Online Edition • With Activated WebLinks

B.C.'s pharmacy information source

ReadLinks

Vol. 31 No. 5 September/October 2006

Pharmacy program casts wide net

CP3 helps international pharmacists and those who hail from here

The pharmacist, who is preparing to return to work after taking time off to raise a family, wants to stay anonymous for personal reasons, but there is nothing shy about her feelings for UBC's Canadian Pharmacy Practice Programme. According to her, this Faculty of Pharmaceutical Sciences offering, more commonly known as CP3, provides a "very comprehensive program in a short period of time and in a structured environment. It sets you up with a goal and all of the information is there – laid out in front of you – so you can get into the groove."

In her case, the "groove" is re-entry into the profession after more than a decade of child rearing. How best to get up to speed and prepare for the PDAP examination she needed to write? The answer arrived in her mail box. "I received a mailing from CP3. I'd been thinking about what approach to take to prepare for PDAP and a return to practice, so I immediately gave Janice a call." Janice Moshenko, director of Continuing Pharmacy Professional Development, remembers this student's feedback very well. "She told us that the program was an 'invaluable tool,'" Janice recalls.

CP3's objective is clearly stated on its web page. It is aimed at internationally trained pharmacists seeking to achieve Canadian competency levels, as well as offering pharmacists trained in this country a way to brush up prior to re-entering practice. Currently registered pharmacists are also encouraged to use it as a refresher to keep up on the latest professional trends and treatments. Janice notes the "same day, each week" class schedule helps local pharmacists plan their work hours and CP3 time. And she says, "Although CP3 is only offered live at UBC, we are exploring making some modules available via distance education, for instance, online."

Dean Robert Sindelar and Sheryl Peterson look on as another faculty of pharmaceutical sciences representative congratulates CP3 graduate Mustapha Olajuwon.

The program consists of five modules: communications skills, therapeutics, patient dialogue skills, health-care systems overviews, and practice skills labs. While certified or recertifying Canadian pharmacists can take one

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In this issue

CPBC annual general meeting

Plan to attend!

The College of Pharmacists of British Columbia's annual general meeting is coming up. It will be held in conjunction with the B.C. Pharmacy Association's AGM. The agenda includes a speaker and afternoon reception following both organizations' annual general meetings. See the college website for more information.

Date: November 25, 2006

Location: Executive Hotel & Conference Centre
4201 Lougheed Highway, Burnaby, B.C.

Time:
1:00 p.m. - 2:00 p.m. guest speaker
2:00 p.m. - 3:00 p.m. BCPhA AGM
3:00 p.m. - 4:00 p.m. CPBC AGM
4:00 p.m. - 7:00 p.m. Cash bar reception, complementary appetizers

Go www www.bcpharmacists.org/resources/councilcommittees/agm

COLLEGE of PHARMACISTS OF BRITISH COLUMBIA

www.bcpharmacists.org

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ReadLinks

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***ReadLinks* Editor in Chief:** Marshall Moleschi
Managing Editor: James Nesbitt

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

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

Printed on Recycled Paper

from the Registrar

Marshall Moleschi

Imagine

Imagine that, because of the great job you do, your employer sends you on an all-expenses-paid trip to Disneyland. You board the plane to L.A. but as you are flying over Oregon, the pilot gets on the P.A. system and says: "Thank you for flying with us today. However, we are experiencing a problem. I have all the maps and charts to get us this far, but I do not have the information to get us to our destination. I have flown to L.A. before, so I think we will be ok, but if some of you could look around and let me know if you see any landmarks, I would be grateful."

What would you think? Would you feel like me and want to turn back?

Well, isn't this what we ask of patients? Every day, patients embark upon their "illness journey." They move from hospitals to home, from doctors' offices to pharmacies. Each has some information about the patient. Nowhere does all the health information come together in a complete picture.

Now imagine that the pharmacist has access to the diagnosis, lab tests, and other relevant information needed to provide the patient with the counselling, recommendations, support, and monitoring necessary for the best health outcomes.

