Thank you to Alberta pharmacists for your overwhelmingly positive response to the provincial influenza immunization programs. We know that trying to make sense of the ever-increasing (and sometimes conflicting) information was challenging. We had hoped that provincial policies for pharmacist participation in immunization would have been in place sooner. We also recognize that you were often the recipients of the frustration felt by your patients and the public.

In spite of the challenges, your willingness to educate patients, provide Tamiflu, and sign up to offer immunizations (even before knowing compensation and training or delivery details) admirably demonstrated the profession’s level of commitment to the public’s health and well-being.

Thank you from ACP for the professionalism and concern for Albertans you have shown.

Provincial Pharmaceutical Strategy Phase Two – ACP’s response

The announcements in Phase Two of Alberta’s Provincial Pharmaceutical Strategy (PPS2) are consistent with changes made in Great Britain early in the millennium and in Ontario in 2006. Globally, drug expenditures are increasing faster than other health expenditures. All governments are seeking strategies to contain these costs, while facilitating patient access to products and services that demonstrably contribute to better health. Common cost containment strategies have targeted drug procurement costs and utilization trends.

Government confident in pharmacists’ abilities

Amendments to the Health Professions Act in 2007 reflect the Alberta
Phase Two summary

The second phase of the Alberta Pharmaceutical Strategy was announced on Oct. 20, 2009. Phase Two aims to:

- Reduce prescription drug costs and save money for Albertans, employers and government
- Improve prescription drug use and
- Provide better care to Albertans and improve their health.

Phase Two of the Strategy includes a new payment model for pharmacy services. Currently, pharmacies are paid a fee each time a prescription drug is dispensed. Changes to the pharmacy payment model will reward pharmacists for spending more time advising patients and other health professionals about effective medication use. By being able to access the full scope of pharmacists’ professional knowledge and skills, Albertans will get the most from their medications and improve their overall health.

Transition Plan

A Memorandum of Understanding between Alberta Health and Wellness (AHW), the Alberta Pharmacists’ Association (RxA) and the Canadian Association of Chain Drug Stores (CACDS) has been signed in which all parties agree to:

- Define a transition structure and plan for the compensation model by Dec. 1, 2009;
- Develop a new compensation model by July 1, 2010; and
- Support transition from the existing compensation model to the new model (over a three-year period).
Council plans for future

ACP council met on Oct. 7 and Dec. 3, 2009. Following is a synopsis of their deliberations.

Framework for future strategic direction approved

Based on the mission of the college, “Healthy Albertans through excellence in pharmacy practice”, council has identified three critical success factors:

- quality patient care,
- public and stakeholder confidence, and
- being an effective organization.

To achieve these factors, council set seven strategic objectives for the college. ACP will work to ensure:

1. competent and responsible practitioners,
2. safe and effective practice environments and systems,
3. accessible care,
4. public and stakeholder awareness,
5. credibility and trusting relationships,
6. effective governance and strong leadership, and
7. that the college is a workplace of choice.

Sincerely,

Merv Bashforth BSc. Pharm
President

New fees and requirements approved

Based on data from the Conference Board of Canada for the City of Edmonton, there will be no fee increases in 2010.

- Council did approved new non-compliance fees for pharmacists whose applications for annual

continued on page 4
permit renewal are not received prior to June 1 ($75.00+GST) and for pharmacy licence renewals that are not received prior to June 15 ($105+GST).

- A fee for pharmacy technician candidates registered on the provisional register has not yet been set.
- Minimum requirements for pharmacists ordering laboratory tests and using laboratory information were added to Standard 2 of the Standards for Pharmacist Practice for the purpose of consultation (see article on page 6).
- Minimum levels of CPR training for pharmacists seeking authorization to administer drugs by injection were discussed. Council has requested that policies for pharmacists responding to anaphylaxis be addressed within ACP’s practice framework; this will be considered with future amendments to the Standards of Practice.
- The term of authorization for pharmacists authorized to administer drugs by injection, and upon which an application for extension will be required was set.

- Authorizations will be granted for 5 years. A pharmacist must apply for continuation of this authorization within one year prior and one year after the five-year expiration date of the authorization. They must provide with their continuation application proof of continuing education in the topic of injections and immunizations, proof of psychomotor skills at an adequate level, and proof of CPR and First Aid certification.

## ACP priorities for 2010

<table>
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<th>Priority</th>
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<tr>
<td>Help pharmacists embrace their full scope of practice</td>
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<tr>
<td>Raise public and stakeholder expectations of pharmacy practitioners</td>
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<tr>
<td>Optimize pharmacy workforce</td>
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<tr>
<td>Ensure pharmacists are competent to perform authorized roles</td>
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<tr>
<td>Hold pharmacists accountable for decisions and actions</td>
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<tr>
<td>Employ effective policies and efficient processes at ACP</td>
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<tr>
<th>Action to reach goal</th>
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<tbody>
<tr>
<td>Increase the number of pharmacists with additional prescribing privileges (target=avg. of 15 apps/month), to improve patient access to appropriate drug therapy</td>
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<tr>
<td>Educate the public and stakeholders to seek and demand new services available from pharmacy practitioners</td>
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<tr>
<td>Continue towards implementation of regulation of pharmacy technicians</td>
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<tr>
<td>Implement the knowledge evaluation and professional practice portfolio as new programs through which registrants will be required to demonstrate their competency</td>
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<tr>
<td>Enhance program to monitor and improve pharmacist compliance with ACP standards and ethical expectations</td>
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<tr>
<td>Identify and delete redundancy and align feedback between core business processes</td>
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## Planning for the future

Council provided direction to:

- continue the development of roles, rules, and standards for pharmacy technicians working in a regulated environment,

- develop standards for remote dispensing and tele-pharmacy, and

- explore alternatives to ACP’s governance structure to accommodate elected positions for pharmacy technicians.

- By-law amendments to include elected pharmacy technicians on ACP’s council will be considered in late 2010.
Calgary, Edmonton and Bonnyville. Over 260 people, about 75 per cent of whom were pharmacy technicians, came to hear updates on ACP and technician regulation.

To begin the evening, Greg explained the roles of ACP and RxA. An ACP survey of pharmacists in June indicated that there is still some confusion about the roles of the two organizations.

