

President welcomes the class of 2008

College president Erica Gregory will have the honour of addressing UBC's Faculty of Pharmaceutical Sciences graduating class of 2008 at the upcoming Dean's Reception being held on Tuesday, May 27 at the Plaza 500 Hotel in Vancouver. Featured in her message Erica will comment specifically on the range of issues and opportunities currently facing our profession:



"These are exciting and challenging times for you to be entering the profession. With the realities of an aging population and corresponding increase in chronic illness, government and the public, more than ever, are relying on pharmacists, as the medication experts, to play an enhanced role in providing British Columbians with better quality health care.

In the face of these realities pharmacists from across the country have come together through the creation of a task force to draft the Blueprint for Pharmacy – Designing the Future Together. Although the specifics for tomorrow may not yet be clear, what is certain is that the practice you will enter into today will be substantially different than the one you will ultimately leave.

Medication management and the regulation of pharmacy technicians are just two examples of initiatives currently under development by the college, designed to provide the framework to support pharmacists' evolving role. In addition, advances in technology, from the enhancement of PharmaNet to the introduction of e-Prescribing, will contribute to reshaping our practice and profession.

Through all of this the College of Pharmacists of B.C. is here to support you as we deliver on our mandate of ensuring the public that pharmacists have the necessary skills, knowledge and abilities, both today and tomorrow, to deliver safe and effective pharmacy care."

Erica Gregory, President
College of Pharmacists of B.C.

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Call for volunteers

As you know, the college's Professional Development and Assessment Program (PDAP) offers a variety of development and assessment tools for pharmacists, including the Knowledge Assessment (KA) exam, the Learning & Practice Portfolio, Practice Audits and, currently in development, the CE-Plus option.



In order to ensure that these tools continue to deliver the desired outcome of assessing and enhancing the pharmacist's knowledge, skills and abilities, they require continuous review and development. There is no one more qualified to do this type of work than current practicing pharmacists.

Volunteers are currently needed to support the following activities:

- Exam question writers and reviewers
- Exam pre-test and pilot participants
- Practice auditors
- General committee members
 - Knowledge Assessment committee
 - Learning & Practice Portfolio committee
 - CE-Plus committee (currently in development)

If you are interested in any of these rewarding volunteer opportunities, please send an email, indicating your area of interest, to: pdap@bcpharmacists.org.

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ReadLinks

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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

Growing support for medication management



Marshall Moleschi

No doubt by now we have all heard reference being made to the provincial 'Throne Speech' which was delivered back in February. Of particular significance to our profession was the statement that, "pharmacists will be permitted to authorize routine prescription renewals, making it easier for patients with chronic illnesses to manage their conditions."

On April 10, in follow up to the throne speech, Health Minister George Abbott presented Bill 25 – *the Health Professions (Regulatory Reform) Amendment Act* to the legislature. The act formalizes the pharmacists' authority to renew routine prescriptions by amending legislation to include the phrase – "renew a prescription." Although the act falls short of granting pharmacists prescribing authority, as was done with naturopaths and midwives, it is a good first step and demonstrates growing support towards positioning the role of pharmacists as medication experts.

The college is excited and encouraged by these recent announcements and we are working diligently with government and all other stakeholders to define the specifics of this legislation and assist in whatever way we can to move things forward as quickly as possible. The government is currently leading consultative sessions with us, the B.C. Pharmacy Association and other key stakeholders, including the College of Physicians and Surgeons of B.C. and the B.C. Medical Association.

As we have previously communicated, the college has already developed policy PPP-58 – "Medication Management – Adapting a Prescription" which was approved by council in the fall of 2007. The policy provides the framework to guide pharmacists in adapting an existing prescription, including the renewal of a prescription, and we are optimistic that this policy will satisfy the new legislation. With this in mind the college is proceeding with its plans to roll out PPP-58 to pharmacists throughout B.C., via a series of road show events in the coming months.

