

Methadone theft spurs security call

Make sure your pharmacy isn't an easy target

It happened again. The theft of methadone from a Vancouver community pharmacy in August, similar to a summer 2005 incident, gained media and police attention. The College of Pharmacists of B.C. was quick to respond: an hour after the theft was made public, quality outcomes specialists were on scene, interviewing the pharmacy manager and gathering information.

The thieves made off with powdered methadone, liquid methadone concentrate, diluted methadone, and a quantity of various prescription drugs. A day after the break-in, the Vancouver Police Department arrested a man in connection with the robbery, and most of the powdered methadone was recovered; at publication time, the rest of the methadone and prescription drugs were still missing.

VPD officials met with the college following the break-in and shared the department's perspective that investigating security-related crimes, most of which are avoidable, takes

time and resources away from other public safety needs. Pharmacy break-ins are no exception. The college appreciates and understands the VPD's concerns and is committed to addressing pharmacy security. Since the most recent break-in, the following has taken place:

- At its September meeting, council received a presentation on current CPBC pharmacy security guidelines and was asked for guidance on revising security requirements. This presentation was planned before the theft, and it underscores the college's commitment to regularly reviewing practice standards.
- CPBC quality outcomes specialists visited pharmacies in Vancouver and Surrey to talk with pharmacy managers about their security systems and drug storage policies. For the most part, pharmacy and drug security ranged from reasonable to very good.
- Each visited pharmacy received a letter acknowledging appropriate security policies and systems and requesting the correction of any safety or drug storage shortfalls. Follow-up visits are now underway.

Methadone inventory guide

14-day supply supported by managers

When quality outcomes specialists visited Greater Vancouver pharmacies recently, they found a wide range of methadone supplies in stock.

QOS staff asked pharmacy managers what they thought a reasonable methadone inventory level would be; most managers thought a maximum two-week supply would be reasonable. The college concurs and strongly suggests community pharmacies maintain no more than a 14-day supply of methadone for maintenance patients.

- Council has requested that the community practice advisory committee develop security guidelines for review by council.

While the two widely publicized pharmacy burglaries took place in Vancouver, similar incidents could occur in any B.C. community. All pharmacy owners and managers are obliged to ensure security measures are in place to safeguard premises, product, and people.

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Pharmacist Karen Trotter listens to an audience member's question.

Yearning to learn

Pharmacists' talk builds rapport

The group was small, but its interest in finding out how pharmacists can help was substantial. On a fall evening, a dozen and a half parents and caregivers of mentally-challenged adults gathered in a Vancouver church hall to listen to pharmacists Susan Troesch and Karen Trotter talk about long-term drug use, side effects, and medication interactions.

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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

Milestones and moving ahead



Marshall Moleschi

Columbia. And when new graduates completed their registration procedures, we passed the 4,000 mark for the number of practising pharmacists in our province. In fact, there are now 4,052 of us!

When I served as the president of the college in the mid-1990s, there were about 2,700 practising pharmacists, so we've had a significant increase in the last decade.

Another important milestone occurred for a former pharmacist who now lives in Grand Forks. Stan Davies celebrated his 104th birthday on October 7, and I was privileged to have the opportunity to send special greetings on behalf of the college.

Many opportunities

While reflecting on these milestone events, I couldn't help but turn my mind to the future. Even though it seems that we have been in a constant state of change, there are even more opportunities on the horizon.

Pharmacy technician regulation is at the top of the agenda for several organizations, including our college. Pharmacy technician educators have developed draft educational outcomes for review by interested stakeholders, and the Canadian Council for the Accreditation of Pharmacy Programs (CCAPP) is preparing a plan to add the accreditation of pharmacy technician training programs to its responsibilities.

Three milestones

Our college reached two milestones this fall. In October, we passed the 1,000 mark for the number of pharmacies in British

Columbia. And when new graduates completed their registration procedures, we passed the 4,000 mark for the number of practising pharmacists in our province. In fact, there are now 4,052 of us!

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Discussions are being held by the National Association of Pharmacy Regulatory Authorities (NAPRA) about how best to be involved with regulating pharmacy technicians, and the Pharmacy Examining Board of Canada (PEBC) is working with the Ontario College of Pharmacists to develop a comprehensive examination for determining competency to practice as a pharmacy technician in Ontario.

