

# Information Update

*Bill Leslie*

The Executive Director's report highlights the CSHP's collaborative efforts with government, patient advocacy groups, academia, industry, other associations of health-care professionals, other pharmacy organizations, and, most importantly, members. Although there may not be specific activity to report in every category in each issue, I trust that this format will be of benefit to you, our members. The information provided here reflects a selection of activities over the period October and November 1999.

## Our Members

**Pharmacy Specialty Networks (PSNs):** We are pleased to announce that Dr. Tom Chin from St. Michael's

Hospital in Toronto, Ontario, has agreed to chair the PSN Committee, which was established to assist with the implementation of this program. One of the challenges in establishing these networks is "seeding" the interaction among members in individual PSNs to begin the dialogue. Tom's committee will work with 2 or 3 specific PSNs to fine-tune the logistics of national support. In the interim, other groups are encouraged to use the listserve functionality on the Web site to interact with colleagues who have similar practice interests.



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## EXECUTIVE DIRECTOR'S REPORT

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**Member Benefits – Intangible:** We have been working with industry sponsors over the past few months to ensure that funding dollars are used to the best mutual advantage. This means that decisions on funding, and what projects to seek funding for, are being made strategically rather than on an ad hoc basis as initiatives arise. This requires more planning on our part, but will be of greater benefit to you, the members, over the long term.

In mid-November, President-Elect and External Liaison Officer Janice Munroe and I travelled to British Columbia to meet with members and potential members. We had the pleasure of visiting the Saanich Peninsula, Victoria General, and Royal Jubilee hospitals in Victoria, as well as the Lion's Gate, Children's, and Burnaby hospitals in Vancouver. The trip also included an opportunity to speak with members at the annual general meeting (AGM) of the British Columbia Branch. This is an invaluable opportunity to discuss activities and garner input at the grassroots level. We appreciate the time provided by the hospitals, members, potential members, and of course the branch officers, who were our hosts for 4 days.

**Member Benefits – Tangible:** CSHP is a service-based organization, with members as our "customers". We received a request early in the fall to consider reinstating the Career Event, which was a feature of the Professional Practice Conference (PPC) for a number of years. Invitations to participate in this event have been sent to all directors of pharmacy of hospitals with more than 50 beds. If there is sufficient participation (a minimum of 6 departments) the event will return for the 2000 PPC.

Work continues on the translation (to English) of the French *Palliative Care Handbook*, which is now in its second edition in Quebec through the APES (Association des pharmaciens des établissements de santé du Québec). This reference is highly regarded and widely used by pharmacists, physicians, and nurses. Although it had been hoped that the final English version would be available at the 2000 PPC, logistical challenges have delayed completion of the project. The costs of conversion to English are being covered by a generous grant-in-aid from Sabex.

Following a recommendation from the British Columbia Branch, a national task force has been established to address the issue of latex allergy, with respect to establishment of practice guidelines, labelling requirements for the pharmaceutical industry, and ultimately support for a latex-free environment. The task force is chaired by Cathy Allison from the Children's Hospital of Eastern Ontario in Ottawa.

## Government

**Year 2000 (Y2K) Supply Chain:** As a result of the work of the Y2K Pharmacy Supply Chain Task Force (of which CSHP is a member) a brochure has been crafted to inform members of the public who may have concerns about medication supply in January 2000. A supply of these brochures was forwarded by CSHP to all hospitals with more than 50 beds, courtesy of the task force. In addition, I have met with consultants working on behalf of Health Canada to discuss options for monitoring and contingency planning in the event of disruptions. By the time this report goes to print we will be well into the year 2000. It is the belief of those involved in the work of the task force that the "business-as-usual" approach promoted by the supply chain will have ensured a smooth transition past January 1, 2000.

**Bill C-6 – Privacy Legislation:** This legislation is formally known as the *Protection of Personal Information and Electronic Documents Act*. Although protection of personal information is an important issue, there is concern that this legislation (not originally written to cover health-care issues) will impede valid scientific research. In addition, it could, depending on its interpretation, hamper patient care by impeding valid exchange of critical patient information among health-care professionals. CSHP has been monitoring the significant work now underway through the Canadian Pharmacists Association (CPhA), in concert with a number of other health-care organizations. CSHP's Government and Health Policy Planning Committee (GHPPC) was given the task of determining how CSHP should address this significant legislation.

**Therapeutic Products Programme (TPP):** CSHP members are active participants in the TPP Adverse Drug Reaction Reporting Program, through the regional reporting centres based at specific major drug information centres. In a collaborative effort to raise awareness of this program and of the regional centres, CSHP has agreed to provide space in the PPC 2000 Exhibit Hall for TPP and the regional centres.

