

Read•Links

Online Edition **With Expanded Content**

Star-studded Annual Meeting

When Five Star Pharmacist Donna Ratcliff reaches for her crystal trophy at the College's annual meeting, she becomes the first in a line of outstanding pharmacists that stretches into the future.

"The purpose of this new awards program is to raise public awareness of our profession by recognizing excellence in practice," says President Rita Thomson. "As BC's first Five Star Pharmacist, Donna exemplifies the finest values of our profession, someone who really lives the five roles of our Framework of Professional Practice."

Joining her at the podium are four more exceptional pharmacists, Mona Kwong, Dana Cole, Paul Polachek and Brigita-Ann Wilkinson. "These are the best of the best," says Rita. "Each one of them is an exceptional health care professional who always goes the extra mile for their patients.

"Nominated by many of their peers, they demonstrate excellence in community, hospital and long-term care pharmacy practice. Together these individuals make us all proud," says Rita. "But the true winners are their patients, who

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Blazing an international trail

How do you measure the competency of a professional? This question challenges regulatory agencies around the world as they struggle to ensure public accountability.

And they're turning to College staff to find the answers. "Even before its launch in September 2003, the Professional Development and Assessment Program (PDAP) attracted international attention," says Director of Assessment Programs Doreen Leong.

Organizations such as the Canadian Association for Prior Learning Assessment, the U.S. National Association of Boards of Pharmacy and the National Organization

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Nurse Practitioners start prescribing

Nurse Practitioners registered with the College of Registered Nurses of BC (CRNBC) are now authorized to prescribe all Schedule II drugs. They can also prescribe certain Schedule I drugs, as specified in the CRNBC Scope of Practice for each type of Nurse Practitioner.

Family Practice Nurse Practitioners are the first to be registered, so you'll soon see prescriptions from them, followed by Adult Practice and Pediatric Practice Nurse Practitioners in 2006. CRNBC and individual Nurse Practitioners are responsible for ensuring appropriate prescribing within their scope of practice.

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COLLEGE MISSION

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

from the REGISTRAR



Listen with your eyes and heart

Author Michael Pritchard tells a

story about being a probation officer. He was making a presentation at an elementary school and began talking to a girl in grade 3. She told him she was learning sign language. He asked how she got started.

The young girl explained that her best friend couldn't speak or hear. So she asked her mom if she could learn sign language. "Now," the young girl said, "I listen with my eyes and my heart, not just my ears and my brain."

Unfortunately, listening is not well practised. Research by the Hay Group, covering a million employees in over 2,000 organizations, tells us only one in three people respond favourably when asked how well their company listens to them.

The best pharmacists I have known listen with their eyes and their heart, not just their ears and their brain. This requires a deeper level of attention and understanding.

This kind of listening cannot happen at a distance, by reading reports or hearing things second hand. Our constituents, whether patients or fellow health care workers, want to know who we are, how we feel, and whether we really care.

Listening to our patients requires this special kind of listening. It means that as pharmacists we need to take the time to learn about the person asking the question, not spiel off information. We have to pay attention to the reasons behind the question and understand each person's needs.

Your College also needs to listen with its eyes and its heart. It needs to be out there paying attention to the positive and being highly visible. It needs to make sure registrants get to know College staff.

To that end I've visited over 60 pharmacies in the past three months, accompanied each of our Quality Outcomes Specialists on pharmacy visits and attended many meetings of pharmacists. I've met with community and health authority pharmacy leaders, government representatives and leaders of other professions.

Like you, if I want to listen with my eyes and my heart, I cannot listen from a distance. I need to meet, talk and listen to people. So, if you're meeting with a group of pharmacists, may I suggest you invite me? I will do my very best to attend, and listen.

Tips for PDAP 2006

In addition to mailing feedback forms to every pharmacist who took part in the Professional Development and Assessment Program (PDAP), the College has interviewed 30 pharmacists regarding their PDAP experience.

"We're making every effort to put together a full picture of what worked and what didn't," says Director of Assessment Programs Doreen Leong. "This will help us enhance the next cycle of PDAP."

Interviews with 15 Knowledge Assessment (KA) participants took place earlier in the year (see *Read•Links* September/October 2005), while interviews with 15 Learning & Practice Portfolio (LPP) participants were completed in September.

About one quarter of PDAP participants chose the LPP. Although they invested 50 to 150 hours over 18 months to complete the process, 12 out of 15 people interviewed said they would choose the LPP again. Ten out of 15 said taking the LPP increased their confidence.

The next cycle of PDAP starts in September 2006. If you're considering selecting the LPP, here's advice from pharmacists who successfully completed this option.

- If you do lots of learning every day, choose the LPP.
- Submit your Desired Practice Outcomes (DPOs) to get feedback early on from the College.
- Organize your material as you go. Don't wait until the end.



