Online Edition • With Activated WebLinks

B.C.'s pharmacy information source

# ReadLinks

Vol. 32 No. 1 January/February 2007

## Suzanne Solven is here

*College welcomes new deputy registrar*

Suzanne Solven

The New Year at the college offices started with a new deputy registrar. Suzanne Solven was the successful candidate in the search to fill the college's "second in command" position. Suzanne brings a wealth of experience to the position, based on a 19-year pharmacy career that has ranged from community pharmacy manager to government unit leader. She most recently served as executive director, pharmaceutical services, B.C. Ministry of Health.

### eDRUG QUESTIONS?

Wondering what effect eDrug, the province's revised PharmaNet system, may have on your practice? Visit www.health.gov.bc.ca/ehealth/index.html or email edrug@gov.bc.ca.

## Addressing resolutions confusion

*True value is talking to one another*

Organizations get their energy, success, and reputation from those who participate within them. The College of Pharmacists of B.C. is no exception: the strength of our college is firmly rooted in the contributions pharmacists make year after year.

While many types of college participation are simple enough, such as volunteering on a committee, there is one kind of input that causes confusion: the resolutions process at the annual general meeting. CPBC registrants are welcome to submit resolutions in advance of the AGM, but the college's governing council is not bound to implement resolutions.

This is due to the college's mandate, which is to ensure the public receives safe and effective pharmacy services. Specifically, the college's role is laid out in The Pharmacists, Pharmacy Operations and Drug Scheduling Act, section 2.(2):

"It is the duty of the college at all times

(a) To serve and protect the public, and
(b) To exercise its powers and discharge its responsibilities under all enactments in the public interest."

Furthermore, CPBC guidelines clearly state: "Resolutions adopted by the members of the college during general meetings or by mail ballot shall be of an advisory nature and shall not be binding on the council, except as provided otherwise in the act or the bylaws." (Rule 4.10).

As Marshall Moleschi explained in his column in the January/February 2006 issue of *ReadLinks*: "Registrants' views on an issue are one factor in making a decision. Other factors include legislation and the public interest."

The true value of the resolutions process is not the voting but the dialogue that resolutions create. The AGM is an opportunity for registrants to share professional and practice concerns with councillors in a sometimes frank, but always respectful, forum, where listening is as important as talking.

Following the annual general meeting, all resolutions are submitted to council at its next regular meeting for further discussion, based on consideration of the points registrants raised at the AGM.

Marshall Moleschi summed it up in his above-quoted column: "The most important element of the process is the debate, and not the vote."

## In this issue



Five Star pharmacist

Langley pharmacist Dr. Shakeel Bhatti accepts the Five Star Pharmacist Award from President John Hope at the college's 2006 annual general meeting. See Shakeel Bhatti's profile on page 8.

COLLEGE of PHARMACISTS OF BRITISH COLUMBIA

www.bcpharmacists.org

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ReadLinks

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**Managing Editor:** James Nesbitt

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

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

Printed on Recycled Paper

*from the*
# Registrar

## PDAP bound? Consider a LPP


Marshall Moleschi

B.C. pharmacists know they must participate in a quality assurance program. Our PDAP program was developed by hundreds of B.C. pharmacists and the philosophy behind it is simple.

As self-regulating professionals, pharmacists participate in:

- Continuous professional development essential to practice, regardless of age, length of practice, or setting.
- An opportunity to show public accountability – essential for a self-regulating profession.
- A process that builds on practice and PD activities to stay up-to-date on pharmacy-care advances.

I'm surprised by the small number of pharmacists who choose the learning and practice portfolio (LPP) option. I think this option is ideal for those working in direct patient care, whether in a hospital or community setting.

Perhaps pharmacists have heard that the LPP is "too much work," something I've heard as well. In PDAP Cycle 1, many pharmacists did "too much work" on their LPP and that was difficult for both them and the pharmacists who give up their time to assess LPPs.