Imagine what a difference this information could make in guiding the patient through their care plan and treatment goals.

Now imagine eHealth. eHealth is the "pumped up" version of PharmaNet we told you about in the July/August issue of *ReadLinks*. It is planned to be "an integrated set of telecommunication technologies" and deliver "accurate and timely information and related process enhancements, that together enable the efficient delivery of health-care services and incorporate the electronic health record (EHR) and telehealth." The eHealth project supports the vision of "an integrated, interoperable eHealth system in which health-care information is accessible, when and where it is needed, to support personal health, health-care decision making and health system sustainability."

An essential component of eHealth will be the eDrug project, with a goal to "improve the delivery of patient care in British Columbia by expanding the use of electronic medication information management to facilitate seamless care across all care settings." The CPBC and the B.C. Pharmacy Association have attended meetings of the eDrug steering committee, and council will receive an update at its September council meeting. Watch for more eDrug information to come this fall.

GoWWW
www.health.gov.bc.ca/ehealth/

Hunt on for new deputy registrar

Application deadline October 10

The College of Pharmacists of B.C. is searching for a new deputy registrar. Interested in applying for this exciting position? See the job description and application information on the college's website.

GoWWW www.bcpharmacists.org/aboutus/

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

New PharmaCare contact numbers

Phone and fax number change underway

Health Insurance BC (HIBC), the company running the province's Medical Services Plan and PharmaCare program, has created new contact phone and fax numbers for PharmaCare services.

Since August 1, 2006, callers to current PharmaCare numbers have been redirected to the new phone number assigned to the division to which they wish to speak. Beginning November 1, 2006, only the new phone numbers will be in service.

Additionally, all Victoria contact numbers for health-care providers such as pharmacists will be discontinued as of November 1.

Be sure to update pre-programmed telephones, fax machines, and computer systems with the new phone and fax numbers.

HEALTH INSURANCE BC CONTACT NUMBERS
effective November 1, 2006

Old Number	*Contact*	*New Number*
250-952-2867	PharmaNet help desk, for use by pharmacists.	800-554-0225 – toll free 604-682-7120 – Vancouver
250-952-2861	PharmaNet help desk fax number.	250-405-3587
250-952-1625	PharmaCare information support fax number.	250-405-3599
250-952-3510	PharmaNet help desk, for use by emergency rooms.	888-306-9922 – toll free 604-412-0921 – Vancouver
250-952-3508	Quality assurance, for use by software vendors.	866-216-2756 – toll free 604-412-0938 – Vancouver

PharmaCare public contact numbers:
1-604-683-7151 – Vancouver 1-800-663-7100 – toll-free

CPBC staff held a farewell lunch for Dr. Brenda Osmond to mark her departure from the College of Pharmacists of B.C. After over 10 years as deputy registrar, Brenda is embarking on a new adventure: she is returning to university to study law. Registrar Marshall Moleschi thanked Brenda for her substantial contributions to furthering pharmacy practice in B.C. and across the country.

National pharmaceuticals strategy update

What will it look like, how will it work?

When this country's premiers issued a communiqué following their Council of the Federation meeting in late July, they included an update on the national pharmaceuticals strategy. The communiqué lists catastrophic drug coverage and a more coordinated approach to reviewing and listing oncology drugs on provincial drug formularies as key NPS elements.

The premiers focused on two items from a list approved at a provincial and territorial health ministers NPS meeting earlier in the summer. At that time, the ministers agreed to recommend the following points as "next steps" in the development of a national pharmacare program:

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PHARMACY'S ROLE IN ORGAN DONOR INFORMATION

Live donations increase; B.C. covers some donor expenses

Fatima Mamdani

Fatima Mamdani is a clinical pharmacist with a personal interest in raising awareness of organ donation. A chronic kidney disease patient, Fatima suggests pharmacists use the following information to answer patient questions about organ transplants.

