



Council Pushes For Ban On Tobacco Sales

Concerned about the ongoing sale of tobacco in British Columbia pharmacies, the College is actively pursuing this issue with the provincial government. "The majority of our members have told us they want tobacco out of our pharmacies," says President Erica Gregory. "They see it as unethical to sell tobacco and work in health care." Since 1994 Ontario, Quebec, New Brunswick and Nova Scotia have stopped selling tobacco products in pharmacies. In Newfoundland tobacco sales are being phased out, resulting in a complete ban by 2005. Alberta is considering legislation while Prince Edward Island and Saskatchewan have voluntary bans.

Nearly two years ago, at the College's annual general meeting, B.C. pharmacists voted overwhelmingly to prohibit the sale of tobacco products in any store that has a pharmacy. A wide range of health care professionals and organizations support this position, including Dr. John Blatherwick, Medical Health Officer for the City of Vancouver; the B.C. Cancer Agency and the Canadian Cancer Society; the B.C. Lung Association and the Asthma Society.

Shortly after the provincial elections last fall, the College initiated dialogue with the new Liberal government. In June, responding to a question from Minister of Health Planning Sindi Hawkins on how restrictions will

work, President Erica Gregory wrote, "Our intention is that licensure of a pharmacy would not be permitted if tobacco products were sold anywhere within the premises in which the pharmacy operation is located, regardless of the size of the premises. Our Council has been asked to ensure that there is a 'level playing field,' meaning that all pharmacy owners be required to function with identical requirements."

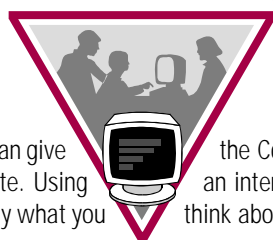
(Continued on page 4)

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

Talk Back On The College Web Site



Starting this autumn you can give the College your feedback online, via the College web site. Using an interactive questionnaire you can tell the College directly what you think about new programs and initiatives.

This marks the launch of the Interactive Phase Two of the College web site, expanding information available to you electronically. The first two interactive questionnaires planned for the web site will enable you to:

- ◆ comment on the new draft Framework of Professional Practice
- ◆ critique the College web site

"By the end of 2003 we hope to provide registration renewal on line," says Doreen Leong, Assessment Programs Director, who manages the web site redevelopment. Other possibilities include using the web site to fill in forms ranging from applications for assessments to pharmacy manager self-audits.

For more information, please contact Doreen Leong, Assessment Programs Director, at the College. Ext. 203. E-mail: DLeong@bcpharmacists.org.

Table Of Contents

News Stories	1-6
In Brief	7
Committee Profile	7
Long-term Care	8
Ethics In Practice	9
Drug Updates	10
Community Pharmacy Corner	10
Q&A	10
Resource Source	11
Plan to Attend	12
People News	12
Councillor Contact List	12



Consultation Project Update

Video conferencing puts you in the picture



For the first time ever, pharmacists can take part in the College’s annual general meeting without travelling to Vancouver. By using interactive video conferencing, pharmacists can ask questions and vote on resolutions from six locations around British Columbia.

During questions, discussion and debate, all locations will see and hear a person speaking from any one of the remote locations. When voting on resolutions, a show of hands at each location will be recorded and reported live to the meeting in Vancouver.

“During the Consultation Project members told us they wanted the College to make it easier for them to get involved,” says Registrar Linda Lytle. “In particular, pharmacists who don’t live in the Lower Mainland felt shut out of our annual general meeting.” As a result the College invested \$7,500 in a pilot video conferencing project for this year’s meeting. “We really hope that lots of members take this opportunity to get involved,” says Linda. “Depending on the response and how well the system works, we will decide whether or not to use the same set-up next year.”

All you need to participate is your diploma number when you sign in at the video conferencing location nearest you. If you are planning to attend please register by 16 November 2002, so that the College can make seating and catering arrangements.

CPBC Annual General Meeting

2 - 4 pm, Saturday, November 23, 2002

Vancouver - Pacific Palisades Hotel, 1277 Robson Street

Video conference centres:

- Victoria, Delta Victoria Hotel, 45 Songhees Road
- Cranbrook, College of the Rockies, 2700 College Way (3 - 5 pm MST)
- Kelowna, Jarvis Business Centre 4th floor reception, 1708 Dolphin Avenue
- Prince George, Noratek Solutions, 200 - 1515 2nd Avenue
- Terrace, North Coast Distance Education School, 3211 Kenney Street

To register:

- Telephone: 800-663-1940 Ext. 220
- Fax: 800-377-8129
- E-mail: registration@bcpharmacists.org
- Web site: www.bcpharmacists.org, under What's New for link to e-mail registration

NAPRA Launches Free, Secure E-Mail Service

Every pharmacist in B.C. can now create their own personal e-mailbox and password using the National Association of Pharmacy Regulatory Authorities’ free, secure, web-based e-mail service. Launched in June 2002, this service enables you to access your e-mail wherever you are. E-mail messages will continue to supplement traditional mail delivery until detailed transition plans are finalized.

