



PharmaNet DUE Messages Under Review, Suggestions Invited

The PharmaNet Users Group plans to conduct another review of the Drug Usage Evaluation (DUE) messages that are returned to pharmacies each time a prescription is transmitted to PharmaNet. Previously, adjustments had been made to the criteria that prompt the return of a message in order to reduce the frequency of the DUEs. The users group has decided to see if further improvements are possible.

Pharmacists are invited to contact the PharmaNet Coordinator at the College office to suggest which current DUE messages are not useful to them. The PharmaNet Users Group will review all suggestions and the resulting change request will be forwarded to PharmaNet technical staff for implementation.

The users group will also be considering the development of guidelines for the entry of information into the clinical conditions field of the PharmaNet patient record. Complaints have been received from both patients and pharmacists about inappropriate information being entered in the field. When patients receive copies of the PharmaNet patient record, all pharmacist-generated entries in the clinical conditions field are printed.

It would be helpful if pharmacists contact the PharmaNet Coordinator at the College office to report any questionable entries they have seen in the past. (It is not necessary to refer to a particular patient record; general comments are sufficient.) This information will be used by the PharmaNet Users Group to develop guidelines about what type of information to include in the field and what type of information is not appropriate for inclusion on the PharmaNet patient record.

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

B.C. Pharmacists Profiled In MacLean's Magazine



To further the College's public education goal, a half-page advertisement has been placed in the October 18 health care insert to MacLean's magazine (see ad copy enclosed with this mailing).

The focus of the ad is the important role pharmacists have on the health care team and in meeting individuals' personal health care needs. Readers learn of the information pharmacists provide both for prescription medications and nonprescription drugs sold from the pharmacy counter. People are also encouraged to talk with their pharmacist about other questions concerning their health and the products and services available at their pharmacy.

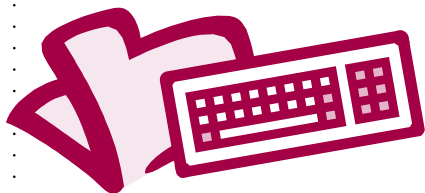
The College's public education efforts are ongoing to help the public gain a positive understanding of the role of pharmacists, drugs and drug therapy in their personal health care. College members will be notified of future initiatives to keep you informed when providing education and service to your patients.

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Accurate Prescriber Identification Essential For PharmaNet Follow-up With Physicians



The College of Physicians and Surgeons of BC (CPSBC) has established a formal system of follow-up with its members about prescribing concerns brought to light by PharmaNet database analysis. However, many problems have occurred with establishing the identity of the prescriber.

The entry by the pharmacist of the incorrect prescriber identification is a frequent problem. Sometimes, the Medical Services Commission number is entered instead of the CPSBC identification number. Most errors of this type are now detected by new entry-confirmation procedures.

Other errors occur when there are prescription legibility problems,

and the pharmacist mis-identifies the prescriber. Sometimes patients (or their agents) do not know their physician's name, especially if he or she has been consulted at an emergency department or a walk-in clinic.

Frequently, pharmacists do not change the prescriber's name when a physician other than the one who originally issued the prescription authorizes a refill. This appears to be the source of most of the database errors.

When the CPSBC sends a letter to a physician with a list of prescription dispensing dates associated with an individual PHN or a series of PHNs, physicians frequently respond that the patient is not known to them, that they were not working on the date in question, or that the patient had previously departed from their practice (sometimes months or years prior to the dispensing dates).

The inaccuracy of the data results in reduced confidence in the integrity of the database, both by individual physicians and by the CPSBC, whose ability to respond to prescribing concerns is hampered.

Please ensure that when refills are dispensed, the prescriber ID is accurately transmitted to PharmaNet. Pharmacists should be sure to compare the information on their local system with the information on the PharmaNet patient record to ensure that both are up-to-date and accurate.