We appreciate that in the interim there is growing interest from both pharmacists and patients with respect to what all this 'really' means. To this end, here are a few key messages which I encourage you to share:

- The recent changes to legislation (i.e., the authority to renew routine prescriptions) is a positive thing for the public and will help pharmacists, who are the medication experts, provide better health care.
- Please be patient as it's going to take a little time to work out the details and develop the necessary procedures. So, for the immediate future there will be no change to the renewal of prescriptions.
- There are a few things that patients should know now:
 - They will still need to see their physician, at least annually, to monitor their condition.
 - They will need to have an established relationship with their pharmacist in order for the pharmacist to have enough information to potentially renew a prescription.

These are indeed exciting times for our profession and I look forward to seeing you in the near future at one of the upcoming road show events.

Back in the fall of 2007, in response to a request from B.C. pharmacists, the college council asked that a Continuing Education (CE) option be developed to add to the college's Professional Development and Assessment Program (PDAP).

Following the confirmation of its feasibility by an initial task force, the next step was a call to all registrants for volunteers to form a working group whose mandate would be to spearhead the development of the CE option. The dedicated efforts of the working group, who first met early in 2008 and then again in April, has resulted in the development of the CE-Plus tool. Throughout the process the working group has worked closely with the Board of Examiners (pictured here) to ensure that the tool meets the college's requirements of PDAP.



Board of Examiners' update meeting April 10 (left to right: Peter Cook, Chair, Kathy McInnes, Melanie Johnson and Erica Gregory, with Lorna Kroll participating via phone)

One of the unique features of the CE-Plus tool is that it has been specifically designed to recognize all types of professional learning. Not just accredited CE courses, but also non-accredited courses, research, self-study programs, reading materials and even focused discussions with colleagues and/or experts. The working group is confident that the new tool, which at the time of publication was in the final stages of the pilot process, meets the objective of providing ongoing professional learning for pharmacists.

Once revisions to the tool, following the pilot, have been incorporated, the next step will be to officially present the CE-Plus option to the Board of Examiners. The final step will then be a joint presentation from the working group and Board of Examiners to council at the June 27 council meeting, which is expected to include the recommendation to add the tool in the upcoming Phase 2 of PDAP, which runs from September 1, 2008 – August 31, 2009.

Watch for complete details of the CE-Plus option in the next issue of *ReadLinks* (July/August), scheduled for publication mid-July.

Do you know how to manage keywords?

Adding, changing and removing keywords when a patient makes a request

A patient recently contacted the college office to report that he went to three pharmacies to have a keyword entered into the PharmaNet system, but none of the pharmacists knew how to process the request. This is likely because so few patients make this type of request, and pharmacists are unfamiliar with how their software vendors have set up this maintenance feature of their pharmacy software.

However, with the provincial government's e-Health and e-Drug initiatives, more health care providers will have access to the system. There are plans to raise the public's awareness about the keyword option, and it is likely that many more patients will decide they'd like to have a keyword added to their PharmaNet records.

The PharmaNet keyword limits access to the patient's PharmaNet record to only pharmacists and other health care providers to whom the patient has given their keyword.

For these reasons, pharmacists need to refresh their knowledge regarding their software vendor's procedures for managing keyword additions, changes and removals.

Selecting a keyword

Every patient has the option of attaching a keyword to his or her record at any community pharmacy. The keyword is an eight-character code selected by the patient. It can be alphabetical, numerical or a combination of the two. Patients should select codes they can easily remember.

When a keyword is needed

Once the keyword is selected and entered into the PharmaNet system, the patient must present it when the following activities occur:

- Accessing a patient medication history
- Performing a Drug Use Evaluation (DUE)
- Dispensing or refilling a prescription
- Requesting a PharmaNet patient record mailing

If a physician needs to contact the patient's pharmacy for PharmaNet patient record information, he or she will need to have the patient's keyword in order to obtain the information.

Personal ID required for keyword maintenance activities

For all requests involving adding, changing or removing keywords, the pharmacist must obtain personal identification from the patient; in strict accordance with the college's guidelines.