“The idea sounds promising.”
Kurt Simonson

“I will be checking my e-mail on a regular basis to know what is going on with the CPBC.” *John Yagi*

“Maintaining another mail account is a burden.”
Allan McKinnon

Unfortunately, due to the service’s security system, which uses on-line banking technology to scramble all data, you can’t forward e-mail messages to an existing e-mail account. This limitation frustrates many users. Registrar Linda Lytle, who raised this concern with the NAPRA Executive Director, says, “This feature applies to all the provinces. Some of the other registrars want the current security levels. I’m not amongst them but I seem to be in the minority. I will keep working with NAPRA to see if I can get some flexibility on this issue.”

NAPRA has explained that it is aware of quirks with this system. These are due to the system being web-based, which means it is not able to work to the same standard as a fully-functioning desktop e-mail application. NAPRA will continue to examine ways to further improve and customize the system to meet users’ needs.

If you have any questions about your e-mail address or password, how to bookmark the webmail log-in page, how to upgrade to Netscape 6.1 or how to access your e-mail, please contact Melva Peters, PharmaNet Coordinator, at the College. Ext. 223. E-mail: MPeters@bcpharmacists.org.



TechWise Update

Enhancing the role of pharmacy technicians

The goal of Council's TechWise Project is to ease the pressure on front-line pharmacists by helping them make better use of pharmacy technicians. "Many community pharmacy managers don't realize how much pharmacy techs can do," says Sue Aro, Coordinator of the Pharmacy Technician Program at Vancouver Community College.

Lack of standardized training is one of the biggest problems. Right now at least 38 different organizations in British Columbia offer pharmacy technician training programs, making it impossible for an employer to know what to expect from a newly qualified technician. "People should know that high fees and impressive sounding qualifications don't necessarily mean better training," warns Sue.

There is no such thing in B.C. as an "accredited" pharmacy technician program or a "certified" B.C. pharmacy technician, despite what some students may be told. Even the names of schools are confusing. "There is a new private school called Vancouver Career College, a.k.a. VCC, and our place, Vancouver Community College," says Sue. "Employers think we are one and the same but we are not."

The "original" VCC has been teaching pharmacy technicians since 1974. A broad range of skills are taught including the preparation of prescriptions, compounding, preparing sterile products, operating computer pharmacy software programs, and knowing what functions technicians can legally perform. Students become familiar with 250 of the most commonly prescribed drugs in both community and hospital

practice and receive on-the-job training in both hospital and community pharmacies.

Unfortunately not all the programs are the same, so Sue offers the following tips for measuring the skills of job-hunting pharmacy technicians:

- ▶ Ask where the applicant did their practicum and how long it was
- ▶ Ask who taught them - was it a pharmacist, pharmacy technician, nurse, physician...?
- ▶ Contact their practicum preceptor as a reference
- ▶ Find out which pharmacy computer software programs they know how to use
- ▶ Provide some sample prescriptions and ask the applicant to translate them
- ▶ Give the applicant a prescription to make a cream and ask them how they would make it, or better yet, have them demonstrate their compounding skills
- ▶ Have them do a math calculation

Another key issue is access to PharmaNet. In hospital pharmacies - which dispense medications without using PharmaNet - technicians are encouraged to handle time-consuming computer processing. The situation is entirely different in community pharmacies. "In many pharmacies, technicians are totally underused. There is a lot more that they could do to help the busy pharmacist," says Sue.

"Unfortunately they are often relegated to counting pills and filing."

"The problem for community pharmacists," comments Registrar Linda Lytle, "is that PharmaNet records show the pharmacist's ID

for each access. This concerns pharmacists who don't want their names on the access records when a technician has been involved."

Councillor Wayne Rubner, who spearheads the TechWise Project, is confident solutions can be developed. "This project is one way we may be able to provide help to front-line pharmacists," he says. "A shift to greater emphasis on the patient rather than the product will benefit the profession and clearly meets the mandate of 'safe and effective pharmacy practice outcomes for the people of British Columbia.'"

