### alberta college of **pharmacists**



# acpnews

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safe effective responsible pharmacist practice

### A fond farewell to Mery Blair

If it hadn't been for a car accident, Merv Blair may never have been ACP's Complaints Director—or a pharmacist for that matter! While going to sign his R.C.M.P. enrolment papers, Merv was involved in a serious auto accident. His interest in police work stayed, but those papers never did get signed. Instead, during his recovery, a series of events led Merv to pursue pharmacy. As Merv prepared for his retirement on April 30, 2008, he took a few moments to look back over his career.



After completing the first two years of his degree in Saskatchewan, Merv moved to Alberta and graduated from the UofA in 1972. He then went on

to work as a community pharmacist in Stettler, Oyen and Wetaskiwin. In 1982, Merv switched to hospital life, serving as Director of Hospital Pharmacy at the Wetaskiwin Hospital & Care Centre. It was during this time that he pursued his dream of police work. Merv trained to be an auxiliary constable and served with the Wetaskiwin R.C.M.P. detachment in that role for 17 years. During that time, he logged almost 4000 volunteer hours. Little did he know that those hours would serve as valuable training for another step in his career.

In '88, Merv bought the Rimbey I.D.A. pharmacy. While there, he heard about an opportunity with the Alberta Pharmaceutical Association (now ACP) and decided to apply. Merv's experiences in pharmacy and investigative work made him the candidate of choice and on Nov. 1, 1990, he began in his new role. As

Auditor/Inspector, he was responsible for inspecting pharmacies and resolving complaints in Northern Alberta. His territory extended from Wetaskiwin to the province's east and west borders and north to the NWT. That area had approximately 325 pharmacies and 1100 pharmacists then.

"Times have certainly changed," observes Merv. "Now Alberta has almost 1000 pharmacies and 4000 pharmacists. As the numbers changed, so did my role." The college realized it needed separate individuals for complaints resolution and pharmacy assessment to keep up with the growth. This led to the creation of the Complaints Director position which Merv held from 1999 to 2008, with a brief interlude as Deputy Registrar from 2002 to '04.

In his 18 years with the college, Merv has created a complaints resolution atmosphere where people feel they are heard and treated fairly. His work with pharmacists, the public, and legal counsel has been a fine blend of attention to detail, understanding of the larger issues, and concern for the process and the people it involves.

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#### acpnews

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Karen Mills, Communications Leader karen.mills@pharmacists.ab.ca

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Councillors and our public members can be reached by email via our website at pharmacists.ab.ca under *About ACP/ Council,* or by using the search feature to locate them by name.

#### **Staff Directory**

All staff are available at (780) 990-0321 or 1-877-227-3838 or by fax at (780) 990-0328.

Their email addresses are available on our website at pharmacists.ab.ca under *Contact Us*.

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Registry Leader: Linda Hagen
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alberta college of



Letter from the president

### Town hall talk



I extend my thanks to the 125 pharmacists who participated in our recent town hall meetings: sharing achievements, challenges, and new opportunities experienced over the past year. The interactive group format was well received, providing an opportunity for me and Registrar Greg Eberhart to benefit from the perspectives that registrants shared.

It was apparent that opportunities to apply the new practice framework were similar across the province; however, that relative success was somewhat community dependent. The importance of relationships with patients, team members, and other health professionals was cited as the most significant success factor. Meeting participants identified pharmacist human resource needs and practice development as the most important enablers to their future effectiveness in appropriate medication management for their patients.

I was encouraged to learn about the different approaches that individual pharmacists have taken to build relationships and educate others about new services that they are providing.

- One success story demonstrated the importance of the whole pharmacy team working together towards a common vision. Through total team commitment, their patients have been trained to expect a "patient care" service, rather than a "drug distribution" service. No longer do their patients demand immediate processing of their prescriptions, but rather they await advice about their health and how to use their medications.
- In another instance, a registrant shared that greater progress had been made in educating physician colleagues through social opportunities, as compared to professional interaction. The pharmacist observed that physicians didn't seem to have time during

- practice hours to fully listen and understand the solutions that the pharmacist was proposing.
- Another member shared that their team had regularly scheduled meetings with physician colleagues to discuss how they would be incorporating prescribing into their practices. With each meeting, more progressive services were introduced. This minimized the potential for unnecessary speculation from physician colleagues, and allowed the pharmacist team to demonstrate progressive successes between each meeting.

Each of these success stories demonstrates the importance of clear and consistent communication as we undertake change. In all cases, change was progressively accepted over time as understanding and trust grew through consistent experiences and good communication.

