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readlinks

Methadone Maintenance Treatment (MMT) Training Required by September 30, 2011

All pharmacists and pharmacy managers currently offering MMT services must complete the mandatory training session prior to September 30, 2011 in order to ensure compliance with the Board approved *Professional Practice Policy #66 (PPP-66) – Methadone Maintenance Treatment (MMT)*. With over 50% of pharmacies in BC providing MMT services, the need for standardization of the service has come to the forefront in order to ensure consistency in the delivery of patient care and patient safety.

Requirement is complete once the Declaration of Completion and Understanding has been signed, and all practice requirements have been implemented.

Although 'LIVE' training sessions were held throughout March, no additional dates have been scheduled and pharmacists who have not yet fulfilled their requirement should do so by participating in the 'ONLINE' version. The 'ONLINE' training is available on the College website www.bcpharmacists.org under Key Initiatives/Methadone Maintenance Treatment (MMT). The format of the 'ONLINE' training is a pre-recorded, audio PowerPoint presentation just over 1 hour in length and available 24/7 from any computer. No registration is required and participants are able to stop and start the session as necessary. Pharmacists who previously attended a 'LIVE' session are not required to complete the 'ONLINE' version. Any questions or concerns regarding the 'ONLINE' MMT training should be directed to the College by emailing MMT@bcpharmacists.org.

Once the training has been completed, whether 'LIVE' or 'ONLINE', pharmacists are required to sign the *Declaration of Completion and Understanding* form and retain a copy in their primary pharmacy of employment. **NOTE: As per the recently amended PPP-66, pharmacists are not required to provide the College with a copy of the signed form.** Additionally, all practice requirements that are described in the *PPP-66 Policy* and *Policy Guide* should be implemented as soon as the mandatory training has been completed but **MUST** be implemented no later than January 1, 2012.



Considerations for Change

Navigating the Grey... Part II



Marshall Moleschi, Registrar

In the previous issue of *ReadLinks* (Vol.36, No.1) I introduced the College's perspective on navigating the grey and articulated the process by which pharmacists utilize their professional judgment to make decisions to ensure the best possible health outcomes for their patients.

The column has generated some healthy dialogue amongst colleagues and has formed the foundation for a number of subsequent talks and presentations, including a recent session as part of the *BC Pharmacy*

Association's (BCPhA) Annual Conference held this past weekend in Whistler, BC. Over the next few issues of *ReadLinks* I intend to use this column to expand on some of the key concepts that are evolving out of this important topic.

To begin, given that the *BCPhA's* conference was themed *The Changing Face of Pharmacy*, I thought I might share some of the thoughts or "considerations for change", as I called them, which I presented in my session at the conference.

The context to which I introduced these thoughts was simply to challenge us to be conscious of some of the external factors, which we cannot necessarily control but nevertheless are, or have the potential to, dramatically influence the evolution of our profession.

The first of these "considerations for change" which I introduced was the concept of automation. In my presentation I recognized that automation exists within our profession today and acknowledged that it will likely increase over the coming years. I suggested however that automation was not something that was happening to us but rather a natural evolution that happens in any industry, business or profession.

The concept of striving to maximize efficiencies and minimize risks (ie; human error) is the very essence of the benefit of automation. History has shown, again and again, that the technical aspects of a job will ultimately, over time, become more and more automated.

The second "consideration for change" that was presented was the reality of North America's current demographic environment. The fact is that the baby-boomer generation is peaking into retirement and over the next several decades society will be adjusting to the realities of serving an aging population.

The common statistic that is used to illustrate this fact in BC, which is the point I stressed in my presentation, is that in just 10 short years it is estimated that the number of people in this province over the age of 65 will be 4 times what it is today. The implications that this will have on the healthcare system as a whole, and our profession in particular, is almost incomprehensible.

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Finally, I spoke about an interesting, yet alarming, concept that was presented to me at a conference I had attended a little while back. The topic of the

panel discussion that I was listening to was centered on the concept of looking at the healthcare system, or more specifically the failure of the healthcare system, and comparing it to other diseases or conditions such as cancer or diabetes.