You can find information about PDAP, the KA and LPP on the College website: www.bcpharmacists.org/professional-development

PDAP

LPP comments

"I came away from PDAP overwhelmed by how amazing pharmacists are. I knew lots of people doing the LPP, and we were all learning new things and sharing our knowledge. Although it was stressful during the process, afterwards I could see how dynamic and full of energy it had all been. You could see how patients benefited. There was a positive excited feeling."

"Doing the LPP made me confident that I am operating at a certain standard."

"The feedback was good and interesting. It has made me focus more on the evaluative side of things. It prompted me to think long term."

"The feedback was not specific enough. I wanted more specific reference to the work I submitted."

"After receiving my assessment (I did not meet the standard), I spoke with someone at the College who gave me helpful and supportive feedback. I will do another portfolio now using this feedback."

For full details please check the National Association of Pharmacy Regulatory Authorities (NAPRA) website, www.napra.ca. You can also find drug information on the College website, www.bcpharmacists.org.

Adderall XR™

Information on the return of Adderall XR™ to the Canadian market for treatment of ADHD, with revisions to the Canadian product monograph

www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/prof/adderall_xr2_hpc-cps_e.html

Celebrex (celecoxib) capsules

Safety and revised product monograph information for celecoxib

www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/prof/celebrex_3_hpc-cps_e.html

Duragesic® (fentanyl transdermal system) Safety information on the safe, appropriate prescribing and use of Duragesic®

www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/prof/duragesic_hpc-cps_e.html

Flomax (tamsulosin)

Safety information on intraoperative floppy iris syndrome (IFIS)

www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/prof/flomax_hpc-cps_e.html

Foradil® (formoterol fumarate)

Safety update on Foradil® Aeralizer® dry powder capsules for inhalation

www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/prof/foradil_hpc-cps_e.html

Nimotop® (nimodipine) capsules

Safety information on inappropriate administration of nimodipine capsules

www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/prof/nimotop_hpc-cps_e.html

Paxil® (paroxetine)

Increased risk of congenital malformations following first trimester exposure to paroxetine

www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/prof/paxil_3_hpc-cps_e.html

Serevent® (salmeterol)

Updated safety information and reminder of appropriate use in patients with asthma

www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/prof/serevent_2_hpc-cps_e.html

Strattera® (atomoxetine hydrochloride) Warning of the potential for behavioural and emotional changes, including self-harm

www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/prof/strattera_hpc-cps_e.html

Thioridazine

Discontinuation of thioridazine sales in Canada, and strategy for changing treatment

www.bcpharmacists.org/pdf/Thioridazine_hpc.pdf

e-CPS upgrade

Stay current using the most up-to-date drug information with the new version of the Canadian Pharmacists Association (CPhA) electronic Compendium of Pharmaceuticals and Specialties (e-CPS).

Updated bi-weekly, e-CPS enables you to do combined brand and generic drug searches. Launched a year ago and recently upgraded, eCPS Release 2 now allows you to see product images within drug monographs. A Product Identification tool makes it possible to search by medication colour, shape, size, or markings.

You can subscribe to e-CPS through the CPhA. For more information, call toll-free 800.917.9489.



www.pharmacists.ca

SmartSample prescription program

Instead of handing out samples in their offices, doctors can now send patients to pharmacies to pick up free drug samples. Once completed by a doctor, a SmartSample becomes a prescription for the indicated product. This enables patients to receive pharmacist counselling when trying a trial sample of a medication and makes sure medication profiles are comprehensive. For more information call toll-free 877.790.1991.



www.samplingtechnologies.ca
www.smartsample.ca

Physio for incontinence

Up to 1.5 million Canadians live with incontinence or difficulty with bladder control. That figure may double within 20 years as the population ages. Physiotherapy can offer an alternative to medication as a treatment for up to half of women and 15 percent of men with incontinence. Learn more from the Physiotherapy Association of BC at 604.736.5130.



www.bcpphysio.org>treatments>incontinencebrochure

Five Star ★ PHARMACIST



After 26 years in Bella Coola, first as a registered nurse, then a pharmacy technician and eventually as this remote community's only pharmacist, Donna Ratcliff is now

BC's first Five Star Pharmacist.

At the College annual meeting on Saturday, November 26, 2005 Donna receives recognition for her outstanding commitment to our profession. "She exemplifies what pharmaceutical care is all about," says an anonymous pharmacist who nominated her for this prestigious award. Registrar Marshall Moleschi agrees, "Donna is a role model for us all. She makes our Framework of Professional Practice come to life."

Donna herself was a bit taken aback when Marshall called to tell her she'd won. "I read about so many famous pharmacists and I don't count myself as one of these outstanding people," she says.

Her modesty extends to her views of her practice. "I just follow the golden rule. 'Do unto others as you would have them do unto you.' I do my best to meet the needs that confront me." Those needs cover the full range of pharmacy practice. As both hospital and community pharmacist for 2,500 people in Bella Coola and Anahim Lake in central BC, Donna is on call seven days a week.