I extend special thanks to our new registrants and pharmacy students who contributed to our meetings. It is apparent that they have a passion for our profession, innovative ideas, and a wealth of knowledge. It is important that we welcome their enthusiasm and ideas into our practices and learn from them as we mentor them.

Not unexpectedly, some caution and apprehension about change was found in all communities. In some, the culture of competition amongst pharmacists appeared an impediment to mutual

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## Registration renewal reminders

*President's message* continued from page 2 support for one and other. This is an important risk to overcome, as we can be more successful by working together.

The past year has been an inspiring start toward a promising future. Patients have welcomed new services from pharmacists, and want more. Your efforts have made fellow health professionals more understanding and appreciative about the solutions that you can provide. Our future is truly one of opportunity and possibility; it is your passion that will determine your success.

With optimism,

Dianne Donnan, President

Farewell to Mero Blair continued from page 1

"I've really enjoyed the people. I'm a real people person. I've met wonderful pharmacists. I've worked with great staff at the college. I'm a real social butterfly. I enjoy the interaction."

And about that R.C.M.P. career that could have been? "I don't have any regrets. I'm grateful for my destiny and the opportunities I have had. "

We thank Merv for his many contributions, his dedicated service, and wish him all the best in his new adventures.

Thank you Merv!

Registration renewal packages were mailed mid-April. Be sure to contact our office if you have not received your package.

The renewal deadline for pharmacists is June 1, 2008. Your registration still expires on June 30, but the college must receive your completed renewal form and payment or online renewal by June 1.

Pharmacists who do not renew before July 1 will be immediately suspended and will be assessed \$247.80 reinstatement fee (\$236.00 + \$11.80 GST) in addition to their annual permit renewal fees.

#### **Renew online and WIN!**

Not only can you save time and postage, one lucky registrant who renews online before June 1, 2008 will win the equivalent of his or her 2008/09 renewal fee. Your name will be entered automatically when you renew online, even if your payment is submitted by cheque. Don't forget that you can also update your registration profile and maintain your Continuing Professional Development Log online.

You must declare proof of professional liability insurance on your renewal. All pharmacists registered on the clinical register are required to hold at least **two million dollars of professional liability insurance**. This insurance may be either claims-made or occurrence-based in nature and must be a personal malpractice policy issued in your name.

#### Other renewal options

For other renewal options and information, please refer to your renewal form and package or the online 2008/2009 Registration Renewal Guide (http://pharmacists.ab.ca/Downloads/documentloader.ashx?id=4860).

If you can not find the answer to your questions there, please contact Linda Hagen, Cheryl Shea, or Toni Bos by telephone at (780) 990-0321 or 1-877-227-3838, or by email at linda.hagen@pharmacists.ab.ca, cheryl.shea@pharmacists.ab.ca or toni.bos@pharmacists.ab.ca.



# Attention licensees and proprietors!

Pharmacy renewal forms must be received by ACP on or before June 16, 2008. However, if your pharmacy is paying the renewal fees for your employees as well as for your pharmacy, remember that the renewal forms for your pharmacists must reach our office on or **before June 1**.

### The CPD Plan is now online!

The CPD cycle consists of four main tasks: performing a self-assessment, creating a learning plan, undertaking learning activities, and evaluating the entire process. Now you can document all four steps of the CPD cycle online.

Your online Continuing Professional Development (CPD) Plan is absolutely confidential. It is hosted on the website of ProTraining.com. The college cannot access any individually-identifying information you document in your Plan. However, the college will have access to aggregate information that we may share with external stakeholders. For example, we are able to get information about the most commonly identified areas for learning plans, which we could then share with continuing education providers such as the UofA's Continuing

Pharmacy Education and the Alberta Pharmacists' Association (RxA).

#### To access the online CPD Plan:

- Go to http://acp.proexams.com and enter your ACP username and password (this is the same username and password you use for the ACP website Registrants Only sections).
- Once you have logged in, you will see the message Authenticated – Click here to continue. Click this button to go to the ProExams home page.

- Now click Continuing Professional Development Plan and you will go to the Continuing Professional Development Plan Landing Page.
- From this page, you can navigate to the individual sections of the CPD Plan using the graphic or the text links.

#### **Questions?**

If you have any questions about the online CPD Plan, please contact the college by email at competenceinfo@pharmacists.ab.ca or phone 780-990-0321 or toll-free 1-877-227-3838.

If you have technical questions, please click *Support* within the online CPD Plan to access the online Help system.