For more information on the TechWise Project please contact your District Councillor (see list on page 12).

Check Out Workforce Survey On Col I ege Web Site

Demand for pharmacists remains high according to the second annual Community Pharmacy Workforce Survey Report. With 28% of pharmacies responding to the survey, results show that vacancy rates in British Columbia have dropped only slightly, down from 11.5% last year to just under 10% this year. One manager commented, "It's an ongoing problem that will almost invariably worsen due to changing demographics and the resulting demand."

According to pharmacy managers, the pharmacist shortage is most urgent in the East Kootenays, Peace Liard and the Northern Interior, while Richmond, West Kootenay-Boundary and Vancouver are among the least affected. The report projects 261 pharmacist vacancies over the next year, and 171 pharmacist technician/assistant vacancies.

To find out how this shortage is affecting community pharmacists check out the full report at www.bcpharmacists.org.



Advanced Practitioner Credentialing Update

Experts selected for specialty councils

More than a dozen well-respected pharmacists and physicians have agreed to take part in the first phase of advanced practitioner credentialing (APC). Working as Specialty Councils, they will develop APC competency statements and determine services that can be safely and effectively provided. Their goal is to enable advanced practitioners to:

- ▶ Provide primary care to patients
- ▶ Order and interpret laboratory tests
- ▶ Help patients prevent symptoms and complications
- ▶ Manage all aspects of drug therapy

Many innovative pharmacists in British Columbia are already providing these services under collaborative agreements. In Alberta, the College of Pharmacists' Steering Committee for Prescribing by Pharmacists proposes pharmacists be permitted to prescribe drugs, vaccines, parenteral nutrition and blood products within the limits of the pharmacist's competence and the practice environment.

With APC, British Columbia pharmacists who demonstrate a high level of knowledge and ability could be formally acknowledged by their peers, patients and other health care providers. Greater use of pharmacy technicians and automation could help pharmacists free up time to work with patients as advanced practitioners.

The next step is to increase the depth of education programs offered to pharmacists. The APC Committee is working closely with UBC Continuing Pharmacy Education and the Faculty of Pharmaceutical Sciences to integrate education programs and credentialing.

The APC Committee welcomes feedback and input, particularly from pharmacists with concerns about the credentialing project or who wish to get involved. For more information, please contact Dr. Brenda Osmond, Staff Resource, Advanced Practitioner Credentialing Project at the College. Ext. 202. E-mail: BOsmond@bcpharmacists.org.

Ban On Tobacco Sales

- Continued from page 1

In late August, Registrar Linda Lytle and Deputy Registrar Brenda Osmond had frank discussions with Deputy Minister of Health Dr. Penny Ballem and other senior government officials who asked for more information on the economic impact of a tobacco ban. On 20 September 2002, Council reviewed its options regarding how best to proceed. Details were not available before printing the *Bulletin*, and are included in the *Council Commentary* sent to all pharmacists.

For more information please contact Registrar Linda Lytle at the College. Ext. 201. E-mail: LLytle@bcpharmacists.org.

New CSHP-B.C. Mentorship Program

The Canadian Society of Hospital Pharmacists - B.C. Branch planned a new Mentorship Program over the summer and is pleased to introduce it this fall. The program is designed to increase student awareness of hospital pharmacy and its many aspects including the roles of the pharmacist, the pharmacy dispensary and how the hospital system works.

In October interested UBC pharmacy students will be assigned a mentor and initially introduced to him/her via e-mail and an orientation meeting. Each mentor and student will then schedule hospital visitations between the fall and April. Students must sign a confidentiality form and statement of understanding prior to visits.

The duration, goals and activities of the sessions are based on the students' interests and guidelines outlined for each year of pharmacy studies. A first year student might spend up to one day at the hospital, while a fourth year student could spend up to seven days. Opportunities for job shadowing and doing hands on work will also be explored.

The mentors and students will attend a final meeting in spring 2003 to discuss their experiences and provide feedback on the program.

For further information on the Mentorship Program, contact Vincent Mabasa, Student Membership Coordinator for the CSHP-B.C. Branch. E-mail: student@cshp-bc.com.



New Provider Registry System: Single-Source Information

The Provider Registry System (PRS) is an up-to-date, central registry of provider data and is one of the core building blocks for a comprehensive electronic health record. The system was developed by the Western Health Information Collaborative (WHIC).

Within 12 months, the PRS will be implemented in B.C., Alberta, Saskatchewan and Manitoba. Implementation will begin in B.C. in October 2002, using select provider information from the College of Physicians and Surgeons. The CPBC Council has approved the provision of pharmacist data to PRS, similar to the data already provided to PharmaNet. Implementation is expected by December 2002.

