



www.bcpharmacists.org



New policy is a Canadian first

Medical marijuana should be distributed through community pharmacies, just like most other medications. That's the new policy adopted by Council at its September 19, 2003 meeting. "As far as we are aware, the College is the first health regulatory authority in Canada to formally adopt this approach," says Deputy Registrar Brenda Osmond.

This policy reflects the positive response received from more than 80 percent of the pharmacists who took part in a "Policy Input" member survey regarding medical marijuana. "We are pleased with this feedback because it shows our policy is in tune with the views of a large number of our members," says Brenda.

The College's policy also reflects the opinions of other pharmacy groups. Garth McCutcheon, President-elect of the Canadian Pharmacists Association (CPhA) is quoted in *Pharmacy Practice* saying that if the drug is going to be legalized and distributed, pharmacists should be involved. Ruth Hanley, editor of *Pharmacy Connects*, puts it this way, "dispensing is what we're trained for, whether it's marijuana or methadone or menthol drops. If it's legally allowed - and marijuana is - then let us do our job."

Drug interchangeability decisions get easier

Determining whether one drug can be substituted for another has long been a headache for pharmacists. In the past each province defined the criteria for drug interchangeability and decided which drugs could be substituted without consulting a prescriber. This often led to delays, especially when clarification was needed from manufacturers or Health Canada.

After lengthy consultation with Health Canada and the other provinces, B.C.'s system is now harmonized with Health Canada.

continued on pg 10

In this issue

- No fee increase for pharmacists** 2
- E-link webmail expands** 3
- Proposed health protection legislation** 3
- Physician i.d. on prescriptions** 4
- New BCCA C.E. module** 6
- PDAP registration closed** 7
- Fifty-year practice awards** 11

Multi-dose packaging comes to long-term care

There are now more options for pharmacists working in long-term care to provide safe and effective services. At their September 19, 2003 meeting, Councillors approved the use of multi-dose, strip medication 'blister packs' in long-term care facilities.

"We recognize that there are now, and will be in the future, alternate systems for distributing medications," says Registrar Linda Lytle. "It's important for our profession to embrace new technology as long as it's consistent with our mandate of protecting the public."

continued on pg 11

continued on pg 10

COUNCILLOR CONTACT LIST

Erica Gregory, President
District 4 - Kootenay/Okanagan
tel: 250-368-3790 fax: 250-368-3513
email: ericagregory@look.ca

Wayne Rubner
District 1 - Metropolitan Vancouver
tel: 604-730-7928
email: Wayne_R@shaw.ca

Amin Bardai
District 2 - Fraser Valley
tel: 604-241-9115 fax: 604-241-9115
email: aminbardai@shaw.ca

Howard Rose
District 3 - Vancouver Island/Coastal
tel: 250-592-4541 fax: 250-370-9149
email: howard.rose@cpbc.napra.ca

Janice Reynolds
District 5 - Northern B.C.
tel: 250-747-5170 fax: 250-992-8870
email: blakereynolds@telus.net

John Hope
District 6 - Urban Hospitals
tel: 604-587-3721 fax: 604-587-3720
email: John.Hope@fraserhealth.ca

Carol Gee
District 7 - Community Hospitals
tel: 250-565-2318 fax: 250-565-2888
email: Carol.Gee@northernhealth.ca

Robert Sindelar, Dean
Faculty of Pharmaceutical Sciences
tel: 604-822-2343 fax: 604-822-3035
email: sindelar@interchange.ubc.ca

Gurmeet Gill
Government Appointee, Surrey
tel: 604-572-3005 fax: 604-572-7970
email: gurmeetgill65@hotmail.com

Jo Ann Groves
Government Appointee, Smithers
tel: 250-847-2214 fax: 250-847-2171
email: thegroves@telus.net

Marina Ma
Government Appointee, Vancouver
tel: 604-657-9802 fax: 604-261-0082
email: mma@uniserve.com

Peter Rubin
Government Appointee, Vancouver
tel: 604-631-3315 fax: 604-631-3309
email: peter.rubin@blakes.com

COLLEGE MISSION

To ensure British Columbia pharmacists provide safe and effective pharmacy care to help people achieve better health.

& New Year



From the President,
Council and Staff

You asked, we listened

Two years ago the College embarked on the most comprehensive consultation project in its history. Between October 2001 and February 2002, we heard from pharmacists across the province through telephone interviews, telephone surveys and focus groups.

We received dozens of suggestions on how we could support you better. Many of you wondered if we were really listening.

Enclosed with this issue of the *Bulletin* is your copy of the "Consultation Project Report: Update." It summarizes the steps we have taken over the past two years to do a better job of meeting your needs - and what still needs to be done.