- Currently, there are over 300 patients in B.C. waiting for an organ transplant. About 80 per cent need a new kidney, with the remainder waiting for a pancreas, liver, heart, or lung. Some of these patients will die while on the wait list.
- The province's organ donor registry replaces all previous ways to indicate a willingness to be an organ donor, including stickers on a driver's license or on a CareCard. Registration forms are available from ICBC Driver Services Centres (motor vehicle branches), some doctors' offices, and many community pharmacies.
- Online registration is also available at www.transplant.bc.ca.
- Registered donors can choose which organ(s) to donate and can reverse their decision at any time. If all organs of a deceased donor are transplanted, up to seven lives can be saved!
- The provincial government has just launched a new program to reimburse living donors for expenses related to recovery time, travel, and accommodation.
- Kidney transplants are more cost-effective than dialysis. The average cost of dialysis is $50,000 per year while the one-time cost for a kidney transplant in B.C. is about $20,000, plus an additional $6,000 per year for anti-rejection medications.
- There is no minimum or maximum age for organ donation; organ quality, blood type, tissue compatibility, and presence of specific antibodies are the most important criteria. Gender and race are not transplant issues.

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PHARMACY ELSEWHERE

MANITOBA

Recently introduced legislation will change the way pharmacists practise in Manitoba. Bill 41 gives limited prescribing privileges to pharmacists and provides more input from the profession in a number of provincial drug and treatment regulatory processes. The licensing body for pharmacists will become the College of Pharmacists of Manitoba, and its registrants will also gain new collaborative practice opportunities with other health-care providers once the legislation is passed.

Source: *CPJ*, Jul-Aug 2006

NOVA SCOTIA

An agreement between Nova Scotia's regulatory bodies for pharmacists and physicians has paved the way for limited pharmacist prescribing. The accord between the two groups – the Continued Care Prescriptions Agreement – allows pharmacists to refill prescriptions for certain patients when: the prescribing physician is unavailable; the patient has a stable treatment history; the prescription was originally filled in the same pharmacy; and the refill amount doesn't exceed 30 days or the duration of the original prescription (if less than 30 days). Following the collaborative agreement, the province's Pharmacare program broadened reimbursement to pharmacies for an array of prescription drugs and retail medical supplies.

Source: *CPJ*, Jul-Aug 2006

NEWFOUNDLAND & LABRADOR

This province is embarking on an online prescription claims system, similar to B.C.'s PharmaNet program. Once the $13 million network is in place, all Newfoundland and Labrador pharmacies will be linked to the province's drug plan database. It is hoped that cost savings and other efficiencies will help to offset the expense of launching the computerized system. The government's announcement of the plan follows a recommendation by the provincial auditor general to establish a real-time prescription drug processing system.

Source: *Health Edition*, July 21, 2006

PDAP Cycle 2 underway

Plus: tips for a successful LPP or KA

Between April and June over 800 pharmacists attended one of 14 PDAP orientation sessions held around B.C. to learn more about the program and the two assessment options, the knowledge assessment (KA) and the learning and practice portfolio (LPP).

"We were pleased," said Doreen Leong, director of assessment programs, "that the orientation sessions were well received and that so many pharmacists attended. Based on feedback, 95 per cent of pharmacists said they felt the sessions met their purpose well or very well."

Session participants learned about the program's policies, structure, timelines, and assessment tools. Dana Cole, a Prince George hospital pharmacist, was a session co-facilitator. She said participants were "open-minded about the process and interested in the details of the two assessment options." Dana summed up the views of many participants: "The orientation sessions may have been particularly effective in demystifying the LPP option, a tool that is still very new to most pharmacists."

Once the orientation sessions were complete, each pharmacist submitted a self-assessment and chose one of the assessment options. Most pharmacists are now in the earliest

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CP3

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or all of the modules, internationally trained pharmacists planning to practise in Canada must take all five modules, along with a community pharmacy clerkship.

The CP3 2006 graduating class, with a faculty of pharmaceutical sciences representative (fourth from left).