"People ask me questions when I'm in the post office, buying groceries or riding my bike. They even call me at home," she says. She enjoys the close contact a small community provides. "I see my patients in the community, in hospital and when they go home again, so I get the whole picture."

Her practice includes chemotherapy, acute and extended care, plus the demands of retail pharmacy. "My day starts on the ward, and when that's done I open up to the public," she says.

When asked about her approach to pharmacy Donna says, "I tend to see things from the patient's perspective. I focus on wellness, what is the drug doing for the patient."

A Day in the Life of

Geeta Parmar



Taking care of the organizational needs of the College's seven Quality Outcomes Specialists (QOS), plus two additional staff, means Geeta Parmar's days are always packed.

"I like juggling a busy schedule," says Geeta, Administrative Assistant, Professional Services. "Occasionally I'll talk with a newly appointed pharmacy manager who needs inspection reports or a copy of the Community Pharmacy Manager's Audit. I also communicate with pharmacists who want to become certified to dispense the Emergency Contraceptive Pill."

Seven years ago when Geeta met her Canadian husband-to-be, she had no idea it would lead to a job on the other side of the world. A born-and-bred Londoner, she has a British marketing degree and was a marketing executive for an information technology rental company.

"Shortly after immigrating to Vancouver I needed Canadian work experience," she recalls. An initial job as a receptionist at the College led to her current position. "I liked what I was doing so I decided to stay," says Geeta who's been with the College since January 2000.

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Moving on

After dedicating 25 years of her career to driving around the province helping pharmacists, Quality Outcomes Specialist

Margaret McLean says she's looking forward to yet more traveling following her retirement at the end of October.

"Travel is a wonderful perk of this job," says Margaret who joined the College in March 1980. Back then she and another pharmacist were responsible for visiting every pharmacy in the province. "How else would I have got to places like Alert Bay, the Queen Charlottes, Stewart or Elkford?" she says.

Over the span of her 40-year career Margaret has seen profound changes. When she started work as a community pharmacist in the 1960s she wasn't allowed to put the name of a drug on a container, let alone discuss it with a patient.

"There's so much involvement now. We're an integrated part of the health care team," says Margaret, who remembers the introduction of patient medication profiles, PharmaNet and mandatory patient counselling.

"I've been lucky to have worked with a number of great committees, including Pharmacy Practice and Long-term Care. It's so impressive that pharmacists are willing to invest the few spare hours they have by going to committee meetings. Practising pharmacists are involved in every advance in our profession."

"I've met so many people with such good ideas. It makes you proud to be a pharmacist," says Margaret. The College sincerely thanks Margaret for her many years of dedicated service.



Day in the Life

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In addition to managing the Community Pharmacy Manager's Audit process, Geeta prepares QOS site visit reports and updates the College's database. Geeta also prepares correspondence and information relating to the Inquiry Committee complaints process. "It's almost like a jigsaw puzzle – putting together all the pieces of information to provide a complete case file for each complaint for the committee members."

Her ability to organize and prioritize comes in handy at home where her three-year-old son Nathan keeps her busy. When asked about her hobbies she laughs and says, "Nathan is my hobby."

Memorial Prize awarded

Alysha Lalani, who graduated from UBC Pharmaceutical Sciences in May 2005, has been awarded the Dean E.L. Woods Memorial Prize. Alysha plans to start her career in community pharmacy and perhaps complete a hospital residency in a few years time.

FPP supports pharmacist decision-making

Council decisions on methadone home delivery are based on the Framework of Professional Practice
Role 1: Provide pharmaceutical care

Functions

- Assess the client's health status and needs
- Develop a care plan with the client
- Support the client to implement the care plan
- Support and monitor the client's progress with the care plan
- Document findings, follow-ups, recommendations, information provided and client outcomes

PHARMACISTS DECIDE ON HOME DELIVERY

Methadone home delivery is now a key component of some BC pharmacies' business plans. Controversy over pharmacists taking methadone to patients' homes, instead of watching them swallow their dose at the pharmacy, reached a new level when the College of Physicians and Surgeons of BC raised concerns about this practice.

In response, the College asked pharmacy managers at BC's 400 methadone-prescribing pharmacies for their input and Councillors debated the pros and cons of home delivery at the September Council meeting.

Councillors agreed home delivery conflicts with some of the methadone maintenance treatment plan goals, such as using the right to take home methadone doses as an incentive for patients to reduce their use of other opioids.

On the other hand, home delivery offers additional opportunities for pharmacists and patients to interact and makes it easier to meet patients' individual needs. Taking methadone to a client's home also helps recovering addicts avoid coming into contact with people selling drugs on the street.

After weighing the advantages and disadvantages of treatment options, Council decided pharmacists are in the best position to determine the most appropriate way for a patient to receive methadone.