"This is just one stage in an ongoing process," says Registrar Linda Lytle. "I am proud of the efforts we have made to develop a Professional Development and Assessment Program that reflects the needs of pharmacy practice, improve communication and make it easier for every pharmacist to get involved."

For more information about the "Consultation Project Report: Update," please contact Registrar Linda Lytle at the College, email: linda.lytle@bcpharmacists.org.

No fee increase for pharmacists

There will be no increase in registration fees for pharmacists in 2004, Council decided at its September 19 meeting. However, there will be a 2.7 percent increase in pharmacy license fees.

"Budgeting is always a challenge," says Registrar Linda Lytle. "We strive to balance our desire to hold the line on pharmacists' fees with the never-ending pressure of rising costs. This year we are focusing on providing more support for pharmacists and consistent enforcement of pharmacy standards."

The 2004/05 budget will enable the College to:

- Provide Knowledge Assessment (KA) exams in more than 50 communities across B.C.
- Administer procedures for reviewing Learning and Practice Portfolio (LPP) submissions
- Publish additional Professional Development and Assessment Program (PDAP) information for pharmacists
- Provide ongoing support for UBC Continuing Pharmacy Education events
- Provide more support for pharmacists through site visits

For more information, please contact Registrar Linda Lytle at the College, email: linda.lytle@bcpharmacists.org.

E-link webmail expands

UBC pharmacy students and qualifying candidates

UBC pharmacy students and qualifying candidates for registration as a pharmacist can now access a free, secure webmail system provided by the National Association of Pharmacy Regulatory Authorities (NAPRA).

"Previously this service was available only to registered pharmacists," says Registrar Linda Lytle. "We are delighted to be able to extend it to more people." With more than 500 regular E-link subscribers, B.C. already leads the country in using this new technology.

With an E-link webmail account, you can forward messages to your own personal email account or any other account you choose. You can use webmail to receive all College publications, including the *Bulletin, FYI: Information for Pharmacists, Council Commentary* and legislative updates.

The College has already set up an individual mailbox for every B.C. pharmacist, student and registration candidate. Account information has recently been mailed to all students and candidates.

Registered pharmacists

The College has also been fine-tuning the webmail system in response to input from users. For pharmacists, your 'User Name' is now your diploma number, instead of 'first name.last name.' "We found that some people don't use their first name, and that there were duplications," says Linda. "By switching to diploma numbers, we can make sure each 'User ID' is unique."

Beginning January 1, 2004, all registered pharmacists will log on to the system using `diplomanumber@cpbc.napra.ca`. Existing passwords will not change.

Since it will be difficult for friends and family to remember a numbered email address, each pharmacist has been assigned an "alias" email address that is `firstname.lastname@cpbc.napra.ca`. Friends and colleagues can use this "alias" email address to send messages to you without knowing your diploma-numbered email address. Even if messages are sent to your alias address, you will still need to log on as `diplomanumber@cpbc.napra.ca` to access the messages.

Pharmacists who have already activated their webmail will receive information about the new User ID when they log on to their email account.

Want more information about E-link?

"An Overview of E-link" is posted on the College website under What's New. This document provides background information about the capabilities of the service.

If you have not yet activated your account and you can't remember the password you have been assigned, contact Administrative Assistant Josefina Marchetti at the College for assistance, email: `josefina.marchetti@bcpharmacists.org`.



NEW PROPOSED HEALTH PROTECTION LEGISLATION

Health Canada is conducting public consultations this fall to seek views on a detailed proposal for new health protection legislation. "One of government's most important responsibilities is to ensure an effective and responsive health protection system is in place to protect citizens," says federal Minister of Health Anne McLellan. She explains that the consultations will give Canadians the opportunity to participate in discussions on the legislative proposal before a new Bill is drafted and the parliamentary process is initiated.

The proposed legislative framework has been developed based on extensive consultations in 1998 to identify issues the new legislation should address. It is centred on a new *Canada Health Protection Act* that would replace the *Quarantine Act (1872)*, the *Food and Drugs Act (1953)*, most of the *Hazardous Products Act (1969)*, and the *Radiation Emitting Devices Act (1969)*. Existing laws that would remain in force, such as the *Tobacco Act* and the *Pest Control Products Act*, would work together with the new *Canada Health Protection Act* to produce a stronger legislative framework for health protection.

The proposal for a new *Canada Health Protection Act* includes such elements as fundamental values, guiding principles for risk decision-making, general safety requirement, categorization of products, review of novel products, advertising of health products, health and safety related activities, communicable diseases, passenger conveyances, health surveillance and research, confidentiality, regulatory authority, enforcement and emergency response.

Visit the Health Canada website at <http://renewal.hc-sc.gc.ca> to view the detailed legislative proposal and find out how to take part in the consultation, whether with comments via the Internet, fax or mail, or participation in meetings this fall.

