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Engaging with our professions

ACP survey: What is on the minds of Alberta pharmacists and pharmacy technicians

ACP conducted a comprehensive survey, combined with focus groups with clinical pharmacists, to learn about pharmacists' perspectives about their practices, opportunities and threats they face, and to measure their expectations and satisfaction of ACP. A similar survey was conducted in 2014 with pharmacy technicians. ACP's next survey will be in 2018. It will be its first to reach multiple groups simultaneously – including the public, stakeholders, and ACP registrants.

The results of the 2015 survey and focus groups led ACP's Council President Rick Hackman and Registrar Greg Eberhart to take to the road to meet face-to-face with pharmacists and pharmacy technicians through eight regional meetings to learn more.

Summaries of what we learned through the surveys, focus groups and regional meetings follow, including insight about how ACP is using this feedback today and in our plans for the future.

Summary of results

Opportunities and threats to pharmacy in Alberta

- Whether viewed as an opportunity or a threat, adjusting day-to-day responsibilities to incorporate new roles enabled through Alberta pharmacists' broad scope of practice are top of mind to the majority of pharmacists.

- Positively, there is excitement about participating on patients' clinical

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Opportunities and threats

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teams, to be, as one pharmacist noted, “a primary, not ancillary health care provider.” They appreciate that the government has changed the service model, providing compensation for medication reviews/care plans and for consultation.

- Pharmacists recognize that additional prescribing authority will provide them more opportunities to provide patients a higher level of care, in a more timely manner.
- Pharmacists note that they will need to rely on their team, including pharmacy technicians, in order to successfully transition to a more clinical role.
- However, there are some pressures and concerns around potentially changing and expanding roles, and the impact that this has on day-to-day work.
- Corporate community pharmacists note that they are under pressure to conduct a “quota” of medication reviews/care plans, adding time pressure to their work and potentially eroding trust with primary care physicians.

- The public and other healthcare practitioners may not be fully aware and/or fully accepting of new roles and responsibilities of ACP registrants.
- Pharmacists are also concerned about recent cutbacks in the pricing of generic drugs by Alberta Health and Alberta Blue Cross.

Expectations of the College among pharmacists

- Pharmacists place a great deal of importance on the development and enforcement of high standards of practice.
- They feel that ACP does an excellent job of determining entrance requirements, promoting high standards, and protecting the general public.
- Pharmacists would like ACP to do more to ensure safe practice environments; and include coaching and mentoring for registrants to comply with practice standards.
- Education and skill development are important to pharmacists, showing the importance of ACP and RxA working together on professional development.
- Pharmacists feel that ACP does a good job of communicating expectations and in overall

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governance of the profession. There is less agreement that ACP understands the complex practice challenges faced by registrants. It is unclear whether this reflects a lack of understanding or a perceived lack of empathy about the challenges.

Changing role of pharmacists

- Pharmacists anticipate that they will be doing “more” in the next few years: more involvement, monitoring, decision making, and less counting, dispensing, and technical work.
- There is a high degree of agreement that pharmacists’ roles should include education and support, promotion of healthy choices, and coordination of drug therapies.
- Less than half of pharmacists agree that their role should include assessment and primary treatment. In addition, there is less agreement that pharmacists’ roles should include mental health, pain management, or palliative care.
 - Younger pharmacists are significantly more likely to embrace a more encompassing role, including all aspects of helping patients in public health, chronic disease, primary care, and pain management.

Communication

- Although the majority of pharmacists consider the ACP website their most important source of information, all three of the major communications vehicles are valued by pharmacists (*The Link*, *aφnews*, and website)
 - The ACP website is visited, on average, seven times per month.
- Pharmacists have a strong desire for information. While satisfied with most information received, pharmacists desire better information on influenza outbreaks and ethical decision making.



Engaging with our professions

Regional meetings: Areas of discussion and what we heard

Regional meetings were held in Edmonton, Calgary, Killam, Red Deer, Grande Prairie, Vermilion, Medicine Hat and Lethbridge. Over 250 pharmacists and pharmacy technicians (60/40 split between the professions) participated in the discussions and workshop-style breakout sessions.

Regional discussions centred on four topics:

1. Practice challenges facing pharmacists and pharmacy technicians
3. Roles in mental health and addictions
3. Resourcing the implementation and development of person-centred care plans
4. Specialties in pharmacy practice

The following is a summary of comments from participants that were commonly heard amongst the meetings.

