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Pharmacists Well Prepared For Olympic Challenge



photo courtesy of adrian8_8 (Flickr)

Pharmacists Dan Klingspon, and Sebastian Denison have joined the team of volunteers to welcome the world at the Vancouver 2010 Winter Games. As Pharmacy Managers of the Vancouver and Whistler Village Pharmacies, Dan and Sebastian have played a significant role in both the development and the providing of pharmacy services to meet the needs of an estimated 5,500 Olympians and officials, 1,350 Paralympians, 10,000 media representatives, and 25,000 volunteers.

Dan Klingspon graduated from UBC in 1993 and started his career as a pharmacist at Northmount Pharmacy and has been Pharmacy Manager to this day. Sebastian Denison started as a technician at Northmount in 1999 and graduated from UBC in 2004, when he started to practice as a pharmacist at Northmount. For many years, Sebastian has also worked occasional weekends at Rexall Pharmacy in Whistler.

Almost 20 years ago, Bob Mason, the owner of Northmount Pharmacy envisioned Northmount as a Compounding Pharmacy and began compounding specialty products not found anywhere else, such as Diclofenac for topical use, which was quickly noted by physicians to be very effective for sports injuries. Dr. Jack Taunton, Chief Medical Officer (CMO) for the Vancouver Organizing Committee for the 2010 Olympic and Paralympic Winter Games (VANOC), requested Diclofenac for athletes through the Sports Medicine Clinic at UBC.

After being appointed as CMO of VANOC, Dr. Taunton contacted Dan and Sebastian initially in 2006 for consultation on medication costs for the Games, and were later invited to provide input to Olympic Medical Services. Through these preliminary meetings, Dan and Sebastian put together a comprehensive framework for Pharmacy Services. As their involvement increased, and Medical Services became aware of their complete Pharmacy Services Plan, they were invited to consult on pharmacy operations for the Games and to act as Pharmacy Managers during the Games. They went on to develop the Official



Sebastian Denison (left) and Dan Klingspon (centre), volunteer Pharmacy Managers of the Vancouver and Whistler Village Pharmacies for the 2010 Winter Games.

Broken Telephone – Broken Message



Marshall Moleschi,
Registrar

I know I might be dating myself here but, remember that children's game called 'Broken Telephone'. The one where you whisper something in one person's ear and then they whisper it in another person's ear and so on and so on. When it gets to the last person, they say out loud what they have just heard and everyone bursts into laughter because it's so different from the original message. As a Cub Scout Leader, it was an entertaining way (remember: this was long before Nintendo Wii) of illustrating how easy it is for miscommunication to take place.

It's an innocent enough 'game' when the story is make-believe, but not so funny when the message matters. I've been reminded of this lately as we've been dealing with some misinformation regarding the scope of practice of regulated pharmacy technicians and pharmacists continued responsibilities (see story page 3).

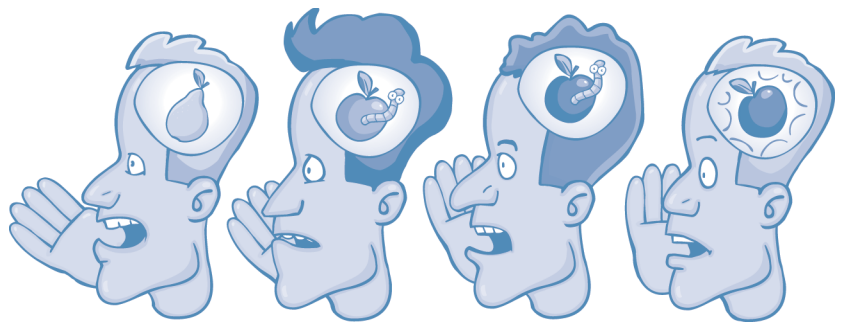
We appreciate that the regulation of pharmacy technicians is a complex initiative that will have implications to the practice of pharmacy. Given this reality, it is imperative that factual information is being circulated. To this end, we acknowledge that we have much work to do at the College to provide more clear and concise communication and are committed to doing so, but we need your help!