The CPSBC has indicated its willingness to address concerns about prescription legibility and use of the proper identification number directly with its members. You are invited to forward specific problems to Registrar Linda Lytle or directly to the College of Physicians and Surgeons for follow-up.

Pharmacy-Medicine Liaison Committee Reactivated

The Councils of the College of Pharmacists of BC (CPBC) and the College of Physicians and Surgeons of BC (CPSBC) have authorized the reactivation of the Pharmacy-Medicine Liaison Committee. The purpose of the committee is to provide a forum for the discussion of emerging issues and current problem areas. The committee representatives then report on the issues to their respective Councils for further action.

Councillors Curt Jordan, Christine Liotta and Shawn Sandhu and Registrar Linda Lytle represent the CPBC. The CPSBC representatives are Dr. Glen McIver, Dr. Paul Mitenko, Deputy Registrar Dr. Brian Taylor and Administrator Peter Hickey.

Two meetings have been held since the committee was reactivated in the spring. Agenda topics have included:

- ◆ Proposed midwives' prescribing schedule amendments
- ◆ Prescription legibility
- ◆ PharmaNet database accuracy (prescriber names)
- ◆ Canadian Pharmacists Association drug sampling proposal
- ◆ Refill prescription procedures
- ◆ Methadone daily dispensing concerns
- ◆ Emergency contraception distribution
- ◆ Collaborative drug therapy protocols

Pharmacists may contact Registrar Linda Lytle with topics for future liaison committee meetings.



Study Program Reviewers Needed

The Canadian Council on Continuing Education in Pharmacy (CCCEP) is looking for pharmacists to review independent study programs.

CCCEP is the national volunteer body that sets standards and guidelines for accrediting live and independent/home study programs for pharmacists. Each independent study program is reviewed by a volunteer panel of six pharmacists from across Canada prior to receiving accreditation.

Regular reviews are done on a volunteer basis, with response required within six weeks. A fast track review requires response within five days, with reviewers receiving a \$100 honorarium.

New review panels are being established this fall. Pharmacists interested in getting involved can contact Executive Director Nancy McBean at Tel./Fax: (306) 584-5703, E-mail: nmcbear@cableregina.com.

Bulletin Readership Survey Enclosed

The College would like to hear from *Bulletin* readers about how the publication is doing, so that the newsletter can be as useful as possible to your practice.

Since the last readership survey in June 1997, a number of design and content changes have been made to the newsletter. A new survey is enclosed with this mailing to receive feedback from members about the current publication.

Please take the time to provide your views on the *Bulletin*. Responses can be forward via mail or fax (604-733-2493/800-377-8129) to Registrar Linda Lytle by Friday, October 29.

Ongoing Efforts Against Year 2000 Stockpiling

As reported in the July/August 1999 *Bulletin*, there is increasing concern that the stockpiling of drugs by consumers could have an impact on the supply of drugs well into the Year 2000. At the same time, distributors of drugs, including wholesalers and community and hospital pharmacists, are concerned that patients' health may be jeopardized by shortages of needed medications.

Accordingly, under the auspices of the Canadian Association of Chain Drug Stores (CACDS), a "Y2K Pharmacy Supply Chain Task Force" has been formed to address this issue. The task force wrote the provincial Minister of Health to inform her of their efforts and to learn what the Ministry is doing to address the stockpiling issue. The Director of Pharmacare replied, indicating that Ministry staff are working with the College of Pharmacists of BC, the BC Pharmacy Association and health authorities to provide a coordinated approach in assuring consumers that Year 2000 stockpiling of medications will not be necessary.

Efforts are also underway by Health Canada's Therapeutic Products Programme to address Year 2000 concerns. College Registrar Linda Lytle has been requested to inform all members of their responsibilities under the *Controlled Drugs and Substances Act and Regulations*, as they relate to Year 2000.

Pharmacists are required to keep accurate records pertaining to the receipt and dispensing of narcotic and controlled drugs. These records must be retained for at least two years and be made available on request for the purposes of inspection or audit.