Short and to-the-point is the way to go. Successful LPPs are often only five pages, including the three-part form. To view LPP examples and the forms to guide you, visit the college's website. If you need more information, college staff would be pleased to help.

A frequently asked question is: "Why not just mandate continuing education credits like other provinces?" Other provinces do have mandatory CE, but this is just part of the story:

- **Alberta:** 15 continuing education units (CEUs) per year applied to a learning portfolio process, plus a knowledge assessment exam and a continuing competency portfolio.
- **Saskatchewan:** 15 CEUs that are part of a learning portfolio system for which pharmacists plan, record, and reflect on PD activities.
- **Manitoba:** 15 CEUs, as part of a learning portfolio system.
- **Ontario:** no minimum number of CEUs, but a required portfolio. As well, pharmacists are randomly selected for a knowledge exam, an objective structured clinical examination (OSCE), and a portfolio review.

Comparatively, I feel PDAP is less complicated and more reflective of pharmacy practice, and I see the LPP as "focused CE":

- Identify the area of practice you want to develop or enhance.
- Develop and apply a plan to gain new knowledge, skills, or abilities.
- Document your new knowledge and describe how you used it in your practice.

Consider if the LPP will work for you.

Congratulations to B.C. pharmacist Jason Wong, who was recognized by *Pharmacy Practice* (November 2006) with an honourable mention in the magazine's Commitment to Care Awards. Jason was key in establishing a regional pharmacy at the federal prison in Abbotsford 13 years ago. Before that, inmates received medications from six different community pharmacies. Jason improved inmates' quality of care by coordinating services and developing methadone maintenance, hepatitis C treatment, and smoking cessation programs. Congratulations, Jason!

Go WWW
www.bcpharmacists.org/professional development/prodevassessment/lpp/index.php

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

# Open sesame: patient keyword option

*PharmaNet security feature applied at community pharmacies*

We've all heard about the added capabilities PharmaNet will soon have, as part of the provincial government's eDrug initiative. One new feature will likely be enhanced access by patients to their health records. While this feature isn't planned for the first phase of the PharmaNet revision, it is a reminder that patients can currently decide who may access their PharmaNet data.

This is done with the use of a keyword, which limits access to the patient's PharmaNet record to only those pharmacists and physicians to whom the patient has given their keyword.

### Selecting a keyword

Every patient has the option of attaching a keyword to his or her record at their community pharmacy. The keyword is an eight-character code selected by a patient. It can be completely alphabetical (e.g., ABCDEFGH), completely numerical (e.g., 12345678), or a combination of both, (e.g., 1234ABCD). It should be something easily remembered by the patient, but not something like a mother's maiden name, which is often used as an access reminder for various online transactions.

### When a keyword is needed

Once the keyword is selected and entered into the pharmacy's computer system, the patient must present it when a pharmacist is:

- Accessing a patient medication history.
- Performing a drug use evaluation (DUE).
- Dispensing or refilling a prescription.
- Requesting a patient profile mailing.
- Requesting any information about patient prescriptions (e.g., number of refills remaining, allergies recorded, etc.).

A patient must also provide the keyword to their physician, who in turn provides the keyword when calling the patient's pharmacy for information in the patient's medication record.

### Adding a keyword

1. Ask the patient for personal ID (see "GO WWW" below).
2. Enter the patient-selected keyword using the patient keyword maintenance feature on your local pharmacy software. Your software vendor can explain this feature if it is unfamiliar.

### Changing a keyword

1. Ask the patient for personal ID (see "GO WWW" below).
2. Ask the patient for both the old and the new keyword.
3. Use the patient keyword maintenance feature on your local pharmacy software to assign the new keyword. A keyword can only be changed once in any 24-hour period.

### Removing a keyword

1. Ask the patient for personal ID (see "GO WWW" below).
2. Call the PharmaNet helpdesk, identify the patient and the ID they have provided, and ask for the keyword's deletion. Helpdesk staff can only delete a keyword – they cannot change it or add a new one.