With over 4,500 pharmacists working in a variety of practice settings scattered throughout BC, it is impossible for the College to ensure that every pharmacist receives the information first-hand. It is inevitable that the message will be cascaded from one pharmacist to another. This is not unusual; in fact, word-of-mouth communication is a realistic and viable vehicle. The challenge is ensuring that unlike the outcome in the 'Broken Telephone' game, the message at the end actually resembles the message at the beginning.

The trick is for those within the communication chain to verify what they have heard, from legitimate sources (such as the College website), before passing the information along. As Stephen R. Covey, author of *The 7 Habits of Highly Effective People* says, "Seek first to understand, then to be understood".

Seeking the facts is not new for pharmacists, rather it's consistent with what we do intuitively every day when addressing practice issues. It would be very rare for a pharmacist to make a decision regarding a therapeutic treatment for a patient, based solely on the patient's input – particularly if it 'just didn't seem right'. It is in our nature to question and query, to dig for and seek out the truth, so our decisions are grounded in sound rationale, not hearsay or unsubstantiated information. Doesn't an initiative as significant as this deserve the same scrutiny?

Over the coming months the College will be disseminating much more information regarding the regulation of pharmacy technicians as the various components, such as the required



bridging program, become available. If you have not already read through the detailed information available on our website (under Key Initiatives – Pharmacy Technician Regulation) at www.bcpharmacists.org, please do so. And once you have, if you still have questions, I encourage you to contact the College for clarification, before you pass the message along.



Pharmacists will Continue to Authorize Every Prescription

Over the past few months there has been much talk, and even speculation, with respect to the scope of practice that a new 'regulated' pharmacy technician will have. Although it's important that pharmacists understand what regulated pharmacy technicians can do, it's equally important, that pharmacists understand what they cannot do. In other words, what will pharmacists continue to be solely responsible and accountable for?

Currently a pharmacist is responsible for signing off each prescription (both new and refills) indicating that the drug therapy is appropriate for the patient, the prescription has been filled accurately and the patient has received appropriate counseling. Pharmacists will continue to be responsible and accountable for assessing the appropriateness of drug therapy (both new and refills) and for providing patient consultation. Specifically, it will continue to be the pharmacist who must conduct patient assessments, confirm the dosage and interval of the prescription, review the patient's PharmaNet profile, identify drug interactions, provide counseling and perform all other clinical and cognitive functions.

Although regulated pharmacy technicians will be able to take on responsibility for the accuracy of the technical functions related to product preparation and processing, including the final check, each prescription must still get authorized by a pharmacist at some point in the process. This step ensures that a pharmacist is involved with every prescription, new or refill.

The regulation of pharmacy technicians, which is a national initiative that has been underway for many years, is on a voluntary basis and given the comprehensive process for regulation the uptake is expected to be gradual. Pharmacies will have the flexibility to operate with a wider variety of business models including: pharmacist only, pharmacist and regulated pharmacy technicians only, pharmacists and pharmacy assistants only, and pharmacists, regulated pharmacy technicians and pharmacy assistants.

Regulating pharmacy technicians will not minimize the role of pharmacists but rather enhance it by better utilizing pharmacist's knowledge, skills and abilities and by providing pharmacists with more time to focus on the delivery of clinical and cognitive services. Regulating pharmacy technicians will establish an entry to practice standard that will ensure that these new regulated healthcare professionals are able to safely perform the technical functions of product preparation and processing.

It's worth noting that the processes and organizations that are involved nationally and provincially in regulating pharmacy technicians are the same as those that have been registering and regulating pharmacists for years. Familiar names like, the National Association of Pharmacy Regulatory Authorities (NAPRA), the Canadian Council for Accreditation of Pharmacy Programs (CCAPP), and the Pharmacy Examining Board of Canada (PEBC), to name a few, have been

PDAP Update

Supporting a recommendation from the Quality Assurance Committee (QAC), the Board passed a motion to delay the launch of the next Professional Development and Assessment Program (PDAP) cycle from September 2009 to September 2010.

