therefore, pharmacies are asked to remove from sale any products containing these herbs.

NAPRA Addressing Drug Recall And Health Warning Notification

The recent recall of Baycol® left many pharmacists frustrated about how and when drug recall and health warning information is disseminated to health care professionals, the press and the general public.

Since the distribution of this information is an issue for all provincial pharmacy regulatory authorities, it is being addressed nationally by the National Association of Pharmacy Regulatory Authorities (NAPRA). The goal is to ensure pharmacists are among the first to receive these notifications. NAPRA reports that talks with Health Canada are going well. College members will be updated in upcoming *Bulletin* newsletters.



In Brief



► Use of Local Patient Database

Pharmacists are reminded that local patient databases are only to be used for health-related reasons. The College has received complaints from patients who claim their pharmacy is using the database contact information to send out invitations for information sessions (e.g. asthma and diabetic clinics).

If a pharmacy wants to use the database for educational mailings, it must get patient consent. For example, when doing patient intake, the pharmacist could ask the patient for written or verbal permission to send information to them. A notation about the patient's consent or decline could be included on his/her patient record.

► Unacceptable Compounding: Using Proscar 5 mg When Propecia 1 mg Prescribed

Pharmacists are reportedly crushing Proscar 5 mg tablets and encapsulating one-fifth of the resulting powder to produce a 1 mg finasteride capsule. Under Health Canada's *Policy Framework for Manufacturing and Compounding Drug Products in Canada*, this practice is not acceptable.

Pharmacists may not compound products that are commercially available in a ready-to-use form. It is unacceptable for a pharmacist to prepare such a product unless the modification is being made for a legitimate clinical reason to address an individual patient's needs. In this situation, if a patient requires a capsule instead of a tablet, the pharmacist should encapsulate a Propecia 1 mg tablet. A pharmacist cannot create a different dosage form if the modification is being made to circumvent the policy framework.

► Insulin Claims to Pharmacare

Pharmacists are reminded that when they supply insulin to patients, it is a diabetic supply. This means a Pharmacare claim for payment can be made without a prescription from a physician. However, insulin sales must be submitted through PharmaNet in order for a patient to receive Pharmacare benefits. When submitting the claim, please be certain the PharmaNet claim includes your pharmacist ID as the "prescriber ID." If using a prescriber ID, you must get authorization from the physician for the insulin dispensed. For further information, see the Pharmacare web site at <http://www.hlth.gov.bc.ca/pharme/bulletin/96005bul.html>, and [/bulletin/96006bul.html](http://www.hlth.gov.bc.ca/pharme/bulletin/96006bul.html).

► Pharmaceutical, Personal Care and Other Products in the Environment

Monitoring has established that certain substances contained in products regulated under the *Food and Drugs Act* (F&DA) are present at detectable levels in the environment. While further research is required to understand their direct impact on ecosystems and indirect impact on human health, Health Canada recognizes the need to implement regulations to manage any risk these substances may pose.

Health Canada will be developing, in consultation with Environment Canada and all other stakeholders, environmental assessment regulations for substances in products regulated under the F&DA, including pharmaceuticals, cosmetics, personal care products, biologics, food additives and novel foods. For more information, see http://www.hc-sc.gc.ca/english/archives/releases/2001/2001_98e.htm.

► Influenza Immunization

Last year's 2000/01 influenza immunization in BC increased over 1999/00 by 1% for long-term care residents, 7% for those 65 years of age and older, and 14% for health care workers. Despite these increases, only 71% of those 65 years of age and older living in the community, and only 57% of health care workers received influenza vaccine. This year the Ministry of Health Services is aiming for 80% coverage of these two groups and high risk individuals with chronic health conditions. As well, the Ministry is striving for 90% coverage of long-term care residents. All pharmacists are encouraged to get vaccinated and to offer vaccine to your staff. Personal influenza immunization is an obligation we all have to our high-risk patients.