GO WWW

www.bcpharmacists.org/pharmanet/resources/guidelines/

# Coroner's inquest findings

*Clarify "discontinuing" prescriptions on PharmaNet*

Evidence at a recent coroner's inquest revealed that some PharmaNet limitations are not well understood.

### Inquest findings

A woman was admitted to the psychiatric unit of an urban hospital when she expressed feelings of hopelessness and depression. At the time of her admission she was taking Effexor XR® 450 mg/day and Zyprexa® Zydis® 5 mg at bedtime. No changes or additions were made by hospital staff.

After four days at the hospital and following an assessment of her condition, her psychiatrist granted her a six-hour pass. When she did not return a

*continued on page 7*

## Rx LABEL FOR NP PRESCRIBER

*Nurses' college has non-practitioner request*

The College of Registered Nurses of B.C. has contacted our college to request that prescription labels for medications prescribed by nurse practitioners not include the title "Dr."

Some pharmacies have prescription labels preprinted with the title "Dr." When re-ordering labels, please consider removing the designation or arranging to obtain a small supply of labels without the preprinted title "Dr." In the meantime, add the designation "NP" after the nurse practitioner's name in the prescriber name field.

If your labels are not preprinted with the title "Dr." your pharmacy software vendor may be able to allow the title "Dr." to be printed when the prescriber is a physician, dentist, podiatrist, or veterinarian and the designation "NP" to be printed when the prescriber is a nurse practitioner.

If you have other suggestions or recommendations to address this concern, please contact the college office at info@bcpharmacists.org or 604-733-2440 or 800-676-4200.

## TOXICOLOGY CENTRE MOVE

*New address for samples/specimens*

Pharmacists who send clinical toxicology samples/specimens for testing by the B.C. Mental Health & Addiction Services (Provincial Toxicology), should note the centre's new address.

Provincial Toxicology Centre
4th Floor, 655 West 12th Avenue
Vancouver BC V5Z 4R4
Telephone: 604-707-2710

## PHARMACY ELSEWHERE

### Rx date for Alberta pharmacists

*April 1st marks Canadian first*

It's no joke: Alberta pharmacists will expand their patient care offerings on April 1st. Those who have received certification will be able to prescribe certain drugs, renew prescriptions, and administer injections, such as vaccines. Elsewhere in the West, Manitoba's legislature has approved a revised pharmacy act that includes prescribing and drug selection privileges for community pharmacists.

## eSERVICE FOR REGISTRATION UPDATES

*Internet option quick and secure*

Use eService, the college's secure online feature, to renew your registration and update your profile. You'll find your eService ID printed on the renewal form and all other individualized college documents.

Keep your record current by updating your contact, education, and employment information.

### Registration

- Select the appropriate registration option.
- If you are moving to the non-practicing register, review the return-to-practice information guide on the college website, or contact the college office. Remember, depending on how much time you spend on the non-practicing register, there are various requirements to return to practice.
- If you transfer to non-practicing status on eService, there is no need to sign and return the form.

### Payment

- Choose "renew registration."
- If your employer pays your fees, you can update your profile on eService and give your renewal notice to your employer to be submitted with payment.
- Payment can be made by cheque, money order, or credit card (MasterCard or Visa).

### Deadline

Renewals or transfers to non-practicing status that are not received on or before your registration deadline (printed at the top of the renewal reminder letter and the renewal form) change your status to non-practicing. A reinstatement fee of $125 (plus GST) is charged in addition to your renewal fee if you wish to keep your practicing status.

### Donations

This is an optional contribution to the B.C. Pharmacists Benevolent Society and/or the Canadian Foundation for Pharmacy.

If you have any questions about the eService registration process, please contact the college office at 604-733-2440 or 1-800-663-1940.

# AGM celebrates pharmacist excellence

*Passing of the president's torch marks new board term*

Randy Konrad, 2006-2007 council president, presents John Hope with the Past President's Plaque.

