



## Survey Targets Pharmacy Technicians

If you are a pharmacy technician, the College of Pharmacists of British Columbia wants to hear from you. A two-page Community Pharmacy Technician Survey, recently mailed to community pharmacies across the province, asks technicians a wide range of questions such as how much time they spend on computer data entry, compounding, prescription preparation and stock management.

“We’re hoping all pharmacy managers will encourage technicians to complete this survey,” says Wayne Rubner, the District 1 Councillor who spearheads the College’s TechWise Project. “Our goal is to enhance and expand the role of pharmacy technicians. This survey is just the first step.”

Developed by the TechWise Project team, the survey tries to determine how pharmacists and technicians balance their different roles. It also asks technicians how effectively their skills are used, how well-trained they feel and if they believe they are ready to take on more responsibility in pharmacy practice.

Technicians can also access the survey on the College web site. Filling out the survey should take no more than 15 minutes and information provided will be kept confidential. The College must receive completed surveys by Monday, 2 December 2002.

For more information on the TechWise Project please contact your District Councillor (see list on page 14).

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Linda Lytle, Registrar

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

## Win a Prize!

Three lucky pharmacy technicians will win one of two \$100 prizes or a Microsoft Joystick. All completed surveys are eligible for this draw.

The College must receive completed surveys by Monday, 2 December 2002.

**“We’re hoping all pharmacy managers will encourage technicians to complete this survey.”**

*Wayne Rubner, Councillor*

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From the President, Council and Staff



## Consultation Project Update

### Board of Examiners approves new FPP

At its October meeting, the Board of Examiners finalized plans for the College's new standards of practice document, the *Framework of Professional Practice*.

Developed by more than two dozen pharmacists who participated in a systematic process called "occupational analysis," the new FPP provides the foundation for future College programs and services including practice support initiatives, publications, inquiry, discipline, and a new professional development and assessment program. A new College publication, "FYI: Consumers Demand Protection," available on the College web site, provides information on public pressure for assessment of health professionals.

A survey to gather validation data on the updated FPP has been mailed to 350 randomly selected pharmacists. The survey is also available on the College web site. In addition, two validation panels are specifically reviewing practice indicators and knowledge specifications.

College Registrar Linda Lytle says, "College practice consultants, using the FPP informally, say the new approach is working well. It is essential we hear from as many pharmacists as possible to make sure this program fits the daily realities of pharmacy practice." Please check your NAPRA e-mailbox for directions on how to provide feedback on the new FPP.

For more information please contact Doreen Leong at the College. Ext. 203. E-mail: [doreen.leong@bcpharmacists.org](mailto:doreen.leong@bcpharmacists.org).

### FPP Working Group

- George Budd
- Peter Cook
- David Fielding
- Alan Low
- Marion Pearson
- Colette Raymond
- Wayne Rubner
- Susan Troesch

## Government Hears From College

As part of the College's goal of developing a stronger relationship with the provincial government, Registrar Linda Lytle and Deputy Registrar Brenda Osmond made a presentation to the Select Standing Committee on Finance and Government Services on 23 September 2002.

"We want to raise government awareness of pharmacists' concerns and of the role of the College," says Linda. She used the opportunity to describe College initiatives on Advanced Practitioner Credentialing and reducing unnecessary regulation.

Set up to consult with British Columbians about the next budget, the Committee asked presenters for their views on how to address economic and financial challenges facing the province. Linda asked government to allocate time and resources to make more effective use of the profession of pharmacy and the College. She emphasized the College wants to work with government to find cost-effective solutions to challenges within the health care system.

For more information please contact Registrar Linda Lytle at the College. Ext 201. E-mail: [linda.lytle@bcpharmacists.org](mailto:linda.lytle@bcpharmacists.org).

## Building A Case For Tobacco-Free Pharmacies



College President Erica Gregory, Deputy Health Minister Dr. Penny Ballem and College Registrar Linda Lytle

During a candid one-hour presentation and discussion at the September Council meeting, Deputy Health Minister Dr. Penny Ballem encouraged the College to build a strong business case for banning tobacco sales in pharmacies.

You can help. If you manage a tobacco-free pharmacy let us know what effect removing tobacco had - if any - on your sales. Did you develop any new strategies to boost revenues? If you work in a community where there is only one community pharmacy, contact us if you have concerns about a tobacco sales ban. All information will be treated with the strictest confidence.

You can also help by contacting your local M.L.A. and raising awareness of this important, ethical issue. Your input will help us convince the provincial government to end the sale of cigarettes in pharmacies.

A new College publication, "FYI: Tobacco-Free Pharmacies," recently mailed to pharmacists and available on the College web site, provides additional information on this issue. For more information please contact Registrar Linda Lytle at the College. Ext 201. E-mail: [linda.lytle@bcpharmacists.org](mailto:linda.lytle@bcpharmacists.org).