Our college council has adopted the recommendations of a white paper on the role of pharmacy technicians in B.C. (see www.bcpharmacists.org), and it has requested a business case analysis to help determine exactly how to proceed on the regulatory process.

By enabling technicians to assume responsibility for most of the drug distribution activities, pharmacists will be free to focus on the crucial functions and activities outlined in Role 1 of the *Framework of Professional Practice*. This means that pharmacists will no longer be underutilized.

Because no other health profession knows medications better than ours, there is growing support for an enhanced role for pharmacists, especially in the area of medication selection.

In Alberta, this means an array of prescribing options (once the detailed regulations are finalized). In the U.K., it means both independent prescribing (after additional training) and collaborative prescribing (with an agreement between physician and pharmacist partners).

Canada's national standards of pharmacy practice are scheduled for review and updating in the next few months, and expanded scope of practice activities will definitely be open for discussion. Look for opportunities to contribute your thoughts during the consultation process.

Patients requesting PharmaNet records

In most cases, pharmacies are the right place to start

Do you know what to do if an individual enters your pharmacy and asks for a copy of their PharmaNet patient record?

As with any type of counseling, a few questions can clarify the request and provide you with an action plan. Ask if they want a copy of their current record, which is a list of PharmaNet transactions (all medication entries and access occurrences) for the past 14 months. If this is what the person is looking for, they have come to the right place: requests for current PharmaNet patient records can be made at any pharmacy in British Columbia.

If the individual is looking for a record earlier than the past 14 months, they need to contact the College of Pharmacists of B.C., because this is a request for archived information. This article describes archival requests later on; for now, let's go over the process for accommodating current patient record requests.

Three easy steps

1. Positively identify the patient

- View primary and/or secondary ID according to college guidelines, preferably including one picture ID. A list of primary and secondary ID appears on the college website.
- As the PharmaNet patient record is private and confidential, family members must produce ID and can request only their own record. If the request is on behalf of a child, use your professional judgment and privacy legislation guidelines to decide if a parent can request on a child's behalf. A child considered old enough to make a health-care decision is also considered responsible enough to make this decision.

2. Confirm the patient's address on PharmaNet

- To ensure the patient record is mailed to the correct address, check mailing information with the patient and update the PharmaNet database if necessary.

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Council changes underway

Incoming president and two new members step up to the plate



Bev Harris

Fall is all about change, and the CPBC is no exception. The college welcomes Bev Harris and Dr. James Kim as council's newest elected members. Bev is councillor for District 2, and James is councillor for District 6.



Dr. James Kim

Both pharmacists bring a great deal to the table. Bev has over 40 years of experience as a community pharmacist, with 30 of those years as a store and pharmacy manager for Pharmasave and Shoppers Drug Mart. She has also served as the head of the B.C. Pharmacy Association board and the B.C. PharmAssist Committee. Bev retired from the retail sector earlier this year, but her new role on council

reflects an ongoing interest in the profession; she is currently setting up a pharmacy at a Richmond wellness clinic and she remains a strong proponent of tobacco-free pharmacies.

Bev says, "I am hoping with my long experience as an involved pharmacist that I, along with the other councillors, will help guide the college over the next few years. I believe that pharmacists and pharmacy in B.C. are undervalued – I would like to see our profession given more responsibility."

It is fitting that *ReadLinks* is the vehicle for Bev's thoughts on a perception that the college has lost touch with registrants. "I would like to see more open communication between practising pharmacists and the college," she says.

Dr. James Kim is a pharmacotherapeutic specialist in psychiatry with Vancouver



President Randy Konrad

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HERE'S TO YOU!

Pharmacy excellence

It is never easy, because the nominations are so strong, but it is always a pleasure to recognize CPBC pharmacists for practice distinction. Recipients of this year's CPBC Awards of Excellence are:

- Five Star Pharmacist Award – Shakeel Bhatti.
- Award of Excellence in Community Pharmacy Practice – Agnes Fridl Poljak.
- Award of Excellence in Hospital Pharmacy Practice – Susanne Moadebi.
- Award of Excellence in Long-Term Care Pharmacy Practice – Elsie Williams.
- Volunteer Honour Role Gold Certificate – Dianne Kaptay.

Watch for additional awards coverage in the January/February 2007 *ReadLinks*.