COUNCIL HIGHLIGHTS

The Council of the College of Pharmacists of B.C. held a meeting on September 19, 2003, at College Place in Vancouver. The Councillors finalized decisions on a number of current issues under consideration, new topics were introduced for discussion and the Registrar provided updates on key policy areas. Highlights of the meeting are summarized here.

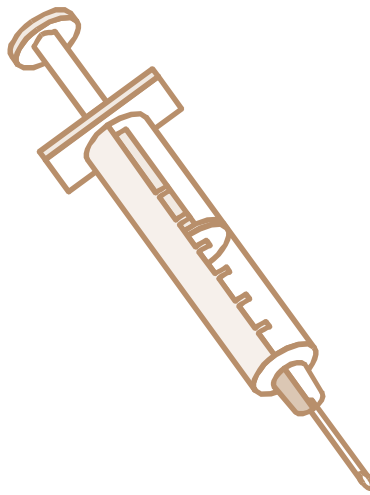
Medical Marijuana

The Councillors reviewed the responses to the Policy Input survey sent to all pharmacists and other stakeholders. Highlights from the survey are included in this *Bulletin*, beginning on page 1. After reviewing the positive responses from more than 80 per cent of the Policy Input respondents, the Councillors also considered the individual comments (both positive and negative) offered by many pharmacists.

The Councillors then approved the following policy position:

- The College of Pharmacists of B.C. considers medical marijuana to be the herbal form of the cannabinoid class of drugs.
- Pharmacists currently dispense cannabinoids as the prescription synthetics, nabilone and dronabinol.
- Dronabinol is THC, which is also the primary active constituent of medical marijuana.
- Patients have the right to use either a synthetic or herbal source of THC and other cannabinoids for legitimate uses.
- The College discourages the smoked route and encourages research that includes alternative delivery systems.
- The College supports patient access to standardized medical marijuana through pharmacies, preferably at the same level of control as the synthetic cannabinoids.

continued on pg 5



Physician identification on prescriptions

Are you are still spending a lot of time trying to figure out which doctor wrote a prescription? In the spring of 2003, a document entitled "Physician Identification on Prescriptions" was circulated to all British Columbia pharmacists and physicians. It described why physicians must clearly identify themselves on each prescription they write by signing the order, printing their name and using their College of Physicians and Surgeons identity number (CPSID).

We have also written to the Health Authorities to urge them to ensure that for outpatient prescriptions, physicians clearly identify themselves with their CPSID and that the hospital is identified on the prescription form.

If physician identification is still a problem in your area, the College can assist you by writing to specific physicians. Once you have determined who the physician is, write his or her CPSID number at the TOP of the prescription, and fax it to the College office at 604-733-2493 or toll free at 1-800-377-8129. We will write to the physician and tell him or her what their CPSID number is, and why it is critical that they clearly identify themselves on each prescription they write.

Health workers, seniors vaccinations reduce flu risks

Health care workers, seniors and others at risk from influenza are urged to get vaccinated this flu season. Pharmacists can be important supporters of the public health campaign to boost influenza vaccination rates in B.C.

Influenza and pneumonia kill 1,400 British Columbians every year. Seniors are at greatest risk for complications from influenza, accounting for 90 per cent of deaths.

"Getting the flu shot is the best way that seniors and health care workers can prevent themselves and others from getting the flu," says Sindi Hawkins, Minister of Health Planning. Influenza vaccination is 70 to 90 per cent effective in preventing illness in healthy children and adults.

"Influenza is a serious illness and largely preventable," says Dr. Perry Kendall, provincial health officer. "Flu shots are safe, they work, and they're free for seniors, people with chronic illnesses, and the people who care for them. I particularly encourage health care workers to protect themselves and their patients by getting a flu shot."

Vaccination for patients and staff in all health care facilities is the single most effective way to reduce the impact of influenza. A recent study showed vaccinating more than 60 per cent of staff in a health facility reduces death rates among patients by 40 per cent.

"Up to 25 per cent of unvaccinated health care workers get influenza in any given season, and because they are infectious before symptoms even show up, staff can inadvertently pass influenza on to their patients," says Dr. Patricia Daly, medical health officer and director of communicable disease control at Vancouver Coastal Health.

continued on pg 12

HOSPITAL PHARMACY

Quality Management

The goal of every hospital pharmacy is excellence. To achieve it and to maintain it requires a constant search for improvement. A quality management program will assist pharmacy managers in identifying risks or hazards to patients that may help to prevent untoward incidents and injuries. Analysis of inadvertent mistakes may disclose practices and procedures that should be changed or improved.