The program is offered twice a year (registration deadline for the 2006 fall session is October 17). Modules run for 12 weeks, followed by the eight-week clerkship. The pharmacist *ReadLinks* spoke to enrolled in the health-care systems overview and therapeutics modules. She was impressed with both, particularly the jurisprudence portion of the systems overview, which she says was "very interesting, because it showed how attitudes and practices change. You get a better understanding of where the profession is going."

Launched in 2005, CP3 is gearing up for its first full year of fall and spring classes, which are limited to 30 students per class. The pharmacist we spoke to says these small learning groups provide a "really interactive approach." An additional program benefit is the quality of materials and instructors: "The lectures were top quality. I was very impressed with what the presenters, B.C.'s PharmDs, are doing and who they are."

The pharmacist confirms that the program was time and money well spent, and she wrote the PDAP KA exam in August 2005 without any problems. Undoubtedly, she will continue to put the benefits of CP3 to good use when she steps behind the dispensary counter to resume her career.

See "Clerkship Feedback" page 5.

Go WWW

www. pharmacy.ubc.ca/cppd/programs/cp3_program.html

Clerkship feedback

Pharmacy managers impressed

An essential part of the CP3 learning experience for international pharmacy students is the clerkship; this component is compulsory for international students, who apply what they have learned in a community pharmacy for a minimum of two months. Depending on an individual's needs and experience, clerkships can run for up to nine months.

Three pharmacy managers who have provided CP3 clerkship opportunities have high praise for the program and the international students they mentored.

Amparo Yen, a Vancouver Shoppers Drug Mart pharmacy manager says, "I think the program is quite excellent. There is a big difference between new pharmacists who take the CP3 program and those who don't." Amparo has been involved since the beginning, when she participated in the CP3 pilot program several years ago. Along with energy and enthusiasm, she says clerkship students "bring in new information in terms of the latest drugs, and we learn about new ways to counsel from the students."

One pharmacist who has overseen two CP3 clerkships knows from experience what it is like to be a pharmacist in a new country. Originally from the Philippines, Gennette Ret of Vancouver's Yaletown Pharmasave says, "I was an international pharmacy student – I was in their shoes." She believes the learning a CP3 clerkship provides is a "two-way opportunity" between the student and the host pharmacy.

Nindy Badesha concurs with her two colleagues. Nindy, a New Westminster Safeway pharmacy manager, is also impressed with the "very thorough assignments the students had to do. Overall, it was a good learning experience for me, and our pharmacy gains because we also learn as we are teaching the student – it is a good experience, and a way to refresh things."

This column prints questions and answers from the OnCall Information Line

Toll free 1-800-663-1940

OnCall PHARMACIST INFORMATION LINE

Questions & Answers

Q I have a number of patients on daily witnessed ingestion of methadone. My pharmacy is usually open seven days a week but there is a statutory holiday coming up and my pharmacy will be closed on that day. Can I give methadone carries to these patients for the statutory day?

A You may only give a methadone carry to a patient for the statutory day if you have obtained their physician's written authorization to do so. If the pharmacy is closed longer than the official statutory holiday, the pharmacist is required to obtain written authorization from the doctor for the extra days. Appendix F in *The B.C. Methadone Maintenance Treatment Program - Information for Pharmacists* can be used to document changes to the directions on the duplicate prescription.

Q I know that methylphenidate is no longer part of the controlled prescription program (formerly known as the triplicate prescription program) but I'm not sure of the practical implications of this change. What are the prescription requirements? Are refills allowed? Can I transfer undispensed prescriptions and authorized refills?

A Methylphenidate is listed as a Controlled Drug (Part 1).

Prescription requirements:

- Written, verbal, or faxed prescription by physician, dentist, or veterinarian.
- The prescription record of verbal prescriptions must include the identification of both receiving and dispensing pharmacists, if different.
- A pharmacist may receive verbal prescription authorizations either directly from a practitioner or from a practitioner's recorded voice message.

Refill requirements:

- No refills are allowed if original prescription is verbal; however, part-fills are allowed.
- If written, the original prescription may be refilled if the prescriber has indicated in writing the number of times and interval between refills.