PHARMANET "GENERIC EQUIVALENTS" AREN'T

Placement on generics list doesn't mean bioequivalence

Using drug monographs when counseling patients is a useful part of the treatment decision process, and drug monographs are close at hand. In B.C., pharmacy software systems are able to access drug monographs through PharmaNet.

However, pharmacists need to be aware of a small, but very important, terminology issue. On PharmaNet, monographs display a list of drugs that are labeled "generic equivalents," but this is inaccurate. PharmaNet uses a generic drug list produced by a drug information firm. This firm uses a coding system that groups drugs which are equivalent only in terms of having the same active ingredient and the same type of dosage form. Although these drugs appear under the heading "generic equivalents," they are not necessarily bioequivalent or interchangeable.

For example, if a pharmacist requests a monograph for Eltroxin®, the drug Synthroid® will appear on the list of generic alternatives, even though the two products are not considered bioequivalent.

There are several steps you can take to determine whether the drugs on the PharmaNet list are interchangeable:

- Use your professional judgment.
- Check Health Canada's Notice of Compliance (NOC) website to confirm which Canadian reference brand-name product a drug is interchangeable with.
- Contact the drug manufacturer.
- Refer to the guidelines in the "Drug Interchangeability Update" posted on the college's website.



www.nocdatabase.ca

www.bcpharmacists.org/resources/pdf/FYI-drug_interchangeability.pdf

CCAPP SHARES CPBC SPACE

Accreditation body moves West

Dr. David Hill, new executive director of the Canadian Council for Accreditation of Pharmacy Programs, has moved CCAPP from Saskatoon to Vancouver, leasing space in the college's office.

CCAPP's move to B.C. coincides with Dr. Hill's relocation. He returns to the province after serving as an associate dean of pharmacy at the University of Colorado. Dr. Hill, a well-known participant in Canadian pharmacy, is now heading the organization that develops accreditation standards for pharmacy faculties across this country. CCAPP also inspects and evaluates existing doctor of pharmacy degree programs in Canada.

In addition to its main mandate, CCAPP is assisting with the development of entry-level PharmD program standards; students entering the pharmacy faculties at the universities of Montreal in fall 2007 and Laval in 2008 will be the first in the country to start an entry-level PharmD program.

CCAPP is also involved in the movement toward accrediting pharmacy technician programs. Dr. Hill has been asked by Canada's pharmacy regulatory bodies and the Canadian Pharmacy Technician Educators Association to help develop curriculum standards for schools wishing to offer accredited pharmacy technician training.

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PHARMACY ELSEWHERE

Washington

Illegible scripts banished

Things recently became a lot clearer for Washington state pharmacists. As of June 2006, the state legislature enacted a law banning prescriptions written in a cursive script. The bill which contains the change states, "A prescription must be hand printed, typewritten, or electronically generated," and "Prescriptions written in cursive are to be treated as any other illegible prescription."

Knowledge assessment game plan

Three test-taking tips

For PDAP cycle 1, most participants selected the knowledge assessment (KA).

More than 90 per cent of these pharmacists met the standard, and almost all said they learned about their practices, skills, and knowledge — even the small number who did not meet the standard said the KA process had a positive effect. Cycle 1 participants suggested the following useful tips for their cycle 2 peers.

1. **Prepare thoroughly.** This may seem obvious, but participants reported that the single most important factor in their success was preparation.
 - Develop systematic study plans based on the test blueprint (pages 20-25, *KA Information Guide*).
 - Review sample questions, ideally with a colleague.
 - Familiarize yourself with the recommended references.
 - Review areas of practice not common to your current work.
 - Form study groups with other KA participants.

Following the above steps will help you build confidence as you assess your current knowledge and skills, and make you more comfortable using reference materials. You may also want to check out some of the many websites devoted to exam preparation.

Remember, the knowledge assessment is about the application of knowledge to practice, rather than the regurgitation of facts and figures.

2. **Arrive early.** Again, this may seem like an obvious suggestion, but pharmacists repeatedly said arriving early for the KA reduced their anxiety about the room location and parking. It also gave them time to mentally relax and use the restroom!