ACP’s role is to protect the public by ensuring high quality pharmacy practice. The college does this by registering pharmacists and licensing pharmacies, supporting the competence of pharmacists throughout their practice, and resolving complaints about pharmacists’ practices and pharmacies’ operations.

RxA is the advocacy association for pharmacists. They focus on the professional and economic needs of members and promote pharmacist interests.

Greg finished his portion of the presentation by outlining council’s priorities for 2010.

Dale followed with a review of the changes that will occur over the next few years with pharmacy technicians. He covered bridging program details, qualifying requirements, and contrasted the duties a regulated technician might perform with those of unregulated staff members.

**Missed the session?**

- View the presentation - click on the Pharmacy Technician Regulation Update - regional meeting slides now available link in the Bulletin Board section on the ACP website homepage.
- Find national exam information on the website of the Pharmacy Examining Board of Canada. (www.pebc.ca/)
- Check out the FAQs under Registration & Licensure/Technicians on the ACP website.

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**PRAC ID application process open**

Prior to being eligible to order laboratory tests, pharmacists will require a PRAC ID number, assigned by Alberta Health and Wellness. You may now submit an application to Alberta Health and Wellness for a practitioner identification number (PRAC ID).

The form is available on the ACP website under Pharmacist resources/Forms/ PracIDApp. Once completed, fax the form to Alberta Health and Wellness, Professional Registry Unit at 780-422-3552.

Application is just one step in the process toward pharmacists being able to order lab tests. There are additional steps needed to ensure efficient resource use and safe practice.

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<tr>
<th>Steps toward pharmacists ordering lab tests</th>
<th>Associated dates</th>
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<tr>
<td>Application process open to pharmacists</td>
<td>January 1, 2010</td>
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<tr>
<td>Amendments to standards</td>
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<tr>
<td>• Consultation</td>
<td>January 12 to March 12, 2010</td>
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<tr>
<td>• Approval by council</td>
<td>April 8, 2010</td>
</tr>
<tr>
<td>Pharmacists begin to order tests</td>
<td>Target – second quarter, 2010</td>
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</table>
Proposed amendments to Standard 2: 60-day consultation

Standard 2 is being amended to incorporate minimum requirements of pharmacists when ordering tests or using laboratory data. Feedback from pharmacists and the College of Physicians & Surgeons of Alberta about ACP’s draft Guidelines for Pharmacists Ordering Laboratory Tests and Using Laboratory Data was incorporated in these amendments. Existing requirements within Standard 2 have not been changed.

Feedback indicated that some elements in the proposed guidelines would be more appropriate as standards. Information beyond the minimum requirements has been left in the guideline document which has also been amended in response to your feedback. The guideline is intended to provide additional information and interpretation to the standards.

The Pharmacy and Drug Regulation requires a 60-day consultation on any standard amendment. The consultation for the amendments to Standard 2 will run until Mar. 12, 2010.

We invite you to review the amended Standard 2 and guidelines printed here and to submit your written comments (email is acceptable) to:

Alberta College of Pharmacists
1200, 10303 Jasper Ave.
Edmonton, AB T5J 3N6
Fax 780-990-0328
Email: consultations@pharmacists.ab.ca

Your written response must be received prior to Friday, March 12, 2010.

Council will again deliberate these changes, including feedback received during this consultation, at its April 8 meeting. Then, council will establish the date upon which pharmacists who have been granted a FRAC ID will be able to order laboratory tests.

Proposed amendment to Standard 2 of Standards for Pharmacist Practice

Differences from current standards are italicized.

2. A pharmacist must consider appropriate information for each patient.
2.1 [no changes]
2.2 [no changes]

Additional information that may be required

2.3 The information that may be required under standard 2.2(j) includes:
   a. patient demographic information,
   b. patient’s weight or other physical characteristics,
   c. identity of other regulated health professionals or care givers who are providing care to the patient,
   d. diagnosis,
   e. laboratory values,
   f. complete medical history, and
   g. lifestyle information and social history, including tobacco, alcohol or recreational drug use.

Ordering laboratory tests and use of laboratory data

2.4 When interaction with the patient or consideration of patient-specific information indicates that a pharmacist should review laboratory data and the data is not available, the pharmacist must:
   a. order the appropriate laboratory test; or
   b. contact an appropriate health care provider and request that the laboratory test be ordered.

2.5 Pharmacists who order laboratory tests must:
   a. only order laboratory tests that the pharmacist is personally competent to order and interpret;
   b. only order laboratory tests if indicated to assist in the management of drug therapy for a patient;
   c. review alternative sources of current laboratory data for the patient available to the pharmacist prior to ordering a test for the patient (e.g., electronic health record);
   d. have a system in place to ensure the appropriate follow-up of ordered laboratory testing:
      * the pharmacist must be available and accessible 24/7 or have alternate arrangements in place to respond to and act upon any critical lab results that are reported.
   e. take appropriate action if the results of a laboratory test that they order are outside the normal or expected range; and
   f. record all laboratory tests ordered by them on the patient record.

2.6 Pharmacists who make decisions based on the interpretation of laboratory data must:
   a. document the decision and the rationale for it as required in Standard 18 and Appendix A;
   b. discuss the decision and the rationale for the decision with the patient if appropriate; and
   c. include reference to the laboratory data in any communication about the decision with other members of the patient’s health care team.

2.7 Pharmacists who provide patients with results from laboratory tests
they did not order must do so as per the Information Exchange Protocol of the electronic health record (EHR).

2.8 Pharmacist must not provide an interpretation of the results of laboratory tests ordered by other health care providers to the patient unless it is pertinent to the care being provided by the pharmacist.

Guidelines for Pharmacists Ordering Laboratory Tests and Using Laboratory Data

Background
Pharmacists participate at all points of the health system and share responsibility for ensuring safe and effective drug therapy. To do this, pharmacists must collect and consider appropriate information to evaluate and respond to patients’ health needs, and particularly to determine whether patients have any actual or potential drug-related problems. Laboratory data is amongst the information that pharmacists may consider in determining the safety and effectiveness of patients’ treatment regimens. The Standards for Pharmacist Practice state that a pharmacist must consider appropriate information for each patient and that a pharmacist must determine whether a patient has or is likely to have a drug-related problem. Consideration of lab data is identified as additional information that a reasonable pharmacist may require in adhering to these standards. Some purposes for which pharmacists may consider lab data include:

- ensuring that the drug and the dose ordered are appropriate for the individual patient;
- monitoring patients’ response to therapy to ensure optimal outcomes;
- monitoring for adverse effects to ensure patients’ safety; or
- screening patients for untreated health conditions where there are preliminary indicators for such screening (e.g., dyslipidemia as a secondary condition in diabetes).