Prescription transfers:

- Transfer of undispensed prescriptions and authorized refills is not permitted.

Q I think that a pharmacist with whom I work may be a substance abuser. I've never seen him use drugs on the job but his behaviour and appearance indicate that there may be a problem. He makes a lot of dispensing errors and since I hired him, I've noticed that a number of narcotics have been missing. Do I need to report this to the college even if I'm not sure that he has a substance abuse disorder and even though I'm not sure he is the cause of the missing narcotics?

A Section 60 of the act states, "If a practitioner or registrant has reason to suspect that a person registered under this Act is suffering from a physical or mental ailment or an excessive personal use of alcohol or drugs that might constitute a danger to the public, the practitioner or registrant must immediately report this to the registrar." This means that even if you don't know for sure that a problem exists, but you have reason to be suspicious, you must report your concern to the college.

College staff will ask you a number of questions and may suggest strategies for improving your monitoring systems so you can find out more about what is happening to your drug supply. They will also need to gather information about the pharmacist's behaviour. If it turns out that the pharmacist does have a substance abuse problem, the college's key interest will be to work with the pharmacist on a recovery program. This can be done through a mutual agreement with the pharmacist; an adversarial discipline process is not usually required. For more information about solving problems such as this through consent, see page two of the following issue of the *Bulletin*.

Go WWW

http://www.bcpharmacists.org/resources/cpbc/pdf/septoct98.pdf#xml=http://search.atomz.com/search/pdfhelper.tk?sp_o=1,100000,0

Bursaries awarded

Five $1,000 B.C. Pharmacists Benevolent Society awards were provided earlier this year to 2005-2006 recipients. They went to Sally Siu Ki Man, Eugene Yu Hin Yeung, Fatima Zulfikar Ladha, Fitim Harjrizaj, and Cynthia Dorothy Bolt. The $1,000 B.C. Pharmacy 1991 Centennial Bursary went to Dario Luigi Alberton.

PRACTICE NOTES

Logging methadone scripts

Signatures promote compliance

In accordance with CPBC guidelines, methadone-maintenance pharmacies are strongly encouraged to have patients sign for methadone prescriptions whenever they receive a dose, whether it is in the pharmacy or at home. Doing so underscores patient compliance and provides pharmacies with useful counselling documentation.

"First & last" prescription reminder

Date of original script is key

Pharmacies that have patient prescriptions transferred to them must ensure that the original dispensing date is used to establish the 12-month period for which a prescription is valid. The first date of issue by the "transferred-to" pharmacy is essentially a refill date within the initial 12-month prescription timeframe.

HPV vaccine approved

Effective against cervical cancers, genital warts

Health Canada recently approved Gardasil™, a vaccine that targets two types of human papillomavirus (HPV) responsible for 70 per cent of cervical cancers. The vaccine, manufactured by Merck Frosst, is also effective against two HPV strains that cause 90 per cent of genital warts cases. The vaccine is indicated for females between the ages of nine and 26 for cervical cancer, vulvar cancer, vaginal cancer, precancerous lesions, and genital warts caused by HPV. Cervical cancer is the second most common cancer among Canadian women after breast cancer; on average, at least one Canadian woman dies everyday from cervical cancer, and Canada has some of the highest rates of cancer of the vulva in the world.

UBC CAREERS AVENUE

Walk this way!

Mark your calendar - you are invited to Career Avenue 2006, October 3 from 7:00 p.m.-9:00 p.m., at UBC's SUB ballroom.

This annual event is an inspiring way for students to discover our profession's diversity. Students can explore various career opportunities and learn more about the different professional organizations and resources available to them.

It's also a great way for students to network with future colleagues and employers as well as for alumni to meet with and recruit students for their pharmacies. If you are interested in registering a booth for your organization, please contact Stanley Lin at stanlin@telus.net.

PDAP Cycle 2

continued from page 4

stages of their assessment option work. Although you can refer to the college's website for additional PDAP information, check out the tips below for a few suggestions on how to get started.