During this time, the PDAP program has undergone an extensive evaluation in order to learn from, build on and strengthen the current program. This has resulted in recommendations from the CE Plus Task Group, Program Evaluation Task Group, External Consultants, and College staff. These recommendations will be presented to the QAC at their upcoming March 4, 2010 meeting. Based on all of the recommendations presented, the QAC will put forth their final recommendations to the Board at the April 9, 2010 Board meeting. In accordance with the *Health Professions Act, (HPA) s.54 (2)*, the program will ultimately consist of both a continuing education component and an assessment component.

The College anticipates that the new program will be launched in September, 2010. Details regarding the new PDAP program will be provided following the April 9, 2010 Board meeting. Please stay tuned.

engaged in the process from the beginning. In addition, the College Board, whose work on this initiative dates back to 2005, recently established a Pharmacy Technician Task Group, with Board representation, to oversee the ongoing development, implementation and evaluation of regulated pharmacy technicians.

To learn more and stay up-to-date please visit the College website (Key Initiatives – Pharmacy Technician Regulation) at www.bcpharmacists.org.

Call for Committee Member Volunteers

Volunteers are currently needed for a number of committees and subcommittees that assist the College to meet its legislated mandate. The committees are primarily made up of College registrants, with some public representation. For a list of all committees, subcommittees and their respective terms of reference, visit the College website at: http://www.bcpharmacists.org/about_us/committees.php

The College is seeking pharmacists from all communities located throughout BC, working in all practice types – community, hospital, academia, long-term care, and administration to volunteer. We are looking for pharmacists who have an interest and experience in an area related to their committee of choice.

In order to apply, pharmacists must meet the following criteria:

- Full pharmacist in good standing

- Registered with the College of Pharmacists of BC a minimum of 1 year

Terms of appointment vary between 1 or 2-year terms, with members being eligible for reappointment to serve up to three consecutive terms.

Typically committees meet 3 to 4 times per year, with sessions ranging from half to full day or evening meetings. Members can meet in person or via teleconference.

How to apply:

If you are interested in this exciting volunteer opportunity, please complete the Committee Member Volunteer application form found on the College website at: http://www.bcpharmacists.org/about_us/committees.php and submit to the College by March 15, 2010 by fax: (604) 733-2493 or toll-free: (800) 377-8129, or by email: info@bcpharmacists.org

Online Registration Renewals for Pharmacists Mandatory in April 2010

At the November 20, 2009 Board meeting, the Board approved mandatory online pharmacist registration renewals. Following this decision, all registrants, effective April 2010, will need to login to eServices (accessed through the College website at www.bcpharmacists.org) to complete their registration renewal. Registrants will continue to have the option to pay their fees by credit card, by cheque, or through their employer. During this transition period, pharmacists will receive a renewal notification reminder in the mail which will direct them to the eServices site to complete their renewal.

Pharmacists Well Prepared For Olympic Challenge

...continued from cover page

Pharmacy Guide, a formulary of medications used for the 2010 Games as well as developing and preparing medication kits for Olympic Test Events and the Torch Relay Team.

A total of 28 pharmacists and 3 pharmacy technicians from BC and across Canada have volunteered through VANOC to work at the Vancouver and Whistler Village Pharmacies during the games, including 2 pharmacists who have the authority to administer injections. Pharmacy services will be available in polyclinics 24/7 through a combination of manned and on-call hours. The 10,000 square-foot polyclinics are equipped with imaging, laboratory and pharmacy services that allow healthcare providers to assess, diagnose, treat, and discharge patients under one roof, reducing the load on hospitals. This marks the first time that such a healthcare facility has ever been done at the Olympic Games.

As IOC and VANOC apply a strict doping control program to ensure all athletes are competing on a level playing field, pharmacists are working to ensure Prohibited Substances, and Prohibited Methods are properly handled. Dr. Taunton describes Dan and Sebastian as “the best in the Sport Pharmacy Field, with a good knowledge of the Anti-Doping list”.

Over the past 3 years, Dan and Sebastian have invested a considerable amount of time and effort into the Games that has been both a challenging and exciting experience. They would like to give a tremendous thanks to Bob Mason, owner of Northmount Pharmacy, for being their mentor and friend, for his generous contributions of his time and support over the years. Dan explains that, “it was because of Bob’s initial vision of a compounding pharmacy that lead us to where we are today with our involvement with the Vancouver 2010 Olympic and Paralympic Games”.