Pharmacists have been granted access to lab data through the Alberta electronic health record. Pharmacists have also been granted an opportunity to order lab tests. In addition to the requirements outlined in the Standards for Pharmacist Practice, the Alberta College of Pharmacists has established the following guidelines to direct pharmacists when using and ordering lab data.

Guidelines for Pharmacists

Using lab test data

1. Pharmacists must ensure personal competence in the ordering of lab tests and interpretation of lab data. Relevant competencies are outlined in Section B-5 of the ACP Competency Profile for Alberta Pharmacists “Interpretation/Ordering of Laboratory Tests”.

2. Pharmacists must consider and interpret lab data in the context of other patient-specific factors.

- Understand that lab data can be influenced by many lab-specific and patient-specific factors including lab error, incorrectly timed tests, genetics, ethnicity, gender, drugs, pregnancy, organ function, diet, fluid status, etc. and assess accordingly.

- Abnormal lab data can be caused by disease, drugs, side effects or therapeutic effects; keep these in mind when considering treatment options.

- Interpretation of lab data should include assessment of patient-specific factors including history and physical exam (where appropriate).

3. Pharmacists must use their professional judgment to appropriately review, interpret, and consider lab data.

- It may not be practical or necessary to review lab data every time a pharmacist monitors patient care, or as a precursor to dispensing or prescribing; however, pharmacists should review lab data when interaction with the patient or the consideration of patient-specific information indicates that:
  - the results of the lab tests would affect the drug therapy requirements of the patient; or
  - the drug therapy would affect the results of applicable lab tests.

Examples where a review of lab data is indicated include:

a) Ensuring that the drug and the dose ordered is appropriate for the individual patient.

- Review of culture and sensitivity results to determine an appropriate antibiotic for treatment
- Review of INR for patients taking warfarin
- Review of blood levels for drugs such as anticonvulsants, lithium, and theophylline
- Review of serum creatinine (and subsequent calculation of estimated creatinine clearance) for drugs that are cleared renally (e.g., metformin)

b) Monitoring patients’ response to therapy to ensure optimal outcomes.

- Review of lipid panel for patients taking lipid lowering drugs
- Review of HbA1C for patients taking insulin

continued on page 8

1 These guidelines are intended to accompany the proposed changes to Standard 2 of the Standards for Pharmacist Practice to provide pharmacists with additional information and guidance in the interpretation and implementation of the Standards.

2 Reference to physical exam is not intended to imply that the pharmacist must conduct a physical exam; however, the pharmacist may need to gather information regarding the results of a physical exam from the patient or another health care provider.

3 This is not a comprehensive list, but simply examples for illustrative purposes.
Guidelines continued from page 7

- Review of thyroid tests for patients taking levothyroxine or methimazole
- Review of CBC for patients taking iron supplements and/or cyanocobalamin
- Review of INR for warfarin patients started on medications that are likely to affect INR results (e.g., amiodarone, metronidazole)
- Review of CBC and liver function tests of patients taking methotrexate
- Review of electrolytes for patients taking diuretics
- Review of white blood cell count and differential cell count for patients taking clozapine prior to dispensing the next refill
- Review of lipid panel for patients who have diabetes or established cardiac disease
- Review of lipid profile and serum glucose together with measurement of blood pressure and measurement of waist circumference to initially screen for possible metabolic syndrome

4. When interaction with the patient or the consideration of patient-specific information indicates that a pharmacist should review lab data to ensure appropriate drug therapy and the lab data is not available, the pharmacist should order the appropriate lab tests or contact an appropriate health care provider and request that the lab test be ordered.

Pharmacists must only order those lab tests that they have are personally competent to order, interpret and use to achieve appropriate drug therapy outcomes.

- If the pharmacist determines that he/she is not competent to order and interpret the necessary lab tests; it is inappropriate for him/her to order the necessary tests; or is unable to order the necessary tests for any other reason, the pharmacist should contact the appropriate health care provider and request that the tests be ordered.

5. Pharmacists must review all alternative sources of current lab data available to them about a patient prior to ordering a test for the patient (e.g., electronic health record).

6. Pharmacists must only order laboratory tests if indicated to assist in the management of drug therapy for a patient.

- Laboratory tests should only be ordered for patients with whom the pharmacist has developed a professional relationship.
- Pharmacists should not order laboratory tests for the screening of populations.

7. Pharmacists who order lab tests must have a system in place to ensure appropriate follow-up of ordered lab tests.

- Pharmacists should indicate to patients when and if the pharmacist will contact the patient about the results of the lab test.
- In circumstances where the lab test is necessary to ensure appropriate drug therapy and the results of a lab test are not received within a reasonable period of time, pharmacists should follow-up with the laboratory and/or the patient, as appropriate, to determine the status of the order.

8. Pharmacists must take appropriate action if the results of a lab test that they order are outside the expected or normal range. Appropriate action may include but is not limited to:

- Repeat the lab test;
- Discuss the results with the patient and/or other members of the patient’s health care team;
- Develop and implement a plan for ongoing monitoring;
- Change drug therapy, if authorized to do so or recommend changes to drug therapy to another member of the patient’s health care team.

i) As per Standard 14.7(b) of the Standards for Pharmacist Practice, pharmacists who prescribe based on their own assessment of the patient must: in the case of a condition that was not previously diagnosed, refer the patient to another regulated health professional if diagnosis or further treatment by another regulated health professional is necessary.

9. Pharmacists must have a system in place to ensure the appropriate follow-up of critical results for ordered laboratory tests.

- Pharmacists must be available and accessible 24/7 or have alternate arrangements in place to respond to and act upon any critical lab results that are reported.
- After hours emergency contact information must be made available with the pharmacist’s regular contact information or must be available via a messaging service at the regular contact number.