The debate was whether or not, when considered in this context, the failure of the healthcare system would in fact be the 4th or 6th ranked killer in North America. In either case a frightening reality. Obviously there are a lot of different factors that contribute to a breakdown in the healthcare system but as pharmacists we do know that one of the contributing factors can often be related to medications.

Exposure or awareness to realities such as these should, as a minimum, probe us to seriously consider if we are currently doing all that we should or could be doing to embrace the *changing face of pharmacy?*

Medication Review Services

Now being offered at Community Pharmacies throughout BC

As explained in the March 25th, 2011 edition of the **BC PharmaCare Newsletter**, published by the Pharmaceutical Services Division (PSD) of the Ministry of Health Services, the introduction on April 1, 2011 of the *BC Medication Review Services Program*, although not a new scope of practice for community pharmacists, helps standardize how clinical pharmacy services are delivered across the province.

The program, which was developed by PSD, in consultation with the BC Pharmacy Association (BCPhA) and the Canadian Association of Chain Drug Stores (CACDS), is intended to increase communication between the patient and pharmacist with the objective of promoting safe and effective medication use and improve health outcomes.

There are three levels of Medication Review Services and each must be provided as an in-person appointment with a pharmacist (and not by telephone or any other electronic means), respectful of the patient's right to privacy, and properly documented.

1. Medication Review – Standard (MS-S):

The pharmacist meets with the patient to gather all pertinent information to prepare a "Best Possible Medication History" (BPMH) which is reviewed with the patient for the purpose of improving their understanding of their medications, including what medications they are taking, why they are taking them and how best to take them. This comprehensive list of current medications (including vitamins, herbal products, and over-the-counter medications) is then provided to the patient who can share it with other members of their healthcare team.

(The fee for MR-S service, which may be claimed to a maximum of once per patient every 6 months, is \$60).

2. Medication Review – Pharmacist Consultation (MR-PC):

When a Medication Management Issue (MMI) is identified by a pharmacist as a result of a MR-S, the pharmacist works with the patient, and if applicable the prescriber(s), to resolve the issue. This includes developing and implementing a care plan to address the identified issue and evaluate the results.

(The fee for MR-PC service which, may be claimed to a maximum of once per patient every 6 months, is \$70).

3. Medication Review – Follow Up (MR-F):

This pharmacy service is provided for patients who have already received a complete MR-S or MR-PC Medication Review Service and:

- require follow-up due to a subsequent medication change, or

- are having difficulty understanding their medication and require further follow-up as part of their care plan, or
- require follow-up to implement and/or evaluate the action plan for resolving a medication management issue.

The pharmacist will update the BPMH with any new information, ensure the patient understands the change(s), and provide the patient with a new, current medication list.

(The fee for MR-F service, which may be claimed to a maximum of 4 times per patient per year, is \$15).

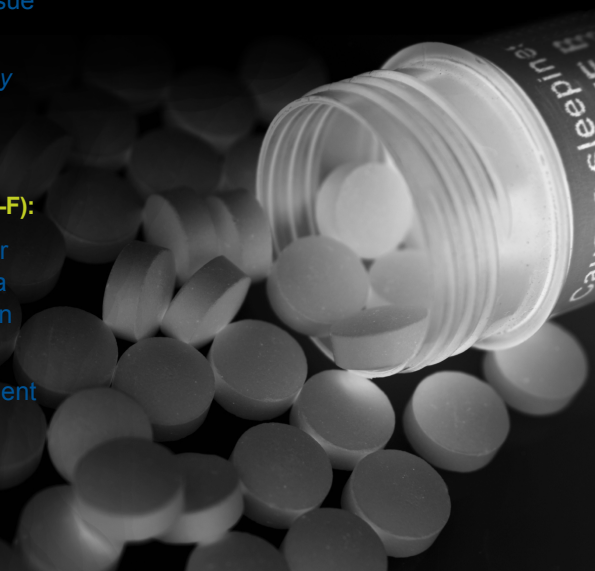
In addition to ensuring compliance with relevant legislation, practice standards and professional practice policies each of the medication review services have specific documentation requirements.