Practice challenges facing pharmacists and pharmacy technicians

- Workflow patterns have not changed significantly, despite taking on new roles and responsibilities.
- Many pharmacy technicians feel that they are not being used to their full scope.

- Technology used in pharmacies does not support us to easily access information or to develop care plans:
 - It would be valuable to have a real time interface between pharmacy systems and Netcare.
 - It would be convenient to be able to electronically upload care plans.
- There is a shortage of pharmacy technicians available for community practices; particularly in rural Alberta.
 - It is difficult to retain pharmacy technicians in rural Alberta and sometimes difficult to accommodate full time positions for pharmacy technicians.
- There is tension between some pharmacists and some pharmacy technicians, and between some pharmacy technicians and some pharmacy assistants, with respect to

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Regional meetings *continued from page 3*

roles, responsibilities, and employment opportunities.

- Levels of support from pharmacy owners, both independent and corporate, to facilitate change differs. Some have invested in staffing and training, others in technology, while others have tried to influence performance through performance targets.
- Pharmacy professionals are disillusioned by the impact of third party carriers, manufacturers and employers directing or influencing where individuals must access services in order to have their health benefits reimbursed.
 - Patient choice has changed and is more often influenced by benefits than by the level of care where service is accessed.
- While excited about the possibilities of practicing in Alberta, and the opportunities available, many pharmacists and pharmacy technicians are fatigued with the pace of change.

Roles in mental health and addictions

- The time required and the human resource requirements to care for individuals afflicted with mental health and addictions is different than that required to care for those suffering from physical ailments.
- Pharmacists and pharmacy technicians require tools and support to refer individuals to other mental health/addiction services in their community.
- Pharmacists would like more training in mental health and addictions, both at the undergraduate level and through professional development.
- Pharmacists are frustrated, feeling that they are often placed in a position to “police” indiscriminate prescribing of substances of abuse by some physicians.



In one of eight regional meetings held throughout the province, ACP registrar Greg Eberhart encourages discussion with pharmacists and pharmacy technicians surrounding topics related to their practice challenges and opportunities.

- Pharmacy technicians can assist pharmacists to collect preliminary information from individuals, to support and prepare them to conduct assessments, and support individuals suffering from mental health and addictions.
- The coordination of drug therapy (and sometimes care in general) for individuals with mental health conditions is poor.
- Pharmacists have a significant and vital role to play in de-prescribing and supporting individuals to discontinue unnecessary therapies (i.e. antipsychotics, benzodiazepines, non-prescription codeine).
- Pharmacists should have authority to prescribe narcotics and controlled substances in some situations and subject to certain criteria (i.e. palliative care, pain management, opiate addiction).
- Pharmacists have a major role in supporting and monitoring compliance by individuals with drugs used to treat mental illnesses.

Resourcing the development and implementation of care plans

- A standardized format for care plans is desired:
 - Many recognized that a template was not desirable, as there is potential to detract from critical thinking that is important to person-centric care.
- The information explosion has impacted both the quantity and quality of information that we must consider.
- There is no multidisciplinary consensus on best practices and practice guidelines.
- We need a single point of entry to access best practices and practice guidelines that have gained some consensus across professions and Alberta’s health system.
- We require a common source for tools (both decision support and for patient support):

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Regional meetings *continued from page 4*

- The more that this can be systems-based the better. We need to use the same tools as other professionals.
- A single electronic patient record is required; one that can be reviewed and contributed to by patients and their health team members wherever and whenever care is accessed.
- ACP should not necessarily be the point of entry for resources; however, it is important that ACP facilitate the development and availability of a solution like this.

Specialties in pharmacy practice

- Specialties in pharmacy practice have potential to further fragment care.
- Pharmacists and pharmacy technicians want to know about colleagues in their community who have achieved additional knowledge, training and expertise in certain areas so that they can collaborate with them to benefit patients.

- There is too much new information and knowledge; pharmacists can't be experts at everything, therefore specialties are inevitable.
- Just because someone has taken additional training, and received a certificate for completing that training, does not make them a specialist.
- There may be specialties in pharmacy technician practice (i.e. sterile compounding).
- How would pharmacy specialists be paid? Should they receive a differential payment from those providing general services?
- Pharmacists are already specialists in drug therapy.
- If specialties were to exist, ACP has a role in establishing the standards and a framework for them.
- Specialties need to be competency-based and must be differentiated and demonstrated both qualitatively and quantitatively from general practice.