PDAP

3. Answer strategically.

Follow a step-by-step process for responding to each question. One

useful test-taking technique is to simply read the question, and then ask yourself, "Do I know the answer to this question?" If you say "yes":

- Read the answers.
- Then read the question and answers again.
- Select the best response (or look it up in your references).
- If you are not sure, go with your gut feeling, but put a question mark next to the question so you can return to it when you have finished the test.
- If you do not know the answer or how to find it, move on to the next question, returning to the unanswered questions at the end of the exam.
- Keep an eye on the time and pace yourself. Remember, you have three hours to answer up to 75 questions (or roughly 25 questions an hour). You will be given a calculator to use.
- Review your exam. Do not hand in your exam the moment you complete it. Take time to review as many questions as you can, in particular, those you were not sure of or left blank.

After the exam, relax. If you were fully prepared, practised with the sample questions, and responded to as many questions as possible, chances are you will join the vast majority of B.C. pharmacists who have already met the standard of practice by successfully passing the knowledge assessment.



www.testtakingtips.com
www.ets.org

Pharmacists' talk

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Organized by the Parents Support Group for Families of Mentally Handicapped Adults, the information session highlighted the wealth of information our profession holds and the public's desire to learn from it.

Karen and Susan used PowerPoint, a Palm Pilot, and good old-fashioned experience during the two-hour presentation. Karen, who graduated from UBC this year, is taking part in a community pharmacy residency program. She was about to start a rotation at Mid-Main Community Health Centre, where Susan works as a pharmacist, when the support group contacted Susan. She gladly accepted the opportunity to speak and thought it would be a great experience for Karen.

The two started the session with "Advice you can live by: It's time to teach™... about your medications," an Apotex PowerPoint presentation Karen accessed through the professional development section of the CPBC website.

As the talk got underway, Susan suggested booking phone time if a pharmacist is too busy to immediately answer a question, and this set the tone for the evening: pharmacists are a valuable resource, and patients and caregivers should never be afraid to ask treatment questions.

Throughout the evening Susan and Karen provided helpful advice, from asking a pharmacist to include on a label exactly what the drug treats, to reminding the audience that personal PharmaNet records are protected by privacy laws. Of particular interest to the audience was information about side effects. As a starting point, Karen and Susan suggested asking pharmacists about the most common, or serious, side effects a drug may produce.

Interacting with the audience also led to hints on where to keep medications (in a secure place, away from the heat and humidity of kitchen and bathroom) and a reminder not to "double dose" if a patient misses an earlier dose.

The presenters also had a few questions for the audience. One interesting response was only two caregivers put up their hands when

This column prints questions
and answers from the
OnCall Information Line
Toll free 1-800-663-1940

OnCall

PHARMACIST INFORMATION LINE

Questions & Answers

Q It's almost the end of the year, so I'm thinking about which prescriptions I can shred, but I can't remember how many years I need to keep them.

A Bylaw 5(38)(5) states that all prescriptions must be retained for a period of not less than three years. The interpretation of this bylaw is that prescriptions must be retained for at least three years from the date of last activity. The date of last activity is the last date you used a particular prescription number.

Since refills for all drugs (except oral contraceptives) are valid for a maximum of one year from the prescribing date and refills for oral contraceptives are valid for a maximum of two years from the prescribing date, you may be using the same prescription number for one or two years. Hence, the date of last activity may be one or two years from the original dispensing date. When you add three years (as per the bylaw) to the date you last refilled a prescription using the same prescription number, this can translate into keeping records for four years (one plus three) or five years (two plus three – oral contraceptives). QOS staff often suggest that you keep all your records for a minimum of five years so you don't have to sort through your prescriptions.

Q I just received a controlled prescription form (formerly triplicate/duplicate prescription form) with two different drugs written on it. Is this valid?

A Yes, in June 2006 changes were made to the controlled prescription program to allow physicians to order more than one per form, provided all of the prescriptions are legible.

Q Do all nurses have prescribing privileges in B.C.?

A No, only nurses registered as nurse practitioners (NPs) with the College of Registered Nurses of B.C. (CRNBC) have prescribing privileges, according to their scope of practice, which can be found on the CRNBC website (see "Go WWW" below).

When processing a NP prescription, use practitioner ID reference code 96 and the NP's five-digit CRNBC license number. If you get an error message from PharmaNet that reads, "101 – Prescriber not found," the nurse may not be registered as a NP with the CRNBC. If this occurs, contact the CRNBC or the PharmaNet help desk for assistance. Furthermore, check with your software vendor to determine if the title "Dr." can be omitted from the prescriber field on the prescription label when the prescriber is someone other than a physician or dentist.