HELPING PATIENTS IN REMOTE COMMUNITIES

Since *Read-Links* first reported on telepharmacy a year ago, several rural hospital pharmacists have asked the College how to manage a pharmacy technician at a remote site. In response, the Hospital Pharmacy Committee developed a policy for telepharmacy which Council unanimously approved at their September meeting.

Here are highlights of the new policy:

- Telepharmacy is the provision of pharmacy services to underserved populations at a remote site that is staffed by a pharmacy technician with access to the central pharmacy and registered pharmacists by computer, broadband video, and audio link
- The central site must be a licensed pharmacy
- You need to apply to the College 60 days in advance of opening a telepharmacy site
- The pharmacist at the central pharmacy site supervises the remote site
- The pharmacy technician at the remote site receives and processes prescriptions
- The pharmacist at the central pharmacy site:
 - assesses the appropriateness of the prescription and conducts the final prescription check
 - provides patient counselling via video and audio link
 - answers all patient questions about prescription and non-prescription products

Requirements for policies and procedures, incident report reviews and documentation are included in the telepharmacy policy.



You can find the full text of the telepharmacy policy on the College website, www.bcpharmacists.org/legislation/provincial/professional-practice-policies/General-Practice-Issues

Enthusiasm and experience for District 1



Vancouver pharmacists recently elected Randy Konrad, a pharmacy regional manager, from a field of three candidates to become Council's

representative for District 1.

Randy says, "I look forward to bringing my experience and enthusiasm to Council and representing the interests of both the public of British Columbia and the pharmacists of District 1."

Randy started his career with five years as a pharmacist and manager for an independent pharmacy that provides a wide scope of pharmacy practice including ostomy, diabetes, medical supplies, sport medicine and home health care. After that he worked in both long-term and hospital pharmacy before returning to community pharmacy.

Currently he's responsible for human resources, policy and procedures, standards, customer service, construction and technology at 18 Lower Mainland food store pharmacies. A former member of the College's PharmaNet Users Group, Drug Advisory and Continuing Education committees, Randy is also a current member and past President of the Canadian Association of Chain Drug Stores.

Barry Wilson joins Council



Barry Wilson, who has practised community pharmacy in Victoria for twenty-six years, is one of two new members of Council. Elected to represent District 3 Vancouver

Island/Coastal, Barry has worked in large retail outlets and small independent pharmacies.

"My goal as a Council member is to speak personally with as many pharmacists in my district as possible and to bring their

PASSING THE TORCH

concerns to Council's attention," says Barry.

"I believe that, at present, there is poor communication between the College and its membership," he says. "Most members have little or no idea of what goes on at Council meetings except for information provided via *Council Commentary*. There currently exists no forum for ideas or opinions, either on the College website or in *Read-Links*, the College newsletter.

"It's time to reverse this trend. I will work to improve communication, both between Council and the membership, and between individual members," says Barry, who takes his seat on Council following the annual general meeting on Saturday, November 26.

Protecting the public

Sometimes ignorance can be an asset. That's the opinion of lawyer Peter Rubin who's stepping down after six years as a public appointee.



"When I was asked to come on Council in 1999 I knew almost nothing about pharmacy and the important role of pharmacists in the health sector," says Peter.

"I believe the role of a public appointee is to bring an entirely different perspective, to make sure the public point of view is being heard loud and clear."

As the only Council member with legal expertise, Peter has drawn on his background as a lawyer with the Vancouver law firm Blake, Cassels & Graydon. He compliments the pharmacist members of Council for their policy of seeking input from the four public appointees.

"It's an incredible community," says Peter. "It's been an honour to work with such forward-thinking, dedicated professionals who really care about ensuring the best health care is made available to the public."

Shaping the future of pharmacy

Two years ago Howard Rose decided to stand for Council, even though he's afraid of public speaking.

"I believe more people should get involved at the Council



level because many pharmacists don't understand what the College represents," says Howard who was elected to represent District 3, Vancouver Island/Coastal. "Being on Council has given me a much broader view of pharmacy as a health discipline."

During his term Howard was part of one of the biggest challenges a Council can face, the search for a new Registrar. "We were presented with three final candidates, all of whom could have done a wonderful job," he recalls.

"We had to make a choice within 48 hours.

It wasn't easy, but in the end this probably provided the most satisfaction of my Council career. I was part of a decision that will shape BC pharmacy practice for the next decade."

Howard, who has more than 20 years experience as a community pharmacist, says he was particularly impressed by the quality of Council's public appointees. "They provide invaluable viewpoints from outside pharmacy and are staunch supporters of pharmacists as health professionals.

"I found all Council members are caring and thoughtful people who do their best to consider the role of the pharmacist and the impact of their decisions on pharmacists while exercising their primary role of protecting the public."

TechWise innovator

Wayne Rubner, who's finishing his fourth year as a Councillor, including one as Council President says, "I became involved with Council to make a difference and to give something back to the profession.



