

# Read-Links

Online Edition **With Expanded Content**

## E-scripts gain support

According to a recent survey, 85 percent of BC pharmacists strongly or somewhat support moving toward electronic prescriptions. 46 percent strongly or somewhat support moving toward e-scripts even if that means pharmacies would have to pay a 25 cent transaction fee per prescription.

"We're pleased to see such a high level of support for this form of electronic communication," says Deputy Registrar Brenda Osmond. "Hard-to-read, handwritten prescriptions have long frustrated pharmacists. We're confident e-scripts will reduce medication errors caused by illegible paper prescriptions."

The current situation is that a computer-generated prescription must have an original prescriber's signature, unless it is sent directly from the physician's computer to the pharmacy's fax machine, and includes a unique identifier. According to Health Canada, draft legislation allowing doctors to send prescriptions electronically may be ready as early as April 2005 and regulations could be in place by 2006.

In preparation for this new legislation,

*continued on pg 8*

## Survey generates debate

When it comes to the internet and email, opinions vary widely among BC pharmacists. Some view it as a powerful tool to improve patient care, while others refuse to use it.

One community pharmacist who responded to the *Policy Input* publication included in the last issue of *Read-Links*, commented, "The sooner we take advantage of all the tools of technology available to us, the better." A hospital pharmacist said, "I can't imagine in this day and age that all of my colleagues don't have internet access. The advantages are too numerous to mention."

Another respondent acknowledged the lack of control some pharmacists have over e-communication. "Many large pharmacy companies do not allow internet access and/or block access to certain information on College websites. I feel it is a professional liability to not have full internet access in all pharmacies. As drug information specialists we must have access to more information than our patients. The only way this will change is if the College mandates it."

*Policy Input: Council seeks input on internet and email policy* asked pharmacists to choose a deadline by which they should be able to access the College website, E-Link, and electronic prescriptions from within the pharmacy. Of those who responded, most feel pharmacists should have a dedicated computer terminal to access the internet by January 1, 2006, and the majority feels the same way about E-Link and electronic prescriptions.

A pharmacist who recently moved to BC from Ontario wrote, "In Toronto I had a chance to access the internet at the pharmacy and it helps pharmacists and other staff to function. The impact of this technology in the day to day work of a community pharmacy is greater than I thought it would be."

However, at the other end of the scale, one respondent wrote, "I refuse to use E-Link and will continue to do so." Another said, "I have never accessed the College site."

Council President, Rita Thomson, comments, "This is an important issue for all pharmacists and we welcome your input. *Policy Input* is available on the College website. We want to hear from as many pharmacists as possible, so please continue to fax in your responses."

## College launches Read-Links Online Edition

If you don't want your patients to know more than you do, you need access to the internet. That's the opinion of a pharmacist who responded to the College's request for input into future strategies for electronic communication.

And it's one reason why *Read-Links Online* is expanding as the printed edition shrinks. "Our patients are using the internet to help manage their health, and so must we," says Registrar Linda Lytle. "Access to the College website and the internet is an essential professional tool for BC pharmacists."

When you log onto the College website homepage, [www.bcparmacists.org](http://www.bcparmacists.org), you'll see a new *Read-Links Online Edition* icon. One click takes you to the current *Read-Links*, plus all publications included with the print edition, and archives of past newsletters. Click on the *eServices* icon to update registration information and pay fees online. Select the E-Link icon to go directly to your email.

*continued on pg 8*

Mar/Apr 2005 Vol 1 No 1  
OnLine Edition

## In this issue...

- Help for kidney patients 3
- 21st century recognition 4
- Are you protected? 5
- Payments with eServices 6
- Resource Source 9
- New vaccines 9
- People News 10
- EventLink 11

COLLEGE of PHARMACISTS  
OF BRITISH COLUMBIA

Bi-Monthly OnLine Newsletter

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### COLLEGE MISSION

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

# PDAP

## KA and the missing 5%

A few pharmacists have asked the College about the five percent of participants who did not meet the standards of the Professional Development and Assessment Program (PDAP) in the Knowledge Assessment (KA) exam.

"When we were developing PDAP we were confident most pharmacists would meet the standards," says Director of Assessment Programs Doreen Leong. "We also expected that - due to a range of personal and professional circumstances - a small group would be unsuccessful.

"What we've learned is that most of this group of about 60 do not have responsibility for direct patient care in their current positions. They're involved in other areas such as administration, have careers unrelated to pharmacy, or have chosen not to practice due to family commitments.

"These pharmacists can either take steps to upgrade their skills or confirm they will not work directly with patients," says Doreen. "Because the professional designation of 'pharmacist' enables any of us to practice, it's important the College can assure the public that every pharmacist providing patient care is competent to do so."

Pharmacists who were not successful during the first phase of PDAP have several options in Phase 2. If they provide patient care they can retake the KA, complete a Learning & Practice Portfolio, undergo a Practice Audit or take the Objective Structured Clinical Examination (OSCE).

If they work in a non-patient care environment they can choose to retake the KA or take the OSCE. The deadline for successful completion of one of these options is August 31, 2006. Pharmacists who choose to undergo a Practice Audit or OSCE will incur a cost of \$500 (plus GST).

Practitioners who do not deal with patients, yet need to keep the professional title of pharmacist, can sign an affidavit certifying they will not perform direct patient care activities until they meet the PDAP standards. Pharmacists who are not in practice can choose to transfer to the Nonpractising Register.

## PDAP milestone

On February 28, 2005, the Professional Development and Assessment Program (PDAP) passed an important milestone. "Pharmacists selected for the first cycle of PDAP have now taken the Knowledge Assessment exam or sent in their Learning & Practice Portfolios," says Doreen Leong, Assessment Programs Director.

During April, a team of experienced pharmacists assesses each LPP, and will provide feedback by the end of May. "As part of the assessment process, the assessor may need to clarify some aspect(s) of your LPP," says Doreen. "They may contact you to learn more about your practice, ask for additional documentation to be submitted or in some instances, visit you in your practice.

"Now that virtually everyone selected for the first PDAP cycle has taken part, we can begin to evaluate the program," says Doreen. "We want to make PDAP even more effective for pharmacists participating in the second cycle and will begin our formal evaluation starting September 2005."