Pharmacists are responsible for ensuring that their electronic support systems for keeping these records are capable of accepting, storing, preserving the integrity of and retrieving data and information, and are Year 2000 compliant.

It is pharmacists' responsibility to ensure total compliance with these requirements as they apply to their specific practice. It may be necessary to inform pharmacy suppliers to ensure they are able to provide the necessary information on electronic transactions, if required.

The Therapeutic Products Programme is monitoring the progress being made to ensure that Year 2000 concerns are being adequately addressed.





Taking Medicine Across Borders

With winter travel plans being made this fall by many people, pharmacists may find it helpful to share the following information (from Health Canada's Therapeutics Products Programme) with patients.

I'm travelling outside Canada. What should I do about my prescription drugs?

Canadian regulations and laws do not apply outside Canada. When you travel outside Canada with prescribed medication, you should carry proof of need. This will help ensure that you are always considered in legal possession of your required medicine.

What is considered "proof of need?"

Proof includes a copy of the prescription, proper identification on the pharmacy label indicating the contents, dosage and a Drug Identification Number (DIN), and possibly a note of explanation from your doctor. This information is essential, especially if your medication is lost or stolen or when travelling in a country that is particularly sensitive about drugs.

What quantity of prescription drugs can I take with me outside Canada?

Health Canada advises carrying sufficient quantities of a prescription medication for the length of your stay. When travelling, you should always keep your medicine in an easily accessible place like hand luggage. Also, remember to follow the storage information shown on the prescription. For instance, some medication must remain refrigerated. Your pharmacist or doctor can guide you on how best to store your medicine when travelling.

I am returning to Canada with a prescription drug not available in Canada. What can I do?

The TTP allows an individual to import a three-month supply of a prescription medicine. *This medicine must be for personal use or for an immediate family member.* You must personally bring the drug over the border in hospital or pharmacy dispensed packaging. Upon your return, you should inform your own doctor about the prescribed treatment.

What about returning to Canada with nonprescription drugs not available in Canada?

Nonprescription drugs are subject to the same personal import limits as prescription drugs. You may return to Canada with a three-month supply for your personal use or for an immediate family member.

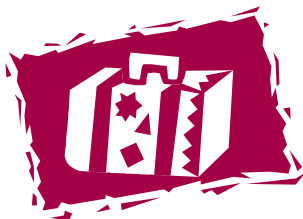
What about travelling with nonprescription drugs?

Some nonprescription drugs available in Canada are not recognized as nonprescription drugs in other countries. If you are unsure about travelling with a nonprescription medicine, consult your pharmacist or doctor.

Can prescription medicines be shipped to me from outside Canada?

According to the *Food and Drugs Act Regulations*, prescription medicines cannot be shipped to you from outside Canada. However, in order to prevent delays or interrupt a course of treatment or other situations in which refusal of a shipment at the border could create a health risk, inspectors may allow entry of an initial three-month supply of a drug, if the drug is packaged in hospital or pharmacy dispensed packaging. At this time, the recipient will be informed that all future shipments will be detained and that either a Canadian source should be used or that their doctor should obtain a foreign supply through the Special Access Programme for drugs not available in Canada.

For further information, contact the Therapeutic Products Programme at:



Therapeutic Products Programme
Health Canada
Holland Cross, Tower B
1600 Scott Street, 2nd Floor
Address Locator 3102D1
Ottawa, Ontario K1A 1B6