The new system will have the advantage of reducing the College office workload while continuing to protect confidential

personal information about College registrants. Any new requests for access to data pertaining to B.C.-registered pharmacists will require College Council approval.

Once implemented, approved consumers of data (such as the B.C. Cancer Agency and the Health Regions) will be able to request access to the provider data from the appropriate regulatory authority. Access will be on a need-to-know basis. Depending on the purpose, permission may be granted to all information or to a limited number of data elements.

The PRS is a joint initiative of the four western provinces, with B.C. taking the role of lead province. This project has successfully pioneered the concept of multi-provincial collaboration and is partially funded by Health Canada.

Faculty Welcomes New Dean

UBC is very pleased to announce that Dr. Robert Sindelar accepted the position as Dean of the Faculty of Pharmaceutical Sciences, and joined the Faculty on 1 September 2002. Dr. Sindelar came from the University of Mississippi, where he served as Professor of Medicinal Chemistry and Research Professor, at the National Center for the Development of Natural Products, Research Institute of Pharmaceutical Sciences.

Dr. Sindelar's love of teaching has been recognized over the years with numerous teaching awards. His administrative and leadership strengths have served him well during his tenure as Interim Dean for the School of Pharmacy, and Interim Executive Director of the Research Institute of Pharmaceutical Sciences at the University of Mississippi.

Dr. Sindelar's positive attitude, enthusiasm, and strong commitment to excellence in all areas of the profession will be a tremendous addition to the Faculty.

The College joins in welcoming Dean Sindelar and looks forward to working with him at the Faculty and as a new member of the College Council.

2002 and 2003 Hospital Pharmacy Residency Programs



The Directors and Coordinators of the British Columbia Hospital Pharmacy Residency Programs and the Faculty of Pharmaceutical Sciences would like to congratulate the following individuals on their successful completion of the Residency Program in 2002:

BC Children's Hospital - Janet Smith

Lions Gate Hospital - Bernie Leung, Rumi Pattar

Simon Fraser Health Area - Jonathan Lau, Jenie Le, Shelly Spina, Sunita Stenton

Surrey Memorial Hospital - Sandra Howie

St. Paul's Hospital - Daphne Chow, Karen Dahri, Jody Harper, Gabriel Loh

Vancouver Hospital and Health Sciences Centre - Trana Hussaini, Katie Lacarria, Vivian Leung, Anne Sawoniak, Denise Sprague

For more information about the Hospital Pharmacy Residency Program or to download an application package, please see www.ubcpharmacy.org/residency.

The application deadline for the early start residency (February 2003) offered by the Simon Fraser Health Area (2 positions); St. Paul's Hospital (3 positions); and Vancouver General Hospital (2 positions) is 25 October 2002. The application deadline for the June start residency is 15 November 2002.



FPP Review

Pharmacists define key roles

Eight pharmacists have volunteered to conduct a systematic review of the Framework of Professional Practice (FPP). Their goal is to revamp the FPP so that it reflects day-to-day practice and provides a foundation for all College programs and a new framework for the inspection process.

At an initial meeting on 8 July 2002, the FPP working group endorsed the basic structure of the FPP and recommended changes relating to drug distribution, education and research. Their input formed the basis for developing a new draft FPP. They identified five key roles which define what it means to be a pharmacist:

- ▶ Providing pharmaceutical care
- ▶ Producing, storing, distributing and disposing of drug preparations and products
- ▶ Contributing to the effective operation of the pharmacy practice
- ▶ Maintaining professional development and contributing to the professional development of others
- ▶ Contributing to the effectiveness of the health care system

The FPP working group met again in September to review the new draft and provide additional comments. The College is mailing the draft FPP, together with a validation survey questionnaire, to a randomly selected group of pharmacists by the end of September. In addition, the College intends to make the draft FPP available to all pharmacists on the College web site in October.

Registrar Linda Lytle says, "During the Consultation Project pharmacists told us the existing Framework of Professional Practice was out of touch with the day-to-day realities of practice. We've gone back to square one to create a new approach. A good response rate to this new draft is essential if we are to develop a truly effective program."

Please check your NAPRA e-mailbox for steps on how to provide feedback on the new draft FPP. For more information please contact Doreen Leong at the College. Ext. 203. E-mail: DLeong@bcpharmacists.org.

FPP Working Group

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

Practice Consultants' Role Evolving

"Give us more practice support. Enforce rules and regulations consistently." That's what pharmacists told the College during the Consultation Project. In response the College has initiated a complete review of the role of inspectors, also known as practice consultants.