About 190 pharmacists have already volunteered to contribute to the evaluation process by taking a second assessment. Pharmacists interested in participating in the PDAP evaluation and who have not yet faxed in their form, may contact the College office. All pharmacists who have participated in the program receive a PDAP Evaluation and Feedback Form asking them to provide their thoughts and observations - What worked well for them? What could have been better? Did the program fulfill its purpose?

"We really appreciate the willingness of so many pharmacists to help us improve the program," says Doreen. "In recognition of their efforts, each volunteer who meets the standard in their second assessment is exempt from future PDAP requirements until 2012."

If you need more information about PDAP please contact Doreen at the College, email: doreen.leong@bcpharmacists.org.

## A manager is a manager

If you're asked to temporarily fill the position of a pharmacy manager you should know that the College doesn't distinguish between temporary and permanent pharmacy managers. Pharmacists who assume a manager's position, even on a short-term basis, assume all responsibilities of the community pharmacy manager as outlined in Bylaw 5 (26).

You should also be aware that if a pharmacy manager is going to be away for more than eight weeks they must notify the Registrar. Generally, if a manager is away for longer than this, a new manager should be appointed.

## Help for kidney patients

The average person on dialysis because of chronic kidney disease takes 12 different drugs. If kidney patients have other medical conditions, such as asthma or diabetes, they may be coping with up to 20 meds at a time. In addition, almost all dialysis patients suffer from cardiovascular disease and related complications.

As if that wasn't hard enough, their medication needs change constantly due to the acute and dynamic nature of their condition which can include anemia, high blood pressure and serum electrolytes abnormalities.

To help these patients manage their condition, and deal with the high cost of drugs, the BC Provincial Renal Agency (BCPRA) partners with community pharmacies. This partnership helps patients understand their options, provides consistent care and encourages pharmacists to get involved in the specialty care that nephrology patients need.

In most cases, a partner pharmacy is located near a hemodialysis unit. However, two of the costliest therapies - erythropoietic replacement hormones and intravenous iron preparations - are distributed throughout the province only by MacDonald's Prescriptions Ltd. in Vancouver.

BCPRA funds only patients who are registered with them, and only formulary medications supplied by partner pharmacies. Medication funding follows a simple philosophy: patients and pharmacists should use all other avenues of funding first, and access BCPRA as a last resort. In practice, this "payer of last resort" policy means the pharmacist has to navigate all the available electronic adjudications on behalf of the patient, and if an amount remains, bill it to BCPRA monthly.



Find drug information leaflets and online formulary

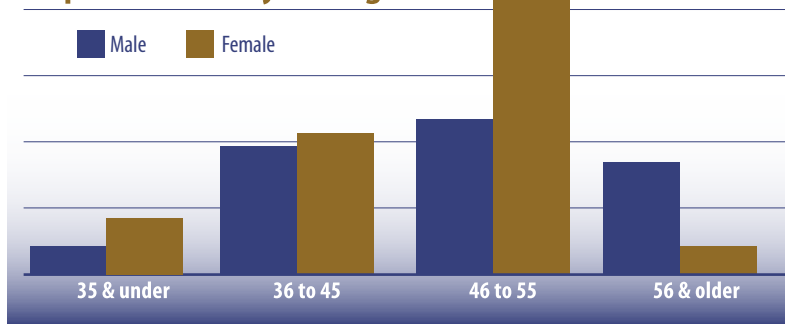
[www.bcrenalagency.ca](http://www.bcrenalagency.ca)

## Gender make up

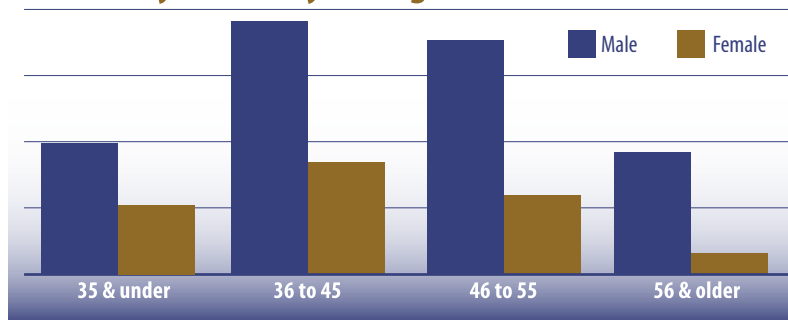
Just over one quarter of BC's 3,744 pharmacists are pharmacy managers. Within this select group, men outnumber women by more than two to one, with 658 male pharmacy managers compared with 278 female.

However, the picture shifts if you look at hospital vs. community pharmacy. Women outnumber men by 37 to 30 in hospital pharmacy management, whereas in community pharmacy men outnumber women 628 to 241.

### Hospital Pharmacy Managers



### Community Pharmacy Managers



*Note:* Due to technical problems, the chart on January/February *Read-Links* page 5 illustrating "Our changing profession" did not appear in the printed version of the newsletter. You can view the chart on the College website: [www.bcpharmacists.org](http://www.bcpharmacists.org) >Resources > Read-Links >January/February /2005 Read-Links.

## DRUG UPDATES AND ADVISORIES

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

### Invirase® (saquinavir mesylate) and Fortovase® (saquinavir)

Rifampin is not to be administered to patients also receiving saquinavir/ritonavir (ritonavir boosted saquinavir), as part of their combination antiretroviral therapy (ART) for HIV infection, due to incidence of hepatotoxicity  
[www.hc-sc.gc.ca/hpfb-dgpsa/tpd-dpt/invirase\\_fortovase\\_hpc\\_e.html](http://www.hc-sc.gc.ca/hpfb-dgpsa/tpd-dpt/invirase_fortovase_hpc_e.html)

### Adderall XR®

Health Canada suspends the market authorization of Adderall XR® due to serious adverse reactions leading to sudden death, heart-related deaths and strokes in adults and children  
[www.napra.ca/pdfs/advisories/Adderall.pdf](http://www.napra.ca/pdfs/advisories/Adderall.pdf)

### Ezetrol® (ezetimibe)

Association of Ezetrol® with myalgia, rhabdomyolysis, hepatitis, pancreatitis and thrombocytopenia  
[www.hc-sc.gc.ca/hpfb-dgpsa/tpd-dpt/ezetrol\\_hpc\\_e.html](http://www.hc-sc.gc.ca/hpfb-dgpsa/tpd-dpt/ezetrol_hpc_e.html)