Web site: www.hc-sc.gc.ca/hpb-dgps/therapeut



Drug Updates



- ◆ **Correction** - The July/August 1999 *Bulletin's* Drug Updates listed **Oxipor Lotion** as a Schedule II product. While the Drug Products Distribution Requirements (DPDR) list notes Oxipor as Schedule II, it is actually an unscheduled product. It contains 40.8% coal tar solution (20% coal tar), therefore it has approximately 8.2% coal tar. The next DPDR list will include this change for Oxipor. Pharmacists were advised August 4 of this correction via a PharmaNet Pharmacy Alert message.
- ◆ Health Canada's Therapeutic Products Programme has prepared the following list of prescribed medications for which a **Patient Package Insert** is mandatory for manufacturers to supply, and for pharmacists to dispense with the medication:
 - Drugs delivered with the assistance of a device (e.g. inhalers, transdermal patches)
 - Isotretinoin and other oral tretinoids, except those used in oncology
 - Methotrexate for rheumatoid arthritis
 - Nonsteroidal Anti-inflammatory Drugs (NSAIDS)
 - Oral contraceptives
 - Ticlopidine
 - Erythropoietin
 - Gonadotropins
 - Human growth hormones
 - Insulins
 - Interferons
 - Wound healing factors
 - All drugs where the product monograph or prescribing information indicates that a patient information document is available.

In Brief



► **Pharmacy Managers Need to Know Status of Corporate Directors**

Because pharmacy managers are held responsible for all aspects of a licensed pharmacy's operation, it is important for them to know when changes are made to the list of corporate directors. When a change of directors occurs, the pharmacy manager needs to ensure that the proper documents are filed with the College office. Otherwise, the legal status of the pharmacy license is jeopardized.

Sometimes pharmacy owners make changes to the composition of the corporate directors and do not advise their pharmacy manager(s). Managers, therefore, need to set up a system whereby they can periodically confirm the list of currently appointed directors. This could be as simple as checking with the pharmacy owner on a regular basis to ask if any changes have occurred.

Although the College's pharmacy license renewal documents include a space to note changes of directors, it is important to report any changes as soon as they occur. The provincial Registrar of Companies must also be notified with the required legal documentation.

Please contact the Administrative Manager at the College office for the necessary forms or additional details regarding changes of corporate directors.

► **Communicating Directly With Prescribers**

Pharmacists are reminded of the requirement to communicate directly with prescribers concerning new and refill prescription authorizations. Problems are occurring when pharmacists who consistently adhere to this requirement encounter prescribers whose office staff continue to act as intermediaries and refuse to let the pharmacists talk to the prescribers. The staff threaten to direct the prescriptions to pharmacies which accept prescription authorizations from persons who are not authorized to prescribe. Such exceptions by some prescribers' staff and pharmacies pose unnecessary difficulties for pharmacists following proper procedures, and potential problems for patients.

► **'Polite' Prescription Transfers**

Several pharmacists have contacted the College office in recent months to express concerns about problems they have encountered with colleagues when they have requested a prescription copy or the transfer of a prescription and remaining refills. The problems have ranged from a hostile attitude on the part of the pharmacist from whom the transfer was requested, to the provision of incomplete or incorrect information.

When you are requested to transfer a prescription to another pharmacy, it is necessary to focus on the continuity of patient care. Because it is the patient who has initiated the transfer, it is not appropriate to target the requesting pharmacist with hostile remarks or to offer incomplete information.



Hospital Pharmacy Insights



Nursing-Unit Narcotic Security

The College has been receiving an increasing number of reports about diversion of narcotics and other control drugs from nursing units. Some of these incidents could have been easily anticipated and prevented. You may want to post the following tips for preventing narcotic diversion in your hospital.

Narcotics stored in medication carts

- ◆ Narcotics must be stored inside a locked drawer of the med cart.
- ◆ The entire med cart must be locked whenever a nurse is not in direct attendance (this is not just to prevent diversion but also to protect confused patients and small children).
- ◆ When the med cart is not being used, ensure that it is always locked to the wall or locked inside a med room.
- ◆ Do not advertise that the cart contains narcotics. Store the count book out of sight when not in use.

Narcotic cabinet keys

The responsibility for narcotic cabinet keys is normally transferred directly from one nurse to another nurse. The keys must be kept secure at all times.

- ◆ Keys for a narcotic cabinet must **NEVER** be left unattended. Do not store the keys in the narcotic cabinet lock or on top of the med cart, or "hide" them in a nearby drawer, on a hook under a counter or on a high shelf.
- ◆ If keys have been taken out of the hospital for any reason, the narcotic cabinet lock should be changed immediately.

