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## Pharmacy Robbery What If It Happens To Me?

The College wants to remind registrants of the need to know what to do if a robbery strikes your pharmacy. It's an unfortunate fact of life that pharmacies are frequently the targets of robbery – frequently for the narcotics on site rather than the money in the till. In conjunction with the BC Pharmacy Association, the College released the *Guidelines for Addressing Pharmacy Robbery in BC* in early 2011.

These guidelines suggest two basic strategies pharmacies can use to deal with this unfortunate reality. The first is to deter potential robberies by increasing the risk to the robber or robbers of getting caught, while also reducing the amount that can be stolen. The second strategy is one designed to ensure that in the aftermath of a robbery, pharmacy staff (and any others present) are able to provide as much information as possible to the authorities in the hopes of getting an arrest and conviction.

### 1. Detering a Robbery

It is important that light levels in your pharmacy are high both inside and outside of the building and that there is enough staff in the pharmacy to help deter potential robberies. You may also want to consider installing silent alarms, video surveillance, or motion-detecting lighting on the outside of your pharmacy. It is particularly important that you understand the procedures for a robbery that are in place in your pharmacy and keep an eye out for those that may be “casing” the place – that is, site visits to assess how successful a robbery might be.

With regards to narcotics, specific measures should be taken to help control the risk that these high-value drugs represent. You need to manage your supply carefully,

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# Moving Forward in a Time of Change



Bob Nakagawa, Registrar

It is a real honour and privilege to be allowed to serve as your Registrar. I've been in the job now for a couple of months and have been learning and orienting as well as I can. I've been thrown into the job pretty much cold, without much, if any, of a honeymoon period to enjoy – it's a busy place! I come into the position with as good a background as possible, having served government recently as an Assistant Deputy Minister, and the profession as President of the College way back in the 80's. Despite this great preparation, it has been a steep learning curve both in terms of the issues of the day in the College, and getting to know the people inside and outside the organization. Towards this end, I've met with all of the staff and Board members. The good news is that it is a relatively small group of people, and everyone is so nice and supportive. Their energy and enthusiasm is quite heartening! In addition, I've participated in the Board meeting, and the National Association of Pharmacy Regulatory Authorities meetings in Ottawa. Wow. Lots of stuff going on!

I've been asked by many people what the top priorities are for me as the new Registrar. Although I can't say that I have yet been fully immersed in all of the issues facing the College, it is pretty clear to me that we need to address the following 3 issues:

**1. Ensure that the Board and the Staff are supported and functioning to their full potential.**

This is vitally important for the College to achieve our mission: *To protect the public by ensuring that College registrants provide safe and effective pharmacy care to help people achieve better health.* We must be a top performing organization in order to meet our societal obligations.

**2. Pharmacy technicians are now a regulated reality.**

We need to have an appropriate infrastructure and system for supporting them. There are over 1200 individuals pre-registered to become pharmacy technicians currently. This will grow substantially. We need to evolve our organization to represent the perspective of pharmacy technicians as well as pharmacists.

**3. Ensure that the College continues to be supportive of the changes in pharmacy practice.**

As the practice changes, it is important that the regulatory framework reflects and supports these changes to properly serve the public interest. Electronic prescriptions and their safe use in the delivery of pharmacy care is a good example of this.

While I do miss all of the great folks I worked with at the Ministry of Health, I am really enjoying working with your Board and the staff of the College. We did a lot of great work in the Ministry, and the staff there will continue to do so. When the opportunity arose to be the Registrar of the College, I was immediately interested. I have been a proud pharmacist for over 30 years. The College has an important role to play in the profession. We have been given the privilege of self governance, and take that role extremely seriously. Our role is to protect the public health, but we can do so much more!

Summer will soon be upon us, but before you get into holiday mode, please give some consideration to the upcoming elections for the College. If you have ever thought about running for the College Board, now is the time to give it some serious thought. Elections will be held in Districts 2 (Fraser Valley), 4 (Kootenay/Okanagan), 6 (Urban Hospitals) and 8 (Pharmacy Technicians). It is an important part of the process that we have a full slate of candidates including incumbents who have decided to run again for all of our positions and that you exercise your right to run, or at least vote in the elections. In the last election for these districts, we had 41% of you voting. Pretty good, but we can do better. Let me know if you are interested.

