



New College Web Site Launched

The College's web site, www.collpharmbc.org, was officially launched on 1 September. The site provides easy access to useful College information and documents for pharmacists and the public.



The web site currently offers seven sections:

▶ **Contacts**

- College staff
- Councillors
- Committees
- Useful Telephone Numbers

▶ **Legislation**

- PPODS Act
- Drug Schedules
- Drug Product Distribution Requirements
- Prescription Regulations Chart
- Duplicate/Triplicate Prescription Program

- Non-Interchangeable Drugs
- Midwives Prescribing Schedule
- Food & Drug Regulations
- Narcotic Control Regulations
- Code of Ethics
- Framework of Professional Practice

▶ **Patient Relations**

- Complaints Process - Patient Information
- Complaints Process - General Procedure

▶ **PharmaNet**

- Confidentiality Agreements
- Disclosure of PharmaNet Data
- Resources
- PharmaNet Approved Software Vendors

▶ **³C.A.R.E. Program**

- Link to the program web site

▶ **Registration**

- Registration information
- Application for Registration as a Qualifying Candidate

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

▶ **Resources**

- Community Pharmacy Resources
- Hospital Pharmacy Resources
- List of Restricted/Suspended/Reinstated Practitioners
- CPBC *Bulletin* Newsletter
- Frequently Asked Questions
- Links

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Repackaging Bulk Nonprescription Drugs

At its June 2000 meeting, the Council considered recommendations from the Community Pharmacy Practice Committee regarding the repackaging of bulk nonprescription drugs for sale to the public from either the Professional Services Area or the Professional Products Area of licensed pharmacies.

It was moved, seconded and carried:

Council approves the following policies regarding the repackaging of bulk nonprescription drugs:

1. Repackaged nonprescription drugs should not be sold from the Professional Products Area of licensed pharmacies.
2. Repackaged nonprescription drugs may be sold from the Professional Service Area of licensed pharmacies under the following conditions:
 - The package labelling should include the name of the medication, appropriate expiry date, lot number, the classification of the drug (laxative, anti-allergenic, etc.), and minimum common directions.
 - The medication should be repackaged in a child-resistant container when possible.
 - There should be pharmacist-patient dialogue for all repackaged drugs, with particular emphasis on contraindications for use of the drug.

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Federal Manufacturing And Compounding Policy Framework Introduced

Health Canada has implemented a policy framework entitled "Manufacturing and Compounding Drug Products in Canada." The new federal policy differentiates between "manufacturing" and "compounding" and provides guidance on sterile product compounding and repackaging. There are new provisions to enable service providers (hospitals, other health care institutions and/or pharmacies) to purchase compounding services from a licensed pharmacy for prescriptions or anticipated prescriptions for patients with whom there is an established pharmacist-patient-prescriber relationship.

Pharmacists in hospitals may provide pharmaceutical service to other hospitals in the same province when there is a formal agreement between the hospital boards, chief executive officers or pharmacies. Similarly, community pharmacies may enter into corresponding formal arrangements with pharmacies in the same province to benefit from special compounding services available from a particular community pharmacy.

Pharmacists may not compound products that are commercially available in a ready-to-use form, including products requiring reconstitution, but they may compound non-commercially available products, either pursuant to or in anticipation of a prescription. Pharmacists may not compound Investigational New Drugs (IND), except as provided for within the terms and condition of an IND submission filed with Health Canada, and they may not compound products whose active ingredients are not commercially available.

The policy document may be accessed at www.hc-sc.gc.ca by searching under the keyword "compounding." Future issues of the *Bulletin* will include more detailed responses to questions about the new policy.