Agnes Fridl Poljak receives the Award of Excellence in Community Pharmacy Practice from John Hope, council president.

Elsie Williams receives the Award of Excellence in Long-term Care from John Hope, council president.

Susanne Moadebi receives the Award of Excellence in Hospital Pharmacy Practice from John Hope, council president.

## Starting your LPP

*Ready to show what you know?*

If you registered to complete a learning and practice portfolio (LPP), it's time to get started — if you haven't already. By beginning now, you will have plenty of time to complete each step and address any challenges that may arise.

### To begin

As a first step, read the *Learning and Practice Portfolio Information Guide* to help you focus your thoughts and address practice challenges. Pay special attention to the guidelines for developing desired practice outcomes (DPOs), and note the examples provided in the appendices and on the college website to make sure your DPOs meet each criteria. DPOs should provide a clear statement of how you intend to address an issue or enhance your practice and how, as a result of the changes you make, your practice or patient outcomes will improve.

Examples of DPOs, evaluative narrative statements, and completed LPPs are posted on the college website.

***continued on page 5***

## LPP

*continued from page 4*

### Points to consider

As you consider how to structure your LPP, use the following questions as guidelines:

- What do I need to learn or do to address a challenge or enhance my practice?
- What impact will solving this problem have on my patients?
- How will it benefit my practice?
- What positive outcomes do I anticipate?

These are the questions to consider in developing each DPO. Make sure each one is focused, clear, and directly linked to a practice issue or potential enhancement.

### Clarity counts

Remember, you need to identify three DPOs. One must relate to Role 1 in the *Framework of Professional Practice*, one must relate to Roles 2, 3, 4, or 5, and your third one can relate to any role.

Once your DPOs are drafted and sent to the college, practicing pharmacists review them and provide feedback based on specific criteria. Clear, focused DPOs are the best way to ensure that the rest of the LPP process is straight forward and satisfying.

### Tips from others

Consider the tips offered by pharmacists who completed an LPP during the first PDAP cycle:

1. Follow the instructions in the *Learning and Practice Portfolio Information Guide* to develop your LPP, but think about the real benefits to your practice and your patients — that should be your starting point.
2. Use the *FPP* to help you formulate your DPOs at the start and to prepare your narrative statement at the end. The *FPP* is relevant to all aspects of practice, so use it to showcase how you meet B.C. practice standards.
3. Allocate time in your busy week to think about your LPP. Since most of the work you do will be linked to your practice, set aside time to write your thoughts and identify the documentation you will need to confirm what you have done. By doing a bit each week, the LPP becomes an extension of your actual practice.
4. Completing a LPP gives you a great opportunity to address three key problems or enhancements and receive valuable peer feedback.

Based on other pharmacists' experiences, expect to learn a great deal about yourself and your practice by creating a LPP. And remember, if at any time you have questions about the process or what you are planning, contact the college for guidance.

Go WWW

www.bcpharmacists.org/professional development/prodevassessment/lpp/index.php

This column prints questions and answers from the OnCall Information Line

Toll free 1-800-663-1940

OnCall PHARMACIST INFORMATION LINE

## Questions & Answers

**Q** Is Adderall XR® still available on the market?

**A** In February 2005, Health Canada suspended the market authorization of Adderall XR® due to safety information concerning the association of sudden deaths, heart-related deaths, and strokes in children and adults taking usual recommended doses. However, in March 2005, Health Canada allowed the manufacturer to resume sales of the drug on the Canadian market, following recommendations by an independent committee which called for revised label information.

**Q** What schedule is Cesamet® (nabilone)?

**A** It is a straight narcotic and requires a written or faxed prescription. It does not need a controlled prescription form (formerly known as a triplicate prescription).

**Q** Many prescriptions brought in by patients have been stamped with the prescriber's signature and their college's identification number. Have the rules requiring hand-written prescriber signatures recently changed?

