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Introducing the BC Medication Management Project



The project will run from September 2010 to January 2012 and will involve 300 pharmacists in over 100 pharmacies.

Interested? Visit the BC Pharmacy Association at www.bcpharmacy.ca before July 26 to apply.

The BC Medication Management Project, whose purpose is to improve patient care, drug therapy outcomes and sustainability of the healthcare system by having pharmacists provide medication management services to patients in a community setting, is a collaboration between the Pharmaceutical Services Division of the BC Ministry of Health Services and the BC Pharmacy Association.

The project, which is funded from savings generated through the Interim Agreement (2008), will facilitate learning about the operational effectiveness of pharmacists providing medication management services in a community pharmacy setting, and generate information to inform future decision-making about pharmacy services.

By definition, medication management is a comprehensive service where the pharmacist works together with the patient to optimize their medication use. The service includes preparing and reviewing a detailed medication history, identifying any medication management issues, setting patient-focused goals, implementing solutions to address issues and meet goals, monitoring effects and modifying solutions according to changing patient needs, preventing further medication issues, documenting care, and communicating and collaborating with other members of the patient's healthcare team.

For the purposes of this project, medication management is a standardized service with a systematic approach to patient care referred to as the Patient Care Process.

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The Privilege of Self-Regulation



Marshall Moleschi, Registrar

Once every three months or so a group, referred to as the “Exec’s and Reg’s”, get together for a relatively informal ‘lunch and learn’ session somewhere in the lower mainland. The topics are normally pretty broad as the group, which numbers up to 50, consists of Executives and Registrars from all different types of self-regulatory professions. Everyone from healthcare, like ourselves, to lawyers, accountants, engineers and teachers are represented.

This past month it was our turn to find the guest speaker, a challenge given the diversity of the audience. As we all share a common relationship with government as self-regulated professions we

eventually decided to invite a government relations firm to address the group and share some insights into the current political environment.

The presentation, which was both relevant and engaging, included some unexpected insight into government’s growing concern regarding self-regulatory body’s ability to effectively govern in the best interest of the public. We were reminded of situations like: the police handling of the Robert Dziekanski Taser Incident at the Vancouver International Airport and the recent criticism of the BC Teachers’ Federation’s handling of complaints related to sexual misconduct, as examples of society’s, and therefore government’s, growing mistrust.

For those of us in healthcare, we learned that we need not look outside of our own profession to find evidence of government’s growing concern in this regard. Specifically, we were informed that the recent creation of the Health Professions Review Board, an independent third party agency with authority to overturn healthcare regulatory bodies’ registration or complaints resolution decisions, was in fact a compromise measure given that some politicians would prefer complete deregulation.

The idea that health professions need to be ‘regulated’ or in other words, need to have someone watching over them to ensure that the public is protected when they seek or receive healthcare services likely makes sense to most but why or what is self-regulation?

Generally, there are two ways a profession can be regulated: by the profession itself (self-regulation) or directly by government. In Canada many professions, including pharmacy, have been delegated, by government, the authority to self-govern. Historically this has been done because government recognizes that a profession’s practitioners, not lay people, are in the best position to determine standards for education and practice which when enforced will best protect the public by ensuring that practitioners have the appropriate knowledge, skills and abilities to deliver safe and effective care.

In essence, the profession and its practitioners have entered into a social contract with society whereby, the profession agrees to serve and protect the well-being of their patients first and foremost in exchange for the autonomy to govern itself and the privileges and status afforded to regulated healthcare professionals.

Success of self-regulation however, is incumbent on the profession’s ability to maintain society’s trust by continuously demonstrating its ability to pursue and make decisions based on the best interests of their patients and not be influenced or biased by their own self-interests. Ultimately this means that there will be times when decisions will need to be made that may not be popular with all practitioners but are the ‘right’ thing to do to maintain the profession’s commitment to protect the public.

In retrospect, perhaps the most important thing that I was reminded of during the ‘lunch and learn’ session is the fact that self-regulation is a privilege, not a right and as a privilege, which is defined as a ‘special entitlement granted by government to a restricted group on a conditional basis’, it can be revoked.

Technician Regulation – Status Update

In addition to receiving the regular status update regarding the College's initiative to regulate pharmacy technicians, the Board, at their most recent meeting on June 18, 2010, discussed and approved a number of related topics. (Note: for the most current information regarding the regulation process for 'future' or 'current' technicians please refer to the Key Initiatives Section – Pharmacy Technician Regulation of the College website www.bcpharmacists.org)

From a big picture perspective perhaps the most significant was the Board's final approval of the revised HPA Bylaws – Inclusive of Pharmacy Technician Regulation. Their approval followed the mandatory 60-day public posting period and subsequent government review of all comments received, including those submitted anonymously through an online petition.