- There is a need to differentiate services, to assist the public to make informed decisions about where they can access the type and level of care they require. However, specialties may not be the solution to this.

Pharmacy technicians' additional feedback

- ACP should consider changing its name to be more inclusive of pharmacy technicians.
- First-time technicians should have an orientation to teach them exactly what ACP does and what it does for technicians.
- Idea: host a welcome function for pharmacy technicians.
- More resources are needed on ACP's website for pharmacy technicians.
- ACP should focus more on hospital technicians and not just community pharmacy technicians.
- Pharmacy technicians want more information on their new profession including scope of practice.

We listened ... and here's what we are doing

Council recognizes the importance of engaging with registrants, partners and stakeholders, and the public to ensure that it can lead in an informed way. During the past year, ACP has reached out by:

- Conducting our triennial survey with pharmacists to hear your perspectives

about emerging opportunities, threats, and challenges within your practices, your perspectives about ACP, and the effectiveness of our communications;

- Visiting pharmacies and meeting with pharmacists, pharmacy technicians, and licensees to learn about your successes, and to gain insight about

how you are approaching new challenges;

- Hosting eight regional meetings across Alberta to facilitate discussions amongst registrants;
- Hosting two webinars (Physician-assisted Death and Virtual Regional

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We listened ... continued from page 5

Meeting) to enable registrants from across Alberta to participate in discussions that may not otherwise be accessible to them;

- Meeting with corporate leaders to share insights about practice opportunities in Alberta, and how this differs from that in other provinces – emphasizing the need to invest in practice management systems and their pharmacist teams to achieve their mutual goals;
- Meeting with organizational leaders from RxA, PTSA, and CSHP Alberta Branch to discuss organizational priorities and opportunities to work together. This is exemplified by the guidance document that PTSA, RxA, and ACP developed on the “Roles and Responsibilities of Pharmacists and Pharmacy Technicians”;
- Meeting with organizational leaders from other regulated professions and provincial health organizations to identify common opportunities to work together. Examples resulting from these discussions are the guidance provided about “Medical Assistance in Dying” and the availability of naloxone to temporarily reverse opiate overdose; and

- Hosting our second annual “Leadership Development Forum” to support and nurture aspiring pharmacist and pharmacy technician leaders.

The insights gained through our engagement efforts provide ACP with another perspective – a valuable lens to look through when considering opportunities and priorities in support of our strategic goals. Some examples follow:

Professional practice

- Our team of practice consultants reflect our largest investment in monitoring and improving pharmacy practice. We recognize the magnitude of change everyone is experiencing and continue to develop tools and provide coaching and mentoring to individuals and pharmacy teams. The work of our practice consultants continues to effect positive change in processes and behaviours, resulting in better patient experiences.

Technology solutions

- We are highly engaged in provincial initiatives to enhance information management and information technology solutions. ACP is a significant partner in evolving the electronic health record. ACP

advocates for real-time interfaces with pharmacy systems, a common electronic health record that pharmacy professionals can view and contribute to (uploading of care plans), and e-prescribing.

Registration policies and processes

- We are reviewing current policies and processes related to member registration and pharmacy licensing. Registration and licensing are amongst ACP’s most important responsibilities. We must be responsive in a changing environment and ensure:
 - Registration and licensing categories appropriately anticipate the needs of the health system and our professions;
 - Only qualified individuals are registered and/or granted a pharmacy license; and,
 - Individuals have a transparent and positive experience during the registration process.

Human resources

- We will be modernizing role statements for pharmacists’ and pharmacy technicians’ practices.

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In 2015, Council approved a 5-year strategic plan that resulted in the following

Five strategic goals:

1	2	3	4	5
Pharmacy technicians will be integrated into pharmacy practice teams, exercising responsibility for roles they’re authorized to fulfil.	Pharmacists will consistently conduct an appropriate assessment of each patient prior to providing any pharmacy service.	Patient care records will include continuous documentation of pharmacist assessments, treatment plans, record of care, and monitoring results.	Patients will have access to pharmacist prescribing and injections through all licensed pharmacy practice settings.	Patients will expect pharmacists to provide appropriate assessments, advice, and support about their health (treatment) plan at each encounter.

We listened ... continued from page 6

Our pharmacists' role statement was last addressed 20 years ago, as a precursor to the *Health Professions Act*. Now, we aim to develop contemporary role statements to reflect modern practices in a manner that fully integrates pharmacy technicians into pharmacy teams. Furthermore, it will help Albertans better understand what to expect from their pharmacy team.