**A** No. Pharmacists must ensure that a written prescription contains the name and signature of the practitioner, in addition to all the other prescription requirements.

**Q** I just received a prescription written by a nurse practitioner from Alberta. Do out-of-province nurse practitioners have prescribing privileges in B.C.?

**A** Out-of-province nurse practitioners are recognized as prescribers in B.C. But for now, pharmacists in B.C. cannot process the prescriptions under the out-of-province nurse practitioner's identification number because that category of practitioner has not been added to the PharmaNet system. Depending on the drug and the situation, pharmacists should use their professional judgment to decide if it is appropriate to process a new or transferred nurse practitioner prescription as an emergency supply prescription using the pharmacist's ID as the prescriber. In all cases, clearly document the situation on the prescription.

**Q** A physician in my small rural community left his medical practice without arranging for another physician to take over. None of the other physicians in the community are accepting new patients, and the walk-in clinic is overbooked. The physician gave most patients refills to last three months, but these are no longer valid because his license is no longer valid. What can I do?

**A** Using professional judgment, a pharmacist may dispense an emergency supply of prescription drugs to a patient. The days supply will depend on the situation, the drug involved, and how long it will take the patient to see a physician. For example, if a patient is on well-established maintenance therapy, it may be appropriate for a pharmacist to dispense a one-month supply. However, for narcotics and controlled drugs, the pharmacist must assess each situation on a case-by-case basis. Most often, only a one- or two-day supply is warranted, but if you have a palliative care patient, a one-week supply may be appropriate. In each case, process the prescription as an emergency supply prescription using the pharmacist's ID as the prescriber ID, and clearly document the situation on the prescription.

# Adverse drug reaction overview

## *Reacting to a reaction*

Adverse reactions are undesirable effects to health products and may occur under normal use conditions of the product. Reactions may be evident within minutes or years after exposure to the product and may range from minor reactions like a skin rash to serious and life-threatening events such as a heart attack or liver damage.

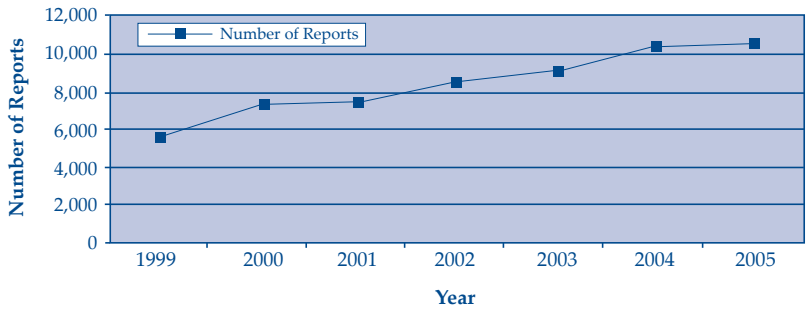
### Health Canada's role

Health Canada, through the Canadian Adverse Drug Reaction Monitoring Program (CADRMP), is responsible for collecting and assessing adverse reaction reports for the following health products marketed in Canada: pharmaceuticals, biologics (including fractionated blood products, and therapeutic and diagnostic vaccines), natural health products and radiopharmaceuticals. Adverse reaction reports are assessed for any signs or trends (signals), which may be preliminary indicators of product-related issues. The identification of a signal is not by itself proof of the association of an adverse reaction to a health product, but it triggers the need to further investigate a potential association.

### When to report

When reporting, keep in mind that adverse reaction reports are, for the most part, only suspected associations. Proof that a health product has actually caused an adverse reaction is not a requirement for reporting. Patients and health professionals should report all clinically significant suspected adverse reactions, but especially if they are:

**Figure 1: Number of Domestic Adverse Reaction Reports**




1. Unexpected adverse reactions, regardless of their severity (i.e., not consistent with product information or labelling);
2. Serious adverse reactions (reactions that require in-patient hospitalization or prolongation of existing hospitalization, cause congenital malformation, result in persistent or significant disability or incapacity, are life-threatening or result in death), whether expected or not; or
3. Adverse reactions related to recently marketed health products (i.e., on the market for less than five years).