10. Pharmacists who make decisions as a result of interpreting lab data must:

- document the decision and the rationale for the decision in the record of care;
- explain the interpretation of the data, the decision and the rationale for the decision to the patient if the patient is able to understand the information and it is appropriate to do so; and
Congratulations super learners!

The Alberta College of Pharmacists is pleased to recognize the following pharmacists for their commitment to their continuing professional development. These pharmacists reported 50 or more CEUs on their CPD logs in the 2008-2009 CE year.

- Brian Abernethy
- Josiah Akinde
- Ouida Antle
- Elizabeth Bamford
- Carol Borynec
- Anita Brown
- Christopher Chilibeck
- Dale Cooney
- Ian Creurer
- Nandini Desai
- Olga Dmytrisin
- Dianne Donnan
- Sasha Dorscheid
- Kimberly Flunder
- Randy Frohlich
- Lauren Geldreich
- Shannon Glover
- Shahine Goulam-Houssein
- Bradley Gregor
- Tara Grimstead
- Sara Hanson
- Murtaza Hassanali
- My Tam Hoang
- Sherilyn Houle
- Randy Howden
- Debbie Hruday
- Renee Hyland
- Patricia Jacobsen
- Lawrence Jang
- Stacy Johnson
- Larry Karsch
- Jason Kmet
- James Krempien
- Val Langevin
- Cecilia Lau
- Andrea Lewczyk
- Wanda Lindberg
- Adrienne Lindblad
- Judy Lorenz
- Taranjit Lotey
- Rita Lyster
- Khadija Mangalji
- Kimberly McDougall
- Audrey McVey
- Darsey Milford
- Erin Moore-Kirkland
- Aron Nenninger
- Kathleen Ortlieb
- Caroline Renfree
- Saqder Rizvi
- Heather Roe
- Rhonda Roedler
- Karen Romaniuk
- Heidi Seneka
- Robert Sprague
- Gerard Spytkowski
- Roberta Stasyk
- Betsy Thomas
- Penny Thomson
- Jeanette Wakaruk
- Cheryl Waldbauer
- Carol Wei
- Gladys Whyte
- Laurel Wittwer
- Bonnie Wong
- Krystal Wynnyk
- S. Monica Zolezzi

These pharmacists received a certificate of achievement in recognition of their commitment to lifelong learning in pharmacy. ACP acknowledges that many pharmacists do more learning than they report on their CPD logs. However, the submitted CPD logs are the only way ACP has to determine achievement of this milestone.

We apologize if we have inadvertently missed someone’s name. If you believe your name should be included, please contact Whitney Tushingham at 780-990-0321 or by email at Whitney.Tushingham@pharmacists.ab.ca. We will publish corrections in an upcoming edition of acpnews.

- include a reference to the lab data, and the decision in any communications with other members of the patient’s health care team.

11. Pharmacists must respect the patient’s right to confidentiality by ensuring that they collect, use, and disclose lab data only when it is pertinent to the care they are providing and that the collection, use and disclosure is only done in accordance with applicable privacy legislation, and other legislation and standards governing pharmacy practice.

12. Pharmacists who provide patients with results from laboratory tests they did not order must do so as per the Information Exchange Protocol of the electronic health record (EHR).

- As outlined in the protocol, the pharmacist should only provide information if:
  - the pharmacist has a current care relationship with the patient,
  - the information can be provided using normal technology available to the pharmacist,
  - the provision of the information will not unreasonably interfere with the pharmacist’s normal day-to-day operations, and
  - the pharmacist is not prevented from releasing the information by Section 11 of the Health Information Act (i.e., the information is not detrimental to the well-being of the patient or others).

13. Pharmacists must not provide an interpretation of the results of laboratory tests ordered by other health care providers to the patient unless it is pertinent to the care being provided by the pharmacist.

- In all other instances the patient must be referred to the health care provider who requested the test or created the data in the EHR for interpretation of the data.
Audits of Professional Declarations

Once again, audits of professional declarations are underway. The audit process should be very straightforward as it is merely confirming the declarations made at the time of registration renewal regarding professional liability insurance and learning activities. However, every year we find that, for various reasons, many audits do not proceed as they should, take up valuable time for the pharmacist and ACP staff, and may impede or prevent registration renewal.

**DO**

- only claim learning that you are able to substantiate with certificates or non-accredited learning records;
- read the Guidelines for Audit of Professional Declarations carefully so you understand what you must submit to ACP;
- provide copies of course certificates for accredited programs;
- provide copies of non-accredited learning records for all non-accredited learning activities claimed on your CPD log;
- provide a copy of your current professional liability insurance policy;
- fulfill all audit requirements within 30 days of notification;
- make sure you’re sending documents for the correct CE year.

**DON’T**

- phone to ask if we received your fax. Each month two hundred pharmacists are selected for audit and we receive a flood of faxes. Check your fax machine confirmation of number of pages sent. If there are any deficiencies or missing pages we will contact you.
- send copies of other supporting documentation such as exams, handouts, conference brochures;
- ask ACP to delete learning activities from your CPD log;
- alter course certificates in any way (e.g., strike out participant’s name and write in another name);
- claim non-accredited “learning activities” that are not really learning activities, such as golf tournaments, presentations to lay people, and precepting students;
- claim continuing medical education programs as accredited learning.

Things are hopping in the Competence Department!

In addition to the annual audits of Professional Declarations we have three new projects on the go this winter.

1. **Pilot of the Knowledge Assessment**

   On Oct. 18 and 19, 56 trailblazing pharmacists wrote the first-ever ACP Knowledge Assessment. This is a pilot that will allow us to further refine the assessment and the associated processes in order to launch the Knowledge Assessment as one competence assessment tool for all Alberta pharmacists in 2010. The results of the pilot assessments along with participants’ feedback will be considered by the newly formed Knowledge Assessment Panel, a sub-committee of the Competence Committee, with the expert help of a psychometrician. Pilot participants will then receive a report on their performance that will provide specific feedback that will be designed to help them plan their future professional development. The Knowledge Assessment Panel will then work on refining the assessment blueprint and developing assessment questions.