## CPD log preparation for registration renewal

As you prepare your continuing professional development (CPD) log for registration renewal, keep in mind the following:

- You should only claim participation in accredited programs after you have received the certificate of course completion or course participation.
- It is your responsibility to ensure that a program you are claiming for accredited CEUs has been properly accredited. You may claim continuing pharmacy education as accredited learning if it has been accredited by ACP, CCCEP, ACPE, or another provincial pharmacy organization.
  - Be sure to quote the accreditation file number. Problems verifying a course's accreditation status can lead to delays in processing your registration renewal.
  - You may not claim continuing medical education as accredited

- learning unless it has been accredited by a pharmacy accrediting body.
- Please check the course expiry date.
   You may not claim accredited CEUs for participation in programs after the accreditation expiry date.
- Only claim the learning activities that you are willing and able to support with proper documentation if you are selected for an audit of your learning portfolio.
- You must complete a Nonaccredited Learning Record form for all non-accredited learning activities claimed on your CPD log. You can find this form in your Continuing Professional Development Plan that was mailed to you last September, or on ACP's website at http://pharmacists.ab.ca/ continuing\_competency/learning portfolio.aspx.
- **Do not submit** supporting documentation, e.g., course certificates, to the college at renewal time. You only need to submit these

- if you are selected for an audit of your learning portfolio.
- Please make a copy of your CPD log for your records. You will need this if you are selected for audit.
- **New registrants** who first registered with ACP after June 30, 2007 do not have to submit any CEUs between the date of initial registration and June 30, 2008.

## Competence Program Rules updated

On April 9, 2008 Council approved revisions to the program rules. While the intent of the program rules has not been changed, the format and the wording have. You can find the latest version of the competence program rules on ACP's website at http://pharmacists.ab.ca/continuing\_competency/default.aspx.

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#### Council News

# More on infection prevention and control (IPC)

Further to the article "Infectious disease controls" in the last acpnews, here is some more information about pharmacists' role in infection prevention and control (IPC). The Provincial Review of Infection Prevention and Control report states, "IPC education and training for health-care workers, volunteers and patients is a critical component of effective IPC programs. Health-care workers must develop and maintain competencies in current infection prevention and control practices."

#### What can you do?

### Limit your practice to your area(s) of personal competence

What are the competencies involved in IPC? Check out Infection Prevention and Control Core Competencies for Health Care Workers: A Consensus Document at http://www.chica.org/pdf/corecomp final.pdf. You will see that the competencies in this consensus document are included in the Competency Profile for Alberta Pharmacists, although not in a specific competency area titled Infection Prevention and Control. Note that the list of competencies included in the consensus document are those that reached consensus with individual and groups of infection control professionals; there are additional competencies relevant specifically to pharmacy practice such as sterile product preparation that are not specified in this document. You can refer to the Competency Profile for Alberta Pharmacists (http://pharmacists.ab.ca/continuing\_ competency/competencyprofile.aspx) for specific competencies.

## Get training or upgrading in sterile product preparation if needed

Ask a continuing education provider to develop and provide continuing education on sterile product preparation and other aspects of IPC. Sources of training might be your employer or a professional organization such as RxA or CSHP.

■ CSHP has a series entitled *Pharmacy Procedures for Sterile Product Preparation* that includes videos and user guides. You can find more information at http://www.cshp.ca/productsservices/index\_e.asp.

## Implement IPC practices in your pharmacy

The following suggestions come from Infection Prevention and Control Best Practices for Long Term Care, Home and Community Care including Health Care Offices and Ambulatory Clinics (June, 2007) and might be modified for your practice:

- alcohol-based hand cleaner at reception with signage
- tissue boxes available
- garbage cans available
- patient segregation area
- personal protective equipment (PPE) available
- patient masks
- staff fluid resistant masks
- staff gloves
- reception staff can maintain 1 metre distance with patients

You can find the full document at http://www.ccar-ccra.com/english/pdfs/IPC-BestPractices-June2007.pdf

### Council highlights

ACP Council met on April 9, 2008. Highlights of their decisions follow:

#### **Appointments**

- Merv Bashforth (Hinton), councilor
   District 4, to President Elect
- Donna Galvin (Calgary), councilor
   District 5, to Vice President

These positions are for the 2008/09 council term and will commence May 25, 2008.

 Roberta Stasyk as ACP's board member to the Canadian Council on Continuing Education for Pharmacists (CCCEP)

## Policy on professional liability requirements amended

Council amended its policy on professional liability requirements for registration and annual permit renewal. The policy now applies to both individuals registered on the clinical register, and those registered on the courtesy register who practice as locums.