Your Pharmacist – a Key Player on Your Health Team!

Stay tuned to your local radio station as the next wave of the College's public awareness campaign is set to begin the week of March 15, 2010. In addition to province-wide radio spots, which will run for 4 weeks, this advertising flight also features a print ad ("We found our way back into the game") in a number of popular periodicals including Readers Digest, Canadian Living and Today's Parent and some interactive online messaging.

The campaign supports the College's strategic objective of increasing public awareness and understanding of the role and value of pharmacists with the continuation of the theme: Get to know your pharmacist – the more they know you, the more they can help and the introduction of the tagline: Your pharmacist – a key player on your health team.

In order to leverage advertising dollars, the College has partnered this year with the Alberta College of Pharmacists (ACP) who is in the 3rd year of their public awareness campaign, which has similar objectives and messaging and has been achieving positive results. A second advertising flight, with similar components, is scheduled for this fall.

We found our way back into the game!

Your pharmacist... a key player on your health team

Tim's asthma meant that he missed more games than he played. But not any more, thanks to our pharmacist.

She showed Tim how to use his inhaler properly and what to do for an attack. And now that she knows Tim better, she can watch for changes as he grows.

Our pharmacist can even renew Tim's inhaler prescription so he never misses a game!

COLLEGE OF PHARMACISTS OF BRITISH COLUMBIA
www.bcpharmacists.org

ALBERTA COLLEGE OF PHARMACISTS
www.pharmacists.ab.ca

Pharmacist Awareness Week, March 8-12, 2010

The BC Pharmacy Association's (BCPhA) *Pharmacist Awareness Week* (Mar. 8-12) is an annual campaign to raise awareness of what the profession has to offer.

For more information on *Pharmacist Awareness Week* visit the BCPhA website at: www.bcpharmacy.ca



Needed – Pharmacist Assessors for the PEBC Qualifying Examination

The Pharmacy Examining Board of Canada (PEBC) invites practicing pharmacists to participate as assessors for the PEBC Qualifying Examination – Part II (OSCE).

The PEBC Qualifying Examination, which takes place simultaneously two times per year at multiple sites across the country including Vancouver, consists of two components: Part I, the multiple choice examination given in two half-day sessions, and Part II, a performance assessment, known as the Objective Structured Clinical Examination (OSCE), given on a third day. The OSCE is designed to assess communications/interpersonal skills, the application of knowledge to simulations of commonly encountered patient scenarios and other aspects of professional competence that do not lend well to written examinations.

It is important that practicing pharmacists be involved in assessing candidates for licensure, in accordance with the needs of the public and the standards of the

profession. Many pharmacists return every year but there is always a need for new assessors. PEBC invites interested pharmacists who have been registered in Canada for at least three years and are currently providing or directly supervising patient care services to apply.

If you are interested in participating, please review the Assessor qualifications listed on the PEBC website at: www.pebc.ca/EnglishPages/OSCEAssrs/Recruitment.html and if eligible, complete the Assessor Response Form by March 19, 2010. The list of interested assessors will be forwarded to the corresponding site for consideration for an upcoming examination. OSCE examination dates for 2010 are Sunday, May 30th and Saturday, November 6th.

Note: If you have been an assessor at the Vancouver site in 2009, you do not need to complete a new Assessor Response Form as you will be contacted directly to confirm your continued interest.



On Call



Q: I recently had to dismiss a pharmacist for falsifying a patient's prescriptions on their PharmaNet record. Do I have to report this to the College?

A. Yes. In accordance with the *Health Professions Act (HPA) s.32.2* all healthcare professionals under the *Act* have a Duty to Report any registrant, to that registrant's Regulatory College, if they have reasonable and probable grounds to believe that the continued practice of that registrant constitutes a danger to the public. The key phrase is – **constitutes a danger to the public** – and the individual pharmacist must use their professional judgement to determine this. Given that the *HPA* does offer immunity (*HPA s.32.5*) to “a person for making a report in good faith” pharmacists should likely err on the side of caution and file a report.