Finally, please let me know if you have any questions, concerns or views on the College. I look forward to hearing them!

# CE-Plus Submission Required Starting August

CE-Plus was launched in 2011 beginning with pharmacists and pharmacy technicians whose registrations were up for renewal at the end of August. Those registrants must submit a minimum of 15 hours of learning documented on 6 different Learning Records before August 31, 2012 in order to be eligible for registration renewal.

Registrants who do not submit their minimum CE-Plus requirements by their registration renewal date will be transferred to the “inactive” register. There are consequences to being transferred to the “inactive” register including the cancellation of access to PharmaNet which could take up to two business days to reactivate and the potential that liability insurance would be null and void. In addition, registrants will be subject to the current late registration and reinstatement fee.

The roll out of CE-Plus will conclude next month with registrants who renew their registration at the end of July receiving notification that they will now be required to complete CE-Plus prior to their next renewal date. Notification to participate in CE-Plus is sent along with registration renewal notices and reminders are sent six months, three months and six weeks prior to individual submission deadlines. From August 31, 2012 onwards, CE-Plus submission will be a requirement for all registration renewals.

The CE-Plus tool is located in the PDAP Portal. You will need to login to eServices from the College’s homepage ([www.bcpharmacists.org](http://www.bcpharmacists.org)), select PDAP > then PDAP Portal > then Continuing Education (CE).

Once logged in, you can begin fulfilling your CE-Plus requirements by following these three simple steps:

## **STEP 1: REVIEW THE CE-PLUS TUTORIAL**

A brief, audio-led PowerPoint presentation which provides a general overview of PDAP and walks you through the specifics of the CE component illustrating how to identify learning opportunities, establish goals, and document your learning on the Learning Records.

## **STEP 2: COMPLETE THE SELF-ASSESSMENT**

An easy to complete, yet comprehensive questionnaire which assists registrants in identifying areas of strength and development opportunities so that learning can be tailored towards your specific practice and needs.

## **STEP 3: COMPLETE LEARNING RECORDS**

An online form to document and submit your learning electronically to the College each year prior to your annual registration renewal date.



## Call for Volunteers

The Knowledge Assessment tool of the Professional Development and Assessment Program is continuously under review and development in order to ensure that it meets testing standards and remains current.

Volunteers are currently needed to write, review and pre-test Knowledge Assessment exam questions. If you are interested in this rewarding volunteer opportunity, please send an email to [pdap@bcpharmacists.org](mailto:pdap@bcpharmacists.org).

# TechTalk

## *Pharmacy Technician Profile:*

## **Jody-Lynn Penner: A Year in Practice**

After nearly one year in practice as a regulated pharmacy technician, we caught up with Jody-Lynn Penner who practises in Chilliwack to see how she has embraced her new role in pharmacy and how that new role has benefitted her patients and other pharmacy staff.

### **How was your experience in regards to the process to becoming a regulated pharmacy technician?**

The truth is I felt a mixture of emotions. I was excited because I was doing this knowing that I would be one of the first people in a new healthcare profession. At the same time I was nervous because I didn't know what to expect. I wrote the first PEBC exam in August 2010, before I'd started the bridging program, so I read and did every CE available and just hoped I would cover what the exam was looking for. I was also anxious because I had to wait for courses to be developed. I don't know how many times I was on the College website looking for the next available course or PLAR. I was so happy when it was all finished and I could begin to call myself a pharmacy technician.

### **What are some of the challenges you have faced in your new role as a regulated pharmacy technician?**

A key challenge for me was educating the pharmacy staff as to what my new position, role and scope actually is. It took a little bit of time for the pharmacy assistant staff to understand that my increased responsibility, accountability and liability meant that I couldn't just stop and walk away from what I was working on as easily as I had before; I wasn't as readily available. We had to adjust to me having to take the extra time to make sure I was completely finished what I was working on before I could move on to a different area. Similarly, it took some time to gain the confidence of the pharmacist staff to not want to double check my work. It was

an adjustment for them to not look over the prescription prepared by me the same way they had in the past. Overall, I was very lucky that my co-workers were supportive and happy for me and my new role. There was a natural learning curve for all of us but I never felt I had to defend my right to perform my new role as a regulated pharmacy technician.