Working with a facilitator, the College's five inspectors, Donna Hayward, Sharon Kerr, Margaret McLean, Regan Ready and Elizabeth Winter, identified four elements that make up their job:

- ◆ Mentoring pharmacists who need information and advice
- ◆ Acting as ambassadors for the College, communicating policies, practices and new services
- ◆ Keeping up-to-date on professional practice standards and quality assurance programs
- ◆ Inspecting pharmacy practice to protect the public

It quickly became obvious that since most pharmacists are doing an excellent job, inspectors spend most of their time being practice consultants. This raised fundamental questions about what it means to be an inspector, and whether their entire job description should be rewritten to place more emphasis on practice support.

Based on their input, the facilitator developed an occupational analysis detailing their day-to-day activities. The group also looked at how parts of their job relate to the FPP. The next stage is to draft a new inspection form based on the new draft FPP to make sure standards are implemented consistently across the province.

For more information please contact Linda Lytle at the College. Ext. 201. E-mail: Llytle@bcpharmacists.org.



Jurisprudence Examination Committee Wants You

Ever wondered who thinks up the legal questions on the jurisprudence exam (formerly called the forensic assessment)? It could be you. The Jurisprudence Examination Committee meets about six times a year to develop questions based on the *Pharmacists, Pharmacy Operations and Drug Scheduling Act* and Council policy. Committee members review exam questions for ambiguity and content.

“We need practising pharmacists who can develop questions based on real life experience,” says new committee Chair Maria Ton. “We want that experience to make sure questions are easy-to-understand, relevant and current.” Members don’t have to live in the Lower Mainland to be part of the committee. “They can contribute questions and correspond with committee members by e-mail,” says Maria.

“Being on the committee helps me keep up-to-date and it’s a great review of the laws we practise under,” says Maria. “It’s great to work with Sharon Kerr and all the volunteers. We usually meet on Tuesday nights and we always have great food.”

Committee members:

Maria Ton (Chair)	Sylvia Ghoshal
Caroline Chin	Alza Pang
Agatha Ching	Diana Smedstad
Gianni DelNegro	Colleen Wong

For more information, please contact Sharon Kerr, Assessment Programs Administrator. Ext. 239. E-mail: SKerr@bcpharmacists.org.

Volunteering for personal growth and professional advancement

Taking part in a College committee provides opportunities to network with other pharmacists, enhances your practice by increasing your knowledge of the profession, and looks great on a resume. It’s also an essential part of keeping our profession up-to-date and well-respected. Being a self-governing profession means it’s up to individual pharmacists to get involved with committees and Council which directs College staff on how to manage our profession.

New volunteers are always needed. Committees should reflect the diversity of our profession, with members from community and hospital practice as well as academic, research and management pharmacists. Committee members need no qualifications other than a willingness to get involved.

Starting in this issue, the *Bulletin* will profile a Council committee in each publication.



In Brief

► Providing Feedback on PharmaNet

The PharmaNet Users Group was discontinued in early 2002 due to the minimal number of PharmaNet problems needing to be addressed. However, other channels are available to communicate any concerns that may arise about PharmaNet.

Pharmacists can get in touch with:

- PharmaNet Coordinator
Melva Peters at the College office
- the software vendor
- the chain store’s training coordinator (where applicable)
- Pharmacare (for adjudication concerns)

The PharmaNet Users Group can also be reconvened as a task group when pharmacist guidance is required on a specific initiative.

► Direct Number for DPIC

The Drug and Poison Information Centre has a new direct phone number so callers do not have to go through the switchboard any more. The number is 604-806-9104, toll free 1-866-298-5909.

► NAPRA Annual Report

The National Association of Pharmacy Regulatory Authorities’ new 2001-2002 annual report is now posted at <http://www.napra.ca/pdfs/about/annualrpt01.pdf>.



Long-term Care

Unlicensed Residences

Pharmacists should be aware that, in an effort to reduce unnecessary regulations and to permit a more home-like atmosphere, the government is reassessing the need for licensing homes and facilities under the *Community Care Facilities Act* in some instances.

Some facilities and care homes are being de-licensed, and some new residences are opening without being required to be licensed.

What does this mean to the pharmacy?