### Xigris®

Association of Xigris® (drotrecogin alfa activated) with mortality in patients with single organ dysfunction and recent surgery  
[www.hc-sc.gc.ca/hpfb-dgpsa/tpd-dpt/xigris\\_nth\\_e.html](http://www.hc-sc.gc.ca/hpfb-dgpsa/tpd-dpt/xigris_nth_e.html)

### Apo-Mefloquine (mefloquine) and Lariam® (mefloquine)

Revised safety information leaflets on Apo-Mefloquine and Lariam® to give to patients taking mefloquine as a prophylactic antimalarial drug  
[www.hc-sc.gc.ca/hpfb-dgpsa/tpd-dpt/A/apo-mefloquine\\_hpc\\_e.html](http://www.hc-sc.gc.ca/hpfb-dgpsa/tpd-dpt/A/apo-mefloquine_hpc_e.html)  
B) [lariam\\_ltp\\_e.html](http://www.hc-sc.gc.ca/hpfb-dgpsa/tpd-dpt/lariam_ltp_e.html)

### Humira® (adalimumab)

Hematologic events associated with Humira® and the risk of infections associated with the concurrent use of Humira® and anakinra  
[www.hc-sc.gc.ca/hpfb-dgpsa/tpd-dpt/humira\\_hpc\\_e.html](http://www.hc-sc.gc.ca/hpfb-dgpsa/tpd-dpt/humira_hpc_e.html)

## FENTANYL PATCH ALERT

Ongoing concern about fentanyl patches, a powerful opioid painkiller, led the College to collaborate with the Registered Nurses Association of BC and the College of Physicians and Surgeons of BC to issue a province-wide alert. "All health professionals need to be more aware of the proper disposal of these products," says Deputy Registrar Brenda Osmond.

The three organizations have also written to Health Canada and the manufacturer to recommend improvements in product labeling and recommendations for disposal. "This isn't a problem pharmacists can fix alone," says Brenda. "We felt we needed to bring Health Canada and the drug company into the problem-solving process."

Studies found that after three days of continuous use, fentanyl patches can still contain up to 50 percent of the amount stated on the label. "We encourage pharmacists to educate all patients who use these patches about safe use and disposal," says Brenda. In health care facilities, nurses should wear gloves when handling the patches. After removing a patch, the nurse should fold it in half so the adhesive backing sticks to itself, and dispose of it in a sharps container.

"Appropriate disposal of used and unused patches is most important in both health care facilities and the community," says Brenda. "Although the manufacturer recommends flushing patches down the toilet, for environmental reasons we don't advise this.

"We recommend that patients with leftover unused, used or expired fentanyl patches put them in a tamperproof, childproof container and return them to the pharmacy for appropriate disposal. Health care facilities should have policies in place for proper disposal."

The fentanyl alert is posted on the College website. "We encourage pharmacists to print the alert from the website," says Brenda. The College of Physicians and Surgeons is including this information in a notice to physicians. A similar alert went to Chief Nursing Officers for Health Authorities.

# Five Star ★ PHARMACIST

## 21st century recognition

A new College awards program celebrates excellence in practice by drawing media attention to the leaders of our profession and by raising awareness of the contribution volunteers make to our profession.

"Council decided it was time for a 21st century approach to recognizing excellence," says President Rita Thomson. "We've taken a fresh look at the whole concept of awards and developed new categories, new criteria and new ways to honour pharmacists who go that extra mile to help their patients achieve better health."

The new program offers awards for excellence in community, hospital and long-term care pharmacy practice. Media outlets in the award-winners' communities will receive a news release announcing each excellence in practice award and a photo of the pharmacist. Recipients are further honoured in profiles on the College website, which receives millions of hits a year, and in the College's bi-monthly newsletter, *Read-Links*, which goes to BC's 3,744 pharmacists and more than 900 pharmacies.

A unique aspect of the new awards program is an entirely new honour, given to one exceptional professional each year. "We're searching for that special pharmacist, one who really lives the five roles of the Framework of Professional Practice (FPP)," says Rita.

"We've come up with a unique way to make his or her contribution live on in our profession." In addition to recognizing this five star pharmacist at the College annual meeting, in *Read-Links* and on the website, the College will

establish a \$1,000 award in the name of the five star pharmacist which he or she will personally present to a pharmacy student.

"Our goal is to forge a link between a leader of today and one of the future," says Rita. "We don't know of any other profession that recognizes its leaders in this way. We believe this special event will make the five star pharmacist proud and will generate media interest in the communities of both the award-winner and the student who receives the \$1,000 contribution to their studies."

Volunteers also come in for their share of glory. A Volunteer Honour Roll offers gold, silver and bronze certificates to pharmacists who generously donate their time. "Once a year we'll select one pharmacist who has made an outstanding contribution to our profession to receive the gold certificate," says Rita.

Pharmacists who have served at least five years on one College committee receive a silver certificate and everyone who has donated their time during the year receives a bronze certificate and is recognized in the College annual report.

### Nomination deadline May 31, 2005

You can find awards criteria and nomination forms on the College website: [www.bcpharmacists.org](http://www.bcpharmacists.org)>what's new

## Helping pharmacists for 40 years

After 40 years of helping pharmacists cope with hard times, the BC Pharmacists Benevolent Society continues to support members of our profession facing financial difficulties. "Although we're a low key organization, pharmacists who need our services seem to know how to contact us," says Trevor Watson, a retired pharmacist and former College President who is Chair of the trustees.

Founded in 1965, the society provides grants and temporary financial help to pharmacists in need and bursaries for students. The trustees personally review every request and take special care to protect the confidentiality of recipients.

"The program works only if pharmacists continue to donate," says Trevor. So please remember to include a contribution with your College registration renewal. If you know of someone who needs help, you can contact any of the society's trustees by calling the College.

### BC Pharmacists Benevolent Society Trustees 2004-05

Frank Archer	Wayne Rubner
Paul Harris	Ron Stein
Linda Lytle	Trevor Watson

## Are you protected?

Do you know if your employer provides liability insurance for you, and exactly what it covers? If you're a hospital pharmacist who also works in community pharmacy, are you covered in both locations?