### **How have other healthcare professionals embraced your new role?**

We have noticed very positive uptake amongst other healthcare professions. Physicians in particular have been great. Once we explain pharmacy technicians have more within their scope than they may have realized, they are completely okay with it. I even have one doctor who has changed his wording from automatically asking for a pharmacist at our pharmacy to asking for a pharmacist or pharmacy technician.

Initially I was concerned how pharmacists would embrace my new role since there was some controversy over pharmacists supporting regulated pharmacy technicians. I have been very lucky to work with very supportive pharmacists and actually haven't encountered a pharmacist who is not willing to work with me within my new scope of practice.

### **What benefits are there on your pharmacy directly due to the integration of pharmacy technicians?**

Being able to perform the technical functions of preparing a prescription has freed up time for our pharmacists to provide more pharmacy services to our patients such as administering injections and performing medication reviews. Previously we had to adhere to a strict appointment schedule in order to be able to provide these services, and now our pharmacy is much more flexible.

### **How have your patients responded to your new role?**

I find that patients don't really understand the difference between the roles in the pharmacy yet. I have some patients who refuse to talk to a pharmacist and will only talk to an assistant just because they have known them longer and are therefore more comfortable. Some patients have realized my role has changed as I am more confident when explaining what work I am doing for them, but for the most part I am not sure that the patients really understand that there have been big changes within the pharmacy structure.

## **7th Annual Pharmacy Technician Conference**

The 7th Annual Pharmacy Technician Conference organized and hosted by the Pharmacy Technician Society of British Columbia, is being held at the River Rock Casino Resort in Richmond, BC on October 12th and 13th, 2012. Watch for more details on their website at [www.ptsbcc.ca](http://www.ptsbcc.ca).



# Pharmacy Matters

## Closing a Pharmacy

There has been significant discussion surrounding the proper procedures when a pharmacy is in the process of closing from a continuance of care point-of-view. Pharmacies that are closing are required to transfer their records to another pharmacy and are required to notify patients where their records have been transferred. This is done to ensure continuity of care for those patients who count on the services of a pharmacist.

A patient is under no obligation to continue to use the pharmacy to which his or her record has been transferred to and may request that their prescription be sent to another pharmacy of their choosing. A patient can request the transfer of his or her open prescriptions to a new pharmacy for any reason, at any time and it should be done in short order. There are obviously restrictions on the transfer of prescriptions for drugs listed in Schedule 1 of the Federal *Controlled Drugs and Substances Act* and this should be communicated to the patient.

There are also a number of requirements to PharmaNet, Pharmacare, Health Canada and to the College. Please check our website at [www.bcpharmacists.org](http://www.bcpharmacists.org) and go to 'Registration and Licensure', click on 'Application Form', then 'Notice of Pharmacy Closure'.

## Restricted Title Enforcement

Now that pharmacies have had time to adjust their business model to reflect the introduction of regulated pharmacy technicians, the College has begun enforcing the title change through its inspection process. This change was made possible by a change to the College's regulation in 2011. Pharmacy managers are reminded that only regulated pharmacy technicians who are full registrants with the College of Pharmacists may be called a 'Pharmacy Technician' and other staff who are unregulated but were fulfilling technician roles in the past may be called 'Pharmacy Assistant' or another title.

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## NewsBriefs

### Changes to PPP-54

At the most recent Board meeting, changes were made to Professional Practice Policy 54 (*Identifying Patients for PharmaNet Purposes*). This change was made to align the policy with regulations made by the Provincial government in regards to PharmaNet. It shouldn't result in any substantial change to current practice in a pharmacy setting, but registrants are advised to review the policy to make sure that their processes are consistent with it. It is in everyone's best interest to ensure that privacy is maintained and that patients are correctly identified when providing pharmacy services.

### Make Sure Your Dates Are Clear!

Is '05-01-12' May 1, 2012, January 5, 2012, or January 12, 2005? Let's make a conscious effort to ensure the dates on filled prescriptions are consistent with the format in PharmaNet – Year/Month/Day. In doubt about the date written or printed on a prescription pad? Consult with the prescriber and find out!