The responses from the recent Hospital Pharmacy Profile and Manager's Audit indicated that some hospital pharmacists are having difficulty complying with an ongoing quality management program as required in Bylaw 71 *Quality Management*. Perhaps the best starting point for your quality improvement program is the medication error review process. Most hospitals have a medication review committee that is committed to the prevention of medication errors through prospective and retrospective analysis of reported medication incidents. The quality improvement program should include a system for monitoring, reviewing, and reporting medication incidents to assist in identifying and eliminating causes of errors, thereby preventing their recurrence. The emphasis of the surveillance should be placed on understanding why the errors occurred rather than on who committed the errors.

It is important to establish a classification system for error reporting. The *CSHP Guidelines for Medication Incident Reporting and Medication Incident/Discrepancy Prevention* (1999) includes a standardized system of classifying Medication Incidents, Medication Discrepancies, and the Contributing Factors. A classification system of the potential seriousness and the clinical significance of the errors should be established so the time and energy of the multidisciplinary committee monitoring the errors is focused on

those factors which have the greatest potential to harm the patient. A multidisciplinary approach is suggested so each discipline's perspective can be assessed and each recommendation incorporated into the strategies for medication error reduction.

What can you expect from a medication incident reporting quality improvement program? - accurate trend analysis and identification of high alert classes of drugs and interdisciplinary solutions which are achievable to ensure patient safety. It also facilitates the re-design of vulnerable patient care systems, policy and procedure revisions, educational sessions on managing medication errors, and the provision of counselling for employees implicated in causing or contributing to an error.

Statistical analysis of the number of errors rated against the potential opportunities for error is useful in calculating the percentage of errors in the institution. Other data that can be graphed, tracked and monitored for yearly trends in error rate increases or decreases are: the time and day of the incident, the time of year (e.g. students, casual staff during high vacation times), policy changes with respect to a transfer of functions (e.g. technician check technician), and changes in workload.

Starting with Medication Incident Reporting, which is already in place, the problem of error recognition is clear and the corrective action can be monitored. This provides an opportunity to develop expertise in quality management. Future enhancements in your quality management program can incorporate the distribution process, the consequences of patient-oriented recommendations, pharmacist documentation in the medical record, and drug utilization. The success of a quality management program is the result of everyone's contribution and the progress and outcomes should be communicated to all stakeholders.

MORE COUNCIL HIGHLIGHTS

continued from page 4

Medication Packaging for Facilities

Council reviewed a proposed new policy for medication packaging for facilities because there are new systems for distributing medications in a care facility or care home other than the traditional "monitored dose" form. The new policy allows for the use of multi-drug strip, pouch or card packaging, provided that the constraints outlined in the new policy are included in the pharmacy and facility procedures.

An expert working group of pharmacists involved with providing services to care facilities and homes, with additional advice from the College's Long-term Care and Hospital Pharmacy Committees, developed the new policy.

Detailed information has been provided to pharmacy managers and care facility licensing officers by mail and to individual pharmacists by E-link.

Drug Interchangeability Decisions

In an effort to have a harmonized national process, the Council approved a new system for making decisions about drug product interchangeability. College staff have been working cooperatively with other provinces to identify and resolve barriers to facilitate the development of a safe and efficient approach to this important issue.

The current review process by the provinces duplicates each other's and Health Canada's work. In addition to wasting resources, the process can be very lengthy.

The new approach is to allow drug product interchangeability decisions to be based on Health Canada's Declaration of Equivalence. The declaration is indicated by the identification of a Canadian Reference Product on a Notice of Compliance for a generic drug.

Information has been sent to pharmacies (by mail) and pharmacists (by E-link), and it has been posted on the College's website.

Questions and comments about these items can be directed to the elected and appointed Councillors. Please refer to the list on page 2 for contact information. The Registrar or her staff can also assist with further information.

QUESTIONS & ANSWERS

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

Q I know that all prescriptions (with the exception of prescriptions for drugs monitored by the Duplicate / Triplicate Prescription Program) may be faxed to a pharmacy, but is it necessary for the original prescription to be mailed to the pharmacy if it is a prescription for a narcotic or controlled drug?

A No, it is not necessary to receive the original prescription. However, the prescription drug order must be maintained on permanent quality paper by the pharmacy.

Q Does Ratio-Emtec 30[®] require a duplicate / triplicate prescription?

A No, it contains only acetaminophen and 30 mg codeine and therefore does not require a duplicate / triplicate prescription. However, codeine when prescribed as a single entity or when included in a preparation containing 60 mg or more per dosage unit, does require a duplicate / triplicate prescription.

Q I am selling an emergency supply of Tylenol No. 4 to another pharmacy. Do I use the office-use PHN to transmit this information to PharmaNet?