- We will also be reviewing current legislation and public policies in an effort to identify barriers to the roles of pharmacists and pharmacy technicians. We will pursue amendments, where appropriate, including drug scheduling and provincial policies that control access to drugs and vaccines. We are also developing a framework for pharmacists and pharmacy technicians who sell and use point of care technologies in their practices. The evolution and availability of new technologies may be amongst the most disruptive changes emerging in practice. Pharmacists and pharmacy technicians who provide or use these technologies require a framework to support them to make informed decisions about using these new resources appropriately.

This is only a snapshot of some of the things that ACP is doing. We appreciate how your input has helped us shape our efforts and direction.

In late May, our annual report for 2015 will be posted on the ACP website. We encourage you to review the report and reflect on our professions' achievements over the past year. While daily efforts sometimes feel daunting, it is important to take a moment and reflect on where we have been and what we have accomplished together. Your council and our college look forward to talking and walking along this journey with you.

An update on inducements

In April 2014, ACP council approved amendments to its Code of Ethics and Standards of Practice for Pharmacists, Pharmacy Technicians and the Operation of Licensed Pharmacies. Council was concerned that inducements offered **on the condition** that individuals purchase drugs or professional services, conflicted with behaviours and practices intended to protect the best interest of the public and the integrity of the professions.

In June 2014, *Sobeys West et al.* received an interim injunction – which made the amendments unenforceable until a judicial review by a judge of the Court of Queen's Bench was completed. After an extensive delay in the process resulting from a shortage of judges in Alberta, the judicial review began in December 2015, and was adjourned into March 2016; concluding with the decision of the court on April 22, 2016. The court held that, "...the prohibition of inducements offered through loyalty programs by pharmacies is *ultra vires* the college under the *Health Professions Act*." *Ultra vires* means: outside the statutory power of.

The approach taken by the Alberta court differs substantially from the approach taken by the British Columbia Court of Appeal in January 2016 – in a similar matter involving *Sobeys West et al. and the College of Pharmacists of British Columbia*. In that case, the B.C. Court of Appeal followed a long line of precedents that recognized that court must defer to the council of the college in its determination of the public interest. The B.C. Court of Appeal recognized that in making ethical rules and standards, the college could look to the future in its effort to

maintain high ethical standards and professionalism, and was not constrained to acting only on empirical evidence of harm. The B.C. Court of Appeal recognized that the inducement prohibitions were questions of policy that benefitted from the particular expertise of pharmacists on the council as opposed to a court of law.

By contrast, the approach taken by the Alberta court was far more interventionist – with no deference given to the council, deciding that it was best positioned to determine what protected and served the public interest under the *Health Professions Act*.

ACP unequivocally disagrees with the judge's decision; on both the judge's failure to treat the amendments with the appropriate degree of deference and the judge's decision on the merits. ACP filed an appeal of the judge's decision to Alberta's Court of Appeal. ACP will vigorously defend the profession's authority to establish and amend its standards and code of ethics. The matter extends beyond the ACP because, in the view of the ACP, the approach taken by the court undermines the principle of self-regulation in all professions.

ACP's position and concern about offering inducements on the condition that an individual purchase a drug or professional service remain. While the appeal process is making its way through the court, we do not support encouraging individuals to transfer their care through any type of inducement. We respect the right of individuals to exercise choice in transferring care; however, we do not support this being encouraged and incented by health professionals for reasons that do not relate to the health care of the patient. While the amendments were struck down by the court, Principle 1 of the Code of Ethics remains in full effect. It requires that each pharmacist and pharmacy technician "Hold the well-being of my patient to be my primary consideration."



Pharmacist annual permit renewal deadline coming soon

Pharmacists – you must apply to renew your practice permits by May 31.

Use the checklist below to get ready to renew!

Complete the mandatory Jurisprudence self-assessment

Available in the Self-Assessment / Prescribed Activities section of the Continuing Competence Program (CCP) portal.

Complete and document at least 15 CEUs

Complete at least 15 Continuing Education Units (CEUs) during the Continuing Education (CE) cycle (June 1-May 31) and document each activity on a Learning Record.

Remember, the CE year is not the same as the registration year. Even though your practice permit doesn't expire until June 30, 2016, all CEUs earned in June 2016 apply to the 2016-17 CE year. You cannot carry over CEUs you did not claim for the 2015-16 CE year.