Go [www](http://www.crnbc.ca/downloads/424.pdf)

www.crnbc.ca/downloads/424.pdf

Susan asked how many knew their pharmacist's first name.

Drug efficacy studies were also discussed. Karen described one review of Carnosine (beta-alanyl-L-histidine), a supplement used for autism. Supporters believe it may provide some relief, but the only study to date was small, short, and had inconclusive results.

Some in the audience were interested in sharing their experiences with alternative therapies. One parent found beneficial help from a naturopath, and another woman with an autistic son said she found vitamin B12 "mega-therapy" helpful in reducing ear infections and hyperactivity.

Susan responded to this and other queries about "natural" treatments by stressing the need to carefully research alternative-health treatments and providers.

The meeting ended with satisfaction for both the presenters and the audience based on a simple truth: pharmacy has amazing human and clinical resources, and the public is encouraged to tap in anytime.

Go www

www.bcpharmacists.org/professional/development/prodevassessment/pdf/ResourceGuide2004.pdf

www.members.shaw.ca/parentsupport/

PRACTICE NOTES

Fentanyl patch disposal

Suggest sharps container

Pharmacies receiving prescriptions for fentanyl patches are encouraged to suggest the purchase of a small sharps container to dispose of spent patches. One manufacturer's suggested disposal method of flushing used patches down the toilet doesn't take into consideration environmental concerns. Caregivers should be told to return the sharps container with the used patches inside to the pharmacy at the end of treatment.

PEER REVIEW OPPORTUNITY

CCCEP wants you!

The Canadian Council on Continuing Education in Pharmacy (CCCEP) is seeking pharmacists interested in reviewing programs submitted for accreditation. Reviewers earn CEUs, and pharmacists from all areas of practice are welcome to apply for these positions.

CCCEP is the national association dedicated to the advancement of quality lifelong learning for pharmacy practitioners.

For more information or to apply to become a reviewer, contact Anita or Art at info@cccep.ca or phone 306-545-7790.



www.cccep.ca



First-year students pledge to adhere to professional standards as they start their pharmacy training.



CPBC council President Randy Konrad and Assessment Programs Administrator Ashifa Keshavji flank student Sarbjot Sihota.

OnCall for you

Popular resource has the answers

A well-used CPBC resource is the OnCall Pharmacist Information Line. Each year the OnCall line receives over 5,000 calls, primarily from pharmacists with a practice-related question. Calls are triaged according to seriousness and urgency, and those with a clinical focus or a PharmaCare-related issue are directed to the appropriate source.

Before it was renamed and expanded in 2002, OnCall was known as the practice support telephone service. Along with the name change, a CPBC staff pharmacist was designated as "OnCall pharmacist" to answer questions, which can range from appropriate drug substitution to ethical dilemmas. On average, 20 pharmacists a day telephone for advice; while callers can have similar questions, pharmacists shouldn't hesitate to contact the college if they need more information or have a judgment-related issue that could use a second opinion.

Check the web, too

Callers' questions are often the topic of the "OnCall Questions and Answers" column in each *ReadLinks* issue. These are posted to the website (see below). Additional resources for commonly asked questions can be found under the community and hospital pharmacy categories in the Resources section.



www.bcpharmacists.org/resources/faq/index.php

www.bcpharmacists.org/resources/

Need-to-know OnCall info

Phone number:
800-663-1940

Hours of operation:
9:30 a.m. to 4:30 p.m.

Days of the week:
Monday to Friday

Top Ten OnCall queries

1. Record retention – How long do I need to keep prescription hard copies on file?
2. Prescription expiry – What is the expiry date of a prescription?
3. Drug schedules – What is the status of a particular drug?
4. Privacy/confidentiality questions – Can I provide a deceased patient's medication record to the spouse?
5. Prescription transfer – Can I transfer a prescription to another province?
6. Controlled prescription program – I just received a controlled prescription form with two different drugs written on it. Is this valid?
7. Expired/lost/stolen narcotic and controlled drugs – What process do I follow?
8. Clarification on methadone – Can I fill a prescription written for methadone by an out-of-province physician?
9. Drug interchangeability – Can I interchange drug A for drug B?
10. Nurse practitioners – Do they have prescribing privileges in B.C.?

Email dateline: CPBC

Sign up to connect!

Email communication between the college and registrants is now a regular way of keeping in touch. Recent college emails contained:

- *Council Highlights* (September 22 council meeting).
- AGM registration form.