A No, the record of this sale should be captured only on your local pharmacy software. The unique "O-med PHN," specially designated for your pharmacy, is only intended to transmit all prescriptions and nonprescription medications for office use by medical clinics, physicians, dentists, and veterinarians.

Q How is silver nitrate scheduled?

A Silver nitrate is listed in Schedule II. It may be sold by a pharmacist on a nonprescription basis and must be retained within the Professional Service Area of the pharmacy where there is no public access and no opportunity for patient self-selection.

Q Since erythromycin is listed in the drug schedules with a "v" superscript, may I dispense it without a prescription for veterinary use?

A Yes, if you carry stock that is labeled by the manufacturer "for agricultural use only" or "for veterinary use only" and you sell it in the manufacturer's original container.



New BCCA continuing education module released

The Pharmacy Communities Oncology Network (CON) Educators at the B.C. Cancer Agency (BCCA) are releasing the first continuing education module titled "Pharmacy Guide to BCCA Chemotherapy Protocols" in November 2003. The Pharmacy CON Educators are excited to share this CE module with hospital pharmacists across the province, and feel strongly that this is a needed and helpful tool in the day-to-day care of oncology patients. The module addresses clinical interpretation and application of the BCCA chemotherapy protocol summaries.

Developed as a result of a province-wide needs assessment conducted in July 2002, the module is designed for pharmacists providing oncology care in their community hospital setting. It is a comprehensive document covering topics that will help a pharmacist clinically interpret information that can be practically applied to the BCCA protocols. From patient specific details to

continued on pg 7

Registration for the first cycle of the College's new Professional Development and Assessment Program (PDAP) is now almost complete. About two-thirds of the pharmacists selected to take part chose the Knowledge Assessment option, and one-third the Learning and Practice Portfolio. About three percent opted to switch to the Affidavit Register, confirming that they do not provide direct patient care or supervise anyone who does.

"Thanks to the cooperation of our members and the hard work of staff, the process has gone pretty smoothly," says Director, Assessment Programs, Doreen Leong. "We had a bit of a glitch with the College's fax system, so we extended the registration period to accommodate pharmacists who were unable to fax in their forms," says Doreen.

"We want everyone to be successful with this program, so we made a lot of effort to reach people." More than 1,000 pharmacists took part in PDAP orientation sessions provided across the province. In addition, the College sent out three reminder letters and tried to contact every participant by phone. "It was a challenge reaching some pharmacists who live outside Canada, but the phone contact has minimized the number of people who have not yet registered," says Doreen.

All pharmacists selected to take part in PDAP are required to participate. The College will refer the small number of pharmacists who have not registered to the Inquiry Committee, which will decide what action should be taken.

For more information about PDAP, please contact Doreen Leong at the College, email: doreen.leong@bcpharmacists.org.

CE module - continued from pg 6

broader issues on clinical interpretation of lab tests, from practical drug delivery methods to supportive care issues, this module takes into account day-to-day concerns a hospital pharmacist encounters when providing oncology care to a patient.

The module is a timely release for pharmacists chosen to participate in the first cycle of the Professional Development and Assessment Program (PDAP) - almost one-half of all pharmacists in B.C. The module relates to roles 1, 4 and 5, as defined in the *Framework of Professional Practice*, and is an excellent tool for pharmacists who choose the Learning and Practice Portfolio (LPP) option.

- **Role 1 - Provide Pharmaceutical Care:** Once a pharmacist has read the module, and worked through the case studies, the skills learned through this module support all functions in providing pharmaceutical care, including assessment, development and supporting the care plan, as well as monitoring and documenting.

- **Role 4 - Maintain professional development and contribute to the professional development of others:** This module was specifically designed to support the professional development of hospital pharmacists providing oncology care in the community hospital setting.

- **Role 5 - Contribute to the effectiveness of the health care system:** The module specifically supports Functions B and D in this role, which is to advocate and support policies that promote improved health outcomes, as well as contribute to the education and training of students and other health professionals.

Working with UBC, the Pharmacy CON Educators are pursuing accreditation for continuing education units, so this module can earn CE credits and be a documentation tool in the LPP.