"Taking part in committees and Council meetings opens doors to interact with organizations across the country. It's been fun and I've met some really interesting people that I'd never otherwise have come into contact with."

Wayne, who is now a full-time instructor in the Vancouver Community College Pharmacy Technician program, says his four years as a Councillor helped him see the big picture and gain a better understanding of the legislation that governs our profession.

He's especially proud of his role as President for spearheading Council's TechWise Project. The result of many hours invested by Councillors, *TechWise: Hiring Smart* gave pharmacists a hands-on resource guide for hiring pharmacy technicians. "I sincerely hope every pharmacist in BC found at least one 'gold nugget' in TechWise that helped make professional life a little less stressful," says Wayne.

"I encourage every pharmacist, no matter where you practice, to get involved in a committee.

You'll help the College find

the best ways to protect the public and support our profession. You'll make important decisions, and you will find immense satisfaction in contributing to our collective future."

\$100 FOR E-LINK USER IN ENDERBY

When pharmacist Catherine Tsutsumi read an article about winning \$100 for signing onto E-Link, she decided this was too good a chance to miss.



And now she's \$100 richer.

"E-Link updates and advisories help me stay in the loop," says Catherine who accesses E-Link in the Enderby community pharmacy where she practises. "Setting up my E-Link email to forward to my personal email address was super easy."

Catherine is one of 143 pharmacists who signed onto E-Link since August. Isn't it time you joined them? It takes only a few minutes to set up your account and you're automatically entered to win \$100.

- E-Link is free for BC pharmacists as well as qualifying candidates and UBC students registered with the College.
- You can use E-Link as your personal email, or set it up to automatically forward E-Link email to your personal email address.
- Accessing E-Link for the first time is easy. Go to the College website, www.bcpharmacists.org, click on the E-Link icon, log on using your diplomanumber@cpbc.napra.ca and password "happy123". Click on "Options" to create a personal password and set up to automatically forward your E-Link email to your personal email address.
- Friends and colleagues can use your "alias" email address to send you email without knowing your diploma number. Your "alias" email address is: firstname.lastname@cpbc.napra.ca.
- If email goes to your "alias" address you still need to log on as diplomanumber@cpbc.napra.ca to access your messages.
- Questions? Call the College toll-free, 800.377.8129.

New compounding guidelines

The National Association of Regulatory Authorities (NAPRA) expects to finalize new national guidelines for pharmacy compounding in November. Check the College website for updates.



www.bcpharmacists.org

Pharmacy tech website

Pharmacy staff can learn about the changing roles of pharmacy technicians and pharmacy practice by checking out the website of the recently formed BC chapter of the Canadian Association of Pharmacy Technicians.



www.rxtechbc.ca

Adverse reaction online database

Canadians can now access a searchable online database of adverse reactions to health products. Updated quarterly, Health Canada's Canadian Adverse Drug Reaction Information System (CADRIS) provides publicly reported adverse reactions to pharmaceuticals, biologics, natural health products, and radiopharmaceuticals. The website also offers links to adverse reaction fact sheets, guidelines and reporting procedures.



www.hc-sc.gc.ca/hpfb-dgpsa/tpd-dpt/cadrm-pcseim/index_e.html

US Pharmacopeia online

The United States Pharmacopeia (USP) is the official public standards-setting authority for drugs in the US. As an independent public health organization, USP establishes public safety standards. Its website offers online resources such as:

- CAPSLink patient safety news bulletins
- USP Quality Review recommendations based on medication error reports
- Practitioner's Reporting News medication error summaries on specific topics

As this is a US website, some drug names do not apply in Canada.



www.usp.org

Compounding mistakes

A pharmacist recently called Quality Outcomes Specialist Sharon Kerr asking about compounding progesterone 2% cream. "There's quite a bit of confusion about compounding, especially with regard to hormones," says Sharon.

Some pharmacists may not be aware of Health Canada's compounding rules. Some doctors may not realize pharmacists are not allowed to compound a product purely for cost savings. Patients may not realize naturopaths do not have prescribing authority in BC so they can't prescribe topical hormones.

"Simply wanting to produce a medication that's cheaper than one commercially available is not a good enough reason for compounding a product," says Sharon. "You need a valid medical reason, such as a patient with an allergy to a commercial product, or the strength a patient needs is not available commercially."

Another factor which may confuse patients is that you can buy products like progesterone 2% cream over the counter in the United States, whereas in Canada all hormones are Schedule I drugs and can be purchased only with a prescription.