In general, it was found that the concerns raised were primarily based on misconceptions and misunderstanding with respect to the accountability, responsibility and liability that a regulated pharmacy technician has under the *HPA Bylaws* and those that remain the sole responsibility of the pharmacist. Specifically, regulated pharmacy technicians will only be responsible, accountable and liable for ensuring that the preparation and packaging of the prescribed medication is accurate. Pharmacists must continue to be involved in every new and refill prescription as they remain solely responsible for assessing the appropriateness of drug therapy (patient assessment, confirm dose and interval, check PharmaNet profile and identify drug interactions) and for providing patient consultation. Based on the comments received, minor revisions that did not change the intent of the

bylaws, but rather provided further clarity to the scope of practice of a technician and pharmacist, were made.

The Board also set July 13, 2010 as the date to convene an extraordinary general meeting to address a resolution brought forward by a group of registrants asking for the College to reconsider the regulation of pharmacy technicians in community practice. As required by legislation all registrants were mailed, to their preferred address on file with the College, a notice of this meeting and a copy of the resolution.

In the meeting notice, the Board Chair explained that over the past decade or more the College has seen unregulated workers (currently referred to as pharmacy technicians or assistants) in community and hospital pharmacies taking on increasing roles in pharmacy workflow, without standardized education and training or a defined scope of practice. The intent, both provincially and nationally, of regulating pharmacy technicians is to address these issues of education, defined scope of practice and firmly establish the accountability, responsibility and liability for both the pharmacy technician and the pharmacist, to ensure safe and effective pharmacy practice. The protection of the public is the primary mandate of any regulatory College and as such, although the Board will give careful consideration to resolutions brought forward, they cannot be bound by the outcome of the resolution due to the potential for conflict with their overriding duty to serve and protect the public.

In other business related to pharmacy technician regulation, the Board approved the Pharmacy Technician Task Group's recommendation to accept Bal Dhillon (see sidebar) as the Pharmacy Technician

Board's Newest Member Bal Dhillon

The College is pleased to announce that Bal Dhillon has joined the College Board as the 'Pharmacy Technician Observer', (i.e. full Board participation with no voting authority) for a one year term commencing immediately.

Bal has been practicing as a pharmacy technician for over 15 years, and is currently the Site Manager at the Pharmacy Drug Distribution Centre for the Fraser Health Authority. Bal is the past Chair of the Vancouver Region of the Canadian Association of Pharmacy Technicians (CAPT) and is currently the Pharmacy Technician Program Coordinator for West Coast College of Health Care. She has been actively involved with numerous committees over the years and is currently a member of the College's Pharmacy Technician Task Group.

Bal's vast experience and knowledge as a pharmacy technician will be a great addition to the Board as the College prepares to welcome its first technician registrants later this year.



Bal Dhillon , Pharmacy Technician Observer

Board Nominations (Districts 2, 4 & 6) Due August 30

Early next month the official notice for the Fall 2010 Board Elections, which includes the nomination form for Board Members, will be mailed to all pharmacists in the designated electoral districts (Districts 2, 4 & 6). As you may recall, with the College's transition to the *Health Professions Act (HPA)* on April 1, 2009, all 7 electoral districts were required to participate in the 2009 Board Elections with even numbered districts (2, 4 & 6) being elected to a 1-year term and odd numbered districts (1, 3, 5 & 7) to a 2-year term. As a result, this year districts 2, 4 & 6 are up for election and each of the newly elected Board members will serve a 2-year term. Nomination forms are due back to the College no later than 5pm on August 30 and candidates will have well over a month to campaign with the mail-in ballot deadline set for 5pm on October 20.

Any three pharmacists in a district may nominate any other pharmacist in the same district for the office of Board member by completing the nomination form. All nominees must be in 'good standing' with the College and if elected, prior to taking office, must take and sign an Oath of Office, which affirms their understanding and commitment to uphold the mandate of the College to serve and protect the best interests of the public.