College Web Site

Continued from page 1

The College web site was developed over the past year with the invaluable help of third-year UBC student Howard Sham as a Directed Studies project. Many thanks to

Benzodiazepine Regulations Added To Controlled Drugs And Substances Act

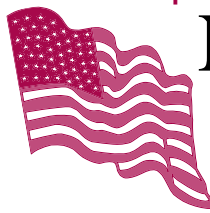
Federal Schedule 1091, effective 1 September 2000, adds benzodiazepines as Class 1 Targeted Substances to the *Regulations to the Controlled Drugs and Substances Act*. The following drugs are also included:

- | | |
|---------------|-------------|
| Clotiazepam | Mazindol |
| Ethychlovynol | Mefenorex |
| Ethinamate | Meprobamate |
| Fencamfamin | Methypylon |
| Fenproporex | Pipradol |

Clozapine and olanzapine are excluded from the requirements.

Incoming inventory records must be maintained as for other controlled drugs. Verbal or written prescriptions are permitted, and pharmacists may transfer remaining refill authorizations to another pharmacy (only one transfer per prescription). Hard copy prescriptions can be maintained with other Schedule F drugs. Targeted substances cannot be advertised to the public. Losses must be reported to Health Canada within 10 days of discovery. Destruction of benzodiazepines and other targeted substances must be recorded and witnessed, but prior authorization from Health Canada is not required.

US Limits Import Of Personal -Use Prescription Drugs



New legislation in the United States limits the amount of personal-use quantities of certain prescription drugs travellers may bring across international land borders into the United States if they do not possess a valid prescription from a US-licensed prescriber.

The new US federal law states that a resident of the United States who enters the country across an international land border with a drug for which a prescription is required in the US may only bring in a maximum of 50 dosage units of that drug if the person does not have a valid prescription or documentation verifying that a valid prescription for that drug has been issued to the individual. Returning US residents may bring in larger quantities of such drugs if a larger quantity is specified on a valid prescription that is issued by a legally authorized US practitioner.

The law applies only to residents of the US. Non-residents entering the US will continue to be allowed to import drugs in a quantity commensurate with the stated duration of their stay in the US, provided the drugs are properly declared and all other applicable laws and regulations are complied with.

Further information is available at www.customs.treas.gov or www.fda.gov or the nearest US Customs port of entry office.

Howard for his hard work, and to Marguerite Yee at UBC for making arrangements for the student assistance.

Comments and suggestions from browsers for the College web site are welcomed and can be forwarded to the webmaster on-line.



Easy-To-Use Nutrition Resources

► Refer Your Clients to Dietitian InfoLine for Brief Counselling

Dial-A-Dietitian is a free nutrition information line in BC (Greater Vancouver (604) 732-9191/ Toll Free in BC 1-800-667-3438) where Registered Dietitian Nutritionists answer general and medical nutrition questions for the public and health professionals. Dietitians provide brief nutrition consultation by phone in English, Cantonese, Mandarin and Punjabi. Dial-A-Dietitian specializes in nutrition information for self-care, based on current scientific sources.



► Diet Handouts from Dial-A-Dietitian Web Site

Find easy-to-use client handouts and other resources on general nutrition on the Dial-A-Dietitian web site - www.dialadietitian.org. "Living well with Diabetes," "Fibre Content of Foods," "Managing Constipation in Adults," "Food Sources of Calcium," "Iron Content of Common Foods" and "Six Steps to Heart Healthy Eating" are just a few examples of excellent client handouts that can be easily downloaded. The web site is regularly updated and more information is posted. Dial-A-Dietitian's web site received 10/10 on the accuracy of posted nutrition information from Tufts University - Rating Guide to Nutrition Web Sites (<http://navigator.tufts.edu>).

Dial-A-Dietitian's list of "Recommended Nutrition Books" will help you recommend reliable nutrition books to your clients on various topics like nutrition for seniors, women and children, weight control, heart health, diabetes and more. You will also find answers to some "Frequently Asked Nutrition Questions" and links to other "Recommended Health Web Sites" with quality nutrition information. In addition to their useful handouts, you can print out Dial-A-Dietitian's flyer to give to your clients as a reference phone number for reliable nutrition information. Also available from Dial-A-Dietitian is the "Nutrition Resources Guide Book with Web Links," 2nd Edition. This is a 234-page book of recommended nutrition books, services, web sites and hotlines which is a great reference to ask your community library to order.