#### **Resolution guidelines amended**

Council is responsible for the strategic direction and policies of ACP. Therefore, as recommended by the resolutions committee, council amended its guidelines for resolutions. In the future, only resolutions that address strategic issues or policies consistent with the college's mandate and strategic direction will be accepted for discussion at ACP's Annual General Meeting.

## Review of strategic direction and priorities begun

Council is reviewing its strategic direction and priorities. The needs of patients, the health system, and consequentially pharmacists are changing rapidly; as are government and public expectations of ACP and other self-governing colleges. The college's vision, values, and strategic objectives will be validated and/or amended to

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#### Transition Times

Council Highlights continued from page 5

ensure ACP's leadership in this changing environment. The six dimensions of the Health Quality Matrix adopted by the Health Quality Council of Alberta will serve as a framework for these discussions. Strategic priorities will be those that can best ensure "safe, effective, responsible pharmacist practice" in an environment where pharmacists must take greater responsibility for identifying drugrelated problems and acting upon them.

#### Mail order considered

The effective date for sections of the *Pharmacy and Drug Act* relating to mail order pharmacies was deferred by cabinet last fall. ACP Council is now developing a new policy framework. Draft standards for the distance delivery of drugs and pharmacists' services were last addressed in 2002; these will be an important reference in the development of the framework.

## Annual report on the web



ACP's 2007/08 annual report is now on our website at pharmacists.ab.ca. Go to *About ACP*, then choose *Annual Report*. The report highlights the

college's steps to support and advance pharmacist practice over the past year. You'll also find interviews with the APEX award recipients, profiles of other pharmacists who have made changes to their practices and the college's audited financial statements.

If you would like a hard copy of the report, please call Maria Lee at the college office at (780) 990-0321 or 877-227-3838 or contact her by email at maria.lee@pharmacists.ab.ca.

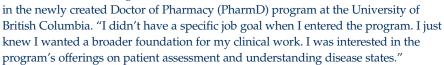
This month, we feature the fourth in the series profiling the first 15 pharmacists to earn additional prescribing authorization.

### Dr. Renette Bertholet

Consultant, Bertholet Pharmacy Consulting Ltd.

"I just felt like I needed something more: more for my work and for my own satisfaction." That feeling has driven Renette to accomplish many things in her 25 years in pharmacy.

After graduation, she became the first pharmacist resident at the Red Deer Regional Hospital. Ten years later, after community and hospital practices in Alberta and Saskatchewan, that desire for something more led her to enroll



Renette used her new foundation as a clinical coordinator in B.C. and Alberta, and then decided to open her own consultancy in 2000. Much of her work now involves doing medication reviews with seniors through the Red Deer Primary Care Network. It was in this role that she once again felt she wanted more. That something more came in the form of additional prescribing authorization. Renette successfully completed the Alberta College of Pharmacist's pilot project this winter. This makes her one of the first 15 pharmacists in Alberta (and all of Canada) to have this authorization.

"Being involved with medication management and direct patient care, it was a good fit. I have the lab work, I do the medication review, I know the patients. It makes sense that I can finish the process. Prescribing will allow me to provide more convenient, seamless care for patients."

Knowing all that, Renette stepped up and applied for the pilot. "The process wasn't hard, but it takes time to go through everything. I had participated in ACP's self-assessment pilot, so that really helped. I had already looked at my competencies and my practice and knew where I wanted to go." Renette was also reminded that it's easy to get caught up in the busy-ness of day-to-day activities. It's not often that that pharmacists step back to look at the "big picture" aspects of their careers. The application process served as a helpful tool to take in that wider view.

While Renette didn't find the application process too daunting, she did approach prescribing from a unique standpoint. "As a consultant with the PCN, I don't dispense. I don't work in a pharmacy. This means I don't have the opportunity to prescribe by adapting a prescription, because I never have the original prescription. Having additional prescribing authorization will be my only way to make the changes I need for my patients."

"I'm excited to be part of the change and to get to work in this new collaborative environment. I love my job and I'm really excited about where pharmacy is going. I can't wait to see where we'll be a year from now, or three years from now."



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## Technicians: registration vs. regulation

Registration merely signals that the technician has completed a training program that meets the criteria approved by council. ACP began registering pharmacy technicians in Dec. 2007. To date, over 700 pharmacy technicians have registered with ACP.

As technicians are not yet *regulated* health professionals, ACP cannot require registration. Some employers have chosen to require staff members to register if they qualify to do so.