Closed nursing units

In many hospitals, the OR, outpatient department or other specialty clinics close completely overnight and on weekends. As well, the emergency department is not staffed around-the-clock in many small hospitals.

Closed or temporarily empty nursing units have been favoured targets throughout the province and in all sizes of hospitals.

- ◆ Ensure that the room where the narcotic cabinet is located is locked while the unit is closed or empty.
- ◆ **NEVER** leave the key to the narcotic cabinet "hidden" somewhere in the closed unit or at the nursing station desk.
- ◆ To ensure that the narcotic cabinet key is secure while a unit is closed, transfer the key to the pharmacy for safe storage or sign the key in and out of a narcotic cabinet on a nearby nursing unit that has 24-hour staffing.
- ◆ If a clinic or OR will be closed for an extended period of time, arrange for the temporary transfer of the narcotics and narcotic records to the pharmacy for safekeeping.

Long-term Care

Drug Information

The College's Practice Consultants have been contacted on a number of occasions by facility staff who are concerned that they may have inadequate knowledge about the purpose and side effects of some drugs they are administering. We assure them that they should always feel free to discuss these concerns with their pharmacist.

Bylaw B38 (2) (d) states:

"The pharmacist shall routinely initiate the provision of written or verbal drug information relevant to residents' medications for the medical, nursing or other appropriate facility staff."

Caregivers in a facility or group home should expect to receive appropriate drug information, just as the general public does. It is particularly important for staff members to be aware of possible side effects they should be on the alert for. Pharmacists, in conjunction with the other members of the Medication Safety and Advisory Committee, should decide which approach is best for that facility. For instance:

- ▶ The pharmacist may supply an information sheet for any drug that is new to that facility. The sheet may be initialed by the appropriate staff and then filed in a binder which is readily accessible, or
- ▶ The pharmacist may supply the patient information sheet for each resident, for any new drug for that resident. This information may be filed either with the individual's MAR or in a designated section of the resident's chart.

It is also helpful to show the staff members the various formats available through PharmaNet and the pharmacy's own program to determine which level of information the staff feels would be the most useful to them.



Community Pharmacy Corner



Reminders

The following points have come to the attention of the College's Practice Consultants during recent inspections. Please check to ensure that staff members at your pharmacy are aware of the requirements.

Methadone Carry Privileges

The prescriber's direction that daily ingestion of a person's methadone is to be supervised by the pharmacist cannot be overridden because the pharmacy is not open on weekends. Pharmacists must not assume that the prescriber is aware the pharmacy is closed. There may be good reasons why the client is not permitted to have a carry under any circumstances.

The prescriber must always be contacted. If carries are to be permitted, the physician may fax that information to the pharmacy, stating the date, the client's name, and the authorization for a carry when the pharmacy is closed. This faxed authorization applies to that prescription only and is to be attached to it. Future triplicates or duplicates must have the authorization written or stamped on them.

If carries are not appropriate and the client is required to have each dose supervised, he or she will have to deal with another pharmacy.

Retention of Prescription Files

There is still some misunderstanding about the requirement that prescription files must be kept for two years from the last time any of those prescriptions were **refilled**. The fact that older prescriptions are being given new numbers and treated as new prescriptions does not alter this requirement. The old number, as well as others in that file, may have been used on refills right up until the previous month. Therefore, the old files must be kept for two more years. For a more complete explanation please refer to the May/June 1998 *Bulletin* article entitled "Retaining Prescription Hard Copies."

Shredding of Confidential Material

Any paper bearing a patient's name is considered confidential and must be **mechanically** shredded when discarded. Tearing or cutting by hand does not meet the definition of "mechanically shredded." Confidential material includes old hard copy prescriptions, NCR copies of triplicate or duplicate prescriptions, labels, receipts, and drug information printed with the patient's name.