► Ethics Committee Welcomes Submissions

The College's Ethics Committee writes the "Ethics in Practice" column for the *Bulletin* newsletter. The column is based on actual situations and ethical challenges encountered in BC pharmacy practice settings. The committee invites members to submit ethical problems and cases they have experienced to the College office, Attention: Ethics Committee. Your material will help us prepare upcoming "Ethics in Practice" columns for use and learning by all members.

(Continued on page 9)



Community Pharmacy Corner



Automated Dispensing Systems - Part Two

The September/October 2001 *Bulletin* presented Council's policy on the replenishing of stock in automated dispensing systems. The Community Pharmacy Practice Committee recommends some additional procedures that pharmacists should consider along with the actual requirements of the Council policy.

In the use of those systems that are capable of recording data and producing printed reports (e.g. Script-Pro), it is recommended that:

- ◆ A base date for each cassette be established by completely emptying and cleaning each cassette every six months.

In the use of those systems that are not capable of recording data and producing printed reports (e.g. Baker Cell system), it is recommended that:

- ◆ The person who retrieves the medication from the machine should do so with the label or receipt in hand so that the DIN can be checked against the DIN on the cell.
- ◆ Look-alike drugs should be in cells that are physically separated in order to minimize the chance of the wrong drug being accessed when several orders are being processed at the same time.
- ◆ In the case of Baker Cells, the computer should print a cell number to further ensure that the pharmacist or technician has retrieved the correct drug, and to make a pharmacist's visual check easier to carry out.
- ◆ In the case of removable cassette systems, the cassette should be placed with the dispensed prescription for the pharmacist to check.

OSCE Introduced

Continued from page 2

The PEBC OSCE has fifteen seven-minute stations where a candidate interacts with trained actors playing 'standardized clients.' The stations involve simulations of professional tasks that are critical in nature and frequently performed by practitioners. A trained pharmacist assessor assesses a candidate's performance in each station using standardized scoring guidelines. Part I (MCQ) and Part II (OSCE) are administered, scored and reported separately. However, the candidate must complete both parts successfully in order to be certified as ready for entry-to-practice.

The profession has adopted the practice of 'pharmaceutical care.' Therefore, it is particularly important that PEBC assess those skills essential in the provision of effective pharmaceutical care. The addition of the OSCE to the Qualifying Examination significantly enhances the PEBC assessment. The revised certification process is a major achievement for the pharmacy profession in Canada. For further information, visit <http://www.pebc.ca>.

What Went Wrong

Dear College:

My baby developed thrush so the doctor prescribed gentian violet and told us to paint it in the baby's mouth two or three times a day. After a few applications, the baby seemed to be more irritable and uncomfortable. The doctor said she had something called "mucosal erosions." The doctor wondered if there was something wrong with the gentian violet solution we got from the pharmacy.

A Worried Patient

Gentian violet 1% was prescribed to treat thrush in a baby's mouth. Rather than using a commercially available product, the pharmacy used gentian violet crystals to prepare the prescription. An analysis of the product determined that the concentration of gentian violet in the product was greater than 4%. On further investigation it was determined that the solution was prepared by a pharmacy student who was not directly supervised during the preparation of the solution. There were no notes made on the prescription to indicate the quantity of gentian violet crystals that had been used to prepare the product.

How could this incident have been prevented?

1. For every compounded prescription, the calculations and the quantity of ingredients used must be recorded on the written prescription.
2. If students or other non-pharmacists are preparing compounded products, pharmacist supervision is required. This includes reviewing calculations, weighed amounts of ingredients and preparation techniques.

A physician reports:

I prescribed the following for a patient to self-administer at home:

Heparin 25,000 units/cc

5,000 units s/c Q12H x 6 weeks

The pharmacy label instructed her to inject 2 mL, rather than 0.2 mL, subcutaneously every 12 hours. As a result, the patient experienced complications of bleeding.