### What reporting does

The information from adverse reaction reports may contribute to:

- The identification of previously unrecognized rare, or serious, adverse reactions.
- Changes in product safety information, or other regulatory actions such as withdrawal of a product from the Canadian market.
- International data regarding benefits, risks, or effectiveness of health products.
- Health product safety knowledge that benefits all Canadians.

It is believed that adverse reaction reports received by Health Canada represent only a small percentage of adverse reactions that have occurred. Some international studies estimate reporting rates to be as low as one to 10 per cent. The effectiveness of the monitoring system and signal detection is compromised by low reporting rates. Under-reporting may cause an underestimation of a safety problem.

### Annual reporting data

Health Canada received 10,410 reports of suspected adverse reactions in 2005. Of the adverse reaction reports received, 7,223 (69.4 per cent) were classified as serious. There has been a steady increase in the reporting of adverse reactions in Canada over the past seven years, with 1.7 per cent more reports in 2005 than in 2004 (Figure 1).

Adverse reactions were reported for the most part by health professionals (pharmacists, physicians, nurses, dentists, coroners, and others), either directly to Health Canada or indirectly through another source (Table 1).

Submitted by Thanh Vu, Health Canada
Canadian Adverse Reaction Monitoring (B.C.)

Go WWW
www.healthcanada.gc.ca/medeffect

**Table 1: Number of Adverse Reaction Reports by Type of Reporter**

| | 1999 | | 2000 | | 2001 | | 2002 | | 2003 | | 2004 | | 2005 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | No. | % of Total | No. | % of Total | No. | % of Total | No. | % of Total | No. | % of Total | No. | % of Total | No. | % of Total |
| Pharmacist | 2,103 | 37.0 | 2,420 | 32.9 | 2,097 | 28.4 | 2,141 | 25.0 | 2,369 | 25.7 | 3,011 | 29.4 | 2,592 | 24.9 |
| Physician | 1,446 | 25.4 | 1,876 | 25.5 | 1,914 | 25.9 | 2,093 | 24.4 | 2,176 | 23.6 | 2,667 | 26.2 | 2,970 | 28.5 |
| Health professional* | 1,051 | 18.5 | 1,157 | 15.7 | 1,378 | 18.6 | 1,780 | 20.8 | 1,974 | 21.4 | 1,499 | 14.6 | 1,267 | 12.2 |
| Consumer or patient | 516 | 9.1 | 1,010 | 13.7 | 1,102 | 14.9 | 1,581 | 18.5 | 1,628 | 17.7 | 1,928 | 18.8 | 2,304 | 22.1 |
| Nurse | 447 | 7.8 | 381 | 5.2 | 443 | 6.0 | 421 | 4.9 | 689 | 7.5 | 873 | 8.5 | 926 | 8.9 |
| Other | 125 | 2.2 | 517 | 7.0 | 455 | 6.2 | 550 | 6.4 | 373 | 4.1 | 260 | 2.5 | 351 | 3.4 |
| **Total** | **5,688** | **100** | **7,361** | **100** | **7,389** | **100** | **8,566** | **100** | **9,209** | **100** | **10,238** | **100** | **10,410** | **100** |

**professionals not specified in report*

## Inquest findings

*continued from page 3*

search was launched, and she was found deceased with a note and four medication containers beside her body.

Toxicology results showed venlafaxine in the blood samples. No olanzapine was found in the samples. It was determined that on the day of her death, she had obtained refills of 90 Effexor® 150 mg XR and 60 Zyprexa® Zydis® from her regular pharmacy, using previously authorized refills on the two prescriptions. The Effexor XR® vial was found beside the body with six capsules in the container.