"Even the best pharmacist makes the occasional mistake," says Council President Rita Thomson.

"Dispensing errors happen for many reasons such as illegible handwriting, confusion of similar drug names, a mix-up with a decimal point, or interruptions.

"At our January Council meeting we decided we wouldn't make it mandatory that pharmacists have liability insurance, because there's no evidence that lack of insurance has caused any harm to the public. However, if you have any concerns, you should ask your employer to give you a copy of the relevant insurance policy so you can review it."

Here are some questions to ask your employer:

- n Do you provide liability insurance?
- n What happens if a patient files a claim against me?
- n Am I protected if a patient files a claim after I've moved to another pharmacy?
- n What if I'm on maternity or parental leave and have transferred to the Nonpractising Register?

For more information about liability (malpractice) insurance, ask your employer, or contact the BC Pharmacy Association which provides coverage for pharmacists.

## Baby bonus

If you're planning to take time off to have a baby, or stay at home to care for a newborn, you may be eligible for a registration fee refund. To receive the refund you fill out the "Pregnancy/Parental Leave Fee Reimbursement" application within one month of starting your time off and transfer to the "Nonpractising Register Pregnancy/Parental Leave" while you're away from work.

Refunds are pro-rated on a monthly basis, starting with the first full month on the Nonpractising Register, minus an administration fee. There's no return-to-practice transfer fee if you return to practice within 14 months. However, you will need to complete the "Return to Practice - Pregnancy/Parental Leave" application and pay your annual license fee. You will also need to complete any Professional Development and Assessment Program (PDAP) requirements that apply to you during the time you're away.



[www.bcpharmacists.org](http://www.bcpharmacists.org) > Registration > Registration information > Pregnancy/Parental Leave > Pregnancy/Parental Leave Fee Reimbursement Information

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

# OnCall

PHARMACIST INFORMATION LINE

## Questions & Answers

**Q** I am not a registered emergency contraceptive pill (ECP) provider. May I dispense ECP without a doctor's prescription, use my pharmacist ID as the practitioner ID on PharmaNet, and counsel the patient?

**A** No, only certified pharmacists may provide emergency contraceptive pills without receiving a doctor's prescription. You can become a certified ECP provider by completing a College approved training program and registering with the College.

**Q** I have Atrovent® CFC metered dose inhalers in my inventory. May I dispense these?

**A** Yes. To date there has been no "ban of sale date" set for metered dose inhalers other than salbutamol and corticosteroids. However, such CFC metered dose inhalers must not be manufactured or imported after January 1, 2005.

**Q** Can a veterinarian order narcotic and controlled drugs for office use? If so, how would I process it on PharmaNet?

**A** Yes, a veterinarian may order narcotic and/or controlled drugs for office use. You can use your pharmacy's unique "O-med PHN" and its associated keyword to transmit the medications dispensed to PharmaNet. Be sure to use the veterinarian's license number as the Practitioner ID, and V9 as the reference code to identify the prescriber as a veterinarian.

**Q** I just received a prescription written by a nurse practitioner from Alberta. Do they have prescribing privileges in BC?

**A** No, nurse practitioners do not have prescribing privileges in BC at the moment.

**Q** A patient brought in a prescription written for methadone today - March 31, 2005. The prescribing date is March 21, 2005 and the directions on the prescription read, "100mg daily April 1, 2005 - April 15, 2005. Daily witnessed ingestion." Is this prescription valid?

**A** Yes, this prescription is valid. Prescriptions written for methadone are no longer void after 5 days. The new Controlled Prescription Program forms state, "Void after 5 days unless prescription for methadone."

Read-Links Online offers you everything you find in the printed edition and much more.

Find it on the homepage of the College website: [www.bcpharmacists.org](http://www.bcpharmacists.org)

## Read-Links Online Edition

### In this Online Edition

- **Resource Source** • **Plan to Attend** • **People News**
- **New vaccine programs:** find more about Meningococcal C conjugate vaccine for infants and students in grades 9 and 12; Varicella vaccine for chickenpox and shingles. Hot link directly to BC Centre for Disease Control vaccine update.
- **UBC's Continuing Professional Development Needs Survey:** win a prize and contribute to enhanced professional development programs for all BC pharmacists. Hot link directly to the survey.

## ARE YOU MISSING OUT?

If you haven't signed on to "E-Link, email for Canada's pharmacists," you may be missing important, time-sensitive information. "We strongly encourage all BC pharmacists to activate their free E-Link accounts," says Registrar Linda Lytle. "As health care shifts to electronic communication, access to E-Link and the College website is an essential professional tool."

"During the past few months, E-Link messages have included drug safety and drug recall updates," says Linda. "This is information pharmacists need to know."

Every BC pharmacist already has an account set up. It takes only a few minutes to personalize the account for your use and protect your personal email account by choosing your own password. Once you set up your E-Link account you can keep in contact with work, family and friends any time, any where in the world, from any internet-connected computer.

Accessing your email is easy – all you do is click on the E-Link icon on the College website home page. This opens the E-Link "log in" page which asks you for your user name and password. This gives you access to important messages from the College, Health Canada advisories and messages from colleagues. If you already have a personal email account, you can automatically forward your E-Link messages to your personal account.



[www.bcpharmacists.org](http://www.bcpharmacists.org) > What's New > E-Link overview



## A Day in the Life of

### Josefina Marchetti



Josefina Marchetti

If a patient asks you for a list of the medications they've been taking, and you're not sure how to respond, Josefina Marchetti at the College wants to hear from you. After more than four years as Administrative

Assistant - PharmaNet, she can answer most of your questions.

"Patients are usually looking for a medication profile because they're applying for health insurance coverage," says Josefina. Although pharmacists can see the PharmaNet profile on their computer, they can't print it. "To make sure patients receive their complete PharmaNet profile, only the College can provide a print-out and send it to the patient, or to someone authorized to act on their behalf," explains Josefina who receives dozens of these requests every day - from patients, lawyers and insurance companies - as well as pharmacists.