College emails are attachment-free, making communications quick and seamless. Emails contain a brief message and a URL linking you to the college website.

Keep in mind that the September *Council Highlights* is the last one to be posted; in 2007, *Council Highlights* will be distributed solely by email.

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FPP gains new status

Practice guide has conciliation role

The *Framework of Professional Practice*, a document the CPBC describes as “a blueprint for good pharmacy practice,” now plays an important role in resolving disagreements between community pharmacies and federal government health insurers.

The B.C. Pharmacy Association and the Federal Health Care Partnership (FHCP) agreed to make the *FPP* the reference resource for use in settling professional practice disputes that occur during pharmacy audits. The FHCP represents the Non-Insured Health Benefits (NIHB) program, Veterans Affairs Canada, and the RCMP.

An information sheet the BCPhA sent to its members noted: “During an audit process, any professional practice issues that arise in the course of the audit will be referred to the College of Pharmacists of B.C. to be adjudicated and resolved, listing the *FPP* as its reference document.”

CPBC registrants participated in the creation of the *Framework of Professional Practice*, and it is used as a practice standards guide in daily interactions with patients and other health-care providers.

The college is pleased the BCPhA and the FHCP selected a made-in-B.C. resource for resolving issues between pharmacists and federal government health insurers in this province.

CPBC email

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

Once you've updated your email address, you will be entered into a draw for one of two \$100 prizes. The latest CPBC registrants to win are William Heese of Chase, and Ishan Hirji of New Haven, Connecticut!



www.bcpharmacists.org/legislation/pdf/Drug_Schedules_Regulation.pdf

www.bcpharmacists.org/resources/councilcommittees/pdf/council_highlights_sep_06_final_colour.pdf

what went Wrong

Dear college:

Last week, I had dental surgery and my dentist prescribed an antibiotic (Amoxil®) and a pain killer (Toradol®). I prefer to take all my prescriptions to my regular pharmacy as they know me very well, but since I was in a great deal of pain I decided to take them to the nearest pharmacy instead.

At the drop-off counter, the pharmacy technician did not ask me if I had any allergies, so I volunteered the information and told her I was allergic to penicillin. When I returned 20 minutes later, a pharmacist told me how to take the medications and gave me an information sheet about each of them.

I took both the antibiotic and the pain killer as soon as I got home. By the next day, my neck was covered with hives and my face was swollen. I suddenly realized I was experiencing an allergic reaction and called the pharmacy. I told the pharmacist I was allergic to penicillin and asked if there had been an error. The pharmacist told me that Amoxil® is a type of penicillin antibiotic and said there was no record about my penicillin allergy in the pharmacy computer.

I can't believe the pharmacist dispensed Amoxil® even after I told the pharmacy technician about my allergy to penicillin. I know my dentist is partly at fault for prescribing Amoxil® but the pharmacist is also partly responsible. How did this error happen at the pharmacy?

Alarmed about allergies

The pharmacist involved reports that there were two main contributing factors in this situation:

1. The pharmacy technician did not document the allergy information on the original prescription and did not enter it on the local pharmacy computer.
2. The pharmacist processing the prescription did not notice the patient's allergy information on PharmaNet.

Many patients are aware that it is important to inform pharmacists about medication allergies and routinely offer such information. However, the onus is on the pharmacist to obtain this information. Pharmacists are required to include information about allergies on patient records, keep the PharmaNet patient record current, and review PharmaNet with due diligence before dispensing.

How could the above incident have been avoided?

1. Each time a prescription is dropped off, be sure to ask all patients about allergies.

- a. Document the information provided on the original prescription. If an allergy is reported, draw attention to it by using a coloured pen or highlighter or by noting “New allergy” or “Changed allergy status,” if applicable. If no allergy is reported, write “No known allergy.”
- b. Enter the information in your local software.
- c. Update the patient's PharmaNet record if needed.
2. When processing the prescription, review PharmaNet carefully and take note of any allergy information.
3. During the final check of the prescription, review the allergy information noted on the original prescription. If there is no indication of the patient's allergy status, include a note with the medication to ask the patient for the information at the time of pick-up.
4. When counselling, it may be helpful to also mention the family or class of the medication. This can remind the patient to report any allergies and/or idiosyncratic responses that they may have forgotten to mention earlier.