DRUG UPDATES AND ADVISORIES

HEALTH CANADA ADVISORIES

- **Serzone-5HT₂[®] (nefazodone HCl) 50 mg, 100 mg, 150 mg, 200 mg strength - safety information on the discontinuation of distribution and dispensing in Canada as of November 27, 2003 due to these products being associated with hepatic events including liver failure requiring transplantation**
- **Lamivudine, abacavir and tenofovir - safety information on early virologic non-response in patients with HIV infection using a combination of these products**
- **ReFacto[®] (moroctocog alfa), Antihemophilic Factor (Recombinant) [BDDrFVIII]) - safety information**
- **Effexor[®] (venlafaxine HCl) tablets and Effexor[®] XR (venlafaxine HCl) capsules in children and adolescents - safety information regarding products not having been and not currently recommended for use in patients under 18 years**
- **Serevent[®] (salmeterol xinafoate) - safety information regarding product not approved as an asthma monotherapy, and not a substitute for inhaled or oral corticosteroids; and notification of the premature cessation of SMART (Salmeterol Multi-center Asthma Research Trial) in the U.S. by GlaxoSmithKline due to a small but significant increase in asthma-related deaths in patients receiving Serevent versus those on placebo**

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

WHAT WENT WRONG



Dear College:

My doctor prescribed Amiodarone 200 mg tablets for me. The directions read "take one tablet three times a day for two weeks, then one tablet daily."

The next time I re-ordered this prescription the directions were the same so I started taking the medication three times a day for the first two weeks. Later I found out that I was supposed to take one tablet three times a day only at the very beginning when I started the medication one month ago.

Alarmed about Amiodarone

Dear College:

I took a prescription for clonazepam 2 mg to my pharmacy. The label on the medication vial read "take one tablet twice a day," the same as the last time. The problem is that my doctor told me that she was increasing my prescription so I would take one tablet twice a day and one tablet at bedtime. Why was the label wrong?

Distressed about Directions

Both of these problems occurred because the pharmacists relied on information from an earlier prescription entry in the computer, or refilled a prescription without checking the directions. The pharmacists did not read the prescription carefully and assumed the directions should be the same.

How could the above incidents have been avoided?

New prescriptions

- If you are going to use a previous prescription as a time-saving step to create a new prescription entry, *first* read the new prescription, *then* review the previous prescription on the computer to ensure it is consistent with the new prescription. Either confirm that the directions are the same or update the directions before creating a new prescription.
- In the final checking process, *first* read the original prescription, *then* review the label to ensure it is consistent with the prescription. If you check the prescription the other way, reading an incorrect label first can make it more difficult to catch the problem.

Refills

- When preparing refills, be sure to remove any initial dose titration or loading dose directions and include only the maintenance dose on the label.

All prescriptions

- During patient counselling, the dosage regimen and instructions required to achieve the intended therapeutic response must be reviewed, in addition to identifying the patient and reviewing the identity of the drug and its storage requirements.

PROFILE:

Board of Examiners - Knowledge Assessment

Setting standards for our profession

Two thirds of pharmacists selected to take part in the Professional Development and Assessment Program (PDAP) chose the Knowledge Assessment (KA). If you are one of them, spare a thought for the members of the Board of Examiners Knowledge Assessment Committee as you sit down to start your exam.

They spent countless hours over many months making sure the questions in your KA exam are fair and relevant. "Many of our questions are culled from actual incidents that individuals found interesting and that provide a good learning experience," says Caroline Chin, Chair of the Knowledge Assessment Committee. "Being part of the KA committee gives the average practising pharmacist input into setting our standards of practice."

The process for developing questions is long and rigorous. Caroline explains, "First, we think of the practice situation. Second, we write the questions. Third, we think of likely 'incorrect' answers. This is probably the hardest part since our minds are geared towards the 'correct' answer.

"Fourth, we ensure the references are valid. Fifth, we review the question for ambiguity and relevance. This is the 'fun' part of the job. Everybody has an opinion and everybody has to voice their opinion - sometimes all at once.

"The process isn't easy and it can be tedious. I challenge people to try these steps out for themselves to see how tough this really is. I am constantly amazed by the dedication and commitment of our members."

Since the KA committee is a true democracy - no one person directs anything except what pizza to order says Caroline - she polled the members to ask them why they joined. Here are some of their reasons:

- To give something back to the profession
- Peer pressure to join the committee
- Became interested in the process after the pilot project
- To have the opportunity to work with and learn from other pharmacists
- Heard rumours that it was a "fun" committee
- Interested in seeing how College committees work
- An opportunity to have input

If you are interested in learning more about the KA committee, becoming a member, or in submitting questions to be considered, please contact Caroline Chin at cchin@vanhosp.bc.ca.

Committee members

Caroline Chin (Chair)	Jasvinder Sandhu
Connie Chung	Gurinder Saran
Megan Cross	Shadi Sharif
Neeta Desai	Pamela Sue
Cindy Ho	Adeline Tan
Raymond Jay	Maria Ton
Melanie Johnson	Susan Troesch
Tamiz Kanji	Thomas Tse
Jack Lee	Samantha Wong
Miguel Lopez-Dee	

NEW COUNCILLOR ELECTED FOR DISTRICT 3

Effective after the November 29 College AGM, District 3's newly elected Councillor is Howard Rose. Howard graduated from UBC in 1981 with a Bachelor of Science in Pharmacy. He has lived and worked in District 3 for the last 22 years. After working for three different Victoria-area pharmacies over the past 19 years, Howard recently became part of the team at Shoppers Drug Mart 208 in Victoria.