The pharmacy reports:

The patient brought the prescription to the pharmacy, but asked that it not be dispensed immediately as she had a supply of heparin at home. The prescription was logged onto the computer, with the incorrect directions. Ten days later, the patient asked for the prescription to be dispensed. The prescription was prepared from the computer entry, with the incorrect directions.

How could this incident have been prevented?

1. The directions on the prescription label should include both the volume and the number of units. This will permit more thorough checking of future fills or refills. For example, if this prescription label stated

"Inject 2 mL (5,000 units) subcutaneously every 12 hours"

the pharmacist checking the label would have calculated that 2 mL of a 25,000 unit/mL solution would not provide 5,000 units. That would have prompted the pharmacist to pull the original prescription to determine the nature of the discrepancy.

2. Any time a pharmacist dispenses a medication they are not familiar with, the appropriate dose should be reviewed in a reliable reference.
3. Some pharmacies have instituted a policy of retrieving original prescriptions from the files when a "logged-on" prescription is dispensed for the first time.

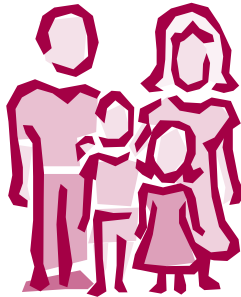


PHNs Created Through PharmaNet

Over the past year, the Client Registry at the Ministry of Health has documented an increase in the number of PHN's created with an incorrect patient name and/or date of birth. It is imperative that a patient is correctly identified to ensure that the health record, including the patient's PharmaNet Patient Record, remains correct.

Pharmacists are reminded that positive identification is required for patients requesting prescription services in the pharmacy for the first time. A patient must be positively identified by viewing one piece of "primary identification" such as Driver's License, Passport, BC Identification Card, or Indian Status Card, or two pieces of "secondary identification" such as a CareCard, Birth Certificate or Citizenship Card.

Name searches through PharmaNet may also be made easier when the legal name is determined through viewing positive identification.



In Brief

Continued from page 5

► Community Pharmacy Workforce Survey Project

A "Community Pharmacy Workforce Survey Project" was undertaken between May and September as a joint effort of the College of Pharmacists of BC, the BC Pharmacy Association and the UBC Faculty of Pharmaceutical Sciences Summer Student Research Program. One of the project's objectives was to quantify the reported shortage of community pharmacists in BC. Summer student Kanon Lo mailed 767 surveys to pharmacy managers of all licensed community pharmacies in the province asking for information from October 2000 to April 2001. Of the 44% of pharmacies that responded to the survey, 34% of them experienced pharmacist vacancies on 1 October 2000, and 35% on 1 April 2001. On both dates, there were 133 vacant pharmacist positions reported. Projecting the survey data to a full 100% response rate, there would be approximately 300 vacant pharmacist positions throughout BC on both dates. With 2,600 registered community pharmacists in BC on 1 September 2001, the provincial community pharmacist vacancy rate is estimated at 11.5%. Copies of this report are available upon request by contacting Samantha Towler at the College office.



Issue Related To Zurich Life And Multiple-Birth Patients

A problem has been identified with the adjudication software used by Zurich Life for prescriptions dispensed for multiple-birth patients. Apparently this software cannot handle more than one patient with the same date of birth for a given family coverage. Pharmacists have been asked to increase the date of birth for the children by one month so that the claims are not rejected.

In situations where a new PHN is being created through PharmaNet, it is imperative that the patient information is accurate. It is not acceptable to create a PHN on PharmaNet with invalid birth dates to satisfy a technical deficiency on adjudicator software. Similarly, it is not acceptable to record an inaccurate date of birth on the local software. Date of birth information is key in making many dosing decisions for children, and therefore, must be accurate.

All information recorded on the local system and PharmaNet must reflect the accurate birth date of the patient. If you have to electronically transmit the billing to Zurich Life and need to change the date of birth,

this must be done for this transmission only and corrected after the transmission is complete.

