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alberta college of **pharmacists**



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Election results are in

Congratulations to the following members who were elected to Council:

- District 3, Catherine McCann,
- District 4, Dianne Donnan, and
- District 5, Tracy Marsden (re-elected by acclamation).

Cathy and Dianne will begin their three-year terms on Sun., May 30, 2004.

Thank you to all members who allowed their names to stand for election. Your involvement is an important part of the democratic process.

We extend a sincere thank you to Gladys Whyte, District 4, Dr. Tammy Bungard, District 3, and Joe Doolan, public member, who will retire from Council on May 29. The entire college membership appreciates your willingness to serve the profession.

Pharmacy to pharmacy sale of pharmaceuticals

Section C.01A.004 of the *Food and Drug Regulations* (FDR) requires a pharmacy licensee or manager to have an establishment licence to conduct wholesaling activities in Canada. This section applies to all persons who sell drugs to customers other than the final retail customer, including those who forward medications to another pharmacy. If a pharmacy licensee or manager wants to undertake non-retail sales of these products, they require an establishment licence.

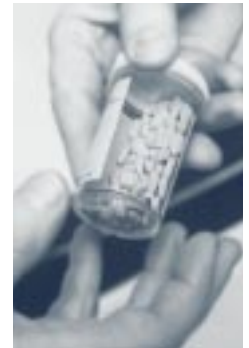
The regulations define wholesaling as follows:

wholesale "means to sell any of the following drugs, other than at retail sale, where the seller's name does not appear on the label of the drugs:

- a) a drug listed in schedule C, D or G to the *[Food and Drugs] Act* or in Schedule F to these regulations; or
- b) a narcotic as defined in Section 2 of the *Narcotic Control Act.*"

According to a Health Canada resource, this definition of wholesale does not exclude non-routine non-retail transactions. Doing so could create gaps in the record-keeping requirements of the regulations that permit

the effective recall of drugs to the retail level. As such, the current words of the regulations do not permit Health Canada to support the non-routine non-retail sales of Schedule F and certain other drugs to be permitted under the FDR section C.01A.004.



According to the FDR the following activities are considered licensable activities: fabricating, packaging/labelling, testing, importing, distributing and wholesaling. In accordance with Part C, Division 1A of the FDR, if a firm is performing any licensable activity, the firm is required to have an establishment licence. To obtain this licence, the firm must demonstrate compliance with good manufacturing practices which may be found in Part C, Division 2 of the FDR. The responsibility to assess a firm's compliance with the requirements of the FDR lies with Health Canada.

Further information about the establishment licence and good manufacturing practices requirements can be found on the Health Canada website at www.hc-sc.gc.ca/hpfb/inspectorate/index_e.html.

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The deadline for submissions is the end of the first week of the month prior to publication. Information about content and length of articles can be obtained from the editor.

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Greg Moffatt

Councillors and our public members can be reached by e-mail via our website at www.altapharm.org under *About, Council*, or by using the search feature to locate them by name.

Staff Directory

All staff are available at (780) 990-0321 or 1-877-227-3838 or by fax at (780) 990-0328. Their e-mail addresses are available on our website at www.altapharm.org under *Contact Us*.

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ACP operating grants to RxA

Council has approved a grant for the amount of \$1,181,921 (less the pro-rated portion of the 2004/05 VISA/MasterCard charge experienced by ACP through the licensing of practising pharmacists) to support RxA's operations for the 2004/05 ACP membership year. This reflects a 3.5 per cent increase over the amount granted in 2003/04. This annual operating grant is the last one that will be provided by ACP to support RxA's operations.

Council has heard membership concerns respecting accountability and sustainability through the RxA governance review process. Council members, in their capacity as ACP councillors and as RxA shareholders, have listened closely to members who have participated in the governance review forums and who have forwarded their thoughts to the steering committee.

Council respects members' wishes for an autonomous RxA, the election of RxA board members, and the need for RxA to report directly to its own members, rather than through a select group of shareholders. Councillors remain committed to the work of the steering committee to ensure that these wishes are met.

Council believes that it is in the profession's and RxA's interest that organizational autonomy and self-sufficiency be pursued and completed as quickly as possible. Many members have indicated a desire for voluntary membership in RxA.

The sustainability of RxA is important and ultimately lies with the choice of members. This is a responsibility that ACP cannot own.