Complete at least one Implementation Record

Put your learning to use by implementing a minimum of one CEU into your practice and documenting this on an Implementation Record (you only need to complete one record).

Make sure you have at least \$2 million of personal liability insurance

All pharmacists who hold an ACP practice permit must carry at least \$2 million of personal liability insurance at all times. Even if you are not practising in Alberta (e.g., on leave, living outside Alberta, or selling real estate) as long as you hold a practice permit, you must have liability insurance.

Update your contact information in your registrant profile

You can do this online at any time:

1. Click on the teal *Login* button on the top of the ACP homepage (pharmacists.ab.ca)
2. On the *Login* page, enter your username (registrant number) and your password.*
3. Click on *My Profile* at the top of the page.
4. You will be asked to login to the registrant profile (use the same username and password).
5. Click on *View Profile*. Click on the *Edit* button in the appropriate section and update your information.
6. Click *Save*.

*Forgot your password?

To reset your password online:

1. Click on the teal *Login* button on the top of the ACP homepage (pharmacists.ab.ca)
2. Click the *Forgot your password?*
3. Follow the prompts to reset your password.

If you have authorization to administer drugs by injection

Make sure you meet CPR and first aid requirements

At the time of applying for authorization to perform injections, you made a professional declaration that you will maintain valid first aid and CPR certification for the duration of your authorization, and that if you are unable to provide proof of certification, your authorization to administer injections will be cancelled.



- Valid and current CPR (Level C) – council policy requires that you have minimum CPR Level C. If it's time to renew your CPR certification, make sure it's Level C.
- Valid and current first aid (standard or emergency)

Ensure you have taken action to maintain both your clinical and technical competencies required for administering injections

In conjunction with your annual practice permit renewal, you will be required to complete a declaration that you have maintained the clinical and technical competencies required for administering injections by ensuring you:

1. Have and will maintain valid CPR – minimum Level C (Std 1.18);
2. Have and will maintain valid first aid certification (Std 1.18);
3. Have administered an injection within the past three years; and
4. Have, within the past 12 months, reviewed the Standards of Practice for Pharmacists and Pharmacy Technicians (Stds 7, 16 and 17) and have the required policies and procedures for handling emergencies in place.

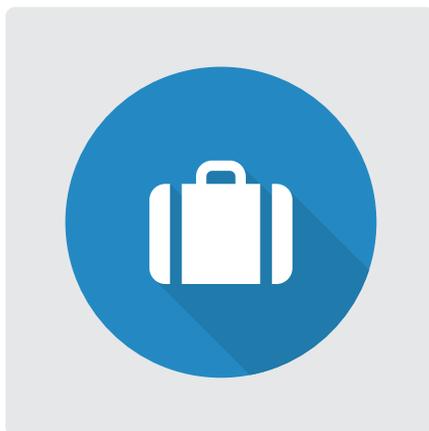
The final step

Submitting your professional portfolio

Once you have completed the Continuing Competence Program (CCP) requirements, the last step is submitting your professional portfolio to the college. You will need to complete this step before you can renew your practice permit online as a clinical pharmacist for 2016/2017.

Where do I find the *Submit* button?

The *Submit* button is located on the homepage of the CCP portal, along the left-hand side, and is only accessible during the online registration renewal period (end of April – May 31). Once you have completed all of the program's requirements, you can upload your portfolio by clicking the *Submit* button. *(Please note, once you have submitted your portfolio, you will no longer be able to make changes to the submitted records.)*



If you are unable to submit your portfolio online, it may be due to unmet requirements. Checkmarks appearing above the *Submit* button identify completed sections of the competence program. If a checkmark is missing, please refer to the corresponding section and complete the requirement.

Portfolio Submission Help Guide

For additional support and information, please refer to our “Submitting your Professional Portfolio” guide. The help guide is located on the ACP website under *Resource Centre > Competence > CCP Requirements*.

If you are still working on your professional portfolio, please refer to our “CCP requirements” section of the ACP website for a number of additional resources including:

- Examples of Implementation Objectives
- How to write SMART objectives
- How to upload a supporting document

For further assistance

Please contact a member of the competence team at competence@pharmacists.ab.ca; and /or review the FAQs on the ACP website.