2. **Pilot of the Professional Portfolio**

   On Oct. 1, the pilot of the Professional Portfolio was launched. Twenty-five pharmacists have volunteered to develop a personal Professional Portfolio. The Professional Portfolio builds on the foundation of the RxCEL Learning Portfolio. Pharmacists will take their learning portfolio and then develop a portfolio that demonstrates how they have implemented their learning plans and then enhanced their practice as a result of their learning.

   Again, this pilot will help the Competence Committee refine the forms and processes before full roll-out. The Professional Portfolio is the second competence assessment tool in the RxCEL Competence Program and will be implemented in 2010.
Congratulations to all the pharmacists who recently completed the new Practice Skills: monitoring drug therapy using laboratory values course offered by the Practice Development, Faculty of Pharmacy and Pharmaceutical Sciences, U of A.

Using a combination of print materials, workshops, and distance learning, this course is accessible and appealing to all learning styles and practice settings. This recently re-vamped course was produced through a partnership between ACP and the Faculty of Pharmacy and Pharmaceutical Sciences.

This new course design was intended to better prepare pharmacists for their changing roles and responsibilities. Through their strong commitment to learning and hard work, these pharmacists completed all the requirements of this course.

3. Review and revision of the Competency Profile for Alberta Pharmacists

It’s hard to believe that the original Competency Profile was published four years ago! Pharmacy practice in Alberta has changed a great deal in the past four years so it’s time to update the Competency Profile. To that end, 20 pharmacists from a wide range of practices and locations gathered in Edmonton on Nov. 19 and 20 to review and revise the Competency Profile. After their revisions are documented, some sections such as Oncology and Radiopharmacy will go on to expert review.

This is a critical project as the Competency Profile is the foundation for the entire Competence Program. The revision of the Competency Profile will prompt revision of the Continuing Professional Development Plan and affect other projects such as development of the Structured Practical Training Program.

The Knowledge Assessment and the Professional Portfolio will be implemented in 2010 as part of the competence assessment side of the RxCEL Competence Program. Beginning in mid-2010, a percentage of pharmacists will be randomly selected each year to participate in competence assessment. Watch for more details in future newsletters.

Thank you volunteers!

We were thrilled with the response to our call for volunteers for these projects. We received many more offers to volunteer than we could accept. This terrific response allowed us to select three groups that represent a good cross-section of pharmacists across Alberta – urban and rural; community and hospital practice; BSc, hospital residency, and PharmD; new grads and seasoned practitioners.

ACP sincerely thanks all of these volunteers for taking part in these important projects. Their input will help ensure the RxCEL Competence Program is relevant and meaningful to pharmacists across Alberta in all types of practice, while supporting the mission of the college – to set and enforce high standards of competence and ethical conduct.

Are you the questioning type?

If you are interested in contributing to these important projects, we’re still looking for volunteers to write questions for the Knowledge Assessment. Training in writing questions will be provided through a one day workshop and then item writing and reviewing will take place through a secure online program. We will be looking for representation from a broad range of practice and experience.

If you have a strong background or knowledge in a particular practice area and/or experience writing assessment questions, we could use your help.

To volunteer, please contact Roberta Stasyk, Competence Director at 780-990-0321, toll-free 1-877-227-3838, or email Roberta.Stasyk@pharmacists.ab.ca.
Congratulations graduates
continued from page 11

What are pharmacists saying about this course?

“I really enjoyed this course and it has got me excited again about practicing pharmacy. I also enjoyed being able to see how other pharmacists practice.”
Tracy Layton

“During the course I learned invaluable information regarding a number of laboratory tests that may be of use in the monitoring of drug therapy for patients. I felt the workshop along with the Elluminate [distance learning] presentations were an excellent format for my learning.”
JM Gamble

“Speaking from a rural pharmacist’s point of view, the on-line sessions were very beneficial as I did not have to travel 2 or 3 hours to attend them but yet felt connected and part of the discussion through the e-Class technology.”
Cindy Keith

Congratulations also to all pharmacists who successfully completed the new Practice Skills: Boot camp course.

This course was also produced through a partnership between ACP and the Faculty of Pharmacy and Pharmaceutical Sciences.

This course focuses on the practice skills of patient assessment and documentation. Using primarily discussion and practice-based learning strategies, the course is designed to help pharmacists make a change in their daily practice routine regarding patient assessment and documentation. Through their enthusiasm for and active participation in their learning, these pharmacists completed all the requirements of this course.

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<thead>
<tr>
<th>Catherine Biggs</th>
<th>Aron Nenninger</th>
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<td>Deborah Cooper</td>
<td>Chedrick</td>
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What pharmacists are saying about Boot Camp!

“The feedback and interviews with the actors were invaluable learning tools.”
Mirella Popович

“A general theme I heard was everyone here saw a need for assessment and documentation and if pharmacy practice wants to continue to grow, this is essential!”
Rosaleen McLeaney

“I found the course very encouraging and energizing. Everyone did an excellent job of making an abstract, daunting topic manageable. I have a number of things I am going to work on to improve my practice and patient care.”
Marissa Hutchison

“I just wanted to let you know that I did a patient interview at the clinic today and it went SO well. Thank you so much for the Boot Camp. It really focused me and helped to streamline my interview process.”
Cathy Biggs

Register now for the February 6 and 7, 2010 offering

Practice Development is offering a number of courses, so check out the website (www.pharmacy.ualberta.ca/PD/) to find a course that’s right for you!

In memory…

Dr. Dario Alberton passed away on Nov. 12. Dario received his BSc in Pharmacy from the University of British Columbia (UBC) in 2000. He went on to complete a Pharmacy Practice Residency with an emphasis in managed care in 2003, a Critical Care Specialty Residency in Washington, USA in 2004, and a Doctorate of Pharmacy at UBC in 2006.

Dario practised in the General Systems Intensive Care Unit at the U of A Hospital. He also taught at the Faculty of Pharmacy and Pharmaceutical Sciences, U of A and provided clinical education and mentorship to numerous students, residents and Pharm D students throughout the former Capital Region and beyond.