Being *registered* is different from being a regulated health professional under the *Health Professions Act* (HPA). Therefore, pharmacists, who are regulated under the HPA, must retain responsibility for all restricted activities.\*

Council passed a motion in Sept. 2006 supporting the *regulation* of pharmacy technicians. A Pharmacy Technician Regulation Working Group was appointed and submitted their report to the registrar in March 2008. At their April 2008 meeting, Council reviewed the policy recommendations of the working

group and set a goal of regulating pharmacy technicians within ACP by 2010 or as soon after as possible.

ACP will continue to work with national partners such as the Pharmacy Examining Board of Canada (PEBC) and the Canadian Council for the Accreditation of Pharmacy Programs (CCAPP). We will also consult with pharmacists and pharmacy technicians regarding the policy framework proposed by the working group. Finally, we will begin discussion with government regarding the legislative changes that are required for technicians to be regulated.

\* Section 23 of the *Pharmacists' Profession* Regulation and Standards 20 and 21 of the Standards for *Pharmacist Practice* outline requirements of pharmacists who supervise pharmacy technicians and other non-pharmacist personnel when performing restricted activities.

#### National initiatives

CCAPP has created accreditation criteria for a technician training program and has begun to conduct site visits for the purpose of accreditation.

The PEBC national technician qualifying exam, which will include a multiple choice exam and a practical portion, is expected to begin in 2010.

## From the faculty...

The students and Faculty are the beneficiaries of the following new awards:

- The Larry Pratt Family Bursary for a pharmacy student in second, third, or fourth year with demonstrated financial need and contributions made to student life in the Faculty.
- The Class of 1957 Bursary for a thirdyear student with demonstrated financial need.
- The Shirley Heschuk Scholarship for the student with the highest academic standing in Pharmacy 327 "Nutrition."
- Alberta Pharmacists' Association Bursary awarding \$1000 annually to a second, third, or fourth year pharmacy student with demonstrated financial need.

■ Phillip Cash Gold Undergraduate Scholarships which provides \$2000 each to the top academic student completing their first and second year of pharmacy.

We appreciate the generosity of everyone who has decided to support the education of future pharmacist by giving back.

**Dr. Scott Simpson** has two reasons to celebrate. He was nominated by the graduating Class of 2008 for the **Bristol Myers Teacher of Excellence Award** plus he has been granted tenure by the University.

**Ms. Stephanie Morton** (Adamic) will be leaving the Faculty to pursue other professional activities. Stephanie contributed greatly to the clinical aspect of the curriculum for the past 10 years.

Ms. Sheila Kelcher will be retiring from full-time employment at the Faculty at the end of June. After 25 years of commitment to the Faculty, the profession and the healthcare community, Sheila has decided to spend more time on personal endeavours. Sheila's retirement celebration will be held Thurs., June 26 at the UofA Faculty Club. Please mark the date on your calendar.



#### **▶ REMINDER:**

**Dean's Tournament of Golf** June 3 at Blackhawk. Registration and sponsorship information at www.pharmacy.ualberta.ca; click on *Upcoming Events*.

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# Introducing Medical Laboratory Technologists (MLTs)

Health care is moving toward a more collaborative model. When working in teams, it is always helpful to understand the background of team members. In that spirit, we are presenting an overview of an often overlooked role: medical laboratory technologist.

MLTs have trained at either a technical school or university, in one of several disciplines, including chemistry, hematology, transfusion medicine, microbiology, virology, histology, diagnostic cytology, and clinical genetics. These individuals have also met the criteria required for registration with the Alberta College of Medical Laboratory Technologists (College). Only registered members of the College can call themselves Medical Laboratory Technologists (MLTs).

## MLTs and MLAs process patient samples

MLTs working with Medical Laboratory Assistants (MLAs) are the health professionals responsible and accountable for the performance, accuracy and reliability of medical laboratory tests. MLTs perform thousands of sophisticated medical tests on blood, body fluids, cells, tissues, and other body substances. These individuals process, analyze, and report on what the specimens contain.

## MLTs working in conjunction with other health professionals:

MLTs and MLAs work within the health care system, in partnership with other health care professionals. Individual MLTs, as professionals regulated under the *Health Professions Act* (HPA), are accountable to the College (and

ultimately the public) for maintaining minimum competence and practice standards.

MLAs are not currently a recognized profession nor are they regulated by any College under the HPA. There are no legislated provisions ensuring minimum training, competence or practice standards for MLAs. The College (ACMLT) is seeking recognition of and regulation for MLAs.