Items for shredding may be shredded immediately, set aside in a separate container for shredding later in the day, or deposited into containers supplied by shredding companies. Pharmacists should assure themselves that companies providing this service are bonded and are doing the shredding immediately, rather than storing the material in an area which may not be secure or contracting the shredding to someone who may not be bonded.

Otrivin® Pediatric Products and Topical Diphenhydramine Products

These products are Schedule II items and must be stored in the dispensary, inaccessible to the public. They are products which are often used inappropriately in children. It is important that the pharmacist be involved in ensuring that the use is appropriate and that the purchaser is aware of side effects, suitable length of treatment, or alternative treatments. Please also ensure that merchandising staff are aware of this requirement.

Reference Library

The 32nd edition of Martindale is now available. Only the 31st and 32nd editions are considered to meet the requirements of the Bylaws. Any editions prior to these need to be replaced.



Office Use Medications vs. Stock Transfers

Pharmacists have requested clarification regarding the difference between office use medications and stock transfers as they relate to PharmaNet.

Office Use Medications

All medication dispensed to practitioners (physicians, dentists, veterinarians and midwives) and clinics for administration to patients are considered to be "office use medications" and must be transmitted to PharmaNet. All pharmacies are assigned a unique "O-med PHN" and keyword that must be used for the transmission of office use medications. If you have not received an "O-med PHN," please contact the PharmaNet Helpdesk. You can refer to PharmaNet Bulletin 97:003 for further information regarding the procedure for use of the "O-med PHN." Prescriptions dispensed to practitioners for personal use continue to be transmitted to PharmaNet using the practitioners own PHN.

Stock Transfers

Sale of drugs to other pharmacies, including emergency supplies of narcotics and controlled drugs, as well as drugs returned to wholesalers, must not be transmitted to PharmaNet. Do not use your "O-med PHN" or assign a new PHN through PharmaNet for this purpose. The record of these sales or returns should be captured only on your local pharmacy system.

Pharmacists unsure of how to use the local stock transfer functionality or the O-med procedure should contact their pharmacy software vendor.



Corrections To PharmaNet Patient Records

Corrections to a patient record on PharmaNet may be required for a number of reasons (e.g. an incorrect PHN recorded on the local system for the patient, an incorrect practitioner ID used to dispense a prescription, or incorrect quantity or directions for use transmitted to PharmaNet).

All corrections to the patient record require that the prescription(s) be reversed, then transmitted with exactly the same information using the SAME DATE as the original prescription (not the date the correction is made).

Reversals and corrections to prescriptions may only be done online for 91 days.

Pharmacists and emergency department physicians rely on the PharmaNet patient record in the care of patients, and it is imperative that accurate dispensing dates are recorded.

If your local pharmacy software does not provide "backdate" functionality, you may need to contact your pharmacy software vendor to assist with the correction.

Appropriate Access To PharmaNet

The College will be implementing an "Appropriate Access to PharmaNet Patient Records" audit over the next few months to ensure that patient records are only accessed for appropriate reasons. Pharmacists will be asked to explain the reason for an access to a PharmaNet patient record where no prescription was dispensed to the patient on the same day as the access.

We are assessing two methods of conducting these audits. The first method is by writing to pharmacy managers to obtain a description of the reasons for specific accesses to medication profiles. The second method will be inclusion as part of the routine pharmacy inspections conducted by the College's Practice Consultants/Inspectors.

In both cases, the pharmacy manager will be provided with a report of accesses to PharmaNet patient records within a specific date range where no prescription was dispensed for the patient at the pharmacy on the same day as the access. For each of the accesses, the pharmacists identified on the PharmaNet transaction as responsible must forward an explanation of the reason for the access to the College office.

If you have any questions regarding the audit, please contact the PharmaNet Coordinator at the College.