While in the city, Howard took an active role in organizing pharmacy continuing education and has been a CE coordinator since 1987. "I would like to see continuing education become an important part of the new Professional Development and Assessment Program," says Howard.

"To paraphrase an old saying, we live in interesting times," comments Howard, and he looks forward to representing the pharmacists of District 3 on the College Council.



Howard Rose

RESOURCE SOURCE

Methadone maintenance treatment documents on Health Canada website

In 2002 Health Canada published three documents about methadone maintenance treatment. They are now available on Health Canada's website. The first document is a very good introduction to the principles of methadone maintenance. Those wanting more detailed information might find the Literature Review and Best Practices documents more informative.

■ **Methadone Maintenance Treatment**

This document provides a general overview of methadone maintenance treatment programs. It describes the impact of opioid dependence, what methadone is, how it works, and what the benefits are. The 13-page document is available at <http://www.hc-sc.gc.ca/hecs-sesc/cds/pdf/mmt.pdf>

■ **Literature Review - Methadone Maintenance Treatment**

This document examines the 40 years of accumulated research knowledge and treatment literature about methadone maintenance. It reviews the evidence of effectiveness, including cost-effectiveness, the factors that define successful programs, and the program policies associated with the highest success rates. The 86-page document is available at http://www.hc-sc.gc.ca/hecs-sesc/cds/publications/methadone_treatment/toc.htm

■ **Best Practices - Methadone Maintenance Treatment**

While not intended to replace existing provincial guidelines, this publication provides information on evidence-based best practices in methadone maintenance treatment. It also includes "Insight from the Field" which summarizes comments from experts in the area of methadone maintenance treatment. The 94-page document is available at http://www.hc-sc.gc.ca/hecs-sesc/cds/publications/methadone_treatment_best_practices/toc.htm

Multi-dose packaging

continued from pg 1



Linda Lytle

This change enables pharmacies that have the resources to take advantage of more efficient, automated dispensing. "We realize this equipment is expensive, so the current dispensing system also continues to be acceptable," explains Linda.

Council's new policy comes with a number of requirements, including:

- Consistent packaging throughout the facility for each type of order
- Clear labeling for each blister pack
- Monitored dose dispensing system
- Solid oral dose medication packaging provided in ready-to-administer form (e.g. half-tablet doses packaged as half-tablets)
- Separate packaging provided for medications subject to change at short notice
- Policy and procedure manual provided in each pharmacy
- Audit trail and random monitoring

For more information regarding these new requirements, please refer to the College website, www.bcpharmacists.org under What's New, or contact Quality Outcomes Specialist Margaret McLean at the College, email: margaret.mclean@bcpharmacists.org.

Drug interchangeability

continued from pg 1

"We can now be confident in accepting Health Canada's Declaration of Equivalence (DOE) for all drug classes," says Registrar Linda Lytle. "The outcomes will be the same and we will be in line with the national effort to harmonize. This will avoid unnecessary and time-consuming duplication."

When a generic drug is approved for sale in Canada, it will immediately be interchangeable with the brand name product it was compared to (the Canadian Reference Product).

For more information regarding drug interchangeability, please refer to the FYI entitled "Drug Interchangeability Decision-Making Streamlined" mailed to all pharmacies in October. You can also check the College website, www.bcpharmacists.org under "What's New." If you have questions about a specific drug, you can reach the OnCall Pharmacist Information Line during business hours at 800-663-1940.

Methadone information package now available

A new comprehensive methadone information package for B.C. pharmacists is now available. This package provides advice on how to get involved in providing methadone, and answers to many of the questions most commonly asked by pharmacists with a lot of experience in the program.

The information package has been mailed to all pharmacies in the province that dispense methadone. It is also posted on the College website under Resources > Community Pharmacy Resources. If you would like to have a copy mailed to you, please contact the receptionist at the College office.

New medical marijuana policy

continued from pg 1



Brenda Osmond

The College's position was developed in co-operation with Dr. Robin O'Brien, BSc., BSc.Pharm., BCOP. Dr. O'Brien is a recognized expert in the use of marijuana to treat adverse effects of chemotherapy and is a member of Health Canada's Stakeholder Advisory Committee on Medical Marijuana.

Policy Input survey

The faxback component of the Policy Input survey included a variety of questions. Here are answers to some of your queries.