1. The residents are now just like residents in their own homes.
 - They are expected to order, store and administer their own medications.
 - Their medications should be dispensed in prescription vials or compliance packaging according to their wishes. They no longer have medications dispensed in the usual monitored dose cards, as they are not being stored, administered or charted by the staff.
 - They require the same counselling as is required for other patients under Bylaw 5(44).
 - They should have the same expectation of confidentiality as any other member of the community. For example, pharmacy staff is not at liberty to discuss their medications with staff at the residence. Pharmacy cannot leave a “depot

delivery” at the reception desk. For any exceptions to the usual security and confidentiality requirements, the pharmacy should have written authorization from the resident.

2. Bylaw 7 no longer applies

- No Medication Safety and Advisory Committee meetings are required.
- No Resident Medication Reviews will be held. These residents are in charge of their own health care, and so this becomes a confidentiality matter.
- No medication room inspections are required, as there should be no medication room.
- Contingency medications must **immediately** be removed from the premises.
- There will be no Standing Order authorizations required, as the residents are free to get whatever over-the-counter medications they want from any source that they want.

3. Medication Orders

- Council policy regarding dispensing on the transmission of an order by an RN does **NOT** apply. The policy applies only to a residence licensed under the *Community Care Facilities Act*.

Verbal Orders From Facility Nurses

Council has recently re-confirmed its current policy (see page 9) regarding the dispensing of prescriptions for a resident of a licensed care facility or care home when transmitted by a nurse at that facility.

- ▶ Pharmacists may continue to use their judgement as to whether or not it is necessary for them to confirm the order with the practitioner.
- ▶ For the purposes of this policy, the definition of “nurse” continues to be **ONLY** a Registered Nurse, a Registered Psychiatric Nurse or a Licensed Graduate Nurse. (Licensed Graduate Nurse is a designation that pharmacists will probably no longer come across. It was a designation used prior to the RN program.)

- ▶ Facilities will have their own policies as to the responsibilities of LPNs within the facility. Pharmacists may, of course, accept information from LPNs or other care workers. However, an order can be dispensed **ONLY** after direct communication with the physician.

The decision followed a year of discussions by the Long-term Care Committee, and meetings between the Registrar of the College of LPNs and both the Long-term Care Committee and Council.

The College of LPNs is currently involved with a major upgrading program that is expected to result in all LPNs having the same level of pharmacology and medication training. Our College will continue its contact with the College of LPNs as that program progresses.

(Continued on page 9)



Ethics In Practice

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

Professional Boundaries



The Ethics Advisory Committee has now finalized its recommendations concerning the maintenance of professional boundaries. A draft proposal was published in the January/February 2002 *Bulletin*, and three responses with suggestions for improvement were received. These were reviewed at a recent committee meeting and adjustments were made to the wording of the draft. The final version below is provided as guidance to pharmacists.

A patient is any individual for whom a pharmacist dispenses prescriptions and provides pharmaceutical care and for whom they have a patient record (profile). The guideline applies to conduct with all patients, regardless of their consent for a pharmacist's conduct to be otherwise. If a pharmacist's professional relationship with a patient is limited to consultations pertaining to nonprescription products, the guideline does not apply.

Pharmacists who work and live in the same community have many casual acquaintances and friendships with people who live in that community. When someone who has a personal relationship with a pharmacist becomes a patient, the relationship moves from the personal to the professional. It is the pharmacist's responsibility to clarify this new professional relationship with the patient in order to provide appropriate pharmacy care. If unable to clarify that the relationship is professional, the pharmacist should withdraw and arrange for a colleague to provide the required professional service to the patient.

Any act of abuse or harassment of a patient, customer, staff person and/or colleague is unacceptable, and such actions may constitute professional misconduct and/or criminal offence. Ignoring harassment or abuse is equal to condoning the abuser's actions and further harming the victim. Abuse can be sexual, physical, verbal and/or emotional.

Harassment is defined as any unwelcome action, whether verbal or physical, on a single or repeated basis, which humiliates, insults or degrades, and includes harassment on the basis of race, colour, sex, religion and political affiliation, national or ethnic origin, age, mental or physical disability, sexual orientation, citizenship, creed, record of offenses, and marital or family status.

Guidelines

- ▶ Pharmacists shall not have sexual intercourse with their patients.
- ▶ When acting in a professional capacity, pharmacists shall not engage in touching of a sexual nature with their patients.
- ▶ All behaviour or remarks of a sexual nature used by pharmacists in dealing with patients shall be of a clinical nature only and appropriate to the service being provided.
- ▶ Pharmacists shall be sensitive to each patient's need for dignity, privacy and respect in all situations, including but not limited to: patient counselling, fitting for prosthesis and other physical aids, and patient home visits.