► B.C. Ministry Health Files

From the Health Files, www.health.gov.bc.ca/hlthfile, you can download easy to understand, one-page fact sheets on a wide range of health issues like food safety, pregnancy and nutrition, folic acid and hepatitis.

► Health Canada Resources

At Health Canada's web site, www.hc-sc.gc.ca/hppb/nutrition/index.html, you will find the PDF version of "Nutrition for a Healthy Pregnancy," "Focus on Children Six to Twelve Years," "Canada's Food Guide," "Using the Food Guide" and "Nutrition for Healthy Term Infants."

► The New Dietary Reference Intakes (DRI)

Click on www.iom.edu to see the DRI's for revised levels of vitamins and minerals. Call Dial-A-Dietitian to receive a printed table of DRI's.

► Your Community Nutritionist Can Help

Health Region Community Nutritionists work with community groups to develop, implement and evaluate programs to help improve nutritional health and access to safe and acceptable food. They provide nutrition education to community groups, develop nutrition resources and provide nutrition expertise to local media. Health Professionals can obtain various federal, provincial and regional resources from the Community Nutritionist and their local health units. Nutrition resources include "Canada's Food Guide to Healthy Eating," "Canada's Physical Activity Guide," "Calcium Calculator," "The Vegetarian Edge," "Compendium of Breast Milk Substitutes," "Baby's First Foods," "Feeding Your Toddler with Love and Good Sense" and "Nutrition for KinderKids."

► Refer Your Clients to a Hospital or Private Practice Dietitian for In-depth Counselling

Dietitians working in hospital outpatient clinics and in private practice will provide in-depth counselling for clients with nutritional concerns. Call Dial-A-Dietitian for the phone numbers of dietitians in your community.



In Brief

**▶ Name Clarification**

The July/August 2000 *Bulletin* published the results of a Discipline Hearing for John Lewis Evans of Vancouver (Diploma #6876). This individual is not to be confused with College member Dr. John Robert Evans of Kamloops. The College apologizes for any misunderstanding the newsletter article might have caused.

▶ Maclean's Magazine Ad

The College placed an ad in the 25 September issue of Maclean's magazine, as part of a special annual pharmacy insert entitled "You and Your Pharmacist" developed by the Canadian Association of Chain Drug Stores. The insert includes general disease and drug information, as well as articles about the pharmacist's role and responsibilities. The content of this year's College ad focuses on the role of the pharmacist in the distribution of nonprescription products, especially those available from the self-selection Professional Products Area of BC pharmacies. Consumers are being encouraged to seek out the pharmacist for answers to their questions about this category of drugs.

▶ Exempted Codeine Product Sales

Following the publication of the Council's recommendation concerning the recording of exempted codeine product sales on the purchaser's PharmaNet patient record, the College office received a complaint from a member of the public. The College's solicitor reviewed the recommendation and advised that pharmacists should not enter information about purchases of nonprescription products into the PharmaNet database without the patient's consent. This information could be entered into pharmacies' in-store database. As a result of this review, Council has rescinded Policy EP-36 (Exempted Codeine Products Sales), originally published in the November/December 1999 issue of the *Bulletin*.

▶ Lock-and-Leave Barrier Clarification

The bylaws use the word "surround" in reference to the required barrier to prevent access to Schedule I, II and III products when lock-and-leave arrangements are in effect and no pharmacist is on duty. However, it is permissible to use other methods (e.g. plastic or metal shields) to make individual sections in the Professional Products Area inaccessible to the public.