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

Adding a keyword

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

Ask the patient for the old and new keyword. 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

Call the PharmaNet Help Desk, identify the patient and the ID they provided, and ask for the keyword's deletion. Help Desk staff can only delete a keyword; they cannot change it or add a new one.

PRACTICE NOTES

Providing bone density testing results appropriately

Many pharmacists are now involved with offering bone density screening clinics in community pharmacies as a way to raise public awareness about the importance of preventative care.

Performing the technical functions of the bone density test is not a reserved action of any designated health profession. Because pharmacists are aware of their scope of practice limitations, the council of the college agrees that pharmacists can provide this service.

However, it is incumbent on each individual pharmacist involved with bone density screening tests to ensure they have the required knowledge, skills and abilities to do so.

It is also very important that test results not be provided in the form of a diagnosis. Pharmacists can provide the numerical test results to the client, and clients with questionable results should be referred to their family physicians for follow-up and diagnosis by the physician.

Polycitra-K available in Canada

Janssen-Ortho Inc. has now responded to requests to return Polycitra-K to the Canadian market. When the company decided to withdraw it from the Canadian market in 2007 (while continuing to market the product in the United States), B.C. pharmacists were faced with the task of compounding potassium citrate solutions.

A number of concerns were reported, particularly in cases where pharmacists were not aware that Polycitra-K contains citric acid in addition to potassium citrate. The citric acid is necessary for maintaining pH and for producing some of the necessary bicarbonate ion once the preparation is ingested. This resulted in solutions with too much or too little potassium and/or bicarbonate equivalent.

Pharmacists who have been compounding the product for their pediatric patients should now use the commercially available product, Polycitra-K.

A small segment of the pediatric population requires treatment with Polycitra-K (a potassium citrate and citric acid oral solution). This product provides bicarbonate ions when broken down in the body, as well as potassium. It is used as a urinary alkalinizing agent, and is often chosen because the patient cannot tolerate the large amounts of sodium contained in sodium bicarbonate, cannot tolerate the taste of sodium bicarbonate, and/or the patient also needs a source of potassium. These patients are usually renal patients, and for these patients, there is no alternative.

Development of bridging program – next step in regulation of pharmacy technicians

The regulation of pharmacy technicians is one of the most significant initiatives facing the pharmacy profession today. As the scope of



practice for pharmacists is evolving, through initiatives like medication management, there is an increased demand to free up pharmacists' time to enable them to deliver these clinical services. The regulated pharmacy technician will play a critical role in addressing this very real dilemma.

Initiatives to regulate pharmacy technicians have been underway nationally for quite some time and the college is committed to the process and has been working in collaboration with a number of national organizations and pharmacy regulatory authorities. Key initiatives and corresponding target dates are as follows:

- Development of competencies, standards of practice and code of ethics documents (2008)
- Nationally accredited education program (2008)
- Development of bridging processes and programs for existing pharmacy technicians (2008)
- National entry-to-practice exam (2010)
- Graduation of the first registered pharmacy technicians (2010)

Here in B.C., the college began formally introducing this initiative to pharmacy technicians and pharmacists through a series

of information sessions last fall. Although response to those sessions was very positive, the common question coming from current pharmacy technicians was – “what will I need to do in order to become regulated?”

The answer to that question will come with the development of the bridging program which is the next step in the regulation process. In the coming months the college will be conducting a number of focus groups with technicians throughout B.C. Participants will be asked to compare the identified competency requirements for regulated technicians with their own current skill-set and identify the gaps. The bridging program will be developed by compiling the data from these focus groups.

Although there is still much to be done before the first regulated pharmacy technician enters practice, the college is dedicated to continuing to work with technicians, pharmacists and all other stakeholders from across the country to move this important initiative forward.