Update on the Continuing Competence Program for pharmacy technicians

One of the first steps you should take in the new Continuing Competence Program (CCP) for pharmacy technicians is to review the mandatory CCP tutorial. This tutorial is available in the Self-Assessment/Prescribed Activities section of the CCP portal (ACP website: *Resource Centre > Competence > CCP portal*), and can be accessed using your ACP registration number and password. Pharmacy technicians have until November 30, 2016, to complete the program requirements, which includes:

1. Prescribed activities:

- a. CCP tutorial
- b. Jurisprudence Self-Assessment

2. **Learning activities:** Complete at least 15 continuing education units (CEUs) during the CE cycle (December 1, 2015 to November 30, 2016) and document each activity on a Learning Record.

3. Implementation of learning:

Implement a minimum of one CEU worth of learning into your practice and document this on an Implementation Record (you only need to complete one record).

The CCP tutorial will help you gain a better understanding of the program and its requirements. You may also claim non-accredited CEUs for the tutorial, so once completed, you are already a couple

steps closer to meeting the requirements of the program.

Learning activities: FAQs from pharmacy technicians

Is my learning activity valid for CEUs?

Any learning activity relevant to pharmacy practice may be claimed as a CEU. When in doubt, we recommend that you refer to NAPRA's Professional Competencies for Pharmacy Technicians. If a learning activity is related to one or more of the listed competencies, then you may claim CEUs by completing a Learning Record.

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The Code of Ethics applies to all registrants

A recent hearing tribunal issued its written decision on the merit and orders regarding the conduct of a pharmacy technician. On several occasions, the technician was found to have stolen cash (taken from pharmacy coworkers) and stolen medication from the pharmacy. This is the first hearing conducted by ACP into the conduct of a pharmacy technician since technicians first became regulated in 2011.

Registrants of a profession are required to act honestly and ethically – foundational to the covenant of self-regulation. Basic obligations apply to the conduct of all registrants and all registrant types within our professions. When considering the conduct of a registrant in relation to a basic requirement (e.g., acting honestly), pharmacy technicians and other registrant types will be considered in the same manner as a pharmacist.

The hearing tribunal made no deference to the registrant's status in making their decision on merit and penalty. The penalties imposed by the tribunal included, but were not limited to: a fine, significant costs, and a three-month suspension. These penalties are consistent with those issued to pharmacists who have demonstrated similar conduct in the past.

Pharmacy technicians and all registrants – incorporate these lessons into your practice and conduct

1. Review and discuss your fundamental professional obligations with colleagues.
2. Don't assume different types of registrants regulated by the ACP will have their conduct considered differently.
3. Review and reflect upon your conduct as it relates to the Code of Ethics and your profession.

CCP *continued from page 9*

How do I know whether my learning is accredited or non-accredited?

Accredited learning includes any learning activity that has been accredited for pharmacy technicians by either one of these accrediting bodies:

- The Canadian Council on Continuing Education in Pharmacy (CCCEP)
- The Accreditation Council for Pharmacy Education (ACPE)

Non-accredited learning includes any learning activity related to pharmacy practice that has NOT been accredited by CCCEP or ACPE (e.g., independent learning activities such as reading, research, or an in-service) or the accreditation has expired. One hour of non-accredited learning is equivalent to one CEU. (Note: A pharmacy technician may participate in programs that have been accredited for pharmacists; however, if it is not accredited for pharmacy technicians, then the technician would have to claim the activity as non-accredited.)

There are no minimum requirements for accredited CEUs in the CCP. Pharmacy

technicians may complete any combination of accredited or non-accredited learning activities to a minimum of 15 continuing education units each CE cycle.

Completing the Learning Record

Regardless of whether the activity is accredited or non-accredited, you must complete a Learning Record for each learning activity claimed. This Learning Record is available in the CCP portal. The learning record template is easy to use and should take no more than five to ten minutes to complete.

TIP Document what you've learned on a Learning Record right after each activity; it's easiest to complete when the activity is still fresh in your mind.

For more information on CCP, review the FAQs and CCP requirements on the ACP website and/or contact a member of the competence team at competence@pharmacists.ab.ca.

Ignoring requirements can be costly

Ignoring the requirements of the ACP Continuing Competence Program and failing to respond to the competence department can be a costly mistake.

A recent hearing tribunal issued its written decision on the merit and orders regarding the conduct of a pharmacist who failed to meet established deadlines at Step 2 of ACP's Continuing Competence Program (CCP).