Highlights of Health Canada's Policy Framework for Manufacturing and Compounding Drug Products in Canada

(June 2000)

You can:

- Compound sterile and non-sterile dosage forms that are not commercially available
- Combine commercially available products
- Repackage medications in ready-to-administer units
- Prepare limited quantities in anticipation of receiving a prescription
- Buy compounding services from a pharmacy for patients with whom you have an established pharmacist-patient-prescriber relationship. You need a formal agreement outlining accountability before you can buy services from another pharmacy

You cannot:

- Compound generic copies of commercially available, ready-to-use products
- Produce parenteral products made from raw/non-sterile ingredients, such as making morphine 10mg/mL injection from morphine powder
- Produce investigational new drugs or products with active ingredients that are not commercially available
- Use compounding to bypass the drug review and approval system
- Buy large amounts of bulk compounded products purely for marketing
- Promote or advertise that you compound specific drugs or drug classes



You can find the full text of Health Canada's June 2000 *Manufacturing and Compounding Products in Canada: A Policy Framework* by searching under the keyword "compounding" at:

www.hc-sc.gc.ca

No change in cold medication schedule

Crystal meth, speed, crank, ice – no matter what you call it, illegal manufacture of this highly addictive stimulant is a high priority for BC police. A neurotoxin, methamphetamine damages the nervous system and can cause psychosis, stroke, and cardiac arrhythmia.

During the past few months western provincial governments have called for more effective ways to control the sale of products containing ingredients needed to produce crystal meth. This includes over-the-counter cough, cold and allergy remedies containing pseudoephedrine or ephedrine.

According to Corporal Glen Evans of the RCMP chemical division unit, criminals appear to be able to access bulk shipments of these ingredients. Police have not found commercially packaged cold medications at the site of illegal crystal meth labs.

Based on this information, Council unanimously supports monitoring sale of crystal meth precursors at the wholesale level. Council decided moving cold remedies behind the counter in community pharmacies is unlikely to reduce crystal meth production, and could negatively impact people needing easy access to medication.

Council encourages pharmacists to voluntarily join and support the Meth Watch program which aims to reduce crystal meth production without disrupting availability of legal products.



For more information check out the Meth Watch website at www.methwatch.ca and the January/February 2005 *Read•Links*.

This column prints questions
and answers from the OnCall
Information Line
Toll free 800.663.1940

OnCall

PHARMACIST INFORMATION LINE

Questions & Answers

Q Do I need to include all smoking cessation products in my lock-and-leave?

A No. You do not need to include the following products as they are unscheduled and may be sold by a non-pharmacist:

- chewing gum containing 4 mg or less of nicotine per dosage unit
 - transdermal patch with a delivery rate of 22 mg or less of nicotine per day
- However, an oral inhalation device, delivering 4 mg or less of nicotine per dosage unit, belongs in Schedule III and should be part of your lock-and-leave.

Q I've heard Abreva™ (docosanol 10% cream) is a new product for topical treatment of cold sores. Does it require a prescription?

A No. This product is unscheduled and may be sold from any retail outlet.

Q My patient has moved to Northern BC and asked me to transfer his prescription for testosterone to his new pharmacy. Can I do this?

A Unfortunately, you cannot. Testosterone is classified as a controlled drug and you are not allowed to transfer undispensed prescriptions and authorized refills.

Q I'm just starting to provide pharmacy services to a long-term care facility. How often should I do medication reviews for each patient?

A You need to conduct a medication review at least every six months. For information about other requirements, go to www.bcpharmacists.org and search for "Interpretation Manual for Bylaw 7".

Q What is the maximum amount of methadone I can dispense when prescribed for pain? A patient has brought in a prescription for four litres of methadone 1mg/mL and I don't feel comfortable dispensing such a large quantity.

A There is no definitive answer to this question. You need to use your professional judgment, which may vary on a case-by-case basis.

- Determine your options (dispense as written, dispense smaller quantities as part-fills, dispense a higher strength, etc.)
- Consider any patient-specific circumstances (dose, medical condition, etc.)
- Discuss your concerns and options with the prescriber and the patient
- Document your decision. Be sure to include reasons for your decision

Q I just received a prescription for an oral contraceptive with refills for two years. Is this valid? If so, when would I discard the hard copy?

A Refills for oral contraceptives are valid for two years. You need to keep the original prescription for at least three years from the date of the last refill. This means you need to keep this original prescription in the pharmacy for at least five years.

Read•Links Online offers you everything you find in the printed *Read•Links* newsletter plus more. You can find *Read•Links* Online and back issues of newsletters on the College website: www.bcpharmacists.org

Read•Links Online Edition

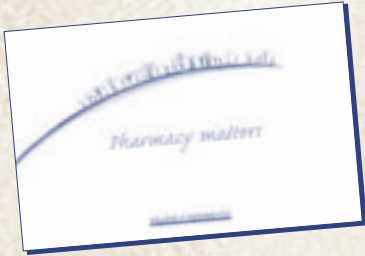
In the November/December *Read•Links* Online Edition

• **EventLink** - catch up on all the latest events for pharmacists

Resource *Source*

Pharmacy Matters

Designed to educate British Columbians about the role of pharmacists as the province's most accessible health care professionals, the "Pharmacy Matters" brochure is available free to all pharmacies. Order your copies by calling the College toll-free, 800.663.1940.