Council has approved a **final, one-time transitional grant** for the amount of \$1,223,288 (less the pro-rated portion of the 2005/06 VISA/MasterCard charge experienced by ACP through the licensing of practising pharmacists) to be provided after July 15, 2005. This grant is subject to the fulfillment of milestones determined by the Governance Review Steering Committee. Council has encouraged the steering committee to communicate these milestones to the RxA board and shareholders, and ACP's Council prior to the end of September 2004. The transitional funding will be forwarded after July 15,

2005, only after Council is satisfied that the agreed upon milestones have been achieved.

Upon fulfilling these commitments in July 2005, ACP will have transferred over 6.5 million dollars to RxA since January 2000, including:

- start-up costs,
- funds transferred in support of specific programs,
- seed funding from surpluses,
- membership dues collected in the 2001/02 membership year on behalf of RxA,
- operating grants provided in 2002/03, 2003/04, 2004/05, and
- the final transitional grant appropriated in 2005/06.

In addition ACP has provided in-kind support through many partnerships with RxA including the website, e-mail service, membership registration, and most of the costs associated with the governance review process.

ACP's annual practising membership fee for the 2005/06 membership year will be the same as assessed for the 2004/05 membership year, less the premium for malpractice insurance. Members will be required to demonstrate that they have malpractice coverage in the **amount** and **type** prescribed by the college; however, ACP will not collect premiums for that coverage in 2005/06. Anticipating competitive coverage, premiums, and service, this presents an opportunity for RxA through its affiliation with CPBA.

The college will reevaluate its annual membership fee structure upon proclamation of the *Health Professions Act* and *Pharmacy and Drug Act*, prior to the 2006/07 membership year. A decrease in the annual practising member fee will occur at that time.

Council strongly supports the work of the Governance Review Steering Committee, and encourages continued membership participation in defining the future of the association. In preparing to govern the profession under new legislation, Council has found it both necessary and, in the best interest of the profession and the public, to finalize decisions respecting ACP's role in funding the operations of RxA.

Education and prevention



This feature summarizes real cases brought to the college's attention, including factors contributing to problems or complaints, and offers recommendations to prevent future incidents. It presents an opportunity to learn from the experiences of others and, where appropriate, incorporate relevant recommendations into our practices.

Strategies for reducing medication errors in the pharmacy

Most errors occur as a result of multiple cascading events, usually set in motion by faulty system design. Efforts to reduce errors in the pharmacy must focus on the root causes—flaws in system design and implementation, not the flaws of individuals. Realistically, no matter how careful, knowledgeable or well-intentioned we are, human beings will make errors. Unfortunately the tendency to blame often results in a lost opportunity to identify and correct systemic problems that may lead to error. Uncorrected systemic problems often lead to repeat errors.

Key information for error reduction strategies comes from internal error reports. It is important for each pharmacy to have a non-punitive culture that encourages reporting errors and close calls.

Conducting a system review before an error occurs can be a challenging process since there are many factors that can have an impact on the dispensing process. Here are some suggestions to consider.

- Remove clutter. Have a place for everything, including the occasional prescriptions needing follow-up.
- Have adequate workspace for each function, including receiving drug orders.
- Assess the dispensary for fatigue-generating environmental conditions, such as inadequate lighting, loud background noise, temperature extremes and fixtures that are not ergonomic.
- Minimize interruptions and distractions including traffic in the dispensary. Designate a person to answer the phone.
- Sequester drugs with a high potential for errors from the regular drug inventory.
- Use visual markers to identify drug products having multiple strengths, similar-looking labels or similar-sounding names. Use stickers to

identify different strengths of the same drug or stock different brands for each strength when generic brands are carried in the pharmacy.

- Embrace new technology such as new pharmacy software and UPC scanners to assist with accuracy.
- Always clarify ambiguous and poorly handwritten prescriptions with the prescriber.
- Review staff awareness of sound-alike and look-alike drugs.
- Respect human limitations in process design. Identify and address stress and unreasonable workloads.
- Develop procedures for filling prescriptions and dealing with problem prescriptions. Work as teams and assign functions as necessary.
- Have a comfortable patient waiting area.
- Move the cash register and postal outlet away from the dispensary.
- Counsel your patients, being sure to show them the medication in the process. Actively involving patients in their care is an important method of risk reduction.

Access to professional support for the pharmacists is important, considering the personal and professional traumas that they may suffer as a result of being involved in a medication error. [A support system for pharmacists who have been directly involved in serious errors is available free to RxA members. Chandler Haave Vandersteen Carter chartered psychologists offer confidential counselling sessions and can be contacted directly at 1-888-424-0126.]