Election Schedule Districts 2, 4 & 6

Fri. Aug 6, 2010: First mailing including notice of election, nomination fact sheet, nomination form, *HPA* Oath of Office sent to all pharmacists in districts 2, 4 & 6

Mon. Aug 30, 2010: Nominations deadline at 5:00pm

Mon. Sep 13, 2010: Second mailing including nominee(s) biography, mail-in ballot, ballot envelope and return envelope sent to all pharmacists in districts 2, 4 & 6

Wed. Oct 20, 2010: Ballots deadline at 5:00pm

Fri. Oct 22, 2010: Election tally from 2:00pm – 4:00pm (scrutineers count ballots)

Mon. Oct 25, 2010: Registrar contacts all nominees with election results and invites elected Board Members to attend the November Board meeting

Fri. Nov 19, 2010: Board Chair declares election results at November Board meeting, elected Board members take their Oath of Office and their term commences

Technician Regulation – Status Update

...continued from page 3

Observer to the College Board for a one-year term commencing immediately. Bal, who had been filling the position on an interim basis since its introduction in January 2010, was the successful candidate following a province-wide callout to technicians, which resulted in 15 qualified applicants. In her capacity as Board Observer, Bal has full participation in Board proceedings, but no voting authority. The *HPA Bylaws s.2 (b)* stipulates that the College Board will ultimately consist of one pharmacy technician elected to the Board. Given however that the first pharmacy technicians to be registered with the College are not expected until late this year and that the process through 2011 will be gradual, the first election of a pharmacy technician Board member is not anticipated until the Fall 2011 elections.

Introducing the BC Medication Management Project *continued from page 1*

The Patient Care Process is summarized as:

- Providing patient consultations;
- Involving a patient assessment (including best possible medication history, medical conditions history, identification of medication management issues);
- Creating or modifying a care plan (developing: goals of therapy, recommendations and monitoring plan, resolving and preventing medication management issues); and

- Following up (evaluation and follow-up plan).

The BC Medication Management Project, which will run from September 2010 to January 2012, will ultimately involve 300 pharmacists working in between 100 – 125 pharmacies throughout BC and will maximize the use of their knowledge, skills and abilities to enhance patient health outcomes.

The recruitment and selection phase of this exciting project is now underway and interested pharmacists are invited to review the selection criteria and complete

the online application process (final deadline July 26, 2010) found on the BC Pharmacy Association website (www.bcpharmacy.ca).

It's worth noting that pharmacists will require the support and approval of their pharmacy manager to take part in the BC Medication Management Project and that participating pharmacies will receive compensation for the delivery of medication management services.

New Additions to College Committees

As the College continues to fill the remainder of the available committee positions, the Board at their June 18, 2010 meeting, approved the following recommended committee members:

- Penny Denton (Inquiry Committee - Public Member)
- Susan May (Inquiry Committee - Public Member)
- Michael MacDougall (Quality Assurance Committee - Public Member)
- Eddie Kwan (Knowledge Assessment Subcommittee - Registrant)

In addition, the Board accepted all of the recommended appointments of Committee Chairs and Vice-Chairs that were brought forth at their meeting. The most current list of College committee members can be found on the College website at www.bcpharmacists.org.

While Bal Dhillon was the selected candidate for the position of Pharmacy Technician Observer to the Board (see page 3), there were a number of other interested and qualified candidates identified during the selection process and as such, the Board approved the Pharmacy Technician Task Group's recommendation to appoint a Pharmacy Technician 'observer' to each of the following College committees: Inquiry, Discipline, Registration, Quality Assurance, Community Pharmacy Advisory and Hospital Pharmacy Advisory.

Call for Public Committee Members

The College is still working to fill the remainder of the public committee member positions, which includes: Registration and Licensure Committee (1 position), and Discipline Committee (2 positions)

Should you know any non-pharmacists who may be interested in this exciting volunteer opportunity, please direct them to the application form found on the College website at: http://www.bcpharmacists.org/about_us/committees.php

News Briefs

2009-2010 Annual Report Available Online

The College's Annual Report for the 2009 – 2010 fiscal year (March 1, 2009 to February 28th, 2010) is now available on the College website at www.bcpharmacists.org under the 'About Us' section.

This past fiscal year truly marked a new beginning, when on April 1, 2009 the College transitioned to the *Health Professions Act (HPA)*. This year's report, themed *Transitioning for Better Pharmacy Care*, includes the Board approved audited financial statements, and outlines the key accomplishments and milestones achieved in relation to the College's strategic plan.

Note: Consistent with last year, Annual Reports are no longer mailed to all registrants, but can be ordered through eServices on the College website for a nominal fee.