PharmAction Guide

The latest PharmAction Guide "Getting the Best Results From Your Treatment" encourages patients to consult with their pharmacist. It describes pharmacists as "a key member of your health care team... an expert in medications" and "a highly skilled professional."

The Guide includes a 'referral' form you can fill in on behalf of a patient explaining your reasons for referring him or her to a physician or other health care professional. Reasons for referral include treatment review, diet and/or exercise program and smoking cessation.

Contact PharmAction Editorial Coordinator 514.931.3100, ext. 24

Safety tips brochure

The BC HealthGuide now offers a Patient Safety Tips brochure. The brochure supports the BC HealthGuide and promotes self-care and medication safety. Pharmacists can order bulk copies for use in pharmacies by calling the Health and Seniors' Information Line toll-free, 800.465.4911 or order by email or online.



email: HLTH.Health@gems1.gov.bc.ca
www.bchealthguide.org

Annual General Meeting

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benefit from the best in pharmaceutical care."

Volunteers also come in for their share of recognition with the first ever Volunteer Honour Roll awards. "Our Gold Certificate winner is Peter Cook who has racked up more hours sitting in committees than some of us have patients," says Rita. "Peter has also dedicated an immense amount of time to helping develop the Framework of Professional Practice, the foundation of all College programs and services, and the Professional Development and Assessment Program."

Close to 200 pharmacists receive recognition for their generous donation of time to support our profession. "Volunteers are the unsung heroes of pharmacy," says Rita. "We are a self-governing profession, and we all depend on the dedication of our volunteers."

Pharmacists who serve five years on one committee receive a silver certificate. In addition, everyone who serves on a committee receives a bronze certificate and sees their name in the College annual report.

You can read more about Five Star Pharmacist Donna Ratcliff on page 4.

Awards of Excellence 2005

Five star pharmacist

Donna Ratcliff,
Bella Coola

Award of Excellence in Community Pharmacy Practice

Mona Kwong,
Vancouver

Award of Excellence in Hospital Pharmacy Practice

Dana Cole,
Prince George

Award of Excellence in Long-term Care Pharmacy Practice

Paul Polachek,
Surrey

Brigita-Ann Wilkinson,
Surrey

Volunteer Honour Roll Gold Certificate

Peter Cook,
Vancouver

Dear College,

I recently had a knee replacement and was prescribed a blood thinner, Lovenox® (Enoxaparin sodium). My wife picked it up from the pharmacy. The pharmacist gave her two vials and told her I was to inject 1mL twice a day.

After I used three doses, I phoned the pharmacy for a refill. To my surprise, the pharmacist told me that a mistake had been made. The pharmacist said I should use only 0.3mL twice a day, instead of 1mL twice a day.

I injected more than triple the dose I should have. Now, I have major bruising at the site!

Enraged about Enoxaparin

what went Wrong

The pharmacist involved reports:

- The patient's prescription for Fraxiparine® (Nadroparin sodium) was transferred to my pharmacy on a Friday afternoon. I didn't have any stock and neither did the neighbouring pharmacies.
- I had two vials of Lovenox® (Enoxaparin sodium) in stock and I thought it would be a suitable alternative to Fraxiparine®.
- I looked up the appropriate dose of Lovenox® for prophylaxis of a clot after knee surgery, which was 30mg bid. I phoned the doctor and recommended this dose. I mistakenly assumed Lovenox® was prepared in a 30mg/mL solution. As a result, I transcribed the verbal order as "Inject 1mL bid x 14 days."
- I processed the prescription with directions that read "Inject (SC) one mL (c.c's) (30mg) twice daily" and dispensed two 3mL multi-dose vials of Lovenox® 300mg/3mL. I counselled the patient's wife and told her that he was to inject 1mL twice a day.
- Two days later, when I was processing the patient's refill, I discovered my error.

What steps could the pharmacist take to prevent a recurrence?

1. When transcribing verbal orders for injectable and oral liquid medications, write down the dose in mg as opposed to mL. For example, transcribe, "Inject 30mg bid" instead of "Inject 1mL bid." This is particularly helpful when medications are available in various strengths.

2. Calculate the volume of medication to be injected. Write down your calculations on the prescription hard copy. Pay careful attention to the manufacturer's label, especially if it is a medication you do not dispense often. Watch out when all the numbers you are dealing with vary by factors of ten, as in this case.
3. When processing the prescription, and typing directions, include the dose to be injected in mg and mL.
4. If possible, have a second pharmacist perform the final check so that a fresh set of eyes can verify the calculations.
5. If you are the only pharmacist on duty, step away from the prescription and clear your mind before conducting the final check. Compare all aspects of the prescription label with the original prescription, and the manufacturer's label. Redo the calculations twice.
 - Once again, as before, to determine the volume to be injected. Compare this to your first calculation and the information on the prescription label.
 - Lastly, use the information from the directions on the prescription label to calculate the concentration and compare it to the concentration of the medication you are about to dispense. In this situation, the label read, "Inject (SC) one mL (c.c's) (30mg) twice daily" so the calculated concentration would be 30mg/mL. When compared to the manufacturer's label (300mg/3mL = 100mg/mL), the error may have been caught.