"Some pharmacists tell the patient to call the College to order their profile," she says. "Unfortunately, we can't confirm the identity of the person who calls. Confidentiality is a huge issue, which is why we ask the patient to return to the pharmacy, show the pharmacist their identification, and ask the pharmacist to send the request to the College using the PharmaNet computer system."

With more than a decade of administration experience, she's comfortable dealing with these situations. "Offices are pretty much the same the world over," says Josefina who immigrated to Canada from Peru in 1999. She speaks three languages: Spanish, the official language of Peru; English, which she started learning at the age of five at a school run by Canadian nuns; and "a little bit of Italian because my background is Italian and you know, blood always calls."

Josefina joined the College in 2000, a year after moving to Vancouver from Lima, hoping to build a better life for her son Enzo, now aged nine, "the love of my life." After growing up in a coastal city with a desert climate, she delights in the rainforest greenery. During her first year in Vancouver she worked through an employment agency, and then applied for a position at the College. "I'm a quiet, reserved person and the College is the right atmosphere for me," she says. Three years ago her parents moved here, and a year later she became a Canadian. "I was a bit scared when I first moved here," she admits, "and now I love it."

Josefina's daily routine includes managing requests for PharmaNet Patient Records and dealing with "fan-out" requests. "Sometimes a doctor loses a prescription pad, or it's been stolen, or a pharmacist thinks a script is forged. When that happens it's my job to alert all the pharmacists in the area."

## Easy payments with eServices

eServices, the College's new electronic communication service, offers an easy way to pay your renewal fees. One click on the eServices icon on the College website takes you to a secure, password-protected area where you can pay your fees online.

"During our first full month of operation, 13 percent of pharmacists found eServices the most convenient way to pay their fees," says Administrative Manager Susan Lo. Pharmacists can also use eServices to update home address

and primary employer information and to make donations to the BC Pharmacists Benevolent Society and the Canadian Foundation for Pharmacy.

"Pharmacy managers have asked about online payments of pharmacy licensing fees," says Susan. "We hope to be able to provide this service in the fall." For more information about eServices, please contact Susan at the College or by email: [susan.lo@bcpharmacists.org](mailto:susan.lo@bcpharmacists.org).

## Pharmacy Care Specialists

In the fall of 2001 two dozen pharmacists volunteered to develop an Advanced Practitioner Credentialing (APC) program to recognize BC pharmacists with advanced skills.

"We started this project in response to input from pharmacists looking for formal acknowledgment of their high level of expertise," says Deputy Registrar Brenda Osmond. "We also wanted to highlight the ability of many pharmacists to help patients monitor and manage their illness and medication."

During the months that followed, members of the APC committee gathered information from pharmacists across Canada, conducted surveys, researched programs in other countries, and liaised with their peers in the United States.

"Our goal was to develop a program rigorous enough to provide patients and physicians with confidence in the pharmacist's abilities," says Brenda, "yet attainable for pharmacists who focus their professional development in a particular area." Challenges included identifying suitable specialty practice areas, and the high cost of developing assessments for a limited number of BC pharmacists.

"It was a major achievement when the US National Institute for Standards in Pharmacy Credentialing (NISPC) agreed that Canadian pharmacists could take part in developing specialty exams," says Brenda. "We developed an agreement in principle with NISPC in late 2003 and we've been sorting out technical and administrative details ever since."

Specialized knowledge assessment exams are only one component of the APC program which builds on the College's Framework of Professional Practice and complements the Professional Development and Assessment Program.

In addition to taking an exam, candidates develop a specialized learning and practice portfolio and need a minimum of three years practice experience. Pharmacists can choose one of four areas of specialty: Anticoagulation, Asthma, Diabetes or Advanced Pharmacotherapy.

"Pharmacists need to demonstrate specialized medication knowledge, high levels of communication and critical thinking, the ability to organize and document care plans, monitor patients and provide progress reports," says Brenda. "We hope to congratulate BC's first Pharmacy Care Specialists' sometime in 2006."

For more information, please contact Registrar Linda Lytle at the College, email: [linda.lytle@bcpharmacists.org](mailto:linda.lytle@bcpharmacists.org).



# what went Wrong

Dear College:

I was recently prescribed a medication for endometriosis. I took the prescription to my pharmacy, where they dispensed the same medication for me two years ago.

After I took the first capsule, I felt weak and lethargic. I had trouble walking and getting dressed. I read the information pamphlet that came with the medication. Although it didn't say anything about endometriosis, it did say, "used for other conditions as determined by your doctor." So I continued to take the medication. The next morning I described my symptoms to my gynecologist. She told me to stop taking it.

When I called the pharmacy about this, they discovered my prescription was labeled wrong and dispensed with the wrong medication. I was given Dantrium® rather than Cyclomen®. How can this happen? How can a muscle relaxant be dispensed instead of a medication used for endometriosis?

*Distressed about Dantrium®*

### Here's what happened:

The prescription was written as "Danazol 200mg daily." When it was dropped off, the pharmacist and patient talked about danazol being prescribed for endometriosis and that the patient had used it before. However, the pharmacist mistakenly associated Dantrium® as the trade name for danazol rather than Cyclomen®. While processing the prescription, the pharmacist noticed Cyclomen® on the local profile but it didn't alert the pharmacist to the error. A second pharmacist who performed the final check also did not catch the error.

Both pharmacists report that Dantrium® was dispensed because of the similar sounding prefixes and infrequent dispensing of danazol. Neither of them recall counselling the patient.

What can you do to reduce the likelihood of a similar dispensing error occurring in your pharmacy?

- When presented with a prescription for a drug that is not dispensed frequently, review your reference texts to refresh your memory.
- When setting up drug files in your software, include both the product name and generic name, so that both names appear on the local medication record and the prescription label.
- In the final checking process, read the original prescription first, then review the label to make sure it's consistent with the prescription. If you review the label first, and then compare it to the original prescription, it's easier to miss something.
- Discuss medications with patients in all instances. In addition to the required dialogue:
  - Mention the family or class of the medication
  - Ask open-ended questions such as, "Can you tell me why the doctor prescribed this for you?"
  - Review printed medication information with the patient
  - Encourage the patient to call you if they have any questions

## QOS WANT TO HELP

When Quality Outcomes Specialist Regan Ready conducted a site visit at Ferraro Foods Pharmacy in Trail, BC, it wasn't at all what Pharmacy Manager Debbie Aiken expected. "Inspectors used to go through all the cupboards and come down hard on the exact rules and regulations," she says.