**Coroner recommendations**

In the current PharmaNet system, medications that are discontinued by the prescriber are not automatically cancelled on the patient's PharmaNet record. If the prescriber wishes to cancel refills remaining on a prescription, he or she can advise the patient's individual pharmacy of this change, and the refills can be cancelled on the pharmacy's local computer system. This information is not transmitted to PharmaNet.

The pharmacy can also transmit a "discontinued" status to PharmaNet. The prescription status on PharmaNet then changes from "F" (filled) to "D" (discontinued).

The "discontinue" function should only be used to identify drugs that have been removed from the patient's regimen due to an adverse drug reaction, a medication change, or a dosage change. The discontinued status cannot be "undone" once transmitted by some pharmacy systems.

Only the pharmacy that dispensed the prescription can transmit the "discontinue" notification to PharmaNet. If the physician does not know which pharmacy dispensed the prescription, the PharmaNet helpdesk can identify the pharmacy.

The College of Physicians and Surgeons of B.C. has also been asked to advise physicians about the need to request that a "discontinue" notification be sent to PharmaNet when it is not intended that a patient continue to take previously dispensed medication.

## whatwentwrong

Dear College:

I am on the methadone maintenance program. A community pharmacy dispenses my weekly carries. Last month, my purse was stolen and the thief obtained my methadone. As a result, the thief died of an overdose. I discussed this with the police and my doctor. I also called the pharmacy and spoke with the pharmacist on duty.

The following week, when I went to the pharmacy for my weekly pick up, I didn't recognize the pharmacist on duty and told him so. In response, he said, "…Don't you remember talking to me last week about the guy that stole your purse, drank your methadone, and died?"

A number of patients heard the pharmacist! I believe he violated his ethical obligation to keep my personal medical information confidential. It's nobody's business to know that I am on methadone and further, to know that it was stolen and someone died as a result.

In the many years that I've been on methadone maintenance, I've never experienced such disregard for my personal information.

*Concerned about Confidentiality*

**The pharmacist involved acknowledges:**

There was a "loud discussion about the previous theft of methadone" while he was in the dispensary and the patient was at the pharmacy counter.

**Suggestions:**

Here are some suggestions to improve privacy in the dispensary area to ensure patients receive the information they need, while maintaining confidentiality:

1. Always be mindful of how loud you are speaking when discussing confidential information with patients.
2. If the pharmacy has a private or semi-private counselling area, move to that area when discussing confidential information with patients.
3. Politely ask waiting patients to step back a few feet so you can have a private conversation with the patient you are serving.
4. Place stanchions a few feet in front of the dispensary where patients hand in and pick up their prescriptions. You might only need one stanchion to give people the idea that they should stand back. Some stanchions include a "Please wait here" sign.
5. Place a line of brightly coloured tape on the floor a few feet from the dispensary. If it isn't effective on its own, a sign on the dispensary that reads, "Help us respect privacy and confidentiality. Please wait behind the red line until we can assist you" may help.
6. Use a small mat in front of the prescription drop-off/pick-up area to delineate the space.

*Situations like the one described above provide an excellent opportunity to reflect on your personal pharmacy practice and to make sure your pharmacy has a system in place to identify, prevent, manage, and report practice errors and omissions.*

## DRUG UPDATES

For full details please check:

www.napra.ca or
www.bcpharmacists.org

- Xigris® [drotrecogin alfa (activated)].
- Iressa® (gefitinib).
- Xylocaine® (lidocaine HCl) Jelly 2% Single Use Plastic Syringe (10 mL).
- Tamiflu®.
- Benzocaine sprays.
- Air-shields® Isolette® C2000/ C2000e Infant Incubator.
- Evra® (norelgestromin and ethinyl estradiol) transdermal system.
- Rituxan® (rituximab).
- Generic fentanyl transdermal products.
- Syringe infusion pumps.
- CellCept® (mycophenolate mofetil).
- Avastin® (bevacizumab).