PDAP international trail

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for Competency Assurance, which represents dozens of U.S. certifying organizations, consumer groups and government agencies, have sought out College staff to give presentations about PDAP.

"It's gratifying to know the international regulatory community recognizes the efforts of the hundreds of pharmacists who helped develop the Framework of Professional Practice (FPP) and PDAP," says Doreen, who's been working with the Pharmacy Council of New Zealand since 2001. Their General Manager/Registrar Bronwyn Clark says, "Our work and entire model is based on BC."

In November 2004, at the College's annual meeting, Florida Pharmacy Professor Dr. David Brushwood said, "Everyone in America looks to BC as leaders in continuing competence." An expert in patient safety and outcomes-oriented professional regulation, he added, "You are the people who are doing things the way they should be done."

Closer to home, the Alberta College of Pharmacists has adopted a program based on PDAP and the Learning & Practice Portfolio (LPP).

Most recently, in October 2005, senior executives from the Royal Pharmaceutical Society of Great Britain (RPSGB) arrived in Vancouver to learn about PDAP. "They wanted to understand the LPP structure, assessment and feedback we received from participants," says Doreen.

And it's not just pharmacists who are intrigued by the College's approach to assessment. Doreen has fielded inquiries from the Ontario Association of Architects, the Ontario and Manitoba Colleges of Occupational Therapists, the Alberta Association of Registered Nurses, Ordre des infirmières et infirmiers du

Quebec, the BC College of Physical Therapists and the BC College of Midwives.

"Demand for public accountability impacts every profession," says Doreen. "Around the world people are seeking answers to the same questions. We are delighted to share our experiences - and some of our successes - with others."

PDAP praise

Royal Pharmaceutical Society of Great Britain (RPSGB)

"You've made me weep. We've been trying to do this for three years and have been unable to accomplish much. What you have done with your program is impressive; it is amazing what you have achieved; you guys have it right!!"

Pharmacy Council of New Zealand

"BC has done an outstanding job in developing their program, involving their pharmacists to help develop each of their tools."

Alberta College of Pharmacists

"Our Committees liked your program structure and your Learning & Practice Portfolio so much that Council has approved our new model based on yours."

Lifelong Learning Conference
Saskatoon, June 2005

Nurse Practitioners

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Nurse Practitioners have to include their license number on each prescription, along with name and contact information. When transmitting Nurse Practitioner prescriptions to PharmaNet, you need to enter the Practitioner ID Reference Code 96 along with the Nurse Practitioner's CRNBC 5-digit license number.

As with other practitioners, you can use the search functions to find registered Nurse Practitioners on PharmaNet, or contact the PharmaNet Help Desk if you have difficulty locating them on the database.



For more information, check out Scope of Practice in the Nursing Practice section of the CRNBC website:

www.crnbc.ca/downloads/424_NP_Standards_Limits_Conditions.pdf

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The Read-Links 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 Read-Links / Bulletin issues on file as per reference library requirements.

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

EventLink

participate

VICTORIA FALL LECTURE SERIES

Learn from your peers and earn two continuing education credits for each event at the UBC Continuing Pharmacy Professional Development Victoria Fall Lecture Series.

November 28 - New Drugs/Drug News

Where: Holiday Inn,
3020 Blanshard St, Victoria, BC
Contact: 604.822.0354
Toll-free 800.663.0348
Fax 604.822.4835
Email infocpe@interchange.ubc.ca
Click: [Fall lecture series brochure](#)

attend

COLLEGE COUNCIL MEETING

Councillors welcome all BC pharmacists and the public to attend Council meetings of the College of Pharmacists of BC.

When: Friday, January 29, 2006
Where: College office, Vancouver, BC
Contact: 866.676.4220 toll-free direct

learn

WOMEN'S HEALTH

Expand your understanding of women's health issues through webcasts recorded by UBC Continuing Pharmacy Professional Development (CPPD).

Your input is appreciated as CPPD develops this technology for continuing pharmacy professional development programs. Please send comments to: infocpe@interchange.ubc.ca

Click: www.pharmacy.ubc.ca/cppd

Osteoporosis and Community Pharmacy Practice
Presenter: Dr. Shakeel Bhatti, Langley, BC
Click: [webcast](#)

So You're Menopausal ... is HT still a good choice?

Presenter: Dr. Thanh Vu, Oncology Drug Information Specialist, BCCA, Vancouver, BC
Click: [webcast](#)

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