## Pharmacists Talk Back

[www.bcpharmacists.org](http://www.bcpharmacists.org)

Pharmacists from across B.C. are using the College's web site to tell us what they think about College initiatives. The first interactive survey, launched in September, focused on the quality of the web site. To date, more than a quarter of people responding say they used the web site more than ten times in the past three months, more than half think the content is above average, and almost everyone found the information they were looking for.

Interactive tools now on-line include:

- ◆ *Framework of Professional Practice* feedback questionnaire
- ◆ Media Contact Sign-up sheet for pharmacists interested in becoming a media contact person for the profession
- ◆ Community Pharmacy Technician Survey featuring prizes for three technicians who complete the survey by the deadline of 2 December 2002

For more information about the surveys, please contact Doreen Leong, Assessment Programs Director, at the College. Ext. 203. E-mail: [doreen.leong@bcpharmacists.org](mailto:doreen.leong@bcpharmacists.org).

## Be A Media Contact Person - Help Shape The News

Ever wondered how certain pharmacists get to be on TV, radio and in the newspaper?

Reporters sometimes call the College asking for the name of a practising pharmacist they can talk to. For example, during cough and cold season, they may want a few words from a pharmacist describing products available for symptom relief. They may wish to ask a pharmacist about a problem regarding misuse of a drug. Sometimes journalists want film footage in a community pharmacy, while at other times they're just looking for a few words from a local medication expert to put in print.

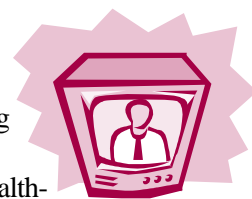
In these cases, the media are not looking for an official College position. Instead, what reporters need are well-spoken pharmacists to tell them what they see in their daily practice. During the Consultation Project pharmacists asked us to raise the public profile of our profession and to reach out to the public. In response the College is developing a more proactive media relations program. The first step is to create a list of pharmacists media can contact when questions arise.

Would you like to be included?  
You will be doing a public service

by providing answers on important health-related topics, and you will be advancing the profession. You can also improve recognition of yourself and your pharmacy in the community. We need people from across the province to talk to local media. Fluency in a language other than English is a real asset. Reporters from ethnic media often have difficulty finding experts who can explain important health issues to their communities.

If you are comfortable talking to the media, please fill in the Media Contact Sign-up sheet inserted in this issue of the *Bulletin*. The sign-up sheet is also available on the College web site. If you work for a pharmacy chain, make sure you understand their media relations policy before you sign up.

The College will provide all participants with professionally-prepared tips and techniques for working with the media. We will contact you once a year to make sure our information is current, and you still want to be on the list. For more information, please contact Brenda Osmond, Deputy Registrar, at the College. Ext. 202. E-mail: [brenda.osmond@bcpharmacists.org](mailto:brenda.osmond@bcpharmacists.org).



## OnCall Service Great Success

Calls to the OnCall Pharmacist Information Line have increased by 20 percent since a story in the July/August 2002 *Bulletin*. OnCall Pharmacist Zahida Esmail says she often receives more than 30 calls a day, from as far away as Fernie and Bella Bella. The service is available Monday through Friday from 8:30 am to 5:30 pm. Messages can be left after office hours for non-urgent queries.

Many calls relate to drug scheduling, bylaws and Health Canada advisories. "Often I know the answer right away, so it only takes a minute or two to give someone the information they need," says Zahida.

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

All calls are toll-free 1-800-663-1940. For more information please contact Registrar Linda Lytle, Ext. 201. E-mail: [linda.lytle@bcpharmacists.org](mailto:linda.lytle@bcpharmacists.org), or OnCall Pharmacist Zahida Esmail, Ext. 238. E-mail: [zahida.esmail@bcpharmacists.org](mailto:zahida.esmail@bcpharmacists.org).

# OnCall

PHARMACIST INFORMATION LINE

Toll Free in BC 1 800 663 1940  
COLLEGE OF PHARMACISTS OF BRITISH COLUMBIA



## (Nina) Shaheena Mawani (Diploma 06888) Extraordinary Suspension

On 29 September 2000, (Nina) Shaheena Mawani of North Vancouver was suspended pursuant to section 51 (1), the Extraordinary Suspension provision in the *Pharmacists, Pharmacy Operations and Drug Scheduling Act*.

51 (1) If the Inquiry Committee considers such action necessary to protect the public during an investigation ... it may ... order that the registration of the respondent be suspended pending a hearing ...

(Nina) Shaheena Mawani remains on the suspended register.