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

DRUG UPDATES

For full details please check:



www.napra.ca or
www.bcpharmacists.org

- Ketek® (telithromycin).
- AstraZeneca Xylocaine® 2% Jelly single use plastic syringe.
- ADHD drugs and psychiatric adverse events.
- Salt Spring Herbals Sleep Well Dietary Supplement capsules.
- Rapamune® (sirolimus).
- Drinking hydrogen peroxide products.
- Thioridazine recall.
- Black cohosh link with liver damage.
- Miracle II products.
- Foreign product alerts:
 - Chao Nongsu Qingzhi Jiaonang (OPC Care).
 - Conting Qianweisu Slimming Herbs Capsule.

DEPARTING COUNCILLORS REFLECT

John Hope and Amin Bardai move on

Two departing councillors share reflections about their time on council. "I have been involved with the college for as long as I have been a pharmacist – 36 years," Amin remembers. "My biggest ambition was deregulation – I'm firmly convinced that our profession is overly governed both by the college and the government. Being part of the decision making process was challenging and an eye opener."

For John, council accomplishments were "Introducing the PDAP program after RxCare ran into problems, hiring a new registrar, and holding a strategic planning session to set direction for council and staff."

Both agree on the importance of registrants contributing to the college and the satisfaction this brings. Amin says, "I strongly encourage other pharmacists to get involved in college activities, not necessarily at the council level – this way one gets to know how it functions." John's message is similar. "I encourage all pharmacists to consider how they can volunteer to help grow and maintain the strength of the college. All pharmacists must keep in mind that the standards and regulations that govern their day-to-day activities are initially proposed by their peers working in the field, and if you wish to make change you must be involved."

Patient requests

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3. Process the request on your local system

- Select the function on your local system and transmit the request via PharmaNet, according to your software vendor's instructions. The college will receive the request, print the record, and mail it directly to the patient, free of charge.
- The PharmaNet patient record cannot legally be printed at the pharmacy; a screenshot of the patient's PharmaNet record is not acceptable and should not be produced.

What they receive

The PharmaNet patient record will include:

- Current demographic information: name, address, phone number, personal health number and gender on record with the Ministry of Health.
- Clinical information: current and chronic medical conditions and the person who reported the information (patient, pharmacist, or prescriber).
- Adverse drug reaction information: allergies and medication side effects and the person who reported the information.
- Medication history: all prescriptions dispensed at PharmaNet-connected pharmacies in the past 14 months. Includes the prescription number, date dispensed, drug identification number, brand name, strength and dosage form of the drug, quantity dispensed and prescriber.

Council changes

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Coastal Health, and has over 16 years of experience in hospital pharmacy. James is interested in using his experience to help "enhance the delivery of quality pharmaceutical care, and raise the level of our profession and scope of practice." Both he and Bev mention prescribing authority as an area where they would like to see B.C. pharmacists make gains.

For the next term, incoming President Randy Konrad says council will continue to focus on CPBC plans for a pharmacy technician regulatory process, along with external developments such as including the college within the Health Professions Act and PharmaNet's

- Medication record access: each access made to the clinical information, adverse drug reaction information, or the medication history by pharmacists, emergency department physicians, GPs, the College of Pharmacists of British Columbia or the College of Physicians and Surgeons of British Columbia is recorded.

What they won't receive

The PharmaNet patient record does not include details about the costs of any dispensed medications. This information can be requested from the pharmacy that dispensed the medication or from PharmaCare for medications it covers.

Archived patient records

If an individual is seeking their PharmaNet patient record for a period earlier than the past 14 months, this is an archived records request. This is done through the College of Pharmacists of B.C. at (604) 733-2440 or 1-800-491-6333. There is a \$200 fee (plus GST) for this service.

Patient record key word

Pharmacists may also be asked by patients about applying a key word to their PharmaNet patient record. Be sure you know what steps to take in your local software program to help a patient if they wish to add this security feature to their record.



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

www.msar.gov.bc.ca/privacyaccess/

enhanced capacity, known as eDrug.

"This council will have an active role in a variety of projects, such as standardized pharmacy technician training and regulation, which will ultimately have a positive impact on our profession and the services we provide to the public."

Randy continues as District 1 representative while serving as president. A regional pharmacy manager for Canada Safeway, he has previously participated on the college's PharmaNet users' group, drug advisory and continuing education committees, and is a past president of the B.C. Chain Drug Store Association.