Regan Ready

"This time Regan phoned to say he was coming, spent three or four hours observing, asked a few questions and made some helpful suggestions. He told me we were doing a great job. I learned a lot from him. It was kind of a fun day," she says.

That's no surprise to Alan Samuelson, one of the College's six Quality Outcomes Specialists (QOS). "I came to the College two years ago just as we were shifting from the 'inspections' approach to providing support and helping pharmacists solve problems," says Alan.

"If a pharmacy manager is having practice issues, we encourage them to call us so they can draw on our experience. We can help them work through problems, identify resources and put them in touch with other pharmacists who've dealt with similar situations. Many pharmacists are over-worked and it can be hard to see

solutions when you're struggling to get from one day to the next."

Since 2003, Alan, who specializes in hospital pharmacy, has visited almost all of the province's 75 hospitals. "I see so many good places and I'm so excited about the things I see. Sometimes where you least expect a high standard, you find it, and that makes me proud to be a pharmacist."

The principle of site visits is the same whether it's a hospital, community or long-term care pharmacy. Each Quality Outcome Specialist has extensive experience in a variety of pharmacy settings. "All of us love our jobs," says Alan. "It's a privilege to meet so many dedicated, hard-working pharmacists."

Using a form based on the Framework of Professional Practice (FPP) the QOS assesses the full range of pharmacy activities. "The FPP is a wonderful tool," says Alan. "It makes it easy to see what's working well and what needs improvement." Based on their observations, the QOS develops a Quality Outcomes Report. This gives the pharmacy manager detailed feedback, which they usually share with staff. "Many managers find it's a useful tool for team-building," says Alan, while others use it to enhance training or clarify responsibilities of pharmacists and pharmacy technicians.

If you're interested in inviting a QOS to your pharmacy, please call the College and ask for the QOS in your area.

### Quality Outcomes Specialists

Sharon Kerr	Community pharmacy, Lower Mainland, Fraser Valley
Donna Hayward	Community pharmacy, Vancouver Island, Sunshine Coast
Regan Ready	Community pharmacy, Kootenay, Okanagan, northern BC
Margaret McLean	Long-term care facilities and pharmacy providers
Alan Samuelson	Hospital pharmacy

#### Read-Links Published by:

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Managing Editor: Linda Lytle, Registrar

The *Read-Links* newsletter provides important College and pharmacy practice information. All pharmacists are expected to be aware of these matters. Licensed pharmacies must have the last three years of *Read-Links* / Bulletin issues on file as per reference library requirements.

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

## Read-Links Online

continued from pg 1

"If you have a question about drug schedules, practice standards, or specific medications; or you want to print a form or find the name of a pharmacist, it's all on the website," says Linda.

"We encourage pharmacists and pharmacy managers to incorporate the College website into daily practice. We hope one day soon all pharmacists will start their shifts by checking online for health advisories and other time-sensitive information."

Starting with this issue, popular *Read-Links* features including People News, Resource Source and Plan to Attend are available only in the *Read-Links* Online Edition. The College will continue to mail the printed newsletter to all BC pharmacists and pharmacies.

For more information on what you can find in *Read-Links* Online Edition, see page 5.

## E-scripts

continued from pg 1

the College is reviewing issues relating to electronic prescription delivery. Topics include digital signatures, authentication, what is needed to guarantee secure routing and how to detect and prevent hackers breaking into the system.

For more information about e-scripts, please contact Deputy Registrar Brenda Osmond at the College: email: [brenda.osmond@bcpharmacists.org](mailto:brenda.osmond@bcpharmacists.org).



A complete online report of this survey is available at [www.mckesson.ca](http://www.mckesson.ca) and [www.novopharm.com](http://www.novopharm.com)

Statistics used in this article are excerpted from Trends & Insights 2004, presented by The Pharmacy Group of Rogers Publishing, and sponsored by McKesson Canada and Novopharm Limited. Methodology: In total 1,115 surveys were conducted among all pharmacists with 112 in BC. The margin of error for BC is  $\pm 9.1\%$ , 19 times out of 20.





# Resource Source

## PHARM ACTION

### PharmaCare and MSP come under new umbrella

Health Insurance British Columbia (HIBC) is the new name for PharmaCare and Medical Services Plan (MSP). Although PharmaCare and MSP are now combined into a new organization under the HIBC name, service delivery remains the same. Many current PharmaCare and MSP staff have moved over to HIBC, located in a new facility in Victoria, BC.



HIBC news release  
HIBC What's changing  
HIBC Q&A  
HIBC contacts

### Pharmacy tech website

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



[www.rxtechbc.ca](http://www.rxtechbc.ca)

### Meth Watch

The Meth Watch Coalition continues to work with community pharmacists and local organizations to curb production of the street drug methamphetamine, known as crystal meth. A highly addictive stimulant, crystal meth is often manufactured in homemade labs using components readily available in pharmacies.

The Province, one of Vancouver's daily newspapers, is organizing four community education forums aimed at addressing the growing problem of crystal meth. These sessions follow a seven-day series of articles April 17 – 23.

These free forums take place at 7-9pm on April 26 in Kamloops at the Thompson Rivers University; on May 2 in Victoria at Oak Bay High; on May 3 in Surrey at the Bell Centre for the Performing Arts; and May 5 in Vancouver at John Oliver Secondary School.

You can get more information about The Province articles and events at 604-605-2328.

You can find more information about crystal meth precursors in Read-Links Jan/Feb 2005 page 3 "Help fight crystal meth". You can find out how to train employees to recognize suspicious purchases and alert police without confronting customers on the Meth Watch website.



[www.methwatch.ca](http://www.methwatch.ca)

### Kidney questions?

If you have patients with kidney disease you can now refer them to the BC Renal Agency website which offers patient information leaflets about their medication. It also provides resources for pharmacists who want to learn more about the special needs of kidney patients, plus an online formulary.



[www.bcrenalagency.ca](http://www.bcrenalagency.ca)

### New vaccine programs

A key strategy for controlling communicable disease in BC is the immunization of children and high-risk groups against vaccine preventable disease. Find out more about Meningococcal C conjugate vaccine for infants and students in grades 9 and 12; Varicella vaccine for chickenpox and shingles.