There are many valuable error prevention resources available for health professionals. See the article on page 7 for helpful resources on the ISMP and USP websites.



Talking to MLAs

On Wed., March 24, 2004, councillors and other pharmacists met with 23 members of the Legislative Assembly (MLAs) to discuss pharmacy-related issues.

Once again participants found the MLAs were knowledgeable about pharmacist practice and the potential contribution pharmacists can make to the health system. They encouraged the college to continue to work towards an expanded scope of practice within a collaborative health team.

The MLAs continue to be complimentary about their relationships with pharmacists in their communities. They were particularly appreciative of the knowledge pharmacists display in their practices and the assistance pharmacists have provided to MLAs' families.

Positive relationships with MLAs are critical to the advancement of pharmacist practice. If you have, or are interested in developing, a collegial relationship with your MLA, please contact Greg Eberhart, registrar, at (780) 990-0321 or 1-877-227-3838, or by e-mail at Greg.Eberhart@altapharm.org

Expanded scope of practice news

In addition to the March 24th meeting with MLAs, the college has continued to discuss our proposal for an expanded scope of practice with MLAs and other stakeholders.

There continues to be significant support for pharmacists prescribing within a collaborative health team environment and for pharmacists administering drugs by injection. We look forward to hearing from the minister of Health and Wellness in time to develop regulations and see proclamation of the *Health Professions Act* for pharmacy and proclamation of the *Pharmacy and Drug Act* during 2004.



Self-assessment pilot coming

The Competence Committee has decided to pilot the new self-assessment program over the next year to ensure that the program is meaningful and user-friendly for Alberta pharmacists.

The committee will recruit volunteers from across the province to participate in a year-long pilot study. Ideally, members from a variety of practice sites and geographical settings will help test whether the self-assessment tool is appropriate for all types of practice.

Please consider volunteering your time for this worthwhile project. You can help determine how the program will best benefit you and your colleagues.

Watch for a call for volunteers coming soon!

Learning portfolio tip

- You cannot claim CEUs for an upcoming event. The CEUs must be completed as of the date you are signing the declaration on your membership renewal form.
- Do not submit supporting documentation such as course certificates and learning project records at the time of membership renewal. You only need to submit these if you are selected for a learning portfolio audit.
- Please make a copy of your professional development log for your records. You will need this if you are selected for audit.
- Practising members who registered with ACP after June 30, 2003 do not require any CEUs between the date of initial registration and June 30, 2004.



Check out the annual report on the web!

Read about the innovative practices of your colleagues, including this year's award winners, and about the highlights of the college year. They're all available in the college's 2003/04 annual report on our website at http://www.altapharm.org/about/annual_report.aspx

Copies of the report will be available at the college's annual general meeting on Sat., May 29 at 4:45 p.m. at the Sheraton Cavalier Calgary. You can also call the college office and we'll send you one.



66.2% now signed on

On March 31, 2004, 66.2 per cent of the college membership were signed onto the membership e-mail system! This percentage tops all other pharmacy regulatory authorities that have e-mail systems.

You can receive college news electronically by signing onto the system. If you need help, please call Misti Denton at the college office at (780) 990-0321 or 1-877-227-3838 or contact her by e-mail at Misti.Denton@altapharm.org

How long should you keep prescription records?

Virtually every piece of legislation applying to pharmacist practice has something to say about how long you must keep your prescription records. Practice would be simple if these statutes were all the same; however, they aren't. There is enough commonality though, to sort out the regulations in an understandable way.

Federal legislation says that pharmacists must keep prescription records for at least two years from the date of filling a prescription for a Schedule F drug¹. Records pertaining to controlled drugs² and narcotics³ must also be kept for two years. The question that remains is: two years from what?

Our provincial *Pharmaceutical Profession Regulation*⁴ answers this question clearly. You must keep prescription records for at least two years from the last activity or change to the prescription, such as a refill or part fill.

Depending on the classification of the drug, prescriptions can have different life-spans. You can only dispense a refill of targeted substances such as benzodiazepines if less than a year has elapsed since the prescription was written⁵. Other drugs are addressed in the pharmacist's standards of practice that prevent a pharmacist from refilling a prescription if more than 18 months have elapsed since the prescription was originally filled⁶.

A general rule of thumb can be drawn from this information. If the maximum activity period for a prescription is 18 months, and records must be kept for two years from the date of last activity, you should probably keep prescription records at least $18 + 24 = 42$ months (3 1/2 years). However, there are exceptions.