Laboratory professionals work collaboratively with allied health care professionals in identifying:

- Pre-analytical requirements for specimen collection (patient preparation, etc.)
- Sample labeling requirements (minimum standards)
- Sample storage and transportation requirements (minimum standards and special considerations)
- Difficult collection circumstances and the need for collaborative support/intervention
- Critical results reporting for immediate attention and action by direct care providers (e.g., medical or nursing professionals)
- The importance of quality management functions (e.g., point of care testing equipment calibration, and quality control)



Christopher Folajimi
Akinnuoye passed away
unexpectedly on Dec. 12, 2007. He
was only 33 years old. Chris
graduated with his B.Sc. Pharm
from the UofA in 2001. He was an
intelligent, hard-working,
articulate man who showed
compassion to all whom he
encountered. He will be greatly
missed by his family and friends.

\*\* Allison Broenink (nee Hill) passed away quietly after a courageous fight against cancer on Feb. 17 at the age of 49 years. Allison held a Bachelor of Science from the UofA ('79) and a B.S.P. (Pharmacy) from the University of Saskatchewan ('83). Dedicated to the care and well-being of her patients, Allison practiced at various Canada Safeway pharmacies in Edmonton and the surrounding area, as well as a number of Calgary Co-op pharmacies. Allison is survived by her loving husband Rick and will be very much missed by him, her two children, and numerous other relatives and friends.

way suddenly on Feb. 6, 2008 at the age of 68. A graduate of the UofA's B.Sc. Pharm program ('63), Barbara worked at Smordin's Health & Homecare Pharmacy, Value Drug Mart, and was most recently the manager of Rexall Long Term Care Pharmacy (#7252). Barbara will be very much missed by her family, many friends, and colleagues. Her warmth, generosity and dedication will be remembered.

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Quality Pharmacist Practice

Herschel Fawcett passed away suddenly at the age of 82 on Feb. 12, 2008. After graduating with a Pharmacy degree from the UofA in '51, Herschel worked in various sectors of the pharmacy profession during his career, including the Foothills Hospital Inpatient Pharmacy in Calgary, the Oilfields General Hospital in Black Diamond, and most recently, Simons Valley Drug Mart in Calgary. An active member in his community, Herschel will be missed by family and friends throughout Canada, the U.S.A, and Ireland.

passed away on Dec. 9, 2007 at the age of 80 years. Vern was born in Melfort, Sask. He graduated from the College of Pharmacy in Saskatoon in 1949. He operated his own pharmacy in Melfort for 25 years, and then owned a Radio Shack until 1980. He returned to pharmacy work for Boylan Drugs in Medicine Hat for five years and part-time for Woolworth Pharmacy for four years. He will be very much missed by his wife Beth, his family and friends.

Bertram "Harper" Thornton of Calgary passed away at his home on Jan. 31, 2008 at the age of 88. Born in Manor, Sask., Harper graduated from the UofA's pharmacy program in 1949. He spent his professional career in Calgary as the owner of Harper's Drugs and was later the Head of Pharmacy at the Rockyview General Hospital. Harper is lovingly remembered by Jeannie, his wife of 63 years, and many family and friends. His sense of humour and the twinkle in his eye will be missed by all who were fortunate enough to know him.

## Collecting personal health numbers

ACP continues to receive calls from Albertans concerned about pharmacists collecting their personal health numbers. The concern is typically about the privacy of their personal health information, in particular, whether it should be required to be downloaded/disclosed to the electronic health record (EHR).

## Why are pharmacists required to collect personal health numbers?

The PHN is important as a unique identifier to help ensure that an individual's health information is recorded on the correct patient record. ACP's new standards of practice require pharmacists to collect individuals' PHNs as part of the demographic information important to each patient record (see Standard 18.4 and Appendix A of the *Standards for Pharmacist Practice*). PHN collection is for uniquely identifying the individual at the pharmacy and, potentially, for integrating elements of pharmacy records with the EHR.

## What do you say to a reluctant patient?

If an individual is apprehensive about providing their PHN, explain:

- the importance of this number in uniquely identifying their record within the pharmacy and the health system;
- how important it is for you, as a member of their health team, to have this number to ensure that their drug therapy information is entered only on their record;
- the importance of having their drug therapy information accessible to other healthcare professionals, through their EHR, if they become ill and cannot speak (e.g., stroke or unconscious from an auto accident); and
- that collecting their PHN is one more step you are taking to keep them safe.