Minor Updates to College's Strategic Plan

The Board met at the College offices in Vancouver on Saturday June 19 for a full-day facilitated session to review and update the College's current Strategic Plan (2008 – 2013). The Strategic Plan is the primary tool used by the Board to direct the work of College staff and communicate to all stakeholders, including registrants and the public, the Vision, Mission, Values, Goals and Objectives of the College.

Although minor wording changes may be made to the College's Vision and Mission statements, the existing Values and three Goals will remain unchanged with some edits made to the individual Objectives of the Goals. The revised Strategic Plan will be posted on the College website following the Board's final signoff at the September 2010 Board meeting.

Congratulations Pharmacy Grads!

On Tuesday, June 01, 2010, the Annual Dean's Reception took place at the Plaza 500 Hotel honoring 156 Graduates from the University of British Columbia (UBC) Faculty of Pharmaceutical Science. College Registrar, Marshall Moleschi took part in the ceremony's opening remarks along with Dr. Robert Sindelar, Dean UBC.

Included in the reception program was a message from College Chair Randy Konrad entitled "Now is the time to walk the talk", in which he encouraged graduates to "step into and embrace their role as medication experts and demonstrate that a pharmacist's value is in their ability to apply their knowledge to therapeutic decisions which produce better health outcomes for patients".



On Call



Q: When recording part-fills of narcotics and controlled drugs do I have to record the part-fill information on the back of the original prescription.

A: No, with the exception of methadone prescriptions.

For methadone prescriptions, all part-fill documentation, which must include the prescription number, date, amount dispensed and the pharmacist's handwritten initials, must be recorded on the back of the original prescription.

The methadone part-fill accountability log, which the patient and pharmacist both sign at each part-fill, may be used for this purpose. If the accountability log is used a 'paper-trail' copy of the part-fill must be created and filed in the daily file.

For all other narcotic and controlled drug prescriptions the part-fills do not have to be recorded on the back of the original prescription provided that the software program allows tracking between the part-fills and the original prescription. A 'paper-trail' copy of the part-fill prescription must be created and filed on the date of dispensing the part-fill.



Q: Can I use the electronic Purchase History report to reconcile my purchases of narcotic and controlled drugs?

A: No. The computer generated electronic Purchase History report, which a pharmacy must maintain for a period of three years, is not considered sufficient because it is not a substitute for your narcotic and controlled drug purchase invoices.

When reconciling your narcotic and controlled drugs you must use these invoices to check the electronic Purchase History report. Additionally, the Narcotic and Controlled Drugs report must be reconciled against hard copies of the actual prescriptions to ensure accuracy.

This cross referencing is required because an electronic inventory control is not considered secure as any staff member with access to the computer could manually manipulate the inventory counts and enter a phony reason for the manual change.

The onus is on the pharmacy manager to ensure the pharmacy has a secure system of ordering, receiving and reconciling your narcotic and controlled drugs.

(Note: refer to the new Professional Practice Policy #65 (PPP-65) – Narcotic Counts and Reconciliations outlined in the inserted Board Highlights – June 18, 2010)

Q: Is progesterone cream a good substitute for endometrial protection in postmenopausal Hormone Replacement Therapy (HRT)?

A: No. Progesterone cream is inadequate for endometrial protection in postmenopausal HRT. Very few studies have examined whether progesterone cream prevents endometrial hyperplasia and cancer in the context of supplementation with exogenous estrogen (either oral or transdermal).¹ For the present, the overwhelming weight of expert opinion is that if women, who have not had a hysterectomy, receive supplemental estrogen (any form), they must also take an oral progestational agent to minimize the risk of endometrial hyperplasia or cancer. Progesterone cream is not considered an acceptable substitute.

The following scenario from the College of Physicians and Surgeons (CPS) Quarterly newsletter illustrates this inadequacy: *A patient submitted a complaint to the CPS alleging deficient care by her prescribing family physician as a result of being diagnosed with endometrial cancer while taking a combination of Estrage® and compounded progesterone cream. Both her gynecologist and gynecologic oncologist pointed out that topical progesterone is not reliably absorbed and an informal survey of family physicians, conducted by the gynecologist, found that 80% were unaware of this concern.*

¹ Elshafie MAA, Ewies AAA, Transdermal natural progesterone cream for postmenopausal women: Inconsistent data and complex pharmacokinetics. *Journal of Obstetrics and Gynecology*, October 2008; 27(7): 655-659.



Practice Matters

College Responds to Practice Concerns

As the regulatory body for pharmacy in British Columbia, the College is responsible, under provincial legislation, for serving and protecting the public interest and one of the primary ways it upholds this responsibility is through due diligence to their complaints resolution process. The College must review any complaint, received in writing, regarding pharmacists or pharmacies whether it comes from the public, co-workers, employers or other healthcare providers.