Depending on the information contained in the prescription files and the purpose for its use, 42 months may not be long enough to satisfy all legislation. If the prescription records apply to a tax return, they may be required to remain

in your possession for six years from the end of the tax year to which they apply⁷. Consult your accountant for professional tax advice on this matter.

Lastly, the *Health Information Act* (HIA) requires that records pertaining to the disclosure of health information be kept for 10 years from the date of disclosure, if the disclosure was made without the patient's written consent⁸. An example of such a disclosure would include a fax you sent to a doctor's office requesting a refill. Consequently, some pharmacists create separate files for HIA documents.

In general, pharmacies should keep prescription records for at least 42 months, or longer if advised by your taxation specialist. Documents related to the disclosure of health information must be kept for at least 10 years.

¹ Food and Drug Regulations, section C.01.041 (2) and (3)

² Food and Drug Regulations, section G.03.009

³ Narcotic Control Regulations, section 40(2)

⁴ Pharmaceutical Profession Regulation, section 16

⁵ Benzodiazepines and other Targeted Substances Regulations, section 52 (c)

⁶ Standards of Practice; the Pharmacist, section 5.1(i) (ii)

⁷ Income Tax Act, section 230 (4)

CAUTION!

Formaldehyde: a caution

Some individuals may be purchasing formaldehyde for illicit purposes. The college has been advised that some drug users are now smoking tobacco or marijuana cigarettes that have been dipped in formaldehyde and dried. Although the sale of formaldehyde is not subject to special regulations, you may want to use your professional judgement when asked to supply it.

To learn more about street drugs, attend the college's 2004 conference and annual general meeting and hear former police detective Steve Walton as he discusses common drugs of misuse and the implications for your community and your patients. (For more information about the conference, see page 11.)

Potential medication errors

The college requests that all pharmacy licensees and directors of hospital pharmacy review their policies and procedures respecting storage and inventory of sound-alike, look-alike pharmaceuticals. Your goal should be to ensure products with sound-alike, look-alike similarities are stored or inventoried substantively separate from one another to minimize the potential for unintended interchange.

Here are some website links to support your efforts. They include lists of products that have a high potential to cause significant patient harm when used in error; lists of sound-alike, look-alike products; and other resources.

Please note that United States Pharmacopoeia (USP) and the Institute for Safe Medication Practices (ISMP) are American resources. As a result, some of the product names may not be relevant to your practice. In addition, some Canadian product names may not be included in the list.

List of high alert drugs
www.ismp.org/msaarticles/highalertprint.htm

List of error prone abbreviations, symbols and dose designations
www.ismp.org/PDF/ErrorProne.pdf

List of sound-alike, look-alike names
www.usp.org/pdf/patientSafety/q762001-03-01.pdf

Information on pharmacy drug mapping
www.ismp.org/msaarticles/rxmapping.html

In addition, USP produces *MEDMARX Data Report*, an annual summary of common and persistent patterns in types of medication errors, causes, contributing factors, products involved, actions taken and location of errors. You will find order information at:

http://store.usp.org/OA_HTML/ibeCCtpSctDspRte.jsp?section=10076

Another publication that may be helpful is *Medication Errors*, available through ISMP, ISBN: 0-917330-89-7. This resource is a comprehensive examination of the causes of and means to prevent medication errors.

Order information is available at:
www.ismp.org/Pages/book.html

Other resources, including a medication safety self-assessment can be found on the ISMP website at <http://www.ismp.org>

Note: change to DUE Quarterly and CARN distribution

The Drug Use in the Elderly (DUE) Quarterly and the *Canadian Adverse Reaction Newsletter* will no longer be distributed as an insert to **acp news**.

Canada Post has changed the publication mail regulations such that including either of these two newsletters individually with **acp news** will double our mailing costs. Rather than incur the additional costs, we have chosen to notify you via e-mail and this newsletter when new issues of the two publications are available.

At the same time we will provide links to electronic versions of the newsletters. *DUE Quarterly* is already on our website at www.altapharm.org/news_events/quarterlyNewsletter.aspx.

You can subscribe to a free service which will notify you by e-mail of each new issue of the *Canadian Adverse Reaction Newsletter* and give you a link to the electronic version. To subscribe go to www.hc-sc.gc.ca/hpfb-dgpsa/tpd-dpt/subscribe_e.html

If you prefer to receive a hard copy of either of these publications, please contact us **after we have informed you** of a new issue and we will send you one.