### July 1, 2012 deadline for implementation of PPP-68 (*Cold Chain Management of Biologicals*)

The College would like to remind registrants that the implementation date for Professional Practice Policy 68 (*Cold Chain Management of Biologicals*) remains July 1, 2012 as communicated last November. While we are aware that the BCCDC guidelines embedded in PPP-68 refer to a different timeline for other health professionals who administer publicly-funded vaccines, the College believes the 7-month implementation period was sufficient for all pharmacies in the province to be at the standard for *both* vaccines and biologicals. These changes will help ensure the safety and effectiveness of these products across the province.

### New ADM at Pharmaceutical Services Division

The Ministry of Health has announced the appointment of Barbara Walman as Assistant Deputy Minister. Ms. Walman joins the Pharmaceutical Services Division from the Ministry of Labour and Citizens' Services, where she was responsible for Labour Programs. Ms. Walman takes over from Bob Nakagawa, who is now the College's Registrar.

### Medications Return Program

Registrants are reminded that unused or expired medications can be returned to any participating pharmacy, not just the pharmacy from which the medication was dispensed. In addition, OTC and unscheduled drugs, supplements, and throat lozenges may also be dropped off for disposal. Let's keep expired and unused medications out of our water supply and out of our landfills! For more information check out [www.medicationsreturn.ca](http://www.medicationsreturn.ca)



## On Call



**Q: Why is it so important for me to view the PharmaNet patient record for every prescription?**

**A:** The pharmacist is required to ensure patient safety and assess the appropriateness of the drug therapy by performing a thorough review of the patient's PharmaNet profile, counselling the patient and being familiar with the drug they are dispensing.

A recent coroner's report on the death of a young woman from a chloral hydrate overdose highlights the importance of the pharmacist's responsibility to do a comprehensive review of the patient's personal health record on PharmaNet prior to dispensing and counselling the patient on the medication.

The patient's current PharmaNet profile indicated that she had received medications used to treat mental health conditions. The patient received 3 prescriptions for chloral hydrate resulting in a total of 810ml supply of chloral hydrate from 2 different physicians and 2 different pharmacies within a 7 day period. A review of the patient profile would have alerted the pharmacist to multiple doctoring, polypharmacy, and would have triggered a closer review to determine that the patient should not be receiving such large quantities of chloral hydrate. The product monograph states that due to the risk of toxicity associated with overdose, chloral hydrate should be given in limited quantities to patients with clinical depression/suicidal tendencies.



The incident above would have been avoided if the following *Health Professions Act (HPA) Bylaws* had been adhered to carefully by the pharmacist involved. Please take the time to review these legislated requirements so that these types of incidents do not reoccur.

### HPA Bylaws Schedule F Part 1 Section 6(5) states:

A full pharmacist must

- review prescriptions for completeness and appropriateness with respect to the drug, dosage, route and frequency of administration,
- review patient personal health information for potential drug interactions, allergies, therapeutic duplications and any other potential problems,
- consult with patients concerning the patient's drug history and other personal health information,
- consult with practitioners with respect to a patient's drug therapy unless s.25.92(2) of the Act applies, and
- follow-up on suspected adverse drug reactions.

### HPA Bylaws Schedule F Part 1 Section 11(4) states:

A full pharmacist must review the patient's personal health information stored on the PharmaNet database before dispensing a drug and take appropriate action if necessary with respect to

- appropriateness of drug therapy,
- drug interactions,
- allergies, adverse drug reactions and intolerances,
- therapeutic duplication,
- correct dosage, route, frequency and duration of administration and dosage form,
- contraindicated drugs,
- degree of compliance, and
- any other potential drug related problems.

### HPA Bylaws Schedule F Part 1 Section 12(2) states:

Full pharmacist/patient consultation is required for all prescriptions.

### HPA Bylaws Schedule F Part 1 Section 6(4)(f) states:

At the time of dispensing, a prescription must include the following additional information:

- written confirmation and identification of the registrant who
  - reviewed the personal health information stored in the PharmaNet database,
  - reviewed the drug usage evaluation messages (DUE) from the PharmaNet database,
  - performed the consultation in accordance with section 12 of this Part, and
  - performed the final check including when dispensing a balance owing.

# Pharmacy Robbery

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and pay close attention to how much you need to have on site or whether you choose to stock it on an as-needed or advance notice basis to be able to provide service to your patients. If you stock narcotics, make sure you have thought carefully about the strategy for storing them – whether they are kept in a safe or dispersed throughout a pharmacy, making them harder to find for perpetrators.