Long-term Care - *Continued from page 8*

Verbal Orders Policy:

The pharmacist may accept a new medication order given verbally by a practitioner to a facility nurse, provided that:

1. The nurse writes the verbal order on a physician order form and transfers the written order to the pharmacy, and
2. The transcribed order is clear, understandable, reasonable, logical and safe.

In all cases the pharmacist will use professional judgement as to whether to accept the transcribed order or to confirm it with the practitioner. If an unfamiliar party is involved (pharmacist/nurse/practitioner), the pharmacist should confirm the verbal order directly with the practitioner.

This policy does not apply to new verbal medication orders for community-based patients. Direct communication between practitioner and pharmacist for non-resident patients remains mandatory.

For further information on this policy, please view the College web site at www.bcpharmacists.org, under Legislation>Provincial Legislation>Council Policies>Direct Communication With Prescribers.



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

? May a podiatrist prescribe lorazepam?

A No. The definition of "practitioner" in the federal *Controlled Drugs and Substances Act* does not include podiatrists. They are not authorized to prescribe targeted drug substances such as lorazepam.

? Is a midwife permitted to prescribe Diclectin® (doxylamine succinate-pyridoxine hydrochloride)?

A Yes, a midwife may prescribe or administer Diclectin® in accordance with the *Guidelines for Prescribing and Administering Drugs* approved by the College of Midwives of B.C. (www.bcpharmacists.org, under Legislation>Drug Distribution/Midwives). Pharmacists can confirm the registration status of an individual as a midwife by calling the College of Midwives of B.C. at 604-875-3580.

? When submitting an insulin sale through PharmaNet in order for a patient to receive Pharmacare benefits, what should I enter as the "prescriber ID?"

A You may enter your pharmacist ID as the "prescriber ID." If, however, you use a physician's ID as the "prescriber ID," you must obtain authorization from the physician for the insulin dispensed.

? Are a deceased physician's previously authorized refills valid?

A When a physician passes away, prescriptions and their refills are no longer valid following the date of the physician's death.

? Does Barberrry (*Berberis vulgaris*) need to be kept behind my pharmacy counter?

A No. Barberrry is Schedule III and therefore may be sold from the self-selection Professional Products Area of a licensed pharmacy.

? What schedule is Claritin Liberator®?

A Claritin Liberator® contains pseudoephedrine (which is Unscheduled) and loratadine (which is Schedule III). Therefore, it is a Schedule III and must be sold from a pharmacy's self-selection Professional Products Area.

Drug Updates



◆ Alertec® (modafinil)

The manufacturer of Alertec® (modafinil) has changed the product label to only carry the symbol "Pr" indicating prescription status. However, Health Canada advises that Alertec® should be treated as a controlled drug substance. The manufacturer has been advised to amend the product label to include the approved controlled drug symbol.

◆ Ibuprofen

There has been a scheduling change for oral formulations of ibuprofen. Ibuprofen greater than 400 mg per dosage form is Schedule I, greater than 200 mg up to and including 400 mg per dosage form is Schedule III, and 200 mg or less per dosage form is Unscheduled (available at any retail outlet).

Community Pharmacy Corner



Thinking of Starting Long-term Care Service?

If you are considering becoming a provider of pharmacy service to a residential care facility or care home, the College suggests the following:

- ▶ Contact the College office for information
- ▶ Arrange to visit a LTC pharmacy to get an idea of what is involved
- ▶ Read the *Interpretation Manual to Bylaw 7* in your pharmacy's College Information File binder
- ▶ Contact the College for a copy of "Starter Information for Prospective LTC Providers"



Sign Up Now For CPE Fall Courses

Treating depression is only one of many new topics described in UBC's Fall Calendar of Continuing Pharmacy Education (CPE) events. "We know there's a huge demand for information about pharmaceutical management of depression," says CPE Director Janice Moshenko, "so we're organizing a seminar in Vancouver on November 24" (the day after the College's annual general meeting).

This fall, for the first time, pharmacists can order audio tapes of Update 2002 presentations. "We realize it's tough for people in remote areas to access professional development," says Janice. "We taped all the lectures so we could make them available to people who couldn't attend." Subjects include:

- ▶ Cystic Fibrosis
- ▶ Bio-terrorism
- ▶ Medical Marijuana
- ▶ Pain Management

Pharmacists who accumulate 20 continuing education units by the end of the year are eligible for a Continuing Education Certificate issued by the College and suitable for framing and hanging in your pharmacy. Full details of this recognition program are available at www.ubcpharmacy.org/cpe/ceu.