The April 2004 issue of the *Canadian Adverse Reaction Newsletter* is now available on the Health Canada website at www.hc-sc.gc.ca/hpfb-dgpsa/tpd-dpt/index_adverse_newsletter_e.html

Topics include sterol and sterolin-containing products and a case presentation on clopidogrel, among others.



Health Canada advisories

After the last edition of the newsletter went to print, Health Canada placed the following advisories on its website.

You can obtain a copy by using the links below or by calling Misti Denton at the college office at (780) 990-0321 or 1-877-227-3838, or by e-mail at Misti.Denton@altapharm.org

Some of the following links will take you to the Health Canada website; others will take you to the Health Canada information on the National Association of Pharmacy Regulatory Authorities (NAPRA) website.

- **Safety information: Tamiflu® (oseltamivir phosphate)**
http://www.napra.ca/pdfs/advisories/tamiflu_Prof.pdf
- **Safety information: Permax® (pergolide mesylate)**
http://www.napra.ca/pdfs/advisories/permax_hpc_e.pdf
- **Safety information: Viramune® (nevirapine)**
<http://www.napra.ca/pdfs/advisories/viramune.pdf>
- **Safety information: Zyprexa (olanzapine)**
http://www.hc-sc.gc.ca/hpfb-dgpsa/tpd-dpt/zyprexa_hpc_e.html



Natural Health Products Regulations

This is the second in a series of articles on the new Natural Health Products Regulations and how they might affect you and your practice.

What is a Natural Health Product?

The new *Natural Health Product Regulations'* definition of "natural health product" (NHP) is rather complex. The definition has two components: function and substance. To determine whether an item fits the definition of a natural health product, ask the following questions:

- does the product perform a function listed in the definition (see below)?
- is the product included in Schedule 1?
- is the product not included in Schedule 2?

If the answer to these three questions is yes, the product qualifies as a natural health product and is subject to the NHP regulations.

The regulations specifically state:

"natural health product" means a substance set out in Schedule 1 or a combination of substances in which all the medicinal ingredients are substances set out in Schedule 1, a homeopathic medicine or a traditional medicine, that is manufactured, sold or represented for use in

- a) the diagnosis, treatment, mitigation or prevention of a disease, disorder or abnormal physical state or its symptoms in humans;*
- b) restoring or correcting organic functions in humans; or*
- c) modifying organic functions in humans, such as modifying those functions in a manner that maintains or promotes health.*

However, a natural health product does not include a substance set out in Schedule 2, any combination of substances that includes a substance set out in Schedule 2 or a homeopathic medicine or a traditional medicine that is or includes a substance set out in Schedule 2.

You can refer to the full text of the regulations on Health Canada's website at http://www.hc-sc.gc.ca/hpfb-dgpsa/nhpd-dpsn/regs_cg2.pdf for Schedules 1 and 2.

Examples of natural health products include:

- traditional herbal medicines
- traditional Chinese medicines
- traditional Ayurvedic medicines
- native North American medicines
- homeopathic medicines (listed in one of four homeopathic pharmacopeias)

- vitamins, minerals, amino acids, essential fatty acids

There will probably be some products whose status is open to interpretation. For example, is a herbal tea a natural health product or a food? Such products will be included at the discretion of the Natural Health Product Directorate.

Drug/natural health product combinations will be regulated as drugs under the *Food and Drug Regulations*.

Natural health products compounded for a specific patient are not subject to these regulations.

Once a product has been assessed by Health Canada and granted a product licence, the product label will bear an eight digit product licence number, preceded by the letters NPN. The NPN on the label will inform consumers that the product has been reviewed by Health Canada for safety, quality and health claims. Labels for homeopathic products will bear the designation DIN-HM.

All natural health products must have a product licence and a product number by Jan. 1, 2010. However, there is a phased-in approach to this requirement, as follows.

Priority 1: June 1, 2004

NHP substances on the Therapeutic Product Directory's New Drug List

Priority 2: Jan. 1, 2005

Isolates, amino acids, fatty acids, concentrated volatile (essential) oils, indicated for internal use, and extracts other than those prepared by traditional methods

Priority 3: June 1, 2005

Algal, bacterial, fungal, probiotics and non-human animal materials

Priority 4: June 1, 2006

Plants, plant materials, extracts prepared by traditional methods, and volatile (essential) oils other than those that are concentrated and indicated for internal use

Priority 5: Jan. 1, 2007

Vitamins and minerals

Priority 6: June 1, 2007

Homeopathic medicines

Products that were granted a drug identification number (DIN) after 1994 have until Dec. 31, 2009 to apply for a NPN since they have already proven their safety and efficacy.