Rx C.A.R.E Program

Notification letters were sent in July to approximately 1000 registrants who were randomly selected for mandatory participation in the next phase of the RxC.A.R.E. Program. They were requested to complete a Personal Profile and select their choice of assessment tool from a list of three options:

- ▶ Knowledge Assessment
- ▶ Practice Review Self-Assessment (with peer validation)
- ▶ Professional Portfolio Assessment (maximum 20 participants)

Participants were asked to fax their assessment registration documents to a special fax number in the College office, which has been set up to

automatically process the documents and send a confirmation back to the registrant. Additional assessment information and materials relating to each chosen assessment have been sent in September.

Program activities relating to the three assessment options are occurring during the fall months, culminating with the administration of the Knowledge Assessment in the early spring. Timeframe details for each assessment will be provided to the registrants who have selected each option.

If you have registered and not received a confirmation notice, please contact the College office immediately by telephone or e-mail (rxcare@collegepharmacists.bc.ca).

Resource Source



◆ Accessing Information on Internet Pharmacies

With an increasing number of internet pharmacies introducing services to the public, the United States' National Association of Boards of Pharmacy (NABP) is developing a voluntary Verified Internet Pharmacy Practice Sites (VIPPS) program. Accessible through NABP's web site at www.nabp.net, the VIPPS program will provide site browsers with useful information about those on-line companies that are providing pharmacy services and have met the Association's criteria and requirements for participation. The companies' web sites will be required to display a VIPPS-approved seal, and to establish a hyperlink to the VIPPS screen from which users will be able to view specific information about the site.

◆ New Papers in NAPRA's Pharmacy Practice Toolkit

The National Association of Pharmacy Regulatory Authorities (NAPRA) is continuing to develop its pharmacy practice toolkit information papers. They can be viewed at NAPRA's web site, www.napra.org, in the *Canadian Pharmacy Information* section.

Previously released papers include pharmacy care plans: getting started (#1), care plan tools (#2), documentation (#3), integrated resources (#4); and facilities, equipment, supplies, workflow and facility re-design (#5). Upcoming papers include: drug information resources (#6, Sept. 15), the professional services area (#7, Oct. 15), minimizing medication errors (#8, Nov. 15), and the recycling and disposal of dispensed drugs (#9, Dec. 15). For further information, contact Barbara Wells at NAPRA, Tel: (613) 569-9658, E-mail: bawells@compuserve.com.



Plan To Attend

► Clinical Advances in Infectious Diseases

16 October 1999
Victoria Conference Centre, Fee \$75
Contact: Nova Clinical Services, Tel: (250) 658-6056

► Forensic Assessments

22 October 1999
18 February 2000
09 June 2000
27 October 2000 (*to be confirmed*)

► Panel Assessments

23 October 1999
10 June 2000
28 October 2000 (*to be confirmed*)

People News

Announcements

- College Councillor **Tinka von Keyserlingk** has been appointed to NAPRA's new National Advisory Committee on Pharmacy Practice.
- The Canadian Council on Continuing Education in Pharmacy (CCCEP) has appointed **Nancy McBean** as Executive Director. CCCEP develops and maintains guidelines for the provision of continuing education programming. It also provides services to its members to enable coordination of resources, program approval and program evaluation.

people with asthma. **Dr. Bruce Carleton**, with the UBC Faculty of Pharmaceutical Sciences, **Dr. Michael Mandl** with the Asthma Allergy Teaching Unit in Vancouver, and **Dr. William McLean**, with Health Outcomes Pharmacies, are the three project leaders. The asthma education programs will be completed by June 2000.

- **Greg Hood, Leona Lam, Edward Lum, Behzad Razmjouy, Shamim Somani, Rob Williamson, and Daryl Wing** and staff at Davies Pharmacy are acknowledged for their volunteer hours with the North Shore Keep Well Society's wellness drop-in to assist seniors with questions about their medications. Former registrants **Peter Guthrie** and **Trevor Watson** also participated in the program.

Achievements

- Following a province-wide request for proposals, the Ministry of Health chose three health professionals to conduct demonstration projects to test and evaluate community-based educational approaches for



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