Details regarding this program are outlined in the PSD's Medication Review Services – Guidelines at: www.health.gov.bc.ca/pharmacare/pdf/medrevguide.pdf

Methadone Maintenance Treatment (MMT) Training Required by September 30, 2011

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The 'LIVE' training sessions took place in over 25 locations throughout BC in the month of March and were attended by approximately 1200 pharmacists. Feedback received from attendees of the 'LIVE' training sessions indicated that they found the information to be clear, useful and relevant to practice. Supporting documents, including required references and *Frequently Asked Questions* can be found on the College website www.bcpharmacists.org under Key Initiatives/Methadone Maintenance Treatment (MMT). Additionally, a dedicated email address (MMT@bcpharmacists.org) has been established for registrants to direct any specific questions to.



Pharmacy Technician Pioneers – Profiled

In preparation for receiving our first pharmacy technician registrants, the College reached out to 6 of the approximately 30 individuals nearing completion of all mandatory requirements. A brief survey was sent to each with questions ranging from “Why did you decide to become a regulated pharmacy technician?” to “How do you feel this will benefit pharmacy practice?” Here is what they had to say:



Name: Edeana Vivian
Years Experience: 20
Practice Setting: Community
Location: Sooke

With over 20 years of experience under her belt, Edeana is certainly not new to the pharmacy profession. We asked her why she decided to become a regulated pharmacy technician after all these years, and what that accomplishment would mean to her: “I was excited about the chance to increase my responsibilities and new opportunities within my job after so many years of doing it. To me, this means that I have the knowledge and skill set to be a valued member of the healthcare team!”



Name: Yonette Harrod
Years Experience: 16
Practice Setting: Hospital
Location: Vancouver

The College is aware that misconceptions still exist amongst technicians regarding regulation and its processes. When asked what she thought the biggest misconception current technicians had was Yonette answered: “That the pharmacist is still ultimately responsible. Regulation is not merely an exercise in lip service. This is very real. Once one becomes regulated one is fully accountable for one’s actions.”



Name: Roberta Wiebe
Years Experience: 8
Practice Setting: Community
Location: Burnaby

When asked what she believes is the biggest misconception amongst pharmacists regarding regulating pharmacy technicians, Roberta replied: “I think some pharmacists believe that regulated technicians will take away from their current positions... but ultimately a pharmacist is still the key person in every prescription and together we can work to improve patient care and create an improved pharmacy practice.”



Name: Phillip Dunn
Years Experience: 13
Practice Setting: Community
Location: Abbotsford

Phillip, a father of two, although acknowledging that “juggling work, home life with my wife and two small boys, going to class and studying for the bridging program” was challenging, the accomplishment makes “me feel like a healthcare professional and has given me the incentive to continue my education to become a Certified Diabetes Educator.”



Name: Jennifer Rodgers
Years Experience: 7.5
Practice Setting: Hospital
Location: Smithers

Excited about what her future now has to offer as a regulated healthcare professional, Jennifer shared with us what this all means to her: “I feel a sense of pride knowing that I am now a ‘healthcare professional’ and will be part of a team providing the best patient care possible. After going through this process, I feel very confident that anyone who completes the process will have the necessary abilities to practice the roles of a pharmacy technician.”



Name: Bal Dhillon
Years Experience: 16
Practice Setting: Hospital
Location: Langley

Bal, the pharmacy technician observer on the College Board, weighed in on how she believes regulated technicians will benefit pharmacy practice: “As technicians take on more responsibility, pharmacists will be able to focus their attention to medication management versus drug distribution which will ultimately benefit pharmacy practice.”