### Emergency Contraception Update

Data collection is complete, but the program continues

Remember December 2000? That was when specially trained and registered pharmacists were permitted to independently prescribe emergency contraception (EC) in British Columbia. An important component of this program to improve access to EC was a two-year research project, conducted by the Collaboration for Outcomes Research and Evaluation (CORE) at UBC, and spearheaded by Drs. Mary Ensom, David Fielding, Marc Levine and Judith Soon. This research project was developed to evaluate the impact and outcomes of the EC expanded access program. As of 31 December 2002, the data collection period for the research program will be complete.

How does this affect the provision of EC in BC?

Beginning **1 January 2003**, it will no longer be necessary to fax the Informed Consent for Emergency Contraception form to the College office. You should continue to use the form to guide your conversations with women about emergency contraception. This form should still be completed and kept on file as part of your confidential pharmacy records for three years.

The program still requires that pharmacists wishing to independently prescribe EC take the approved training program, and register with the College as a prescriber. Contact the BC Pharmacy Association at 604-261-2092 or 1-800-663-2840 to find out when the next training session is being held.

### Pharmacists On The Move - Tips For Pharmacy Managers

When pharmacists seek out new employment opportunities, and locums are hired to provide short-term staffing relief, it is important to remember the steps that must be taken when hiring a new employee, even for a few shifts.

- ▶ If someone presents as a pharmacist, confirm that they are currently registered.
- ▶ Ask for identification to verify their correct name. Remember, people may have married names, maiden names, formal names or informal names. To eliminate any confusion, you may need to check all of the names.
- ▶ Telephone the College to confirm the standing of the pharmacist.
- ▶ Notify the College in writing of appointments and resignations of pharmacists.
- ▶ When setting up a new pharmacist on your local software, ensure that their diploma number is entered correctly. An error in the number can cause an error in the information recorded by PharmaNet.

## Osteoporosis - A New Pharmacy Practice Research Opportunity BC Collaborative Pharmacist Research Network (C-PBRN) to assist with monitoring outcomes

An important step in evaluating the effectiveness of drug therapy is to ask the patient. Questions regarding adverse events, adherence to therapy, or changes in quality-of-life resulting from drug therapy can only be answered by obtaining real time data from individuals receiving the medication. Health Canada is interested in exploring ways to include patient-based



post-marketing data in their evaluation of newly released drugs. British Columbia community pharmacists are invited to participate in a one-year program to monitor the outcomes of patients who receive a bisphosphonate prescription for the first time.

Starting 6 January 2003, over 450 patients who are beginning treatment with bisphosphonates will be recruited into the study. For more information about this study or to apply to become one of the study's research sites, please contact Dr. Judith Soon. 604-807-1638. E-mail: jason@interchange.ubc.ca.





## Benzathine Penicil I in For Syphilis

Wyeth-Ayerst, the only supplier of benzathine penicillin, has stopped making it in Canada. As a result, for the **treatment of syphilis only**, STD/AIDS control in conjunction with the BCCDC Pharmacy Services is bringing benzathine penicillin into Canada under the Special Access Programme of the Health Protection Branch. B.C. hospitals and physicians will be supplied with benzathine penicillin for the treatment of syphilis or for the treatment of sexual contacts to people with syphilis. As part of the Special Access Programme, the following is required so that each dose can be tracked:

1. Name, gender and date of birth of any patients treated with benzathine penicillin
2. Name and address of the assessing physician

Because it has a relatively short shelf life, it is recommended that health care providers not stock benzathine penicillin unless their volume of use is likely to be significant. In the Vancouver area, Vancouver General Hospital, St. Paul's Hospital, B.C. Women's Hospital and B.C. Children's Hospital pharmacies keep a small stock of it because of the syphilis outbreak in the downtown east side of Vancouver.

For further information, please contact:

STD/AIDS Control  
B.C. Centre for Disease Control  
655 12th Avenue West, Suite 1175  
Vancouver, B.C.  
Tel: 604-660-6161  
Fax: 604-775-0808

Pharmacy Services  
B.C. Centre for Disease Control  
655 12th Avenue West, Suite 1100  
Vancouver, B.C.  
Tel: 604-660-6000  
Fax: 604-775-2718

## Hats Off To Regional Coordinators

Volunteering hours of unpaid time every month, Continuing Pharmacy Education Regional Coordinators are the unsung heroes who help keep our profession up-to-date.

From Delta to Dawson Creek, and Port Alberni to Prince George, about 35 Regional Coordinators devote themselves to making continuing pharmacy education accessible to the rest of us (see a list of coordinators on pages 10 and 11).

"It's fun to be involved. You get a lot of respect because people see that you're helping your profession," says Kimberly Sentes, who manages the only community pharmacy in Kitimat. She says being a Regional Coordinator has helped develop her organizational and management skills and increased her professional network.

Kimberly and Denise Law, a pharmacist in Terrace, volunteer as co-coordinators for the northwest region, which spans a huge geographic area from Burns Lake to the Queen Charlotte Islands. They spend many hours organizing local programs and study groups, talking to representatives from pharmaceutical companies and identifying the best topics to suit a wide range of interests.