Learning and practice portfolio tips

- Develop desired practice outcomes (DPOs) carefully – use the checklist on page 22 of the *LPP Information Guide* to make sure you have included everything.
- Relate at least one of your DPOs to Role 1 in the *Framework of Professional Practice*.
- Submit your DPOs to the college as soon as one or more are ready, to receive peer feedback – knowing your DPOs are on the right track will help you stay focused during LPP preparation.
- Use DPO feedback to clarify the goals you want to achieve within the phase one timeframe (September 1, 2006 – February 29, 2008).
- To achieve the most effective DPOs, identify the professional development strategies you most enjoy and the workplace activities you find most useful for learning.

Knowledge assessment tips

- Complete the sample questions to get an idea of the types of questions found in the knowledge assessment.
- Use the exam blueprint to highlight your strengths and limitations – doing this with a partner or within a group may help you stay focused on exam preparations.
- Make sure you are familiar with the recommended references – do you know how to use the *CPS*, *Therapeutic Choices* and *Patient Self-Care*? Do you know how each is organized and what each section contains?
- Remember to select and register for your test date early – space is limited at some locations (check our website for detailed information on exam sites and dates).
- Read the CPBC code of ethics (this can be found at the back of the *Framework of Professional Practice*).

Go WWW

www.bcpharmacists.org/professional development/prodevassessment/

Dateline: CPBC

Did you miss out on these emails?

July marked the first mass-email distribution of information from the College of Pharmacists of B.C.

Every CPBC registrant who has provided their work or personal email address (or those with activated NAPRA e-Link accounts) received:

- Email containing a link to the updated Drug Schedule posted on the college website.
- Email containing a link to the June *Council Highlights* posted on the college website.

If you are worried about updating your email because of potentially troublesome attachments, don't be: the college plans to use email as a way to communicate short messages, often with a URL linking to additional information that is posted on our website.

Attachment-free email won't be refused by your Internet service provider or slow down your computer.

If you haven't already done so, update your email address by logging on to the college website, clicking on the eServices logo, and following the prompts. Your name will be entered into a draw for one of two $100 prizes. Each issue of *ReadLinks* carries the names of the latest winners: Congratulations to Evan Kwong and Rita Cormier of Vancouver, the most recent college registrants to win!

eServices ID added to documents

Personally-addressed CPBC documents now carry each registrant's eServices ID. Look for it in the top right-hand corner of correspondence, for instance, registration and PDAP letters, and on your annual license (wallet card). Your eServices logon information is now at your fingertips.

Go WWW

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

www.bcpharmacists.org/resources/councilcommittees/pdf/council_highlights_jun_06_final_colour.pdf

Pharmacist data collection

National initiative builds HR resource

The Canadian Institute for Health Information (CIHI) is starting to "fill in the gaps" and the College of Pharmacists of B.C. has a role to play. Currently, human resources data on several health-care professions, including pharmacy, is scant and varies across the country.

To address this information deficiency and to ensure national pharmacy HR data is as comprehensive as similar information for doctors and nurses, regulatory bodies like the CPBC are participating in a data-collection initiative. The goal of this process is to achieve a number of benefits, including:

- Development of national standards – the pharmacy profession will have a uniform system for collecting relevant human resources data.
- Comparable data – information collection will occur annually and be regularly maintained, providing a robust database that can be sorted and compared in a variety of ways, for instance, by region/jurisdiction.
- Availability of data – a dedicated databank will provide research opportunities and effective planning resources.
- Access to data – information free of personal identifiers will be available to regulatory bodies, professional associations, policy makers, and individuals, in accordance with CIHI privacy and information access guidelines.
- Increased profession exposure – the existence of a comprehensive database will underscore pharmacy's essential health-care role and illustrate the resources and tools pharmacists need to contribute to better patient outcomes.