A pharmacist's failure and refusal to comply with the CPP requirements, in addition to not responding to the Competence Department and Competence Committee requests, were determined to be acts of unprofessional conduct. In their decision, the hearing tribunal affirmed the necessity for pharmacists to fully comply with CCP requirements while on the clinical pharmacist register. The hearing tribunal further underscored the importance of CCP as a cornerstone of self-regulation and the profession's ability to protect the public.

As a pharmacist, if you are unable to comply with deadlines and requirements of the CCP, then you likely should not be

on the clinical register – whether you're actively engaging in practice or not. If you are unable to comply with the CCP requirements, contact the competence department immediately.

Rationale for the tribunal's decision is reflected in its following statements:

Participation in the program is a fundamental duty of registered pharmacists.

The Continuing Competence Program is a necessary part of ensuring that registered members continue to demonstrate their clinical skill and ongoing competence to practice pharmacy. The program is not optional. Members are obliged to comply. Pharmacy is a self-regulating profession. When a member refuses to abide by the requirements that all members must follow, it suggests that the requirements are optional, which is not the case, and undermines the ACP's ability to engage in self-regulation.

These proven allegations go to the heart of the professional and ethical obligations of a pharmacist. To refuse to comply with the continuing competence requirements expected of all pharmacists is a breach of [the pharmacist's] duty to the public and the profession of which he/she is a member.

Conduct such as that shown by [the pharmacist] in this case can seriously undermine public confidence...

Pharmacists and Pharmacy Technicians – incorporate these lessons into your approach to ACP's Competence Program

1. Review your professional obligations in complying with the CCP and in responding to the ACP. Principles 9, 10 and 11 of the Code of Ethics may provide you valuable guidance in this respect.
2. Review and understand all aspects of the college's CCP. Excellent information about the CCP can be found in recent editions of *apnews*, on ACP's website under *Resource Centre > Competence > CCP Requirements*, and in the CCP portal.
3. Be engaged in the CCP process and proactively respond to and complete all requirements of the CCP. Don't wait until the last minute to respond, especially if you think you may not be able to fully respond to a requirement of the CCP.
4. Ensure ACP has up-to-date contact information for you.
5. Read communications from ACP for additional information and tips on the CCP.
6. If you think you need help understanding or complying with the CCP, ask for and accept assistance.
7. Discuss the CCP requirements with your peers.





Congratulations 2016 APEX Award winners

The APEX Awards are uniquely driven by the pharmacy community to recognize excellence in pharmacy practice in Alberta. The Alberta Pharmacists' Association (RxA) and the Alberta College of Pharmacists (ACP) are proud to feature this year's APEX Award recipients. These individuals champion excellence in their practice and provide exceptional patient care to Albertans. We applaud their efforts in advancing the profession and are excited to celebrate them!

Access complete profiles of this year's recipients on our website at <https://pharmacists.ab.ca>.



Award of Excellence

Serena Rix

Pharmacist, Grey Nuns Community Hospital, Edmonton

Serena Rix is a PharmD practising in the palliative care unit at the Grey Nuns Community Hospital in Edmonton. Drawing on her extensive oncology experience, most notably from her years as a pharmacist at the Cross Cancer Institute, Serena led the development of a tool designed to assist non-oncology pharmacists and allied healthcare professionals to identify problems associated with oral chemotherapy. Working closely with a project team from the University of Alberta, Serena created the AntiC website,

www.oralchemotherapy.ca, and corresponding mobile app.

AntiC covers an updated list of many brand and generic chemotherapy agents from monographs, precautions for both general and specialized populations, usual doses, common side effects, and drug interactions. AntiC is a valuable tool for both community and hospital pharmacists who provide care to chemotherapy patients. This contribution to the practice of pharmacy is a true example of what can be achieved when you combine a passion for patient care, an innovative spirit and the desire to modernize practice.

Serena participates as a Pharmacist Mentor, acting as preceptor for 2nd and 4th year Pharmacy and post-professional PharmD residencies. She is also involved in undergraduate teaching for the Faculty of Pharmacy and Pharmaceutical Sciences at the University of Alberta, covering subjects such as palliative care, pain management, and oncology medication side-effects.

"Serena Rix is extremely involved in teaching, mentoring, and is actively pursuing research projects on knowledge translation within the area of palliative care," says Dr. Sharon Marsh, Assistant Professor, Faculty of Pharmacy and Pharmaceutical Sciences, University of Alberta. "She has a passion for learning and for teaching and has an incredible drive to improve both herself and others through her work and research."