More of the insights shared by these pioneer technicians will be included in an upcoming issue of Tech Talk: the College’s official source of information on the regulation of pharmacy technicians in BC.

NEWSBRIEFS

Technicians' Requirement for Liability Insurance, Same as Pharmacists

With the first pharmacy technicians on the brink of becoming registrants of the College, and therefore healthcare professionals, they are reminded that as stipulated in the *Health Professions Act (HPA) bylaw 81* they are required, just as pharmacists are, to carry liability insurance of not less than \$2,000,000 insuring against liability arising from an error, omission or negligent act. The College's *Professional Practice Policy #60 (PPP-60) – Professional Liability Insurance* provides further clarity by stating that:

1. The professional liability insurance coverage must meet the following criteria:
 - a. The policy provides occurrence-based coverage or claims made coverage with an extended reporting period of at least three years, and
 - b. If not issued in the registrant's name, the group policy covers the registrant as an individual.
2. Each registrant is responsible to ensure their individual or group plan meets the minimum criteria.

Pharmacy technicians, as part of the registration process, must declare that they have obtained the required liability insurance. This self-declaration is required annually as part of all registrants annual registration renewal.

As outlined in *PPP-60* it is the responsibility of the individual registrant, not the College, to ensure that their liability insurance policy meets the required criteria outlined above and technicians looking for validation should forward this information directly to their insurance provider for confirmation.

Note: Although not an endorsement or validation of their individual policy it is the understanding of the College that the following organizations are currently offering professional liability insurance for pharmacy technicians: Canadian Association of Pharmacy Technicians (CAPT) and BC Pharmacy Association (BCPhA).

Verbal Prescriptions Remain 'Status Quo'

Following a review and discussion of information brought forward to their April 2011 meeting, the Board felt that it would not be prudent or appropriate to initiate changes to legislation at this time which would eliminate or limit the ability for registrants to accept verbal prescriptions.

The Board agreed that the College needs to continue to remind registrants and other prescribing professions of the principles of safe verbal communications. The Board also committed to reassess their position on this issue once e-prescribing has become widely established.



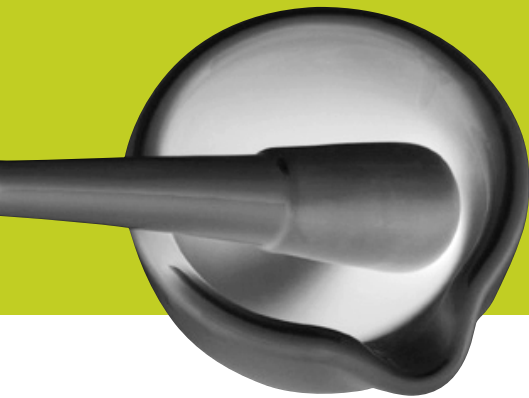
All types of learning recognized as PDAP's Continuing Education Component get's set to launch!

As previously announced the College's renewed Professional Development and Assessment Program (PDAP) contains an annual continuing education component tied to registrant's registration renewal. One of the many unique features of the continuing education component, which utilizes a tool referred to as the CE-Plus tool that was piloted extensively by pharmacists over a two year period, is that it allows for both 'accredited' and 'non-accredited' learning to be recognized.

'Accredited' learning refers to courses or programs that have been assigned, by a recognized accrediting body, continuing education units or CEU's, as they are more commonly referred to. 'Non-accredited' learning, on the other hand, refers to less formal, yet equally relevant, types of learning such as; consulting with a colleague, or participating in a non-accredited seminar or program. The intent of accepting all types of learning is to provide pharmacists with maximum flexibility, recognizing that people learn in different ways and that learning opportunities come in many forms.

The process for fulfilling the mandatory continuing education component, which will be done online with registrants logging in, via eServices, to the soon to be launched PDAP Portal on the College website, begins with the completion of a self-assessment questionnaire. The self-assessment allows pharmacists to reflect on their practice by assessing their current competence against the professions

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On Call

Q: What should I do if, after October 1, 2011, I have not completed the mandatory Methadone Maintenance Treatment (MMT) Training Session but a patient comes in requiring MMT services?