Over the past two years there seems to be less corporate money to develop programs so Kimberly and Denise frequently organize joint continuing education events with physicians and other health care professionals. They also put together the only annual regional CPE conference each spring, featuring up to six experts from as far away as Ontario.

*(Continued on page 10)*

## NAPRA E-Mail Alerts

As you are probably aware, in June 2002, NAPRA launched a free, secure e-mail service for all pharmacists. Since then the College has sent out the following messages.

10 July 2002	Health Canada advisory - Clozapine
24 July 2002	Health Canada advisory - Mutalane
23 August 2002	Health Canada advisory - Kava
28 August 2002	Eli Lilly Evista update
13 September 2002	CPBC CFC phase-out information
24 September 2002	Health Canada advisory - Enterobacter sakazakii infection
16 October 2002	Invitation to participate in College web site survey

If you missed any of these messages, please check your NAPRA e-mailbox. If you have not yet set up a mailbox on this system and need help, please contact Melva Peters, PharmaNet Coordinator, at the College. Ext. 223. E-mail: melva.peters@bcpharmacists.org.



## Council Highlights

The Council of the College of Pharmacists of B.C. met in Vancouver on 20 September 2002. The agenda and outcomes included the following topics:

### **Tobacco Sales in Pharmacies**

Deputy Minister of Health Dr. Penny Ballem addressed Council on the topic of banning tobacco sales from pharmacies. She said government recognizes banning tobacco sales from pharmacies could be an important piece of a tobacco control strategy.

Dr. Ballem encouraged the College to build a strong business case for banning tobacco sales so government can make a public policy decision based on facts, not emotion.

Following in camera discussions, Council voted unanimously to revise its pharmacy tobacco sales policy:

The College will work to convince the provincial government to make legislative change concerning the sale of tobacco products from pharmacies, including implementation of the following bylaw:

A licensed pharmacy must not be located in an establishment where tobacco products are sold from:

- 1) the pharmacy, or
- 2) any part of the establishment where goods or services are sold or offered for sale to the public, or
- 3) any part of the establishment where goods or services are sold or offered for sale to the public and where customers of the pharmacy can pass into the establishment directly or by the use of a corridor or area used exclusively to connect the pharmacy and the establishment.

As outlined in the article on page two of this *Bulletin*, the College wants to hear from managers of tobacco-free pharmacies and from pharmacists who work in a community with only one pharmacy and have concerns about a tobacco sales ban.

### **TechWise Survey for Pharmacy Technicians**

As part of the special Council project aimed at helping pharmacists enhance and expand the role of pharmacy technicians, a survey has been mailed and placed on the College web site for completion by pharmacy technicians in community pharmacies across the province. Councillors want to learn more about how technicians use their skills and how they feel about their training. Please read the article on page one of this *Bulletin* for further information.

### **Council Provides Grant to Continuing Pharmacy Education**

In response to a presentation and request from UBC's Continuing Pharmacy Education Director, Janice Moshenko, supported by Faculty of Pharmaceutical Sciences Dean Bob Sindelar, the Council decided to provide a one-time grant of \$50,000 to the CPE division. The grant will be used to balance the division's budget, which has gradually developed a shortfall over the course of several years as various funding strategies have been applied.

Janice Moshenko, CPE's director, gave detailed information about overhead, operating and staffing expenses, which demonstrated that she and her team are functioning efficiently. The bulk of the division's funding is derived from the Faculty, the College and program sponsors, with a much smaller percentage coming from program fees.

By providing the grant, the Council can be confident that professional development opportunities will continue to be available to our registrants in the form of single-theme presentations, home study programs, audio tapes, and support for the program's Regional Coordinators.

### **A Special Gift for the College**

Former Faculty of Pharmaceutical Sciences Associate Dean Dr. Finlay Morrison has presented a monetary gift to the College. In his accompanying note, he mentioned he also served as the College Registrar for 18 months in the mid-1950s. An engraved silver tray has been purchased for use during Council meetings and other College events. Thank you, Dr. Morrison, for your thoughtful gesture!



## Ethics Advisory Committee Tackles Tough Issues

Pharmacy, as with most other professions, has moved from a professional-centred practice to a patient-centred practice. That's according to Frank Archer, who tutors in biomedical ethics at UBC and Vancouver General Hospital and helped develop the College's *Code of Ethics*.

"The old code of ethics had more to do with how pharmacists should treat themselves than how they should treat their patients," says Frank. That paternalistic approach has now yielded to the modern era of patient autonomy. Issues include:

- ▶ How much should patients be told?
- ▶ How much information about patients should be divulged to other health care practitioners?
- ▶ Under what circumstances?