CPBC registrants are an important part of this program. Beginning with January 2007 college registration renewal forms, registrants will be asked to provide information such as employment status, hours worked per week, and education level.

what went wrong

Dear college:

In July 2006, a prescription was ordered for my late father at a hospital outpatient pharmacy. He was diagnosed with a myeloproliferative disorder and was prescribed 6-mercaptopurine 50 mg, one tablet daily. However, the prescription provided to my father was 6-mercaptopurine, six tablets daily.

After starting this incorrect regimen, my father became noticeably ill. He had major fatigue, shortness of breath, and developed a chronic chest cough. While the dosage error was not the cause or reason for my father's death, and the cause of death was natural in the course of a myeloproliferative disorder, this error should not have happened.

When I contacted the doctor, he indicated the pharmacist was in error and when I contacted the pharmacist, she indicated the doctor was in error. Where did this problem originate?

Distraught daughter

The pharmacists involved report:

- On the evening of July 30, 2006, a physician called and asked if the pharmacy had mercaptopurine 50 mg tablets in stock. I replied affirmatively. Thereafter, the physician ordered "6 mercaptopurine 50 mg daily for three days, then 6 mercaptopurine 50 mg every second day for 30 doses" for the patient. I repeated back the prescription and asked the physician if he wanted "6 tabs daily for three days, then 6 tabs every second day." The physician replied affirmatively. Before I dispensed the prescription, I determined the patient had not taken this medication before by checking the local hospital pharmacy software and PharmaNet. Once prepared, the prescription was stored in a paper bag.
- At the time of pick-up, a pharmacist verified the patient's name and the name of the drug before giving it to the patient.

The hospital pharmacy manager reports the following procedural changes have been made to reduce the likelihood of a recurrence:

- Only written prescriptions for anti-neoplastic drugs will be accepted, except for hormonal therapy.
- All anti-neoplastic dosing regimes "of concern" will be verified through a regional clinical pharmacy oncology specialist before dispensing.

What additional changes could be made to avoid this incident?

1. When taking verbal prescriptions, repeat the prescription to the prescriber, enunciating clearly and slowly. Avoid stating the dose in number of tablets. Instead, state the dose in units of weight. For example, in this incident rather than saying aloud, "six tablets daily" say "300mg daily."
2. Before dispensing anti-neoplastic drugs that you are unfamiliar with, consult reference texts, such as the BC Cancer Agency *BCCA Cancer Drug Manual* – see website below – or contact the Drug and Poison Information Centre (604-682-2344 ext. 62126, info@dpic.bc.ca) if needed.
3. When appropriate, use clear plastic bags to store prescriptions awaiting pick up. If paper bags are used, remove the contents at the time of pick up to facilitate proper counselling and ensure that the right patient receives the right drug.
4. For outpatient prescriptions, supply pre-printed written materials to supplement counselling. Well-informed patients play a key role in the detection of dispensing errors.
5. Counselling needs to take place for all prescriptions dispensed, even if they are refills. Often, errors are caught during counselling before a patient leaves the pharmacy.

Go www

www.bccancer.bc.ca/HPI/DrugDatabase/default.html

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

- Remicade® (infliximab).
- Neophase Formula for Men.
- Counterfeit drugs:
  - Lipitor® (atorvastatin).
  - Counterfeit Hippiron® 1000 (veterinary drug).
- Foreign product alerts:
  - Baike Wan.
  - Fufang LuHui Jiaonang.
  - Safi.
  - Xin Yan Zi Pai Mei Zi Jiao Nang (Fat Rapid Loss Capsules).
  - Zhuifeng Tougu Wan.
- Recalled product lots of Comfort Shield® Personal Cleansing Perineal Care Washcloths.
- ACE inhibitors during pregnancy.
- Water quality on aircraft for travellers with compromised immune systems.