## 2. Managing The Aftermath

If you have been robbed, it is important that pharmacy staff do whatever they can to ensure that law enforcement is able to apprehend the thief. Closed circuit television (CCTV) is a tool that police are able to use to help identify the individual involved – in many cases, those responsible may be known to local law enforcement.

The image shows a sample of the 'Armed Robbery Questionnaire' form. It includes sections for 'Description of Offender' (with a diagram of a person and fields for First, Second, and Third offender), 'Description of Vehicle' (with icons for various vehicles and fields for make, model, color, and license plate), and 'Description of Weapon' (with icons for various types of weapons and fields for type and description). The form also has sections for 'Armed Robbery Questionnaire' and 'What Happened?'.

The guidelines jointly produced by the College and the Association include a questionnaire and description sheet (sample below) to help you identify – complete these as soon as possible after a robbery while your memory is fresh! It is also critical that you close your pharmacy after a robbery, and to preserve the crime scene until the police have completed their initial investigation. Avoid touching anything, ask witnesses to remain at the scene until police arrive, and ask all of them (not just pharmacy staff) to fill out the forms in the guidelines.

## What Next?

Once the police have completed their initial investigation, the pharmacy manager must ensure that narcotic counts and reconciliations are completed (*PPP-65 Narcotics Counts and Reconciliations*), any loss or theft of narcotics are reported to Health Canada within ten days as per law, and to notify the College as soon as possible so that, if necessary, the College can distribute a notice on PharmaNet to all other pharmacies in your area warning of a potential risk.

And on a final note, robberies are traumatic. The College has received reports of some pharmacists leaving the profession due to the stress and anguish caused by a robbery. It is important that all victims take advantage of the support that is available through their local victim services, the BCPhA, and any employer-specific victim support.

**REVIEW THE FULL GUIDELINES ON OUR WEBSITE AT  
WWW.BCPHARMACISTS.ORG**



## Pharmacy Matters

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## HPV Vaccine Program

The provincial government has launched a \$3.5 million program through Pharmacare to help ensure women aged 21 and under (1991, '92, and '93 birth years) are vaccinated against HPV, a virus that can lead to cervical cancer.

Patients are eligible to receive the shot from pharmacists who have received authorization from the College to give injections. The program was initiated in mid-April as an expansion of the school-based immunization program for girls in Grades 6 and 9. The vaccination consists of three shots over a 6-month period and can be purchased by women who aren't in the eligible age range after consultation with a pharmacist or doctor.

The vaccine is estimated to prevent up to 70 per cent of cervical cancers, although women are encouraged to continue getting regular pap smears even after being vaccinated.



# B.C. Pharmacist Immunization Initiative Wins Award

The Pharmacists and Immunization Working Group (PIWG) is the winner of the Third Annual BC Quality Awards under the category of *Staying Healthy*. PIWG members include Doreen Leong of the College of Pharmacists of BC as well as representatives from the Ministry of Health, BC Pharmacy Association, Faculty of Pharmaceutical Sciences at the University of British Columbia (UBC), BC Centre for Disease Control, and other regional health authorities.

The mandate of PIWG is to support an expanded scope of practice for pharmacists to administer immunizations. This involves ensuring sufficient numbers of qualified service providers are accessible to meet immunization needs and supporting pharmacists in raising awareness of the benefits of immunization programs. In 2010/11, PIWG facilitated pharmacist participation in a provincial campaign that vaccinated more than 48,000 BC residents against the influenza virus. This year, more than 100,000 BC residents were vaccinated by pharmacists.

Presented by the BC Patient Safety & Quality Council, the Annual BC Quality Awards recognize individuals, healthcare teams, and facilities for improving the quality of care in BC.



## 2012

### Board Meeting Dates

June 15, 2012	Board Meeting
Sept 21, 2012	Board Meeting
Nov 15, 2012	Annual Board Orientation
Nov 16, 2012	Board Meeting
Nov 17, 2012	Annual General Meeting (AGM)

“ All Board meetings are open to the public. Consider attending! ”

## readlinks

Published by The College of Pharmacists of BC

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



### COLLEGE OF PHARMACISTS OF BRITISH COLUMBIA

*Safe and Effective Pharmacy Care*

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