Clinical Conditions And Allergies On PharmaNet

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

If there is a need to enter a specific comment about a course of therapy, the functionality to attach 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 allergies will be reported on the PharmaNet Patient Record mailing if requested by the patient.

If you need to have a clinical condition or allergy removed from a Patient Record, you must contact the PharmaNet Coordinator at the College office.



Council or Contact List

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

Wayne Rubner
District 1 - Metropolitan Vancouver
Tel: 604-730-7928
E-mail: wjr007@home.com

Amin Bardai
District 2 - Fraser Valley
Tel: 604-241-9115 Fax: 604-388-1000
E-mail: aminbardai@home.com

Caren Heughan
District 3 - Vancouver Island/Coastal
Tel: 250-388-5181 Fax: 250-388-5191
E-mail: wecompound@relcomsys.com

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

John Hope
District 6 - Urban Hospitals
Tel: 604-412-6324 Fax: 604-412-6187
E-mail: john_hope@sfrh.hnet.bc.ca

Carol Gee
District 7 - Community Hospitals
Tel: 250-565-2317 Fax: 250-565-2888
E-mail: CGee@pgrhosp.hnet.bc.ca

Frank Abbott
Dean, Faculty of Pharmaceutical Sciences
Tel: 604-822-2343 Fax: 604-822-3035
E-mail: fabbott@interchange.ubc.ca

Christine Liotta
Government Appointee, Langley
Tel: 604-412-7490
E-mail: cliotta@bcit.ca

Tania Jarzebiak
Government Appointee, Surrey
Tel: 604-543-9570 Fax: 604-255-0971
E-mail: tania@tradeunionresearch.com

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

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



Plan To Attend

CPBC Council Meetings

1 February 26 April 14 June

People News



Achievements

► The College is pleased to announce the following award recipients:

- Fifty Year Practice Award

John Burchill
Donald Dickie
Henry Ho
William Melville
Kenneth Pearse
Kenneth Reid

- Certificate of Recognition

(to retiring Councillors)

William Creighton
Curtis Jordan
Shawn Sandhu

Tinka von Keyserlingk

- Certificate of Merit

Mark Collins

(for long-term service as chair of the Hospital Pharmacy Committee)

The awards were announced at the BC Pharmacy Conference in October and were presented at the College's 3 November AGM.

► Congratulations to the following award recipients from the BC Pharmacy Conference:

- BCPhA New Horizons Award

Kiran Kalla
Vivian Leung
Jacqueline Lewis
Rauvan Sidhu
Greg Wheeler

- Future Leader Award

(with an endowment from Apotex-Pace and supported by the CPBC and the BCPhA)

Praveen Mangat
Neil de Haan

- Past President's Award

Marshall Moleschi (BCPhA)

- BCPhA Ben Gant Innovative Practice Award

John Fockler

- BCPhA Honorary Member

Dr. David Hill

► The following UBC students have received endowment awards (funded by the College of Pharmacists):

- Dean A. W. Matthews Testimonial Award

Van Thi-Hong Nguyen

- Dean E. L. Woods Memorial Prize

Trana Hussaini

- College of Pharmacists of BC Bursary

Fardin Mirhashemi

► **Dale Dodge** of Oliver has received Honourable Mention in the Patient Care category of the Commitment to Care Awards held by the *Pharmacy Practice* journal. Dale and his partner have developed an innovative new software tool to help patients keep informed of their medications.

Announcements

► An election was held in District 1 with candidates **Ralph Lai** and **Wayne Rubner**. The new District 1 Councillor for a two-year term is Wayne Rubner. Other new Councillors include **Caren Heughan** of Victoria (elected in District 3), **Janice Reynolds** of Quesnel (acclamation in District 5), and **Carol Gee** of Prince George (acclamation in District 7).