A: Within the *PPP-66 Policy Guide* (Principle 6.3.1) it states "...In an emergency situation related to continuity of care, where a referral to a qualified pharmacist (ie. a pharmacist who has completed the MMT training) is not possible, a pharmacist, who has not completed the mandatory training, may dispense the methadone if they adhere to the Seven Fundamentals established in *Professional Practice Policy #58 (PPP-58) – Adapting a Prescription* as outlined in the *PPP-58 Orientation Guide*". The Guideline to this Principle goes on to say "Should the patient require ongoing care the pharmacist must ensure that they comply, as quickly as possible, with the requirements laid out in *PPP-66*. This includes, but is not limited to, the successful completion of the mandatory training session..."

Q: What practice requirements do I need to have implemented by January 1, 2012 in order to meet the requirement?

A: All practice requirements that are described in the *PPP-66 Policy* and *Policy Guide* should be implemented as soon as you have completed the mandatory training but **MUST** be implemented no later than January 1, 2012. They include, but are not limited to, the following:

- Obtain all required references as stated in *Professional Practice Policy #66*
- Obtain all appropriate forms that are necessary for documentation purposes as discussed throughout the MMT Training Session, available in the *Policy Guide* and individually (in Word and PDF format) on the College website (www.bcpharmacists.org) under Key Initiatives/Methadone Maintenance Treatment (MMT)
- Obtain any necessary equipment as stated in the *Policy Guide*, for example glass cylinders

Additional FAQ's pertaining to MMT can be found on the College website www.bcpharmacists.org under Key Initiatives/Methadone Maintenance Treatment (MMT). Any additional questions can be sent to the College by emailing MMT@bcpharmacists.org



On Call Clarification

In the previous *ReadLinks* issue (Vol 36 No 1) the College responded to an On Call question regarding pharmacists discretion to combine refill authorizations (ie; a prescription written for 30 with two refills, can the complete quantity of 90 be dispensed at one time) by saying, "no, the prescribers directions must be honoured in the quantity and interval as written on the prescription".

Although in the vast majority of situations this would be the correct action to take as it is unlikely that the pharmacist, without direct consultation with the prescriber, would be aware of the rationale behind the prescriber's instructions, there may be circumstances (as pointed out by a reader) where it would be appropriate for the pharmacist to adapt the prescription. An example might be, that unbeknownst to the prescriber, the patient will be travelling for several months and therefore it would be challenging for them to return to the pharmacy every 30 days.

If this were to be the case and the pharmacist felt that it was in the patient's best interest (ie. to ensure continuity of care) to adapt the prescription they could do so but would need to adhere to the seven fundamentals for prescription adaptation as outlined in *Professional Practice Policy #58 (PPP-58)*. This process requires documentation of the rationale for your decision and notification to the prescriber.



Practice Matters



Narcotic Theft on the Rise

It's not news that pharmaceutical grade narcotics have an ever increasing 'street' value and therefore, it's likely not surprising to learn that in the past year or so the College has received an increase in reports of both external and internal theft (involving both pharmacists and non-pharmacist staff) of narcotics.

In light of this, pharmacists and pharmacy managers are reminded of the importance of ensuring that narcotic counts and reconciliations, as required by *Professional Practice Policy #65 (PPP-65)*, are being conducted. The policy calls for narcotic counts and reconciliations to be

completed as a minimum every three months, after a change of manager and after a break-in or robbery.

The importance of conducting a narcotic count and reconciliation following an external theft is self-evident as it allows the pharmacy to determine for itself, and the authorities, the quantity of drugs that have been taken and is therefore now available on the 'streets'. With respect to internal theft however, frequent reconciliation of narcotics, perhaps more often than the minimum required three month interval, can be a very effective, proactive tool in identifying a problem in the first place.