[www.bccdc.ca](http://www.bccdc.ca)  
BC Centre for Disease Control

### New PharmAction Guide

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

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

Contact PharmAction Editorial Coordinator 514-931-3100, ext. 24

### BC Health Guide new edition

A new edition of the BC Health Guide is now available from the Provincial Ministry of Health Services. Council and local pharmacists continue to actively support the BCHealth Guide program through Health & Yourself Seminars. Since September 2004, councillors and local pharmacists have volunteered their time to talk to about 400 people at 19 events. To date events have taken place in Prince George, Rossland, Victoria, Smithers, Castlegar and various locations in the Lower Mainland. If you know of a community group that would like to receive a Health & Yourself presentation, along with free BCHealth Guides, please contact your district councillor.



[www.bchealthguide.org](http://www.bchealthguide.org)

### OnCall service popular with pharmacists

The College's OnCall pharmacists have logged more than 2,500 calls from pharmacists since September 2004, an average of more than 20 calls a day. OnCall pharmacists are ready to answer your practice-related questions at any time during regular College business hours.

Call toll-free 800-663-1940

## Council Highlights

### Registrar Search completed

On Friday, April 15, following several days of interviews, Councillors selected Marshall Moleschi to be the new Registrar, replacing Linda Lytle when she retires on July 1, 2005.



Registrar selected

### Loyalty programs raise ethical issues

A major pharmacy chain recently offered a points incentive program targeted at prescription drugs. This raised questions about pharmacists encouraging patients to delay filling prescriptions until a date when the patients could earn more "points."

Councillors discussed issues relating to this situation and to patients who choose to delay filling prescriptions for the same reason. It is clearly unethical for a pharmacist to encourage a patient to delay filling a prescription in order to gain "points." It is also the pharmacist's responsibility to counsel patients considering delaying filling prescriptions, and to make sure this does not compromise their health. It is not appropriate to provide an emergency supply of medication so a patient can wait to fill a prescription to gain extra "points."

Councillors decided to include an article in the May/June Read-Links regarding this issue.

### Advanced Practitioner Credentialing

The College's Advanced Practitioner Credentialing (APC) program is generating huge interest across Canada, Registrar Linda Lytle told Council. In particular, the National Association of Pharmacy Regulatory Authorities is reviewing the program and considering adapting it for national use.

APC is a voluntary certification process for pharmacists who are currently providing patient care in a specialty area. Councillors reviewed the latest draft of the APC program which offers "a standardized method for recognizing pharmacists who have the skills and knowledge to provide advanced pharmaceutical care in specific disease areas." The program identifies four practice areas open to Advanced Practitioner Credentialing:

continued on pg 11

# People News

In this issue of the Read-Links we recognize a few of the thousands of people who contribute to our profession and to the College.

### CPhA Centennial Award

The Canadian Pharmacists Association has honoured UBC pharmacy student Anthony Tung with the prestigious CPhA Centennial Award. For nearly forty years the CPhA has recognized students in their second-last year of study who actively promote our profession and the pharmacy faculty, and have good academic standing.



[www.pharmacists.ca](http://www.pharmacists.ca)

### New Quality Outcomes Specialist joins College

On Monday, April 11, George Budd joined College staff as the new Quality Outcomes Specialist for Vancouver and the Fraser Valley. George received his Bachelor of Science degree in pharmacy from Cairo University in 1992 and then worked with the pharmaceutical industry in Egypt. Since moving to Canada in 1996, he has worked as a pharmacy technician, staff pharmacist, and most recently as a community pharmacy manager in Surrey, BC. George is a former member of the College's Inquiry Committee, and he has been an assessor for the Pharmacy Examining Board of Canada (PEBC).

### Elizabeth Winter returns to community practice

After more than four years as a Quality Outcomes Specialist with the College, Elizabeth Winter is returning to community pharmacy practice. She's also managing her own consulting business from her water-

access-only house on Gardom Lake, located between Salmon Arm and Enderby, BC. The College sincerely thanks Elizabeth for her years of dedicated service.

### Inquiry Committee gets new member

The newest member of the Inquiry Committee is community pharmacist Marney McKay. She replaces George Budd who has joined the College as a Quality Outcomes Specialist.

### U.S. pharmacy manager donates \$10,000 to UBC

Dr. Salvi Parpia, a pharmacy manager in Bellingham, Washington, who is also a Clinical Assistant Professor at UBC Faculty of Pharmaceutical Sciences, has donated \$10,000 to establish the Marguerite Yee Bursary in Pharmaceutical Sciences.



Faculty of Pharmaceutical Sciences donation

### CSHP makes BC appointment

Ken Wou is the new Coordinator, Professional and Membership Affairs for the Canadian Society of Hospital Pharmacists (CSHP). In this 12-month temporary position, Ken provides professional support to members and volunteers. He chairs the Practice Standards Steering Committee and will lead the revision of CSHP guidelines. Ken has 20 years of hospital experience in clinical and management practice and lives in Kamloops, BC, where he works from his home office.

### More People News

#### CSHP President-elect from BC

Dr. Shallen Letwin is President-elect for the CSHP Council in 2005-2006. Shallen is a clinician and manager with the Fraser Health Authority in BC. He has been actively involved with both the BC and Alberta Branches of CSHP and with other national and provincial pharmacy organizations, including a term as Presidential Officer of the Canadian College of Clinical Pharmacy. Shallen begins his term as President-elect in August at the 2005 Annual General Meeting in Ottawa.



[www.cshp.ca](http://www.cshp.ca)

#### NAPRA celebrates 10th anniversary

In February 2005, the National Association of Pharmacy Regulatory Authorities (NAPRA) celebrated its 10th anniversary. Since it was founded in 1995, NAPRA has established itself as the recognized Canadian voice for pharmacy regulators.