The Ethics Advisory Committee helps pharmacists deal with tough issues. Front-line pharmacists often contact the College for guidance when faced with ethical problems. If these are not urgent, they may go to the committee for consideration at its next meeting, or be sent to committee members for input. Chair Carol Gee says discussions are focused and lively. Results are communicated to the pharmacist and/or published in the *Bulletin*. The committee also considers ethical implications of patterns of practice brought to the attention of the College by prescribers or patients.

The Ethics Advisory Committee meets the day before regularly scheduled Council meetings, as required. If you are interested in getting involved, please contact Carol Gee, Committee Chair. E-mail: CGee@pgrhosp.hnet.bc.ca.

### Committee members

Carol Gee (Chair)	Dennis MacRae
Frank Archer	Greg Shepherd
Julia Chan	Trevor Watson
Jack DaSilva	Gordon Wrightman
Edward Lum	

### HIV/AIDS - when to tell?

A pharmacist was dispensing HIV/AIDS medications to a professional person in town who was dating her best friend. She was sure her friend wasn't aware, and she wanted to know if it was ethical to breach confidentiality and tell her. The committee initially decided the patient's right to confidentiality should be respected, but on further analysis decided the prevention of harm to others took precedent, and the pharmacist's friend should be told.

### Ethical dilemmas

- How far can pharmacists go to ensure patients are taking medication in a compliant manner?
- What obligations do pharmacists have to their patients in case of service interruptions caused by labour disputes?
- When drugs are discontinued, can pharmacists reserve what they have for regular patients, or must they provide these medications to anyone coming in with a prescription for them?
- Are pharmacists ethically obliged to keep confidential the fact they are dispensing contraceptives to teenage girls if their parents ask? Does it make a difference if a girl is 18? 16? 14? 12?
- Should pharmacists obtain informed consent from children, i.e. provide all necessary information about a drug, so a rational patient can make an informed decision on whether or not to take it?
- If pharmacists refer patients to professional colleagues to provide services, do they have to disclose the fact they receive a fee for referrals?
- If prescribers drop patients for financial reasons, how far should pharmacists go in providing essential medications to bridge the gap until patients find other prescribers who will take them?
- What if personal morals or religious convictions conflict with professional codes of ethics, e.g. refusing to refer patients to colleagues who will provide contentious services (emergency contraceptives, for example)?
- How can pharmacists truthfully tell patients their medications are placebos without compromising the placebo effect?



## Hospital Pharmacy Insights



### Lethal KCl Errors Continue

Preventable deaths from the direct administration of concentrated potassium chloride (KCl) solutions have been reported in the medical literature for years and, more recently, have been highlighted in the general media. In March 2001, the CTV National News broadcast “Drug Mistakes Can Kill,” a report on preventable deaths in Canadian hospitals due to direct IV administration of concentrated KCl. Despite readily available published information on the root cause and prevention of KCl errors, lethal errors continue to be reported. In June 2002, the *Globe and Mail* reported that a coroner’s inquest had been called into the hospital death of an 84-year-old Ontario woman who was administered concentrated KCl. This error occurred despite an earlier coroner’s memo that was sent to all Ontario hospitals warning of the dangers of concentrated KCl solutions.

KCl errors are most frequently “substitution” errors, where a nurse picks up and administers a vial or polyamp of KCl instead of normal saline or sterile water. The single most effective way to prevent these errors is to simply remove KCl vials and polyamps from all patient care areas. Despite previously published articles in the *College Bulletin* (March/April 2000 - Fatal KCl Errors and January/February 2001 - Wardstock Bylaw), concentrated KCl solutions continue to be available in patient care areas of some B.C. hospitals.

To prevent further errors and deaths, immediately:

- ▶ Remove KCl vials and polyamps from all medication carts, medication storage areas, wardstock replacement carts, computerized dispensing units, night cupboards and the materials management department.
- ▶ Ensure that only premixed KCl parenteral solutions are available in patient care areas.
- ▶ Work with the P&T Committee or equivalent to standardize physician prescribing, to match prescribed strengths to available premixed solutions, through physician education and automatic substitution policies.
- ▶ Ensure that the pharmacy prepares all non-standard KCl solutions.
- ▶ Update the hospital’s KCl IV administration monograph. The monograph should note the use of premixed solutions only, the maximum IV infusion rate, the use of an infusion device to prevent “run-away” infusions of KCl, etc.

Even when KCl is only stocked in the pharmacy department, adverse events with KCl are still possible. To prevent KCl errors from originating in the pharmacy:

- ▶ Ensure that KCl vials and polyamps “look and feel” different from sterile water and normal saline. Take measures such as isolating KCl from other similar looking products, affixing a warning label to each KCl vial or polyamp or making the access to KCl different than for other products (e.g. store KCl inside a ziploc bag or in a storage bin with a lid. Label the bag or bin with “Fatal if injected undiluted - Dilute before use”).
- ▶ Ensure that KCl solutions are thoroughly mixed. KCl concentrate can pool at the injection port, effectively delivering a “bolus” of KCl to the patient.