Pharmacy managers are further reminded of the importance of being aware of the day-to-day operations of the pharmacy and ensuring that safe and effective processes, which may include conducting appropriate background checks for any new hires, are in place. Additional helpful hints on this topic can be found in the recently published *Guidelines for Addressing Pharmacy Robbery in BC* document available on the College website under Pharmacy Resources/Community.

All types of learning recognized as PDAP's Continuing Education Component get's set to launch!

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CE-Plus

Standards of Practice and results in the identification of specific learning opportunities and goals. The intention is that pharmacists will use these identified goals when seeking continuing education opportunities.

As an example, let's say a pharmacist identifies, through their self-assessment that an area of development for them in their practice is in the delivery of diabetic care. Specific goals identified might include:

- Goal 1: Increase knowledge of new drug therapies for Type I Diabetes
- Goal 2: Better understand dietary alternatives for Type I Diabetic patients
- Goal 3: Become more familiar with blood glucose monitoring devices available today

A Learning Record, which is an easy to complete online form, would then be used to document the learning activity or activities that the pharmacist completed for each of the identified goals. For example, for *Goal 2: Better understand dietary alternatives for Type I Diabetic patients*, a pharmacist might attend an accredited, 3 hour workshop, on this topic and might also engage in a one hour conversation with a colleague who specializes in this area. Both of these activities would get recorded on the same Learning Record which would total 4 hours of learning. New Learning Records would be used to document the learning activities for each of the other identified goals.

Registrants, starting with those whose registration expires at the end of July 2011, will have 12 months to accumulate a *minimum* of 15 hours of any combination of accredited or non-accredited learning and record that learning on a *minimum* of 6 Learning Records.

Complete details regarding the Continuing Education Component of the College's PDAP will be included in registrant's annual registration renewal packages with more general information available shortly via the College website.

Remembering Dr. Bernie Riedel



Dr. Bernie Riedel, Dean of the UBC Faculty of Pharmaceutical Sciences from 1967-1984, passed away at 91 years of age on April 6, 2011

Dean Riedel was a recognized leader in pharmacy, in universities and across Canada. As Dean of the UBC Faculty of Pharmaceutical Sciences from 1967 until his retirement in 1984, he introduced, and developed into the UBC curriculum, the concept of pharmacists as clinical practitioners and pharmaceutical care.

After completing his Ph.D., at the University of Western Ontario in 1953, Dr. Riedel returned to the University of Alberta, where he had begun his academic career as Lecturer and Assistant Professor years earlier, and was twice promoted to Associate Professor and then to Full Professor. He joined the Faculty at UBC as Dean, as noted above in 1967, and during the 17 years that he worked in this significant leadership capacity, he held numerous other positions - including: Director (1970-78) and President (1976-77), Canadian Foundation for the Advancement of Pharmacy; Trustee, UBC Health Sciences Centre Hospital; Trustee & President (1984-85), Cancer Control Agency of B.C.; and following his retirement remained heavily involved in numerous societies, committees and associations.

For his immense contributions, Dr. Riedel was recognized with several awards and distinctions, which included: Canadian Forces Decoration (1960); Centennial Medal (1967); Doctor of Science (Honorary), University of Alberta (1990); and the 75th Anniversary Medal from the University of B.C. (1990). The most significant recognition, accorded to Dr. Riedel, was the Order of Canada in 1996, a fitting tribute for his illustrious and dedicated career and contributions.

Over his career, Dr. Riedel had a significant, positive impact on pharmaceutical sciences and the profession of pharmacy. He epitomized service, dedication and excellence in all aspects of his life and career. He will be missed.

2011 CPhA National Conference

Be sure to join the Canadian Pharmacists Association (CPhA) for their annual National Conference in Montreal, Quebec from May 28-31, 2011 at the Hilton Bonaventure Montréal.

For more information and how to register, visit the CPhA website at www.pharmacists.ca/conference

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College and pharmacy practice information.
All registrants are expected to be aware of
these matters.



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