With the increased use of lock-and-leave arrangements during the past year, the College office has received several complaints from members of the public, expressing concern about reduced operating hours and inaccessibility to Schedule III nonprescription products sold from the Professional Products Area. Consumers have been especially frustrated when they can see the products through the installed barrier, but cannot purchase them. They are unable to understand what value-added services the pharmacist provides, particularly when there has been no interaction with the pharmacist on earlier or subsequent visits to the pharmacy.

Consumers have also been misinformed about the role of the College in the implementation of lock-and-leave arrangements by individual pharmacies. Unless consideration needs to be given to the scheduling status of a drug, it is not helpful for store personnel to refer frustrated consumers to the College office. The implementation of lock-and-leave arrangements is a corporate ownership decision, and consumers should be referred to an owner or owner's representative for further discussion of the arrangement.

▶ Identification of Prescribing Physician

To address the ongoing problem of prescription legibility and physician identity, the College of Physicians and Surgeons of BC Council has passed the resolution that "*by 1 September 2000, all prescriptions written by members of the College be identified by their CPSID number.*"

▶ Midwives Prescribing Schedule Amendments

The government of British Columbia approved amendments to the Midwives Prescribing Schedule, effective 1 August 2000. The amended schedule was mailed to pharmacy managers in late July. It is also available on the College's web site (www.collpharmbc.org).

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Drug Updates



- ◆ Nitroglycerin sublingual tablets and spray (as immediate-release sublingual dosage forms) can be provided to patients as non-prescription Schedule II drugs from the Professional Service Area of pharmacies. All other nitroglycerin products are classified as Schedule I products and require a prescriber's authorization.

Ethics In Practice

This column is prepared by the College's Ethics Advisory Committee to guide members in dealing with different actual pharmacy practice situations.



High-Cost Inventory Options

In circumstances where a pharmacist is required to stock high-cost inventory when limited reimbursement is available (e.g. with Plan C prescriptions), the pharmacist can consider dispensing the prescription on a weekly basis in order to ensure adequate payment of the service. If the pharmacist is unwilling or unable to find an economically viable option, s/he is obligated to assist the patient in making arrangements for another source for the medication. If an alternative source cannot be found, the pharmacist cannot abandon the patient and refuse to dispense the medication.

In Brief

Continued from page 4

▶ Participation in Influenza Immunization

The College encourages members' participation in the 2000/01 BC Influenza Immunization Program this fall, as part of the province's comprehensive campaign focused on health care workers, first responders, seniors, people with chronic conditions and other high risk individuals.

Published data show that infected staff spread influenza among patients and that it is vital for health care providers to be immunized to reduce influenza among their patients. This fall, the Ministry of Health and health authorities are aiming to immunize 80% of vulnerable individuals and the persons who provide care and support to them. Pharmacists can support this important public health initiative by getting immunized and encouraging your patients in the program's target group to get immunized as well.

▶ Methadone Prescriptions for Analgesia

The College of Physicians and Surgeons of BC (CPSBC) has advised that it requires physicians who wish to prescribe methadone for analgesia to be authorized by the CPSBC as methadone prescribers. Although some physicians may be authorized to prescribe methadone for analgesia and for methadone maintenance, they must obtain separate authorizations from their college for each indication.

▶ Prescribers' Drug Samples in Pharmacies

Pharmacists are not permitted to accept prescription drug samples from prescribers for the purpose of dispensing to patients.

▶ Chloroform and Formaldehyde Regulatory Status

Chloroform and formaldehyde are chemicals, but not drugs. Neither substance is scheduled as a "hazardous product" and they can, therefore, be sold to the general public without restriction. There is no restriction (percentage strength or quantity) on the sale of either chemical for therapeutic use. Both chemicals can be sold to the public by any retailer without restriction.

▶ Dextromethorphan Abuse

There are increasing reports of dextromethorphan (DXM) abuse by individuals who purchase nonprescription cough suppressants. The drug produces feelings of euphoria and enhanced awareness that can last up to six hours. Adverse effects include impaired judgement and mental performance, loss of coordination, dizziness, nausea and hallucinations. There are a number of DXM-related web sites which provide street names, dosages, sources and other information about the illicit market for dextromethorphan.