DRUG UPDATES

In an effort to ensure that pharmacists are receiving the latest and most comprehensive listing of drug updates, please refer directly to the 'Notices for Pharmacists and Consumers' section of the

National Association of Pharmacy Regulatory Authorities (NAPRA) website.



www.napra.org/docs/0/310.asp

Pharmacist's registration permanently cancelled

Ari Johannes (Harry) Toykkala, diploma 3170, guilty of professional misconduct

Between 2000 and 2006, Harry Toykkala had his pharmacist registration suspended four times due to addiction to drugs and/or alcohol. As a requirement to return to practice after each suspension, Mr. Toykkala voluntarily signed behavioural and aftercare agreements with his addictionologist and agreed to comply with the terms outlined in each agreement in order to maintain his registration to practise as a pharmacist.

On May 30, 2007, the College of Pharmacists of B.C. discipline committee panel conducted a hearing to inquire into the following allegations:

1. Between March 1, 2000 and November 30, 2006, Harry Toykkala failed to comply with limits and conditions on his registration as a pharmacist in that he breached the terms of various behavioural and aftercare agreements.
2. Harry Toykkala suffers from addiction to alcohol and/or drugs, affecting his practice as a pharmacist.

After reviewing all evidence, the panel found that Mr. Toykkala contravened terms of his behavioural and aftercare agreements after each return to practice by continuing to use drugs and/or alcohol. He was therefore found guilty of professional misconduct contrary to the *Pharmacists, Pharmacy Operations and Drug Scheduling Act* (the "Act") R.S.B.C. 1996 c. 363 s. 54(1)(f).

On October 20, 2007, the discipline committee panel conducted a hearing to determine penalty for Mr. Toykkala's professional misconduct. Pursuant to the Act, s. 54(2)(j), the panel decided to permanently cancel Mr. Toykkala's College of Pharmacists of British Columbia registration, based on his history of addiction to drugs and/or alcohol, failure to treat his addiction(s) despite having been given several opportunities, and risk to relapse.

Harry Toykkala has been removed from the College of Pharmacists of B.C.'s register of pharmacists.

what went wrong

The Institute for Safe Medication Practices Canada (ISMP Canada) published a safety alert earlier this year, following up on a comprehensive safety bulletin published in 2003, to help health care providers avoid errors in prescribing, dispensing and administering methadone.

Two case studies from the 2003 safety bulletin illustrate some of the potential problems.

Case study #1

A patient was taking 13 mg/day of methadone prepared by a community pharmacy using a methadone stock concentration of 1 mg/mL. The patient was hospitalized, and a telephone order for 12 mL methadone po daily was received by a nurse from a physician, who assumed the hospital's stock solution was the same strength as the community pharmacy's.

A technician using 10 mg/mL stock solution of methadone prepared the order. A pharmacist checked it against the pharmacy copy of the original order and the patient's in-patient medication profile. The methadone stock bottle was verified, and the technician had left the syringe used to measure the volume pulled back to 12 mL.

The patient received 120 mg methadone, but fortunately, vomited much of the dose. The patient recovered without any further medical intervention.

Case study #2

A patient receiving methadone for pain control from a community pharmacy reported that she felt unwell (pale, sweaty, clammy, shaky) two days after receiving her prescription for 8 mL of a 5 mg/mL stock solution (total dose 40 mg).

When the prescription was checked, the prescribed dose for the patient was 14 mL (total dose 70 mg). The significant under dose resulted in withdrawal symptoms, in addition to inadequate pain control.

Keeping patients safe

Methadone's dosing complexities and other contributing factors, such as dosing errors and errors associated with nomenclature, have resulted in multiple reports in Canada and the U.S. of medication errors resulting in serious patient harm.

ISMP Canada recommends that all health care providers involved in prescribing, dispensing and administering methadone have standardized policies and procedures for the management of the drug.

The following risk-reduction actions should be incorporated into practice if they are not already routine activities:

- All methadone orders must be written in mg, not mL.
- Prescribers should write the methadone dosage in words.

- Dates and times for administration should be specified (avoiding the use of the word "daily").
- Concomitant use of methadone with other narcotics, benzodiazepines and sedatives should be avoided.
- Pharmacies should stock only one concentration of methadone.
- If more than one concentration is required to manage patients appropriately, use prominent warning labels.
- When compounding methadone from powder, use a standard manufacturing formula, maintain a manufacturing log and clearly label the finished product.