Gael Nicholson passed away March 22, 2009. Gael was born Dec. 15, 1934 in Prince Rupert, B.C. She moved to Alberta as a teen and went to the U of A to receive her Pharmacy degree. It is there she met the love of her life Allan with whom she spent 47 loving years. They had four children: Sandra, Barbara, Robert (Cheryl) and James.
In memory…

Eva Predy passed away unexpectedly on Nov. 13 at the age of 44 years. Eva started working at the U of A Hospital in 1987 and just 18 months ago assumed a position of pharmacist on the Medication Quality and Safety Team. Eva’s experience as a staff pharmacist, and Distribution and Informatics trainer at the UAH, along with her desire to improve patient safety and medications processes has proven to be a contributing factor to the success of the quality and safety initiatives underway throughout the Edmonton area and the province. Moreover, her project examining the storage of High Alert Medications and mitigating the risks associated with these medications will be just one of the legacies the Quality and Safety team will continue in Eva’s honour.

Methadone labeling requirements for carries

It has come to ACP’s attention that additional guidance regarding the labeling of methadone carries is needed to reduce medication and administration errors and ensure patient safety.

1. When you dispense “carry” doses, in addition to including the information on the label as prescribed in the standards, ensure the label includes administration instructions that clearly outline whether the medication is diluted at the time of dispensing as well as the total amount to be consumed in one daily dose (in milligrams). The suggested additional wording is: “Drug is diluted. Consume full bottle. Total daily dose is X mg.”

2. Additionally, the following label or similar cautionary warning must be affixed to the final product: “Methadone may cause serious harm to someone other than the intended patient. Not to be used by anyone other than the patient for whom it was intended”.

Pharmacists providing methadone prescriptions are encouraged to review Methadone Treatment in Alberta: Guidelines for Dispensing Pharmacists, available under Pharmacist Resources/ACP practice guidelines on the ACP website.

Help your patients understand adapting

You’ve told us you need resources to help patients understand pharmacists’ expanding scope of practice. In response, ACP has produced the brochure: Understanding your pharmacist’s role in renewing or adapting your prescription. The brochure uses an easy-to-read question and answer format to explain the essentials of adapting a prescription.

ACP sent 300 copies of the brochure to every community pharmacy in Alberta. Please display these in a spot that will catch the public’s attention or consider including them in the bag with purchases.

To re-order or provide feedback on the brochure, please contact:

Karen Mills
ACP Communications Leader
Email: karen.mills@pharmacists.ab.ca
Phone: 780-990-0321 or
Toll-free: 877-227-3838
Fax: 780-990-0328
In recent months, the frequency and number of calls from the public and pharmacists about pharmacies’ incentive programs have increased. This article outlines the college’s position on the advertising and offering of incentive and rewards programs.

**Rules governing advertising and incentives**

Advertising is addressed in the regulations to the *Pharmacy and Drug Act*. In part, Section 24 of these regulations states:

Restrictions on advertising

24(1) A licensee and a proprietor must ensure that advertising in relation to a licensed pharmacy
a) is not false or misleading,

b) does not encourage the misuse or inappropriate use of drugs or otherwise have the potential to compromise patient safety, and


c) does not undermine the honour or integrity of the pharmacy profession.

Our new Code of Ethics, which came into effect on May 22, 2009, addresses the issue of offering incentives. Principle I states pharmacists and pharmacy technicians must: “Hold the well-being of each patient to be my primary consideration.” Point 13 under this principle states:

To uphold this principle, I do not provide rewards or incentives that have the potential to cause harm to a patient.

**ACP’s position**

While the regulations and Code of Ethics do not prohibit incentives (or the advertising of incentives) outright, the college does not support these programs particularly in instances where bonus coupons, one-day-only specials or rewards to transfer prescriptions are offered because these offers may compromise a patient’s judgment and/or contribute to inappropriate drug use. Further, the college is of the opinion that if advertising or offering a reward program has the potential for causing harm to patients, these actions may form the basis of an unprofessional conduct or misconduct complaint and investigation.

The issue of incentives remains on the ACP council’s agenda and may be revisited in this spring’s review of the standards of practice.

**What should you consider?**

When assessing the potential for causing harm or the misuse of drugs, consider the following:

- as the value (actual or perceived) of the incentive increases, so might the incentive program’s potential to alter a patient’s medication usage and thus possibly cause harm;
- rewards provided directly and/or immediately to a patient may have a greater potential to influence a patient to alter their medication therapy and may thereby increase the potential to cause harm;
- rewards provided to a patient for drugs that are not paid for by the patient have a greater potential for encouraging the inappropriate use of drugs;
- if an incentive is offered or advertised for the transferring of some or all of a patient’s prescriptions, this transfer could disrupt a patient’s care and compromise patient safety.

**Summary**

Although current legislation does not prohibit these programs (or the advertising of these programs), there are significant restrictions for incentives and rewards. In addition to the legislative restrictions, any decisions you make about incentive programs must take into account the program’s potential effect on patient safety and the integrity of the profession. Proprietors, licensees, pharmacists and technicians are strongly cautioned to consider their participation with these programs and ensure you hold the well-being of the patient to be your primary consideration.

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Wondering if a pharmacist has additional prescribing authorization?

Check the ACP website!

To verify prescriber status quickly and accurately:

1. Log onto the ACP website (pharmacists.ab.ca).
2. Click the *Prescriber Lists* tab.
3. Log in using your registrant number and password.
4. Click the *Pharmacists* menu item on the left of the screen.

You can now search by the pharmacist’s first name, last name, and/or registration number.

NOTE: Pharmacists with additional prescribing authorization may prescribe any drugs except narcotics and controlled substances. There are no restrictions on the quantity of drug they can prescribe.
Kit Poon may be a self-described disaster when it comes to physics, but he more than makes up for it as a dedicated pharmacist and community volunteer. Kit represented the profession with ACP at the Alberta Caregivers Wellness show in late September and shared some of his exuberant personality with the college then.

Kit is a 2004 U of A BSc Pharmacy grad, coming to the profession in a rather unique way. “Against all odds, I am one of the few Chinese Canadians born with the uncanny ability to utterly fail at complicated math and physics. When I realized my innate talent, I felt compelled to register in Pharmacy which was, thank the heavens, physics free! At first, I had no idea what being a pharmacist was about, but after experiencing the intense and concentrated training offered at the U of A’s Pharmacy program, I can now say ‘let’s improve therapeutic outcomes for all of our patients’ without stuttering!”