Community Pharmacy Corner / Long-term Care

Quality Manager

This is the second in a series of topics for a pharmacy's quality management program, as suggested by the Long-term Care Committee and the Community Pharmacy Practice Committee. The July/August 2000 *Bulletin* presented general information on what a quality management program is meant to accomplish, and possible approaches for setting up a program, along with a number of possible topics.

Long-term Care Committee	Community Pharmacy Practice Committee
<p>1. Meetings, Reviews and Audits</p> <ul style="list-style-type: none"> ■ Medication Safety and Advisory Committee Meetings <ul style="list-style-type: none"> - Purpose, members, etc. - Scheduling - Agenda (type of topics, discussion with administration, etc.) - Who chairs the meeting; who takes the minutes - Follow-up to decisions made and matters to be looked into - Incorporation of items into Policy and Procedure Manual ■ Medication Reviews <ul style="list-style-type: none"> - How and with whom - Scheduling - Pre-meeting preparation - Documentation - Follow-up with physicians - Confirmation of follow-up results with facility ■ Medication Room Audits <ul style="list-style-type: none"> - Scheduling - Documentation - Follow-up by pharmacy for pharmacy-related matters - Follow-up by facility for facility-related matters ■ Refill Authorization Letters <ul style="list-style-type: none"> - Format used - Scheduling (at medication reviews? immediately following the medication reviews? other?) - Method for ensuring that authorizations have been received in a timely manner - Follow-up methods for non-return of letters - Follow-up of changes authorized by the physician (in pharmacy, with facility) 	<p>1. Confidentiality</p> <ul style="list-style-type: none"> ■ Pharmacy Layout <ul style="list-style-type: none"> - Computer screen position - Location of counselling area - Ways, both physical and verbal, of directing others away from the immediate area so that counselling is confidential - Location of prescriptions waiting to be picked up (security and confidentiality) ■ Handling of Discarded Material <ul style="list-style-type: none"> - Labels, receipts, drug information sheets, and other patient-identified material - Empty labelled prescription vials - Returned blistercards - Old prescription files ■ Personnel <ul style="list-style-type: none"> - Confidentiality forms for non-pharmacist dispensary staff - Procedures to ensure that all staff members understand the range of matters that fall into the category of "confidential" - Limits of those with access to dispensary - Points for staff to be aware of such as voice level on the phone; conversation within the dispensary (both patient-related and general chit-chat) - Consideration of a patient's level of sensitivity about certain matters ■ Monitoring of Confidentiality Policies <ul style="list-style-type: none"> - Periodic checking of garbage containers - Periodic assessment of what the public's perception must be of your procedures, condition of pharmacy, and staff/patient contact (i.e. put yourself in the position of the patient)

Long-term Care

Flu Season is Coming

Be prepared for the flu season. As most long-term care pharmacists know from experience, when flu hits a facility, the appropriate protocol needs to be implemented immediately. Now is the time to ensure that policies and procedures are in place in anticipation of a flu epidemic.

- ▶ Contact the Health Unit for your area to obtain the influenza protocol.
- ▶ Ensure that the vaccination program is ready to go as soon as the new vaccine is available.
- ▶ Discuss the policies and procedures with the administration and nursing staff at the facility well in advance of the flu season.

(Continued on page 8)



What Went Wrong?



Dear College:

I have taken Premarin for over 5 years. The last time I had my prescription dispensed I didn't notice until I got home that the pharmacist gave me CES. When I asked the pharmacist why they did that, they said they could if they wanted to, and if I wanted Premarin I should have specifically told them that. How am I supposed to know what their rules are? Couldn't they see from my history that I've been on Premarin for a long time? They should have talked to me about this first.