# What Went Wrong ?

Dear College:  
 The other day I went to a pharmacy to get a new prescription dispensed. When the pharmacist gave me my pills he talked to me a lot about what the pills were for and why I was taking them. He told me how I would know the pills were working and what to do about possible side effects. It was great - except for one thing. There was a line-up of people behind me who were just as interested in my prescription information as I was. I like knowing more about my pills, but does everybody else have to know too?  
 Perplexed Over Privacy

## Privacy in the Dispensary Area

Why is it that people in line at a bank machine stand far back from the person doing their banking, but in a pharmacy they line up one behind the other or crowd around the service counter?

New pharmacies and pharmacies undergoing renovations are required to install a private or semi-private counselling area, but what can you do if you don't have one, or you have one, but aren't able to move to that area for every prescription?

First of all, don't be afraid to tell a line-up of customers in a polite, professional voice, "Could you please step back a few feet? I need to have a private conversation with my patient. As soon as I'm done, I'll be able to speak to you privately too." If you find yourself having to say this a lot during the day, you might want to try another approach. The College practice consultants have seen a number of strategies that can help.

The first is to place stanchions a few feet in front of the dispensary where patients hand in and pick up their prescriptions. You might only need one short post to give people the idea that they should stand back. Some stanchions include a stand that can hold a small "Please wait here" sign.

If you don't have room for a stanchion or post in front of your dispensary, how about simply placing a line of brightly coloured tape on the floor a few feet from the dispensary. If it isn't effective on its own, maybe a sign on the dispensary that says, "Help us respect privacy and confidentiality. Please wait behind the red line until we can assist you" might help.

Another suggestion is to use a small mat in front of the prescription drop-off/pick-up area to delineate the space. If you choose this option, make sure that the mat is secured to the floor for safety and doesn't present a problem for people using walkers or wheelchairs.

We should always examine our workspaces to ensure that our patients receive the information they need in a comfortable and private manner. We should also make sure that all staff, including technicians, realize the importance of privacy in the dispensary. Even pharmacies that do not have private sit-down counselling areas can take steps to ensure that their patients' privacy needs are met.

## Regional Coordinators

- Continued from page 6

If you're interested in becoming a Regional Coordinator, Duncan, Powell River and Nelson all need volunteers. All it takes is enthusiasm and a commitment to continuing education. Many regional continuing education programs are provided by the UBC Office of Continuing Pharmacy Education, which provides ongoing support to all Regional Coordinators.

For more information, please contact Janice Moshenko, Director Continuing Pharmacy Education, Faculty of Pharmaceutical Sciences, UBC, 604-822-3085, E-mail: [janice@cehs.ubc.ca](mailto:janice@cehs.ubc.ca).

## CPE Regional Coordinators

Campbell River	Jennifer Coolen	250-287-3222
Comox	Debbie Wilson	250-286-1532
Courtenay/Comox	Chris Sutton	250-339-2235
Cranbrook	James Chiu	250-489-3438
Creston	Mike Ramaradhya	250-428-9334
Dawson Creek	Rhonda Novitsky	250-782-8501
Delta	Sam Budhwani	604-596-9551
Fort St. John	Robert Kui	250-785-6155
Fraser Valley	Mohamed Rehtulla	604-824-4235
Gibsons	John Shaske	250-886-3365
Kamloops	Sarah Gregson	250-372-2531
Kelowna	Cameron Bonell	250-860-3100
	Jim Gustafson	250-860-6646
Kitimat/Terrace	Denise Law	250-615-5151
	Kimberly Sentes	250-632-6177
Nanaimo	Darcy O'Toole	250-752-9911
	Megan Maitland	250-753-0161

(Continued on page 11)



## Ethics In Practice

This column is prepared by the College's Ethics Advisory Committee using actual pharmacy practice situations.



### Workload and Working Conditions

If pharmacists are too tired and believe it would not be safe to work longer, they must make this known to the pharmacy manager or the pharmacy owner. Neither the pharmacy manager nor the pharmacy owner can take away a pharmacist's responsibility to exercise professional judgement. A pharmacy manager or owner must accept the pharmacist's decision to refuse work beyond the established work schedule.

Pharmacists facing unreasonable workplace expectations, lack of resources, or an unprofessional environment, to the extent that their ability to provide competent care to patients is compromised, should make their concern(s) known to their employer. Employers have a legal obligation to provide the necessary resources and support to assist pharmacists to meet the standards of practice as detailed in the *Framework of Professional Practice*.

Should this approach not bring about satisfactory results or the working conditions are in violation of the *Pharmacists, Pharmacy Operations and Drug Scheduling Act*, the Bylaws of the Council, the College's *Code of Ethics*, or the *Framework of Professional Practice*, discussions with College personnel should be initiated.