## What if a patient refuses to provide their PHN?

If the individual refuses to provide their PHN, despite your explanation, **do not refuse professional services**. Proceed to provide the services as you normally would, and do your best to ensure that their drug therapy information is entered on the correct record.

#### **Further information and support**

- Patient Information Collection Poster download from ACP's website (http://pharmacists.ab.ca/document \_library/Patient\_info\_poster.pdf)
- Alberta Health and Wellness call the help desk at toll free 310-0000 or (780) 427-8089 to obtain more information about the electronic health record, collection of personal health numbers, etc.

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## New TPP forms now in circulation

In the Mar./Apr. issue of acpnews, we reported on new TPP forms that would feature, among other security measures, thermochromic ink that temporarily disappears when heated.

These forms went into circulation in early March. Since then, TPP has received calls from pharmacists who tried to make the blue ink 'disappear' temporarily, but saw no change on their forms. TPP informed the pharmacists:

- it is the blue band across the top of the prescription form that will get lighter or disappear temporarily if warmed sufficiently.
- initial descriptions of the thermochromic ink may have implied that the image disappears more easily than is the case. The ink in the blue area at the top of the prescription form will get lighter or disappear briefly, if warmed sufficiently.

If you have any concerns or questions about the new forms, please contact the Triplicate Prescription Program at (780) 423-4764, toll free at 1-800-561-3899, by email at cweppler@cpsa.ab.ca or visit www.cpsa.ab.ca/collegeprograms/tpp\_resources.asp.

# Health Canada advisories, ACP emails no longer in acpnews

Pharmacists have told us that listing the Health Canada advisories and ACP emails in acpnews is not useful, since the time that elapses between the original email and newsletter delivery often means the messages are no longer of interest. In response to this feedback, we have chosen to longer "recap" Health Canada advisories or ACP emails and faxes in the acpnews. We will continue to email both advisories and relevant messages to you and post the content on our website.

# Schedule 2 Drugs – Documenting and Uploading to NETCARE



Standard 18.2(b) of the *Standards for Pharmacist Practice* requires pharmacists to record sales of Schedule 2 drugs in the patient's record. Appendix A of the standards further specifies that Schedule 2 drugs sold must be entered on the *drug profile section of the patient record*, the same portion of the record in which Schedule 1 drugs dispensed are recorded. In Dec. 2007, council passed a policy that both Schedule 1 drugs dispensed and Schedule 2 drugs sold must be disclosed and transmitted to the Electronic Health Record (see Nov./Dec. 2007 acpnews).

The Safety and Usability Panel, a subcommittee of the Pharmacy Information Network (PIN), has agreed that the capture and recording of all Schedule 2 sales is important to safety and quality patient care. However, ACP and Netcare have found that:

some pharmacy vendor software is not appropriately designed to capture the sale of Schedule 2 drugs in the drug profile section of the patient record, and that this may present an impediment to uploading the required data; and,  upgrades are required within PIN to ensure the accurate capture and display of Schedule 2 drug sales.

Both ACP and Netcare will be communicating with software vendors about these requirements, and any new specifications that are required. New technical solutions will:

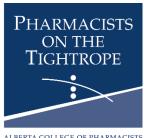
- differentiate the sale of Schedule 2 drugs from the dispensing of Schedule 1 drugs;
- identify the authorizing pharmacist and the pharmacy from which the Schedule 2 drug was sold; and,
- codify Schedule 2 drugs so that they are differentiated from Schedule 1 drugs when viewed on the patient record.

It is expected that it will take 6-12 months to deploy new technical solutions.

In the interim, pharmacists are requested to record all Schedule 2 drug sales in the drug profile section of the patient record, *whenever possible*. This should be the same section of the record in which Schedule 1 drugs are recorded.

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ALBERTA COLLEGE OF PHARMACISTS ALBERTA PHARMACISTS' ASSOCIATION 2008 JOINT CONFERENCE May 23-24 / The Westin Edmonton

# Looking for inspiration?

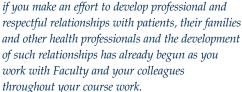
Remember the enthusiasm of your student years? Recall the passions that convinced you to pursue pharmacy? Do you need to re-kindle that fire? Well, you can! Attend the Pharmacists on the Tightrope conference. And...

To help you get back to your enthusiastic student roots, we're sharing the following. These are excerpts from the speech that Stan Dyjur, Alberta Pharmacy Student Association President, gave at this year's White Coat Ceremony. Definitely food for thought, no matter how long you've been in practice.