Perplexed about Premarin

Dear College:

My prescription for CES was dispensed with Premarin. When I went back to the pharmacy to ask why they had done that they said it was because they were out of CES. I now understand that a pharmacist may automatically substitute these two medications, but I made a conscious decision to use CES, and I think they should have discussed this with me first.

Serious about CES

Dear College:

I have been on Tegretol for three years. I went to the pharmacy to pick up a refill and was given carbamazepine. As I was walking away and reading the label I realized I didn't know what carbamazepine was. I asked the pharmacist and he said it was a different brand of Tegretol. I am concerned that they changed it without telling me. How was I supposed to know it was the same thing?

Concerned on Carbamazepine

Section 30.(2) of the *Pharmacists, Pharmacy Operations and Drug Scheduling Act* states that if a practitioner has not indicated "no substitution," a pharmacist may dispense an interchangeable drug provided its price to the purchaser does not exceed that of the prescribed drug. Although pharmacists have the authority to undertake product selection for interchangeable drugs without contacting the physician or the patient, many patients become concerned when they are not informed that they are being given a brand name or generic product different than what the physician ordered.

The public is not generally aware of the pharmacy regulations about product selection. Informing patients that their prescription has been dispensed with a generic product should be a routine part of the patient counselling process. This provides the patient with the opportunity to ask further questions about the medication they are receiving, or to tell the pharmacist if they have a concern. Talking to patients about the substitution of interchangeable drugs, and the reasons for the substitution helps them become informed consumers. This can decrease the possibility of confusion over their prescription medication and improve their ability to take their medication appropriately.



Rx C.A.R.E Program

Resource Guide

The College's "Resource Guide for Pharmacists" is now available to assist pharmacists who wish to prepare for ³C.A.R.E. Program assessments or who have identified learning needs during the Level 1 phase of the program. The 40-page document is an extensive list of resources, including reference texts, web sites, information lines, continuing education programs, pharmaceutical care documents and other professional development tools.

The guide was prepared by British Columbia pharmacist Rola Khalil-Priatel and UBC pharmacy student Gabriel Loh. It will be revised and updated periodically.

Interested pharmacists may view the Resource Guide on the ³C.A.R.E. Program web site (www.rxcare.com) or the College's new web site (www.collpharmbc.org). The guide is also available from the College office upon request for the cost of photocopying and mailing (\$15 plus GST).

Level 2 Commences

Because Level 1 of the ³C.A.R.E. Program is a screen (assessing only certain aspects of practice), the Council of the College supported the Board of Examiners' proposal to select a percentage of successful Level 1 participants for participation in Level 2, along with Level 1 participants who did not meet the standard or who did not provide sufficient information using their chosen Level 1 assessment tool. Instead of having all 900 Cycle 1 pharmacists complete both Levels 1 and 2, the Council determined that only 20% would be randomly selected and required to do so. All the selected individuals have now been notified.

A stratified random selection process was used to make the 20% selection. The decision to use this technique was based

on evidence from the ³C.A.R.E. pilot program and the Quality Assurance Research Project which preceded it, both of which showed that pharmacists in certain subgroups (e.g. those who are involved in providing or supervising patient care services less than 40 hours per month) do not perform as well on any of the available assessments. Also, a significantly higher percentage of those who practice less than 40 hours per month and met the Knowledge Assessment standard did not meet the standard on a performance assessment, when compared to pharmacists who provide or supervise patient care services more than 40 hours per month. There is a need, therefore, to more fully assess both their performance and their knowledge. In terms of testing and assessment principles, this is an acceptable procedure.

Participants who met the standard at Level 1 but fail to meet the standard at Level 2 will be reviewed individually by the Board of Examiners. A deficient Level 2 result does not automatically supersede a successful Level 1 result. Level 2, taken with the information from Level 1, assists in providing a more complete assessment. Each of the different assessment choices has strengths in terms of assessing the various roles, functions and activities included in the Framework of Professional Practice. Because the results of two different assessment tools would be available, the Board of Examiners would consider the results of both assessments together to determine whether the standards have been met or demonstrated.