M.J. Huston Pharmacist of Distinction

Val Langevin

Pharmacist, Shoppers Drug Mart, Sylvan Lake

continued on page 13

APEX Awards continued from page 12



Friend of Pharmacy

Dr. Sadia Shakil

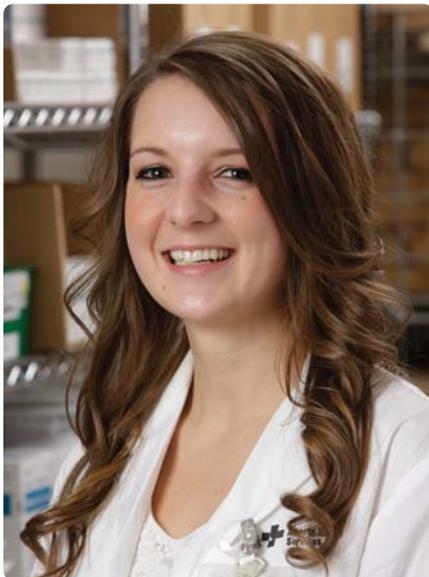
*Physician, Horizon Family Practice,
Edmonton*



W.L. Boddy Pharmacy Team

**Melissa Dechaine, Tara Grimstead, Lisa Tate,
Lindsay Torok-Both and Andrea Pickett**

St. Albert and Sturgeon Primary Care Network, St. Albert



Future of Pharmacy

Taryn Heck

*Clinical Pharmacist, Mazankowski Alberta
Heart Institute, Edmonton*



Future of Pharmacy

Ashten Langevin

*Pharmacist, Foothills Medical Centre
Inpatient Pharmacy, Calgary*



Future of Pharmacy

Robert (Graham) Anderson

*Owner/Pharmacist, Sherwood Dispensaries,
Sherwood Park*

In memory...

James (Jim) Norman Miller

August 2, 1943 – March 19, 2016

Jim passed away on March 19, 2016, at the age of 72 years. He was a U of A Faculty of Pharmacy student in the early sixties and followed a successful career path in corporate sales. Jim is survived by his children, Carrie (Brian) Patry of Athabasca and Collin (Christy Sterling) Miller of Calgary; and his grandchildren, Jonas, Brynn, Myles, Brennan and Levi; as well as, his sister Kathy (Larry) Evans of Nanaimo, BC. He will be especially missed by his beloved sheltie, Amber.

James Hudson Holmes

January 24, 1947 – March 10, 2016

James (Jim) Holmes passed away in Spirit River on March 10, 2016. Jim attended the U of A and graduated with a degree in pharmacy. After graduating, Jim worked as a pharmacist in Grand

Centre, married his first wife, Kathy Aitken, and then moved to Spirit River to start a new life in the Peace Country. Jim first managed, and then finally purchased, Spirit River Drug. On May 1, 2004, Jim married Laura Hessler. Jim and Laura worked at the pharmacy together and shared many happy memories building a beautiful life in northern Alberta. Jim and Laura loved to travel and made regular trips across North America. Sadly, Laura passed away on May 22, 2015. Jim will lovingly be remembered by children, grandchildren, extended family and many friends.

Robert 'Ross' Shears

December 2, 1935 – February 26, 2016

With deepest sadness, the family of Ross announces his passing on February 26, 2016, after a long, courageous battle with Non-Hodgkin's lymphoma. He leaves to cherish his memory, Janet, his wife of

over 55 years; his daughter Kara, son Vaughn (Jennifer) and beloved grandson Bredy; siblings Louil Keeling and Betty (Hal) Brucker; as well as many nieces, nephews, relatives and friends who will miss him always. Ross graduated from the U of A in the Faculty of Pharmacy in 1958, and served the university communities from Campus Drug until his retirement.

Marlain May Wong

On December 12, 2015, Marlain May Wong of Devon passed away at the age of 62 years.

She graduated from the U of A in the Faculty of Pharmacy in 1975. Marlain is survived by her husband, Wai Jick Quan; children, Andrew Jason Quan and Meigan Anne Quan; brothers, Ping Wong, Fordie Wong and David Wong; and sister, Fong Wei Yee of Hong Kong.

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We welcome your questions, and comments via social media. Our goal is to provide a community where individuals can share content, ideas and experiences and find helpful information.

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