Q Why aren't all prescription drugs listed in our provincial drug schedules?

A The provincial Drug Schedules Regulation is not a comprehensive list of all available drugs. It does include the following categories of drugs:

- Federal Schedule F drugs (B.C. Schedule I)
- Controlled Prescription Program-monitored drugs (B.C. Schedule IA)
- Nonprescription drugs that must be sold from pharmacies (B.C. Schedule II and III)

Nonprescription drugs that can be sold from any retail outlet are not listed in the B.C. Drug Schedules Regulation. Therefore, drugs that are not listed in the provincial schedule are not required to be sold from licensed pharmacies (with the exception of new prescription drugs that have not yet been added to the Drug Schedules Regulation).

The provincial Drug Schedules Regulation does not include federally scheduled narcotics, controlled drugs or a complete listing of targeted drugs. These drugs are federally scheduled under the Regulations to the *Controlled Drugs and Substances Act*. The detailed schedules are available at:

 www.napra.org/docs/0/93/143.asp

For a complete listing of all drugs approved for sale in Canada, search for "Health Canada Drug Product Database" or use the following link:

 www.hc-sc.gc.ca/dhp-mps/prodpharma/databasdon/index_e.html

Q Why can't I find tolinafate, chlorpheniramine, warfarin, fluticasone, conjugated estrogens, progesterone, methylphenidate or dexedrine in our provincial drug schedules?

A If you can't find a drug in the provincial drug schedules, it could be for one of three reasons.

- It is an unscheduled nonprescription drug product.
- It is listed under a different name (Health Canada decides how to list prescription drugs).
- It is federally scheduled as a narcotic, controlled drug or targeted drug under the regulations to the *Controlled Drugs and Substances Act*.

Regarding the specific drugs listed above,

- Tolinafate and chlorpheniramine are unscheduled nonprescription drugs, and, therefore, they are not shown in the provincial schedules.
- Warfarin is included under "4-Hydroxycoumarin and its derivatives."
- Fluticasone is listed under "adrenocortical hormones and their salts."
- Conjugated estrogens and progesterone are included under "sex hormones."
- Methylphenidate and dexedrine are scheduled federally in Schedule G as controlled drugs. Only narcotics and controlled drugs monitored by the Controlled Prescription Program (duplicate prescription forms) are included in the B.C. Drug Schedules Regulation.

Q Can prescriptions for methylphenidate be transferred?

A No, methylphenidate is a controlled drug. Narcotics and controlled drugs can never be transferred due to the wording of federal legislation.


Q How is cannabis (marihuana) scheduled?

A Cannabis, its preparations, derivatives and similar synthetic preparations are scheduled as straight narcotics. They are not in our provincial Controlled Prescription Program (duplicate prescription forms). They require a prescription signed and dated by the physician. The prescription may be faxed. Examples of available products include Sativex, Marinol, and Cesamet.

Q A physician wants to order medical marihuana for one of his patients. Where is the information about medical marihuana and the application forms?

A Health Canada's website includes information about medical marihuana. Search for "Health Canada application to possess marihuana for medical purposes." Physicians may be directed to:

 www.hc-sc.gc.ca/dhp-mps/marihuana/how-comment/applicant-demandeur/forms_complete_e.html

 www.hc-sc.gc.ca/dhp-mps/alt_formats/hecs-sesc/pdf/marihuana/how-comment/applicant-demandeur/forms_complete_e.pdf

UPCOMING CONFERENCES:

- **BCPhA Annual Pharmacy Conference & 40th Anniversary Celebration**
May 22 – 24, 2008
River Rock Casino & Resort
Richmond, B.C.
Information and registration:
- **CPhA Annual National Conference**
May 31 – June 3, 2008
Victoria Conference Centre and the
Fairmont Empress Hotel
Victoria, B.C.
Information and registration:

 www.bcpharmacy.ca/

 www.pharmacists.ca/

Reminders