Pharmacists with questions about the current phase of the ³C.A.R.E. Program are welcome to contact Doreen Leong, Acting Director of Assessment Programs, at the College office.

Long-term Care (flu season)

Continued from page 6

- ▶ If an Amantadine protocol is to be initiated, it is highly recommended that you have a start-up quantity of that drug in the contingency supply at the facility.
- ▶ Make sure staff at the facility understand that an individual order is required for Amantadine prior to administration, just as it is with all contingency medications.
- ▶ Start obtaining residents' weights and serum creatinine levels in September. Unless a person has had a subsequent illness, serum levels obtained within six months of the Amantadine being administered are generally considered to be acceptable. Confirm this point with your Health Unit.
- ▶ With this information, each resident's dosage of Amantadine can be calculated well ahead of a flu outbreak.
- ▶ Other information is available from the Health Canada web site - www.hc-sc.gc.ca, then access Flu Watch, then access the link to Statement on Influenza Vaccine for 1999-2000.



The Importance Of Accurate Patient Records

A pharmacist recently contacted the College regarding a prescription appearing on a PharmaNet patient record. The pharmacist had talked to the patient, who stated he had not received a prescription on that particular date. Because the medication to be dispensed was a narcotic, the pharmacist was unwilling to dispense it without clarification.

In situations such as this, the pharmacist dispensing the prescriptions can be contacted to find out if the prescriptions were dispensed and if the patient picked them up. Pharmacists may contact the PharmaNet Help Desk or the College office to determine the pharmacy that dispensed the medications in question. In this case, the pharmacist had dispensed the prescription to correct a billing problem on a previously dispensed prescription, but had not backdated the prescription to the original prescription date prior to transmitting the prescription to PharmaNet.



In all cases where a prescription has to be reversed and transmitted to PharmaNet for any reason, it must be done using the original prescription date and not the current date.

Pharmacists are reminded that other pharmacists, emergency department physicians as well as a number of physicians in private practice are making professional judgements based on the PharmaNet patient record. Addition of prescriptions that have not been dispensed leads to confusion and, potentially, refusal to dispense or perhaps refusal to treat a patient.

Contingency Medications Or Ward Stock For Long-term Care

Medication transferred to a long-term care facility or to a group home as contingency or as ward stock must not be transmitted to PharmaNet. These medications must be treated as a "stock trans-

fer" and recorded on the local computer system only. Once an order has been received for a specific patient, that prescription must then be transmitted to PharmaNet using the patients' Personal Health Number (PHN).

PharmaNet has recently become aware of a number of instances where PHNs have been created for this purpose. PHNs are intended for use only by patients and must not be created for clinics, facilities or practitioner offices.

In addition, some pharmacies are transmitting contingency medications using their Office Use PHN or O-Med PHN. This PHN is intended to be used for those medications sold to practitioners or clinics for administration to patients. The information on these PHNs is used by the College of Physicians and Surgeons and other colleges for monitoring their members' purchase of medications for office use.

Resource Source



◆ "Your Health" Booklets

A limited number of copies of the *Your Health* digest-sized magazine for the public from the Ministry of Health are still available from the BC Pharmacy Association. Pharmacies that missed out on the recent distribution can receive their 50 copies via the BCPHA office at Tel: (604) 279-2065 or 1-877-672-2211.

◆ Stop-Smoking Program Web Site

The BC Doctors' Stop-Smoking Program, from the Society for Clinical Preventive Health Care, has an informative web site for health professionals and their patients who are smokers - www.bcdssp.com.

◆ Electronic Organ Donor Registry

The BC Transplant Society's web site at www.transplant.bc.ca is now up and running to provide electronic registration via the web. To register, individuals complete an on-line registration form, print and sign it, and then fax it to a dedicated number where the system automatically (i.e. no paper faxes) accepts and processes the registration.