## Academia

**Entry-Level PharmD:** Dialogue on this contentious topic continues. In addition to sending a letter to the universities requesting the opportunity to discuss this initiative before its implementation, CSHP has established a task force to research the issues related to an entry-level PharmD program. Doug



Doucette from Alberta is chairing the task force, which has been asked to develop a position paper for consideration by CSHP Council. During the members' dialogue segment of the British Columbia Branch AGM in Vancouver, we had a lively discussion on this topic with representatives of the Faculty of Pharmaceutical Sciences, University of British Columbia.

## Patient Advocacy Groups

**Drug Review Process Subcommittee of the Science Advisory Board:** In the December issue of *CJHP* I reported on CSHP's participation in the HIV/AIDS Working Group workshop on drug review, alluding to the work of the Science Advisory Board (an advisory panel appointed by and reporting to the Minister of Health). I represented CSHP at an invitation-al meeting in November to provide input to the final report of the subcommittee. The work of this group closely mirrors that of the HIV/AIDS Working Group.

The GHPPC, chaired by Larry Legare (Medicine Hat Regional Hospital, Medicine Hat, Alberta), coordinated CSHP's response to the request for endorsement of the recommendations of the HIV/AIDS Working Group. CSHP expressed support in principle for the recommendations. Both of these processes have led to recommendations that complement other reviews (for example, the Gagnon Report) calling for enhancements to Canada's drug review process. These recommendations include providing sufficient resources to allow TPP to carry out its mandate.

## Pharmacy Organizations

**Canadian Pharmacists Association:** President-Elect and External Liaison Officer Janice Munroe and I participated in the annual CPhA-hosted stakeholders' conference call. Topics discussed included staff shortages, pharmacy technician certification and use of technicians, the entry-level PharmD, Bill C-6, direct-to-consumer advertising, the Canadian Nurses Association draft paper on prescriptive authority for controlled drugs, and Y2K supply chain issues. CSHP provided an update on the Society's work on pharmacist prescriptive authority, the Medication Error Reporting Task Force, and the major review of CSHP's Standards of Practice that is now underway.

Work also continues with CPhA on continuity of care ("seamless care"). The core task force, cochaired by Dr Robin Ensom (St. Paul's Hospital, Vancouver, British Columbia) and Nancy Roberts (Southeast Healthcare Corporation, Moncton, New Brunswick) met in November by conference call to discuss the next steps. Janet Cooper represents CPhA on the task force. One of the issues discussed was the desire for more participation on the task force by community pharmacists and the possibility that the task force could become a formal

joint initiative of the 2 organizations.

Planning is also in progress for the 2000 National Pharmacy Forum, cohosted by CPhA and CSHP. This event seldom reaches the level of direct member participation, but it is an important meeting for the profession. The event takes place immediately before the CPhA AGM, to take advantage of the fact that top staff and volunteer pharmacy leaders (at both the national and provincial levels) are present in one location. The Forum provides an opportunity to debate issues of current concern to the profession. Topics addressed in the past have included managed care, seamless care, pharmacist prescriptive authority, privacy issues, and entry-level PharmD. All of these issues are topical and some have led to initiatives that are of major benefit to members of both organizations.

## Industry

CSHP and its members have a healthy relationship with the pharmaceutical industry. It is in the interest of both groups to interact positively while recognizing the perspectives of each of the partners in this exchange. A recent example is a request from an industry-led group that has established CANVAC, the Canadian Network for Vaccines and Immunotherapeutics of Cancer and Chronic Viral Diseases. The intent is to establish a network of national centres of excellence to facilitate exchange of knowledge and intellectual property originating from research initiatives in cancer, hepatitis C, and HIV infection. CSHP, among other national groups, was asked to provide support in principle for this initiative as the not-for-profit network seeks federal funding to initiate the collaboration.

## A Variety of Partnerships

Other recent activities of note include appointment of Rosemary Bacovsky to represent CSHP on a Canadian Standards Association (CSA) working group reviewing the CSA standards for waste handling in health-care facilities; participation by Past-President and Vision Liaison Officer Kelly Babcock and myself in the annual National Health Organizations Reception, sponsored by the Canadian Nurses Association; and a list too long to detail of contacts with, and responses to requests for information from, practitioners in Canada, the United States, Bermuda, Australia, and the Netherlands!

***If you would like more information about these or other issues, please contact the national office or your branch delegate.***

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