## EMAIL DATELINE: CPBC

*Council Highlights moves to email only*

College registrants with up-to-date email addresses on record with the college were the first to hear about:

- Suzanne Solven's appointment as deputy registrar.
- The generic fentanyl patch advisory.
- The ivermectin Schedule I correction.

While all of these items are posted on the CPBC website, registrants who have provided the college with their email addresses found out first. If you haven't updated your email address, now is the time to do so: beginning with the February issue, *Council Highlights* moves to email distribution exclusively – as well as being posted on the college website.

Checking or changing your email address is simple: log on to the college website, click on the eService logo, and follow the prompts. Can't remember your eService ID? It now appears on all personally-addressed CPBC documents, including your annual registration renewal wallet card.

Once you've updated your email address, you will be entered into a draw for one of two $100 prizes. The latest CPBC registrants to win are Annabel McNally and Danny Tam!

www.bcpharmacists.org

# Interview: Five Star Award winner

*Shakeel Bhatti's success has deep roots*

An ER doctor needs help with a chronically ill patient and turns to a local pharmacy: the resulting pharmacist/physician/patient relationship underscores the value of teamwork.

Shakeel Bhatti, the 2006 recipient of the college's Five Star Pharmacist Award, tells this story when asked for a personal example of successful patient-focused care. The patient's diabetes was so poorly controlled that he was visiting the local emergency room every few days. Desperate to help him, an admitting doctor called Shakeel Bhatti's pharmacy. Shakeel and his staff worked with the patient and his GP to stabilize blood sugar levels, establish testing schedules, and manage medications. Shakeel recalls, "Eventually our patient was so much better he came into the store and thanked us for giving him back his life. His experience guided us in much of what we do."

Shakeel and his staff at two Langley pharmacies provide exemplary patient care, which is appreciated by many: Shakeel had the distinction of being nominated by eight people for the Five Star Pharmacist Award.

At the awards presentation, held at last year's AGM, Registrar Marshall Moleschi told Shakeel, "Your good work not only advances each patient's individual health, but also our profession's reputation, and for this we thank you."

### Pharmacy roots

After receiving a pharmacy degree from the University of Wales in 1986, Shakeel began working in hospital pharmacies throughout England, and continued with this practice setting when he moved to Canada in 1992. He received a Pharm.D. from the University of Washington in 2000 and also opened his first community pharmacy that year.

Shakeel's current successful collaborations mirror some of his earliest experiences. After graduating, "I joined the University of Manchester for a joint appointment between the school of pharmacy and school of medicine as a research associate." He says, "On my days off I worked as a relief community pharmacist. I particularly enjoyed helping out small independent pharmacies in rural communities where the pharmacist was a well known, respected member of the community."

Dr. Shakeel Bhatti

His last job in the United Kingdom was a joint appointment with a local health association and hospital. When the Langley ER doctor called a few years ago, Shakeel's knowledge of collaborative care prompted him to help. He also credits his staff for successful care outcomes, saying, "I'm very proud of my colleague pharmacists and technicians for rising to the challenge and delivering exemplary patient-focused care."

### Practice advice

For community pharmacists who muse about adding new care services, Shakeel has some advice. Find an employer or prospective partner who thinks "profession first," and sees the benefit of investing in staff and training.

Furthermore, Shakeel says, "Pick a disease of interest and get educated on its management, then start with one or two patients a week. After developing sufficient experience, try partnering with local physicians and take it to the next level of collaboration. The process should take three to five years."

### The future, and now

Shakeel's ideal future for pharmacy practice includes more independent pharmacies and practices with specialization in disease management, prescribing, and collaborative care.

But for now, Shakeel is grateful for the Five Star Pharmacist Award. "It's a great honour and very gratifying to be recognized in this way," he says. "My staff will be very happy to see the award and in many ways it is as much a recognition of their collaborative efforts, dedication to pharmacy practice, and dedication to our patients, as it is a recognition of what I have done. I am very 'chuffed' that this award recognizes what we have been doing and will continue to do."