◆ Informative Pharmacotherapy Web Site

The world's first completely on-line peer-reviewed journal dedicated to pharmacotherapy can be viewed at <http://www.informedpharmacotherapy.com>. The site includes peer-reviewed research articles, evidence-based reviews of the pharmacotherapeutic literature, issues in pharmacotherapy practice, research abstracts, and information on other pharmacotherapy web sites.



College Staff Contact List

(* Indicates part-time staff)

	Ext.
Reception/General	200
Kelly Baker-Pabla <i>Administrative Assistant - Reception</i>	200
Sharon Clark <i>Hospital Pharmacy Practice Consultant</i>	237
Anouk Crawford <i>Administrative Assistant</i>	214
Elsie Farkas <i>Administrative Assistant - Registration/Licensure</i>	212
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Donna Hayward* <i>Community Pharmacy Practice Consultant/ Inspector - District 3</i>	404
Ashifa Keshavji <i>Pharmacy Practice Consultant (office-based)</i>	238
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Elizabeth Winter <i>Community Pharmacy Practice Consultant/ Inspector - Districts 1 and 2</i>	242

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



Plan To Attend

- ▶ **Panel Assessments**
Saturday, 4 November
- ▶ **Forensic Assessments**
Friday, 3 November
- ▶ **College Annual General Meeting**
2 pm - Thursday, 12 October
Renaissance Vancouver Hotel,
Harbourside
- ▶ **BC Pharmacy Conference**
"Pharmacists at Work"
12-15 October
Renaissance Vancouver Hotel,
Harbourside
- ▶ **Seamless Care Workshop**
"Models and Tools That Work"
29 September - 1 October
Far Hills Resort, Laurentians Quebec
Information: R. Ensom, St. Paul's
Hospital, Tel: (604) 806-8147
- ▶ **4th International Conference on
Pharmaceutical Competence**
"Developing the Global Pharmacist"
15-18 October - \$595 fee
Congress Centre - Ottawa
Information: NAPRA, Homepage:
www.napra.org
- ▶ **Western Canada Nutrition Day**
Workshop on developments in the
science and practice of nutrition support
Saturday, 14 October - \$115 fee
University of Alberta, Edmonton
Information: U of A, Tel: (780) 407-
6346 / Homepage: www.ualberta.ca/cme
- ▶ **International Medicine and
Tropical Diseases Conference**
24-25 November - \$99 fee
Victoria Conference Centre
Information: Nova Clinical Services,
Tel: (250) 658-6056

People News



Announcements

- ▶ At the College office, **Geeta Parmar** is the new Administrative Assistant - Professional Services, and **Samantha Towler** is the new Administrative Assistant. **Elizabeth Winter** has an 18-month term appointment as a Pharmacy Practice Consultant for Districts 1 and 2. Administrative Assistant - Professional Services **Arina Reddy** has left the College for residency in the U.S.
- ▶ The BC Pharmacy Association has announced its officers for the 2000-01 term, with **Marshall Moleschi** the new President, and **Geoff Squires** President-elect.

Achievements

- ▶ Congratulations to the following recipients of the College's

Certificate of Merit:

Greg Atherton, Michele Babich, Caroline Chin, Ken Foreman, Erica Gregory, Melissa Haynes, Lorna Kroll, Ken McGregor, Joe Murphy, Alistair Palad, Gurinder Saran, Michael Tellis, Debbie Thompson and Colleen Wong. David Hill, Mits Miyata and Susan Simosko are proud recipients of the College's **Certificate of Honour**.

- ▶ The BC Pharmacy Association's Board of Directors has voted an Honourary Life Membership in the Association to **Ron Stein**.
- ▶ **Anne Sawoniak**, a 1999 UBC Faculty of Pharmaceutical Sciences graduate, was presented with the Canadian Pharmacists Association-Apotex/PACE Future Leader Award at the CPhA conference in June.

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.