If you haven't already received a copy of the CPE Calendar in the mail, you can print your own using Adobe Acrobat from the UBC Continuing Pharmacy Education web site www.ubcpharmacy.org/cpe/programs/live.html. The calendar provides details on seminars, workshops, lectures and conferences available in all districts. It also has information on local study groups, journal clubs and home study programs.

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

Resource Source



◆ New Promotion of the BC HealthGuide Program

The Ministry of Health is planning new promotional activities to increase the public's awareness and use of the three-part B.C. HealthGuide program:

- The B.C. HealthGuide Handbook is a free, easy-to-use guide to recognize, prevent and treat common health concerns. It was distributed to every household in B.C. in 2001. Copies are still available.
- The B.C. HealthGuide NurseLine provides 24-hour, seven-days-a-week toll-free access to specially trained RNs, whose functions include triage, decision support, education and directing clients to appropriate health care resources.
- The B.C. HealthGuide Online offers 24-hour-a-day internet access to authoritative, medically-approved information on more than 2,500 health topics.

The program is designed to enhance the public's access to health care information and assist consumers in obtaining appropriate care. The College and Council continue to endorse the program. Inclusion of the College of Pharmacists' name and logo in program materials will increase the public's awareness of pharmacists as sources of health care information. For further information on the B.C. HealthGuide, you can view www.bchealthguide.org.

◆ New MedicAlert® Pamphlet and Services

MedicAlert has prepared a new pamphlet, "Because you've got a life to live" for pharmacy patients. It replaces the current enrollment form. Due to improved products and services profiled in the pamphlet, pharmacies are asked to discard their current inventory of old MedicAlert brochures or enrollment forms. They are no longer valid and will not be accepted. For further information please call MedicAlert at 1-800-668-1507.

◆ New Resource Material for Pharmacy Career Presentations

The Canadian Foundation for Pharmacy has prepared a new "Careers in Pharmacy" bilingual brochure which includes new text and contact information for the nine schools of pharmacy. Any pharmacists involved in career presentations to future pharmacy students can contact the Foundation office for brochure copies (20 Fleming Drive, Halifax, NS B3P 1A9).

The Canadian Pharmacists Association has created a new documentary, "Pharmacists: The Next Wave." Both full length (23 minutes) and 10 minute videos are available for sale to pharmacists and pharmacy organizations to promote an expanded role for the profession during this time of change in Canadian health care. To order the video (\$29.95 for members / \$54.95 nonmembers, plus shipping), please contact www.pharmacists.ca or 800-917-9489.



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Marina Ma Appointed To Council

Council welcomes Marina Ma as a government appointee to Council. Managing Director of MMA Consulting Inc., Marina has over 20 years experience in business and organization management as well as information technology and project management.

An experienced business consultant, Marina has held executive and senior management positions and provided consulting in banking, insurance, forestry, education, management and technology services. She is a highly respected project manager in multiple industry sectors and has successfully implemented multi-disciplinary projects with budgets up to \$100 million.

Marina is an instructor at both Simon Fraser University and BCIT. She lectures on Information Technology Project Management in the Business Administration faculty as well as in MBA programs. She replaces government appointee Christine Liotta who left Council on 25 March 2002.



Plan To Attend

- ▶ **Western Canada Nutrition Day**
2 November
Westin Hotel, Edmonton
Contact: Cont. Medical Edu.,
UofA - www.ualberta.ca/cme or
cme.registrations@ualberta.ca
- ▶ **CPBC Council Meeting**
22 November
- ▶ **CPBC Annual General Meeting**
23 November, 2 to 4 pm (PST)
Pacific Palisades Hotel,
Vancouver
Video conference sites:
Vancouver, Victoria, Cranbrook,
Prince George, Terrace, Kelowna
(see article on page 2)
- ▶ **"New Concepts in the Treatment of Depression" with Dr. R. Ancill**
24 November, 9 am to 1 pm
Pacific Palisades Hotel,
Vancouver
Contact: UBC Cont. Pharmacy Edu.
604-822-0354 or infocpe@cehs.ubc.ca

People News



Achievements

- ▶ Congratulations to **Dr. Dason Chua** B.Sc.(Pharm.), Pharm.D. on his recent graduation and appointment to the University of Toronto's post-Pharm.D. Residency Program in Critical Care.
- ▶ Member **Elaine Cooke** B.Sc. (Pharm.) C.D.E. recently passed the Certified Diabetic Educator exam. Congratulations.

In Memoriam

- ▶ Council regrets the passing of College members **Rupinder Gill** of Surrey and **Preetmohinder Harry** of Aldergrove.

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.