In the event that the work environment continues to be unreasonably burdensome, pharmacists have a professional obligation to assess their own personal limits and their ability to practise in such situations. If a pharmacist determines that they do not have the necessary physical, mental or coping skills to provide safe and competent patient care in such a work environment, it is incumbent on the pharmacist to withdraw services. It remains the pharmacist's personal choice to practise in such an environment.

### Action Plan

The pharmacy manager or owner is responsible for ensuring appropriate staffing, resources and support services in a licensed pharmacy, and they must take action when deficiencies occur. Document unsafe situations by taking the following steps:

- ▶ Describe the safety concerns.
- ▶ Provide specific information to enable management staff to address your concerns.
- ▶ Explain the problems and their potential or actual impact on patient safety, and provide examples.
- ▶ After communicating the problem, work with others to develop strategies to improve the practice environment.

### CPE Regional Coordinators

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Parksville/Qualicum Beach	Russ McElroy	250-752-3421
Penticton	Felicity Stahl	250-494-7088
	Beverly Webb	250-493-4600
Port Alberni	Nesta McGraw	250-723-7387
Port Hardy	Craig Stout	250-949-9774
	Stephanie O'Sullivan	250-949-6552
Prince George	Gordon Harper	250-565-2316
	Rita Thomson	250-562-8159
Quesnel	Blake Reynolds	250-992-6898
Salmo/Trail/Castlegar	Larry Dzuris	250-357-9753
	Stuart Howes	250-357-9444
Salmon Arm	Wendy Cseke	250-833-3636
	Laurence Roy	250-833-3636
Surrey	Miguel Lopez-Dee	604-930-1120
Vernon	Tom Nolan	250-542-4181
Victoria	Sukhi Lalli	250-386-5100
	Howard Rose	250-727-2284
	Kathryn Hawkins	250-652-9119
	Jennifer Hurd	250-384-0544



This Bulletin column features frequently asked questions by pharmacists contacting the College's OnCall Pharmacist Information Line.

? If the size of a drug container is too small to accommodate a full label, what are the minimum requirements for labelling?

- A** The label must include, at a minimum, the
- a) prescription number
  - b) current dispensing date
  - c) full name of the patient
  - d) name of the drug

The complete prescription label must be affixed to a larger container. Also, the patient must be counselled to keep the smaller container inside the larger container.

? Can a naturopathic physician prescribe progesterone for topical use?

**A** No, naturopathic physicians do not have prescribing privileges for Schedule I drugs in B.C.

? May I be a passport guarantor if I am on the nonpractising register?

**A** No, you must be on the practising register in order to be a passport guarantor.

? May a veterinarian prescribe a narcotic?

**A** Yes, the definition of practitioner in the *Controlled Drugs and Substances Act* includes persons licensed to practise veterinary medicine.

? When a patient returns unused narcotics, such as Tylenol with Codeine No.3 tablets, do I include them in my request for "Authorization to Destroy" expired narcotic and controlled drugs?

**A** No, when you send a request for "Authorization to Destroy," you only need to include expired narcotic and controlled drugs that are currently part of your inventory.

? In what schedule is Glyquin topical cream?

**A** It is in Schedule II due to the hydroquinone content. Therefore, it may only be sold from the Professional Service Area (no self-selection).

## Drug Updates



### ◆ Stop Sale of Kava

Health Canada has reviewed information available to date on the herb **kava** and has determined that, at this time, it does not have sufficient evidence to support the safe use of kava-containing products. They are considered to pose an unacceptable potential risk to health (e.g. liver dysfunction). Health Canada is requiring a manufacturers' recall and a stop-sale of all kava-containing products, and has added kava to Section 1.5 of the Therapeutic Products Compliance Guide. As a result, no kava-containing products, with or without a DIN, should be on the Canadian market at this time.

### ◆ ASA Requirements

Scheduling requirements for ASA continue to be confusing. These entries are controlled by federal requirements relating to the 80mg children's dosage form. Until these regulations change, B.C. pharmacists need to understand and follow the current schedules for ASA as outlined in the accompanying chart.

These rules are designed to allow the "regular" strength ASA 325mg and 500mg, intended for oral use by adults, to be sold anywhere. The higher strength of ASA 650mg, the "special" strength of ASA 81mg intended for oral use by adults, and ASA adult suppositories are placed in Schedule III to ensure a pharmacist is available to provide counselling.

ASA products, intended for use in children, have special rules for the following reasons: ASA 80mg tablets in bottles of 24 or less intended for oral use in children and ASA 150 mg suppositories are in Schedule II so that the pharmacist

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## Office Use Medications

All medications sold to practitioners (physicians, dentists, veterinarians and midwives) and to clinics for administration to patients must be transmitted to PharmaNet using the "O-Med PHN" assigned to the pharmacy. You must also send the assigned keyword unless you have requested that the PharmaNet Help Desk remove it.