Specifically, the *Act* states:

Duty to report registrant

32.2 (1) A registrant must report in writing to the registrar of an other person's college if the registrant, on reasonable and probable grounds, believes that the continued practise of a designated health profession by the other person might constitute a danger to the public.

(2) If a person

- (a) terminates the employment of an other person,
- (b) revokes, suspends or imposes restrictions on the privileges of an other person, or
- (c) dissolves a partnership or association with an other person based on a belief described in subsection (1), the person must report this in writing to the registrar of the other person's college.

(3) If a person intended to act as described in subsection (2) (a), (b) or (c) but the other person resigned, relinquished their privileges or dissolved the partnership or association before the person acted, the person must report this in writing to the registrar of that other person's college.

It's important to note that *HPA s.32.2 (3)*, outlined above, means that even if you had intended to terminate the pharmacist, but they resigned before you had an opportunity to do so, you would have a Duty to Report them to the College.

Q: Am I allowed to store my old prescriptions and invoices offsite?

A. Yes, the *Health Professions Act (HPA) bylaw s.73* allows the storage of personal information such as prescriptions and invoices offsite. It's best practice that active prescriptions be stored on the premises, however prescriptions greater than 2 years may be stored offsite but must be readily accessible.

It's important to note that should you choose to utilize offsite storage for documents that contain personal information about patients you must have a contract in place with the service organization as outlined in *HPA bylaw s.77*:

Contracts for Handling Personal Information

77. A pharmacist must ensure that, if personal information about patients is transferred to any person or service organization for processing, storage or disposal, a contract is made with that person which includes an undertaking by the recipient that confidentiality and physical security will be maintained.

Q: Does topical Ibuprofen require a prescription?

A. Yes, topical Ibuprofen requires a prescription. Health Canada's Schedule F and our BC Drug Schedule 1 both list Ibuprofen and its salts as a prescription except when sold for oral administration in a concentration of 400mg or less per dosage unit.

Q: Where can I find information on interchangeable drugs?

A. A definition of “interchangeable drug” is contained in the *Health Professions Act (HPA) Part 2.2 – Pharmacists, Definitions for part s.25.8*:

“interchangeable drug” means a drug that contains the same amount of the same active ingredients, possesses comparable pharmacokinetic properties, has the same clinically significant formulation characteristics and is to be administered in the same way as the drug referred to in a prescription

Further to this definition, the *Pharmacy Operations and Drug Scheduling Act (PODSA) bylaw 5* states:

Interchangeable Drugs

5. Pursuant to section 25.8... of the *Act*, a pharmacist determines interchangeability of drugs by reference to Health Canada's Declaration of Equivalence, indicated by the identification of a Canadian Reference Product in a Notice of Compliance for a generic drug.

The fastest way to access this database is to Google: Health Canada's Drug Product Database (DPD).



Practice Matters

Pharmacist / Patient Consultation required for all Prescriptions

A pharmacist's consultation with their patient, or their patient's representative, is one of the most important cognitive functions that a pharmacist performs. The *Health Professions Act (HPA) bylaw* is very clear with respect to Pharmacist's responsibility in this regard:

HPA bylaw, Schedule F, Part 1, s.11

Pharmacist / Patient Consultation

11.(2) Pharmacist / Patient consultation is required for all prescriptions

This activity applies to all new and refill prescriptions for Schedule I, II and III drugs and is restricted to pharmacists only and cannot be delegated, nor is it part of the scope of practice for regulated pharmacy technicians (refer to article on page 3).

The *HPA bylaw* goes on to describe the specific activities that a pharmacist must engage in when providing direct consultation with a patient or their representative regarding Schedule I drugs. For your reference the list has been extracted below and although mandatory for Schedule I drugs may be applied as a best practice for all pharmacist / patient consultations.