[NAPRA Celebrates Anniversary](#)

#### PDAP Evaluation committee named

Now that the Professional Development and Assessment Program has completed Phase 1, it's time to evaluate the program and see how it can be improved. The College has set up a steering committee to develop a PDAP Evaluation Plan. The members include:

##### Colleen Brady

UBC Faculty of Pharmaceutical Sciences

##### Paul Cheng

Canadian Society of Hospital Pharmacists

##### Peter Cook

Board of Examiners

##### Melanie Johnson

BC Pharmacy Association

##### Wendy Mays

Employers

##### Rita Thomson

College Council President

##### Wayne Rubner

College Councillor

Anticoagulation, Asthma, Diabetes and Advanced Pharmacotherapy. Council endorsed the APC draft program, subject to minor revisions.

#### Compounding questions

In response to concerns raised by pharmacists involved in compounding, Council reviewed draft guidelines recently developed by the National Association of Pharmacy Regulatory Authorities (NAPRA).

Councillor John Hope, who represents urban hospital pharmacies, commented that the guidelines appeared to be aimed at bulk compounding pharmacies, rather than hospital pharmacies which also prepare many compounded medications. Other Councillors felt the guidelines did not meet the needs of community pharmacies that provide compounding only on an occasional basis. Council decided to forward comments on the guidelines to NAPRA.

#### Meth Watch

Although methamphetamine production and addiction continues to be a serious concern in BC, Councillors heard there's no evidence that components used to manufacture the drug are coming from community pharmacies. Councillors continue to support community pharmacist involvement in Meth Watch, a program designed to curb methamphetamine production.



[www.methwatch.ca](http://www.methwatch.ca)

#### BCHealth Guide new edition

A new edition of the BC Health Guide is now available from the Provincial Ministry of Health Services. Council and local pharmacists continue to actively support the BCHealth Guide program through Health & Yourself Seminars. Since September 2004, councillors and local pharmacists have volunteered their time to raise awareness of the BC HealthGuide Program.



[www.bchealthguide.org](http://www.bchealthguide.org)

## attend

### COUNCIL MEETINGS

All BC pharmacists and the public are welcome to attend Council meetings of the College of Pharmacists of BC.

Date: Fridays: June 17, September 23, November 25, 2005  
Contact: Samantha Lam, 866-676-4220 toll-free direct  
Location: College office, Vancouver, B.C.  
Click: [www.bcpharmacists.org](http://www.bcpharmacists.org)

## don't miss

### THE MENACE OF CRYSTAL METH

The Province, one of Vancouver's daily newspapers, is organizing four community education forums aimed at addressing the growing problem of crystal meth. These forums follow a series of articles published April 17 – 23.

Information: 604-605-2328

Location: • Thompson Rivers University, Kamloops - April 29  
• Oak Bay High, Victoria - May 2  
• Bell Centre for the Performing Arts, Surrey - May 3  
• John Oliver Secondary School, Vancouver - May 5

## win a prize

### CONTINUING PROFESSIONAL DEVELOPMENT NEEDS SURVEY

You could win a prize by taking part in UBC's Continuing Professional Development Program's province-wide survey of continuing pharmacy professional development needs. This survey captures the learning needs, attitudes, and perceptions of BC pharmacists regarding continuing professional development. Completing the

survey takes 10-20 minutes. Your input guides the decision-making process for planning continuing pharmacy professional development programs and identify trends for future programming. All pharmacists are eligible to be entered in the draw, whether they participate in the survey or not.

Deadline: May 23, 2005

Click: Complete survey online at: [www.pharmacy.ubc.ca/cppd/survey](http://www.pharmacy.ubc.ca/cppd/survey)

## attend

### NORTHWEST BC PHARMACY CONFERENCE

Keep up to date with the latest updates on Depression, Schizophrenia, Congestive Heart Failure, SSRI's, Childhood Immunizations, BC Influenza Pandemic Preparedness Plan and Fatty Liver Disease

Date: Sat. April 30, Sun. May 1  
Locations: Terrace Best Western Inn, Terrace, BC  
Click: Program agenda and registration form on UBC-CPPD website: [http://www.pharmacy.ubc.ca/cppd/live\\_Program\\_files/NWBCweb.pdf](http://www.pharmacy.ubc.ca/cppd/live_Program_files/NWBCweb.pdf)

# learn

## CANADIAN PHARMACY PRACTICE PROGRAM (CP3)

The first session of the new Canadian Pharmacy Practice Program launches at UBC on May 3, 2005. This program prepares internationally-trained pharmacists for practice in Canada, helps Canadian-trained pharmacists re-enter practice after an extended

absence, and provides core competencies for practising pharmacists.

Date: May 3 – July 22, 2005  
Location: UBC Continuing Pharmacy Professional Development Division  
Click: <http://www.pharmacy.ubc.ca/cppd/programs/CP3%20%20Program.htm>

# attend

## CANADIAN PHARMACISTS ASSOCIATION ANNUAL CONFERENCE

Network with pharmacists from across Canada at the Canadian Pharmacists Association's annual conference. Hear about The World of e-therapeutics, Focus on Palliative Care, Healthcare reform, Stress Management for the Professional, Asthma,

Alzheimers, and How to assess and meet your technology needs

Date: May 28 – 31, 2005  
Location: Quebec City Convention Centre  
Click: Program agenda and registration form on CPhA website: [www.pharmacists.ca](http://www.pharmacists.ca)

# explore

## DISTANCE EDUCATION PROGRAM 2005

Learn at home with UBC Continuing Pharmacy Professional Development's home study program. Check out the Spring 2005 calendar to access new courses on Anticoagulation, Basics of immunization, Current and future issues in viral diseases

and non-HIV antiviral drugs, Applying pharmacoeconomic principles in every day practice, and Patient assessment. Send your comments to UBC-CPPD at: [infocpe@interchange.ubc.ca](mailto:infocpe@interchange.ubc.ca)

Click: [www.pharmacy.ubc.ca/cppd/index/html](http://www.pharmacy.ubc.ca/cppd/index/html)

# attend

## INTERNATIONAL CONFERENCE ON PATIENT SELF-MANAGEMENT

Learn about new perspectives in patient self-management from the world's leading experts. Find out what the future holds in the rapidly growing field of patient self-

management. Hear provincial, national and international leaders describe the latest research on how to develop and maintain self-management.

Date: September 12 – 14, 2005  
Location: Victoria Conference Centre, Victoria, BC  
Click: [www.newperspectivesconf.com](http://www.newperspectivesconf.com)

see  
explore  
attend

don't miss  
participate  
learn

get to  
hear  
share