"In our letters of intent, which we all wrote with Pulitzer-Prize winning grammar to get into pharmacy school, we all probably cited a wide number of reasons on why we wanted to be pharmacists. I think that everyone ultimately made the decision because we all want to help people. By accepting your white coat this evening, you are joining a community of professionals who share the same commitment to improving the health of others.

"Pharmacists have often been cited as being one of the most trusted professions, right up there with priests. Now, you will still be able to get married and have children after accepting your white coat this evening; just know that you will be accepting a great responsibility with this white coat. You will be accepting a new standard of not only study but also in conducting yourselves.

"Becoming a professional doesn't automatically happen after your fourth year of pharmacy. Over the next years of your journey, you will learn to assume responsibility and accountability for the therapeutic outcomes and safety of your patient's drug therapy and you will take on the mantle of caring not only FOR your patients but ABOUT your patients. All of this will be accomplished only



"Life is full of first times and as we continue on our journey to becoming healthcare professionals, we will face a number of other first times. We are very fortunate, as we are entering a profession which is also in the midst of several first time experiences. It is an exciting time to be studying and practising pharmacy in Alberta. So remember tonight as the first day of your life-long journey as a

pharmacist and as a health professional."



The province's first four APEX Award winners are all individuals who have chosen to step above the expected. They are role models and continuously demonstrate the powers of dedication, persistence, and passion.

Here are short descriptions of each of the recipients. To read the full interviews with these leaders and others who have been highlighted with ACP's annual report, please go to our website at pharmacists.ab.ca. Click on *About ACP*, then on *Annual Reports* and choose *APEX Awards Feature*.

Watch for the videos with these award recipients which will be premiered at the inaugural APEX Awards ceremony on May 23, then placed on our website for your enjoyment.

## M.J. Huston Pharmacist of the Year Dr. Glen Pearson

Associate Professor of Medicine; Co-Director, Cardiac Transplant Clinic; Deputy Medical Director/ Director of Research, Cardiovascular Risk Reduction Clinic Walter Mackenzie Health Sciences Centre, Edmonton



Glen has demonstrated excellence through his education, innovative practice, vital research, and exemplary mentorship.

Glen graduated cum laude with his Doctor of Pharmacy (PharmD)

degree in 1991. He draws on this foundation to advance pharmacist practice in the fields of cardiology and transplantation. Whether in the clinic or the classroom, Glen values opportunities to positively impact people's lives and to both educate and learn from them.

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Award winners continued from page 11

#### Wyeth Consumer Healthcare Bowl of Hygeia

### **Bob Sprague**

Owner, Sprague Drug Inc., Calgary



The Wyeth Consumer Healthcare Bowl of Hygeia is awarded to a pharmacist who has compiled an outstanding record of community

service. Bob's passion for people and his love of learning are the common threads running through his many activities. His volunteer work feeds both. His "can do" attitude has made Bob an asset as a volunteer with organizations such as the 1988 Winter Olympics, the Calgary Exhibition and Stampede, the Calgary Chamber of Commerce, the Young Entrepreneurs Organization International, Central United Church, the Junior Achievement Venture Program, and the Alberta Retail Advisory Board.

## W.L. Boddy Pharmacy of the Year Vic's Super Drugs

Kevin Hill, Owner/Manager, Edmonton



Vic's Super Drugs is a community pharmacy in Edmonton that serves a diverse customer base. Originally opened in the '50s by Vic Harrison

(hence the name), pharmacist Kevin Hill bought the pharmacy in 2002. From 2002 until very recently, Kevin was Vic's Super Drugs. He operated the pharmacy and did home deliveries before and after store hours. He also introduced new technology to improve efficiency and record management. As manager, he has solidified the pharmacy's reputation for exceptional service and patient care. No matter the changes in store space or technology, the bottom line at Vic's remains the same: it's all about the people.

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## Friend of Pharmacy Dr. Peter Hamilton

Associate Professor, Division of General Internal Medicine University of Alberta Hospital, Edmonton



The Friend of Pharmacy award is presented to a non-pharmacist who has provided distinguished service to the profession of pharmacy.

Looking over Dr. Hamilton's work as a patient advocate, collaborator, teacher, and role model, it becomes obvious that not only is he a Friend of Pharmacy, but a friend of students, patients, and peers.

As one of his nominators explains, "Peter makes a point to routinely include students of all healthcare backgrounds on a day-to-day basis in his clinical practice and deliver education that is second to none! In doing so, he has enabled pharmacy students and pharmacists alike to interact for the betterment of patient care and promotes this collaboration for optimization of patient care. He has enabled clinical pharmacy services to extend to a broader population of patients and healthcare providers."

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