This past fiscal year (March 1, 2009 – February 28, 2010) a total of 134 complaints were received by the College which is consistent with the previous year where 135 complaints were received. Although the majority of concerns raised are medication related a significant number are categorized as unprofessional conduct or in other words related to practice, not product, concerns.

A specific area of focus by the College, which has received some media attention over the past few years, has been methadone maintenance pharmacies in the Downtown Eastside of Vancouver and other communities throughout the lower mainland. In fact, over two hundred methadone related pharmacy inspections have taken place, province-wide, over the past three years.

Investigations into complaints in this area are increasingly complex and require collaborative working relationships with a wide variety of stakeholders including:

- Prescribing Physicians and other related healthcare practitioners
- College of Physicians and Surgeons and other related regulatory bodies and associations
- Municipal Governments (Vancouver, Delta, Surrey, Langley and New Westminster)

- Law Enforcement Agencies (Vancouver Police Department, RCMP and Delta Police)
- Provincial Government (Ministry of Health Services and Pharmaceutical Services Division)

As a result of these investigations the College's Inquiry Committee has suspended four pharmacists' registrations due to methadone maintenance noncompliance with practice standards and a Discipline Hearing recently concluded finding the pharmacist negligent and incompetent in this same regard resulting in the immediate cancellation of their registration and a \$35k cost award. In addition the College has suspended or not renewed the license of five pharmacies whose primary focus was methadone maintenance dispensing.

Actions have also been taken by the College to 'pro-actively' address practice concerns in this area. As an example, changes have been made to the Patient's Choice Bylaw (*HPA Bylaw Schedule F Part 1-3*) to ensure a patient's right to choose where they receive pharmacy services. This change was necessary to address an alleged practice whereby a tenancy agreement included a clause binding a tenant to have to have their prescriptions filled at a specific pharmacy or risk eviction.

The College is currently updating its Methadone Maintenance Guidelines and Professional Practice Policies to help strengthen its audit power and has a number of additional initiatives underway to enhance patient care and public safety with respect to methadone maintenance dispensing. These initiatives will clarify practice standards and lead to greater accountability as well as educate pharmacists on the valuable role that they can play in this specialized area of practice.

Note: In accordance with the *Health Professions Act (HPA)* public notification pertaining to Inquiry and Discipline decisions are posted on the College website www.bcpharmacists.org

Proper Use of "O-med PHN"

Office Use Medications – Use your "O-med PHN"

All medication dispensed to prescribing practitioners 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" that must be used for the transmission of office use medications. If you cannot recall your "O-med PHN" or want to verify it, please call the PharmaNet Helpdesk at 1.800.554.0225.

Stock Transfers – Do NOT use your "O-med PHN"

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. In these cases, the medication should be treated as "stock transfers" and recorded on the local system only.

Stock Supplied to Care Facilities – Do NOT use your "O-med PHN"

Medication transferred to long-term care facilities or group homes as contingency medication or ward stock must not be transmitted to PharmaNet. However, once an order is received for a specific patient, that prescription must then be transmitted to PharmaNet using the patient's Personal Health Number (PHN), not your "O-med PHN".

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

Annual Conference Focused on Future

The BCPhA Annual Conference recently took place in Kelowna, BC from May 27 - 29. The event which was themed "Shaping the Future: Pharmacy on the Front Line in 2010" was attended by more than 240 people and featured exciting speakers, professional learning opportunities, awards and entertainment.

One of the highlights of the program was the launch of the BC Medication Management Project where volunteer pharmacists from across the province will provide patient consultation services designed to help identify, take responsibility for and resolve drug-related needs (see cover story).

The College, who was a presenting partner of the conference, participated in a number of events including an engaging interactive panel discussion, entitled "Is Medication Management Shaping the Future of Pharmacy?" with representatives from all key stakeholder groups (see photo below).

Be sure to mark your calendar for next year's event taking place May 12 - 14, 2011 at the Four Seasons Resort in Whistler, BC.



Pictured here from left to right: Robert Sindelar (Dean, UBC), Darlene Therrien (Ministry of Health Services), Marshall Moleschi (Registrar, College of Pharmacists of BC) Marnie Mitchell (CEO, BC Pharmacy Association) and Sam Louie (Panel Moderator)

readlinks

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The ReadLinks newsletter provides important college and pharmacy practice information. All registrants are expected to be aware of these matters.



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