The College of Physicians and Surgeons and other regulatory authorities are able to monitor their members' purchase of medications for office use when they are transmitted to PharmaNet using the O-Med PHN. Recently, a situation was identified where this information was not available on the PharmaNet system.

Any medication for a practitioner's personal use must be transmitted to PharmaNet using the practitioner's Personal Health Number (PHN).



## Stock Transfers

Medication transferred to a long-term care facility or to a group home as contingency medication or ward stock, as well as medication sold to another pharmacy must not be transmitted to PharmaNet. In these cases, the medication should be treated as "stock transfers" and recorded on the local system only. Once an order is received for a specific patient, that prescription must then be transmitted to PharmaNet using the patient's Personal Health Number (PHN).

## Access To PharmaNet Using High-Speed Connections

Over the past few months, some pharmacies have tried to connect to PharmaNet using ADSL or other forms of high-speed Internet access. While the College approved this type of access in 2000, it requires the implementation of HNSecure as a security protocol in the local pharmacy software. At this time, no pharmacy software vendor has HNSecure-approved software.

HNSecure is the Ministry of Health's (MoH's) free software that opens the way for pharmacies to securely exchange data across the Internet. It ensures that only licensed pharmacies can send and receive messages and that any message sent would be fully encrypted and tamper-proof. This protocol meets all security, privacy, and confidentiality requirements for transmission of health data across the Internet.

Using HNSecure, the pharmacy can continue to use the MoH provided modem and router connection via SpanBC, or a pharmacy may choose to connect to PharmaNet via a connection provided by an Internet Service Provider (ISP). Until the pharmacy software is approved for HNSecure, connection to PharmaNet must be made via the SpanBC telecommunications lines.

In addition to the use of HealthNet/BC-compliance pharmacy software, pharmacy managers must also complete and submit a "Request for PharmaNet connection using HNSecure" form to the College office. This form and other necessary information is available from Melva Peters, PharmaNet Coordinator, Ext. 223. E-mail: [melva.peters@bcpharmacists.org](mailto:melva.peters@bcpharmacists.org).

### Drug Updates

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will dialogue with the child's caregiver (regarding Reye's syndrome, etc.) before selling the product. ASA 80mg tablets in bottles of more than 24 tablets, intended for use in children, cannot be sold without a prescription. These products, designed for children, are usually chewable (and tasty) but contain enough ASA to seriously harm a child.

ASA Product	Schedule
ASA 325mg, all package sizes	Unscheduled
ASA 500mg, all package sizes	Unscheduled
ASA 650 mg, all package sizes	Schedule III
ASA 81mg, for adults, all package sizes	Schedule III
ASA 80 mg, for children, bottles of 24 tablets or less	Schedule II
ASA 80 mg, for children, bottles of more than 24 tablets	Prescription only
ASA 150mg suppositories	Schedule II
ASA suppositories with more than 150mg per unit	Schedule III



## Council or Contact List

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## Resource Source



- ◆ **USP DI Now on Internet**  
USP DI® Volumes I and II are now available via the Internet. A trial version is available from MICROMEDEX at uspdi@mdx.com or 800-525-9083.



## Plan To Attend

- ▶ **CPBC Council Meetings**  
31 January 2 May 20 June

## People News



### Achievements

- ▶ Recipients of the 2002 Apotex/PACE B.C. Future Leader Award are two fourth-year UBC Faculty of Pharmaceutical Sciences students, **Carolyn Cheung** and **Anthony Chau**. The College provides a travel award to assist with their transportation and accommodation expenses at the B.C. Pharmacy Conference.

### Announcements

- ▶ The B.C. Pharmacy Association's new President is **Linda Gutenberg**, and the new Vice-President is **Peter Hirschmiller**. **Louanne Twaites** has become an Honourary Life Member of the Association.
- ▶ The Council terms of government appointees **Tania Jarzebiak** and **Peter Rubin** expired in mid-October. The College is awaiting notification of reappointments or new appointees.

- ▶ **Sharon Clark** has resigned from her position as Hospital Pharmacy Practice Consultant to accept another employment opportunity.

- ▶ **Samantha Towler** now has the permanent position of Administrative Assistant - Registrar, due to the former assistant **Lynn Seo** not returning from her maternity leave. **Cynthia Neale** has taken over Samantha's previous position of Administrative Assistant.

- ▶ **Kelly Baker-Pabla** is the Administrative Assistant - Professional Services while **Geeta Parmar** takes a one-year maternity leave. **Christine Louie** is temporarily replacing Kelly as Administrative Assistant-Reception.

### In Memoriam

- ▶ Council regrets the passing of former pharmacist and College member **Noe Andre Chevrier** of West Vancouver.