All joking aside, Kit says he was drawn to pharmacy because it is a malleable profession that relies heavily on communication and attitude. “We are usually the entry and exit points of the health care system for the majority of the general public and, as such, serve an integral role in the transitioning of the patient to and from the community setting,” says Kit.

Kit has worked in a variety of settings and enjoys building good relationships with his patients. “I find it really rewarding to get to know patients and be able to chat about their daily happenings,” he says. Wanting to be of more service to his patients, Kit obtained his authorization to administer drugs by injection. He felt that, “with the role of the pharmacist ever expanding, it was important to be as versatile as possible. Administering drugs by injection is one more service we can offer to patients that will improve their access to services that typically warranted a visit to the physician’s office.”

One of the biggest challenges Kit thinks pharmacists face currently is the lack of recognition of the pharmacists’ cognitive role in the delivery of health care. “Pharmacists have such a broad knowledge base – they can be doing so much more in both the hospital and community settings,” says Kit.

One of the ways that Alberta’s newest pharmacists can experience rewarding learning opportunities is through volunteering. Kit is a volunteer with the SHINE Clinic, an interdisciplinary clinic dedicated to serving inner city youths. The clinic incorporates the disciplines of Medicine, Pharmacy, Nursing, Social Work, Dentistry, Nutrition, and Psychology.

“The interdisciplinary model has provided me great insight into the roles of other health professionals. There is always so much to learn from the other preceptors of the various disciplines,” says Kit. “I have sharpened my wound care skills, therapeutic knowledge, and communication skills. At SHINE, I have had nothing but excellent learning opportunities and would encourage anyone who has the time on Saturday afternoons to come and give it a try.” For more information about the SHINE clinic and how to get involved, go to www.shineclinic.ca/.

### New ACP Immunization Resource

The Alberta College of Pharmacists has developed and posted the *Alberta Influenza Immunization Program Resource Guide for Pharmacists*. The guide is designed to accompany and supplement Alberta Health Services (AHS) information and policies.

The resource contains guidance on meeting ACP standards when administering vaccine, along with critical pieces of information on topics like informed consent, adverse events, and reporting. It does not include the official AHS policies.

The guide also includes a sample patient record. A reproducible sample patient record in a more usable format (i.e., full size, no appendix title), is also available.

You can find both documents in the Bulletin Board section of the ACP website under *H1N1 – pharmacist information* and *Seasonal Influenza Immunization – pharmacist information*. 

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**Kit Poon**
Tips to start the New Year right

Follow these tips to get 2010 off to a great start and ensure you get the information you need to practice legally and safely.

Make sure ACP has the right email address for you

You can update your email address online at any time. Follow the steps below.
1. Click on Registrant profile login on the blue menu on the left of the ACP homepage.
2. Click on Login/Logout and then enter your user User ID (registrant number) and your password.*
3. Click on View Profile. Click on the Edit button in the appropriate section and update your information.
4. Click Save.
5. Your record is now updated.
*Forgot your password? To reset your password online:
1. Click on Registration profile login. This will take you to the login screen.
2. Click on the Click here if you forgot your password link found below the login screen.
3. Follow the prompts to reset your password.

Check your filters

Make sure that acp_communication@pharmacists.ab.ca is not being blocked by your email program’s filters.

Clean out your mailbox

After every email we send to registrants, we receive “bounced” messages with a notice saying the email can not be delivered because the recipient’s inbox is full. Please keep room available for incoming messages.

Save a tree – get your ACP newsletters electronically

Clean up the environment and your post office box. To receive acpnews and Transition Times electronically:
1. Go to the ACP homepage (pharmacists.ab.ca)
2. Click on the Registrant Profile icon
3. Log in and then click on View Profile
4. Click the “edit” icon in the Contact Information box (second from the top).
5. For your newsletter preference, select email.

Get permission to store records off site

Required records must be maintained at the pharmacy unless the licensee has applied to the registrar in writing to store them at a location other than the pharmacy. The application form to store records off-site is available on ACP’s website under Pharmacist Resources/Forms.

Save the date for 2010 PD event and AGM

ACP is trying something new this year: a professional development symposium, rather than our usual conference. It will be held in Calgary, the day before the CPhA national conference.

May 15, 2010
8:30 a.m. to 4:30 p.m. (Lunch and ACP AGM – 11:45 a.m. to 1:45 p.m.)
5 CEUs (ACP accreditation will be applied for)

You’ve been hearing a lot about changes to pharmacy practice: pharmacists prescribing and administering injections, technician regulation, less dispensing and more patient counseling. That sounds good, but how do you actually translate these ideas into your practice? And why would you want to?

Learn first-hand from your peers and other experts who have incorporated change into their practice. Find out how they’ve improved their practice, what experience has taught them, and how you can transition your practice more easily. Information will be applicable to community, hospital, and PCN practice settings. Watch The Link and future editions of acpnews for more details.
Robberies and burglaries happen: Are you prepared?
Pharmacy robberies and burglaries appear to be on the rise. More particularly, robberies involving oxycodone-containing products have pharmacists and pharmacy owners worried. The highly addictive opiate has led to desperate actions by individuals to obtain OxyContin at almost any cost. Many of the robberies have occurred in the urban areas; however, they are not unheard of in smaller communities.

Effectively implemented robbery and break-in prevention strategies will go a long way in deterring the diversion of narcotic medications into the community. The following are recommendations that pharmacy licensees and proprietors can implement to ensure that their workplaces are safe and that staff are not exposed to unnecessary danger.

### Protect the premises

- **Ask the experts**
  Pharmacy operators are urged to use an independent contractor to provide an objective evaluation on safety and security issues. Local police services are an excellent resource and are very willing to come to the pharmacy and provide recommendations to protect the premises and ensure the safety of pharmacy staff. Although law enforcement is the primary mandate of police services, they are equally committed to crime prevention.

- **Install surveillance equipment**
  Install a noticeable surveillance system. It can be an effective deterrent, especially if the cameras are visible. Recording devices need to be secured in a hidden area. It is equally important that you use the surveillance equipment effectively. For example, when recalling video footage for identification of individuals, it is of little value in capturing the top of someone’s head instead of a good image of their face. Feedback from police services indicate that a number of criminal charges against perpetrators have been withdrawn in court because of lack of conclusive identification.