Organ donation

continued from page 3

- Most religions throughout the world support organ donation as a humanitarian act. A potential donor's religious advisors can provide more information.
- As the demand for organs from deceased donors far outweighs the supply, more living donations are taking place. Since 1999, living donor kidney transplants have surpassed kidney transplants from deceased donors.
- Only 13 per cent of British Columbians are registered as organ donors.
- Ironically, protective equipment, for instance, helmets, airbags, and seat belts, also contribute to the shortage of deceased donors. As a result, out of an average 25,000 deaths in B.C. each year, less than one per cent result in organ donation. A person is more likely to need an organ than to be in a position to donate one.

Fatima notes, "We pharmacists are in a key position to educate and guide our patients to the right resources they need to make informed and timely decisions about this important process. While organ donation is a very personal, complex, and often emotional matter to consider, there are resources dedicated to answering queries about this lifesaving option."

www.transplant.bc.ca
www.kidney.bc.ca

U.S. eases personal drug importation

Exemptions allowed as part of security legislation

More Americans may be visiting Canadian pharmacies following a decision by the U.S. senate. Members of that chamber voted to allow U.S. citizens to bring prescription drugs into the United States after purchasing them from pharmacies in Canada.

Since November 2005, U.S. customs and immigration officials have been seizing Tamiflu®, Viagra®, and other widely-used brand name prescription drugs purchased on cross-border trips. However, in a tradeoff during preparations for enhanced security legislation, two-thirds of senators (68-32) voted to support Louisiana Republican Senator David Vitter's bill allowing patients with doctor's prescriptions to bring home FDA-approved medications.

Source: *Globe and Mail*, July 11, 2006

Editor's note: the article didn't mention that patients must present pharmacists in this country with a prescription signed by a Canadian doctor before they can purchase prescribed medications.

Pharmaceuticals strategy

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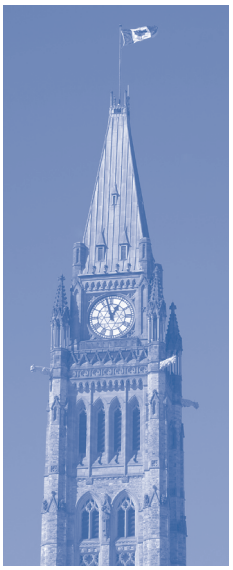
- Move towards catastrophic drug coverage.
- Introduce a common review process for cancer drugs.
- Develop a national framework to cover expensive drugs for rare conditions.
- Refine the existing common drug review process.
- Develop a "business management approach" to drug pricing.
- Ensure federal regulations don't impede non-patented drug access.
- Improve drug safety and effectiveness processes.

A national pharmaceuticals strategy was suggested two years ago in the First Ministers 2004 health accord. It called for a national pharmacare program, including catastrophic drug coverage, but provided little in terms of a suggested framework. Also unknown was whether it would replicate and/or duplicate existing pharmacare programs offered in some provinces.

This summer's activities by the provinces to further define their vision show a continuing desire for an expanded and more unified approach to drug therapies and policies. No small wonder: year after year, health-care costs consume a greater portion of provincial budgets.

Following the health ministers' NPS meeting, B.C. Health Minister George Abbott, who serves as a co-chair, said, "We want to keep moving forward toward meeting the objectives set by our First Ministers." The challenge for the provinces is getting the federal government onside to supply significant funding, which will be necessary for any part of the NPS to move from conception to reality.



One provincial health minister at the meeting suggested the provinces' support for wait-time guarantees could be influenced by whether or not Ottawa responds to requests for NPS dollars. The figure of $12 billion is often cited as the amount necessary to provide a national program containing the features noted above.

So far, the federal Conservative government has been non-committal. Federal Health Minister Tony Clement participated in the health ministers' meeting by telephone, but refrained from endorsing the health ministers' wish list.

Until Ottawa weighs in with its vision of the NPS and how much funding it will contribute, both the premiers and public alike will have to wait to judge the strategy's effectiveness at providing provinces and patients with different types of relief.

Sources: news release, provincial/territorial ministers of health meeting, July 5, 2006; *Pharmacy Gateway*, accessed July 7, 2006; *Health Edition*, July 7, 2006; *communiqué*, the Council of the Federation, July 28, 2006