Pharmacists consultation requirements for Schedule I drugs:

- a) confirm the identity of the patient,
- b) identify the name and strength of drug being dispensed,
- c) identify the purpose of the drug,

- d) provide directions for use of the drug including the frequency, duration and route of therapy,
- e) discuss common adverse effects, drug and food interactions and therapeutic contraindications that may be encountered, including their avoidance, and the actions required if they occur,
- f) discuss storage requirements,
- g) provide prescription refill information,
- h) provide information regarding:
 - i) how to monitor the response to therapy,
 - ii) expected therapeutic outcomes,
 - iii) action to be taken in the event of a missed dose, and
 - iv) when to seek medical attention, and
- i) provide other information unique to the specific drug or patient.

The complete Pharmacist / Patient Consultation bylaw (*HPA bylaw, Schedule F, Part 1, s.11*) is available on the College website www.bcpharmacists.org under Legislation and Standards.



College Adopts NAPRA Guidelines to Pharmacy Compounding as the Standard of Practice

At the College Board meeting on January 29th, 2010, the Board approved Professional Practice Policy – 64 (PPP-64 – NAPRA Guidelines to Pharmacy Compounding):

PPP-64 – Policy Statement(s):

1. The Board of the College of Pharmacists of BC adopts the NAPRA Guidelines to Pharmacy Compounding as the Standard of Practice

These guidelines, referred to as the Guidelines to Pharmacy Compounding, (available on the NAPRA website at www.napra.org), are intended to enhance

the standards of practice area addressing compounding in Role 2 of the College's Framework for Professional Practice and are effective immediately and applicable to all pharmacists or their delegates in the preparation of all extemporaneous products.

The Guidelines were developed in 2005 by the Compounding Guidelines Task Force (CGTF), formed by NAPRA, and made up of pharmacists from across Canada experienced in the area of compounding preparations. The Task Force recognized that compounding is an essential part of pharmacy practice, and

the Guidelines reflect the knowledge they felt was required to prepare a safe and appropriate product.

Prior to the Board's decision to adopt the NAPRA Guidelines to Pharmacy Compounding, College staff confirmed that the Guidelines are still valid and consistent with Health Canada's Policy on Manufacturing and Compounding Drug Products in Canada (2009). In addition, the Board has recommended that the College put forward a BC representative to NAPRA when these Guidelines are reviewed and revised in the future.

CPhA Annual National Conference

Be sure to join the Canadian Pharmacists Association (CPhA) for their Annual National Conference in Calgary from May 15-18, 2010 at the Hyatt Regency Hotel and the Calgary TELUS Convention Centre.

The conference will host a variety of continuing education opportunities, excellent networking, a robust trade show and a fantastic location! Significant registration savings for CPhA Members! The Preliminary program has been mailed with the January/February issue of the Canadian Pharmacists Journal (CPJ).

For more information and how to register, visit the CPhA website at <http://www.pharmacists.ca/>

Shaping the Future – BCPHA's Annual Conference 2010

The BC Pharmacy Association's Annual Conference will take place in Kelowna on May 27-29, 2010 and a keynote speaker has already been confirmed. The University of Minnesota's Bob Cipolle, Pharm.D., FCCP, FASHP, has over 35 years of experience in pharmacy and will address the conference about medication management and taking charge of the future of the profession.

Among the other highlights will be a panel discussion on what medication management will mean for pharmacists in BC and workshops on diabetes care and the regulation of pharmacy technicians.

Apart from exciting speakers and professional learning opportunities, the conference will also feature entertainment, a trade show and an awards program to recognize leading lights of the profession in the past year. Nominations are currently being sought in the following categories:

- Wyeth Consumer Healthcare Bowl of Hygeia Award
- Ben Gant Innovative Practice Award
- Achievement Award
- Friend of Pharmacy Award
- Murray Dykeman Mentorship Award
- Nycomed Magnum Opus Award (formerly the Wyeth Apothecary Award), which recognizes professional achievement through advanced learning.

The deadline for nominations is April 15, 2010 with the awards being presented on Friday, May 28, 2010. To find out more about the BCPHA Annual Conference, including full details about award categories, how to submit an award nomination and conference registration details, visit www.bcpharmacy.ca.

BC Pharmacy Association CEO Marnie Mitchell (middle) with two of last year's award winners.



readlinks

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



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