- **Install an alarm system**
  Install a centrally monitored alarm system. Install controls away from areas that are open to the public.

- **Display deterrent signage**
  Display signage showing that you are protected by an alarm company. Display the signs on exterior doors and throughout the pharmacy. Consider posting a sign in prominent areas of the pharmacy (entry doors and at dispensary) that says, “This pharmacy stocks only a minimal...”
amount of OxyContin or does not stock at all. We require 24-hour advance notice from our patients requesting this medication.”

- **Take physical measures**
Install deadbolt locks, tamper-resistant door bars, metal or metal clad doors, shatterproof glass or bars over windows, and/or metal security gates or curtains.
Install interior and exterior security lights. Leave them on overnight. Some suggested lighting locations are:
- **Interior**—pharmacy entry, cash register areas, pharmacy operations area, the entrance to and the interior of the office area; and
- **Exterior**—entries, parking lots, exposed walls. Consider installing “vandal-proof” lenses or protective coverings for outside flood lights.
Use security vaults that can be programmed for time delay openings. For example, you can program a five minute delay between the time the combination has been entered and when the vault opens. No robber is going to be hanging around waiting for the safe to be opened. Walgreen’s in the States has incorporated this type of safe in their 7000-plus pharmacies and this measure has basically eliminated narcotic robberies in their pharmacies.
Consider secondary locations for narcotic inventory and keep inventory to a minimum. Educate your regular customers that when they require large quantities, they need to give you adequate notice. Perpetrators will not come back to rob a pharmacy when there is no reward for the risks they are taking.
Keep the safe locked at all times that the contents are not being actively handled. Restrict access, keys or combinations to as few employees as possible.

- **Policies and procedures for staff**
Staff training in regard to robberies and break-ins is vital to make pharmacy staff more vigilant in their working environment. If proper policies and procedures are in place and understood by staff then deterrence, detection and protection can be achieved.
Train staff to be alert and observant. They should regularly offer assistance to clients and be aware of suspicious behavior from customers.
- Is the visitor looking around or up as if to see if they are being watched or observed by a camera?
- Is the customer spending an excessive amount of time looking at the same high priced merchandise, loitering outside or by the cashier stations or near the pharmacy operations area?
- Does the customer seem furtive or uneasy when an employee asks if he or she needs assistance?
- Make either mental or written notes, including descriptions of any of the above noted conditions and report any of these conditions to pharmacy management. Keep a file of these reports.
Do not discuss pharmacy procedures, cash handling, pharmacy layouts, security systems, etc., with any outsider, even family, other than law enforcement personnel and/or vendors with a valid interest in a particular system. This caution applies to both management and staff.
Make sure that pharmacy personnel understand the importance of not discussing inventory controls with anyone. Other pharmacy personnel do not need to know the measures taken to hide targeted drugs.
Measures taken to hide targeted drugs should never be discussed where they can be overheard by clients.
Deposit cheques and large bills into a time-lock drop safe as often as possible.
Make deposits often and only keep minimal amounts of cash on hand. Do not leave cash in registers overnight.

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**Protect patients and staff**
The safety of patients and staff is of ultimate importance in preparing for robberies and break ins.
Conduct full background checks, including credit checks and criminal checks, on anyone applying for a pharmacy operations or cash handling job. Appropriate hiring policies go a long way in having the right people in your pharmacy.

- Does the customer seem furtive or uneasy when an employee asks if he or she needs assistance?
- Make either mental or written notes, including descriptions of any of the above noted conditions and report any of these conditions to pharmacy management. Keep a file of these reports.
Do not discuss pharmacy procedures, cash handling, pharmacy layouts, security systems, etc., with any outsider, even family, other than law enforcement personnel and/or vendors with a valid interest in a particular system. This caution applies to both management and staff.
Make sure that pharmacy personnel understand the importance of not discussing inventory controls with anyone. Other pharmacy personnel do not need to know the measures taken to hide targeted drugs.
Measures taken to hide targeted drugs should never be discussed where they can be overheard by clients.
Deposit cheques and large bills into a time-lock drop safe as often as possible.
Make deposits often and only keep minimal amounts of cash on hand. Do not leave cash in registers overnight.
If you discover a burglary

Should a robbery or burglary take place at your pharmacy, follow these procedures.

- Call the police, regardless of whether the alarm has been triggered.
- Lock the doors to prevent anyone from entering. Preserve the crime scene for the police. Don’t touch anything the burglars may have touched and block off any areas where they may have been to preserve any evidence left behind.
- Post signs on doors that the pharmacy opening will be delayed.
- When the police arrive, assist them in assessing whether or not the premises are secure, and then turn the matter over to them.
- If there has been damage to the property, call a contractor to make repairs as soon as possible to protect the property from further damage or loss.

- Refer any inquiries from outsiders, e.g., media, to the police.
- Do not discuss items or amounts taken with anyone other than the police.
- Call the alarm company to reset or repair the alarm system.
- Call a third party to assess the effectiveness of your alarm system. If it failed, find out why and what can be done to enhance the system.
- Determine the quantity and dollar value of your losses.
- Call your insurance company to open a claim file.
- If your losses include controlled drugs and substances, you must complete a Health Canada Loss or Theft Report #HC/SC 4010 and forward it to the Office of the Controlled Substances in Ottawa within 10 days of the incident. You can find the form under Pharmacist resources/Forms on the ACP website.

If you are being robbed

The advice from law enforcement agencies includes the following.

- Do not obstruct the intruder.
  - Do not try and be a hero; your safety is the primary consideration.
- Give the robber what he/she wants.
- Pay attention to the robber’s physical features (mannerism, age, weight, clothing, tattoos, scars, hair colour, length of hair) and behaviours.
- Try and see the mode of getaway; record a description of the vehicle, licence number, direction of travel.
- If a weapon was used, record a description of the weapon.
- Immediately after the robbers leave, close the pharmacy and obtain names and contact information of witnesses.
- Call police.
- Document your observations about the incident and the robber in preparation for giving the information to the investigating officers.