- Q.** What form of medical marijuana will pharmacies sell?
- A.** The product that Health Canada makes available has been harvested, dried, sieved and mixed to provide a THC level of approximately 10%. It is packaged in resealable plastic pouches covered with metalized film and labeled with the concentration for the specific batch. The label includes an expiry date and storage instructions. The product has been irradiated using gamma irradiation to reduce the bacterial and microbial load which may cause spoilage.
- Q.** How does the price (of THC) compare with the street price?
- A.** Health Canada provides a 30 gram pouch of marijuana for \$150. The street price for 30 grams of marijuana is \$300 to \$800.

"Pharmacists have lots of questions about this approach," says Brenda. "We are developing an information package that will go to all pharmacists before any medical marijuana is dispensed."

The Ontario Court of Appeal released a judgment in early October that will ease access to medical marijuana for authorized patients. In the past, a patient could designate someone else to grow marijuana for them, but they could not pay the grower, and the grower could only provide marijuana for one patient. These restrictions have now been removed. It is not clear what effect this judgment will have on the method of distribution of medical marijuana.

For more information about the College's policy on medical marijuana, please contact Deputy Registrar Brenda Osmond at the College, email: brenda.osmond@bcpharmacists.org.

- Q.** We're already so busy at our pharmacy, how will we fit this new service into our workday?
- A.** It is important to remember that across all of Canada there are fewer than 700 people authorized to possess marijuana for medical purposes. While that number may increase in the future, it is unlikely that many pharmacies will have a large number of patients.
- Q.** Will there be rules for where a patient is allowed to smoke medical marijuana?
- A.** Health Canada recommends that patients do not consume this controlled substance in a public place. All municipal bylaws that prevent smoking will apply. Even where municipal bylaws do not prohibit smoking in public places, managers of bars and restaurants may request that patients not smoke marijuana on their premises.

COLLEGE HONOURS FIFTY-YEAR PRACTICE PHARMACISTS

Congratulations to the following Fifty-Year Practice Award recipients who were honoured at the College's AGM in Surrey, November 29, 2003.

Donald K. Cameron
William E. Commons
William A. Creighton
Douglas H. Fraser
Abraham Klassen
Carl A. Knutson
Doreen M. Knutson
Gerald D. Morris
Blake E. Morrow
Lloyd H. Nordlund
Alvin J. I. Ragosin
Leslie G. Ramsey
Clifford A. Rock
Eric W. K. Seto
Harold E. Stathers
Hendry M. Sutherland
Norman S. Thomas
Jack W. S. Wong
Gordon M. Wrightman

The award was given to individuals currently registered as pharmacists who have practised 45 years or more, prior to the award being discontinued at the end of 2003.

The College would also like to offer the award to other qualified recipients (45 years or more as a registered pharmacist) who are now on the Nonpractising Register (formerly known as the Retired Register). However, these individuals need to apply to the College, as we do not have their current contact information and cannot automatically name them as award recipients. For further information please contact Samantha Lam at the College, ext. 220, email: samantha.lam@bcpharmacists.org.

PLAN TO ATTEND



Event Council Meeting
Date Friday, January 30, 2004
Location College office, Vancouver
Contact Samantha Lam, 800-663-1940, ext. 220

Event 15th Annual "Update 2004" Conference
Date Saturday, February 7, 2004
Location TBA (aiming to confirm UBC Forestry Sciences Building)
Contact Janice Moshenko, CPE Office, 800-663-0348, ext. 2

Event Council Meeting
Date Friday, April 23, 2004
Location College office, Vancouver
Contact Samantha Lam, 800-663-1940, ext. 220

Event Council Meeting
Date Friday, June 18, 2004
Location College office, Vancouver
Contact Samantha Lam, 800-663-1940, ext. 220

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



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

Influenza vaccination

continued from pg 4

As a result of the global outbreak of severe acute respiratory syndrome this year, the World Health Organization also is strongly encouraging immunization of health care workers and those at high risk for influenza to reduce the number of cases that may be confused with SARS.

The B.C. government provides free influenza vaccines to seniors, health care workers, adults and children with chronic illnesses, informal caregivers of those at high risk, home-care workers, physicians and their staff, emergency responders including paramedics, firefighters and police and other health care providers and facility staff.

The influenza vaccine is available at flu shot clinics organized by public health departments or from family physicians. BCNurseLine provides information on influenza vaccination and local flu shot clinics at 1-866-215-4700 (604-215-4700 in the Lower Mainland). You can also view the province's website at www.gov.bc.ca for more online information.

BULLETIN

Published by:

College of Pharmacists of British Columbia
200-1765 West 8th Avenue
Vancouver, B.C. V6J 5C6

Tel: 604-733-2440
800-663-1940

Fax: 604-733-2493
800-377-8129

Email: info@bcpharmacists.org
Website: www.bcpharmacists.org

Managing Editor:

Linda Lytle, Registrar

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