Investigation into professional conduct

The following decisions of college investigating committees have been summarized due to space considerations. Copies of the full decisions are posted on the college website at www.altapharm.org/complaints_resolution/?id=5020 or can be obtained by contacting Misti Denton at the college office at (780) 990-0321 or 1-877-227-3838 or by e-mail at Misti.Denton@altapharm.org

Summary of an ACP Investigating Committee decision regarding the conduct of Ron Marcinkoski, licence # 3270

On Dec. 16, 2003, an Investigating Committee of the Alberta College of Pharmacists determined that certain conduct of Ron Marcinkoski constituted unskilled practice of pharmacy, professional misconduct and proprietary misconduct under Section 57 of the *Pharmaceutical Profession Act*. The decision was based on an Agreed Statement of Facts, Admissions by Mr. Marcinkoski and a Joint Submission from the College and Mr. Marcinkoski.

Based on the Agreed Statement of Facts and Admissions by Mr. Marcinkoski, the Investigating Committee determined that allegations in respect to the following three matters were well founded.

1. Ron Marcinkoski, as licensee of Terra Losa Corner Pharmacy, failed to have an effective quality control system in place with respect to the compounding of clonidine which led to a compounding error, made by staff in the employ of Ron Marcinkoski, in the preparation of clonidine suspension using grams instead of milligrams. This resulted in the drug dispensed being 1,000 times stronger than the prescribed drug and this led to severe, non-fatal adverse reaction in a pediatric patient who received a clonidine overdose.
2. Ron Marcinkoski, as licensee of Terra Losa Corner Pharmacy, failed to have an effective quality control system in place with respect to the compounding of methadone and failed to maintain adequate written records for the purchase, sale, compounding and dispensing of methadone, with the resulting inability to determine the strength dispensed. This resulted in a

severe non-fatal adverse reaction in an adult who received a methadone overdose.

3. An Alberta Blue Cross audit indicated multiple problems in:
 - a. dispensing of prescriptions without proper authorization from the prescriber;
 - b. dispensing of drugs, including narcotics, without proper authorization and in amounts and frequencies outside the norm;
 - c. lost records and lost prescriptions resulting in inability of auditors to validate claims made through Blue Cross; and,
 - d. a large number of dispensing discrepancies and billing irregularities which resulted in failure to instill the third-party billing agency's confidence in the records.

As a result of its findings, the Investigating Committee ordered that:

1. the registration of Ron Marcinkoski be cancelled but that the cancellation of the Certificate of Registration be stayed on a series of conditions including:
 - a. random inspections of Ron Marcinkoski's practice by an inspector;
 - b. Ron Marcinkoski not act as proprietor;
 - c. Ron Marcinkoski not be a licensee of a pharmacy; and
 - d. Ron Marcinkoski not be found guilty of unskilled practice, professional misconduct or proprietary misconduct;
2. if any of these conditions were breached within two years from the date of the order, the cancellation of the Certificate of Registration would take effect. If Mr. Marcinkoski complied with the conditions set out for the two-year period, then the cancellation of the Certificate of Registration would be cancelled and the conditions on practice would be lifted except that for five years from the date of the order Mr. Marcinkoski must not be a licensee and could only act as a proprietor with the written approval of the deputy registrar or a delegate of the deputy registrar; and
3. Ron Marcinkoski pay the costs of the investigation and hearing which were set at \$30,000.

Pharmacy Internet access

In December 2002 we notified members that all pharmacies will require Internet access in order to renew their licences for the 2004/05 licence year. Although we still strongly encourage Internet access in the pharmacy, this requirement as a condition of licensure is being deferred. Council fully intends that Internet access will be a requirement after proclamation of the *Pharmacy and Drug Act*.

The decision to require Internet access was based on the expectation that the *Pharmacy and Drug Act* would be proclaimed in time to be implemented on July 1, 2004. It appears that proclamation may be delayed somewhat, making July implementation uncertain at this point.

In addition, the Internet requirement was based on the assurance that the Supernet would be operational across the province. Although progress is being made in improving access to the world wide web throughout the province, access to Supernet will not be available in time for the 2004/05 licence renewal process.



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acp xPress

(faxed since Feb. 5, 2004)

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- sound-alike, look-alike drug products

acp news

(issued on the college website since Feb. 5, 2004)

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- Safety information: Zyprexa (olanzapine)

Mar. 19

- Sound-alike, look-alike drug products

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- More on melatonin

Investigation into personal conduct

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The committee considered the appropriate starting point in assessing penalty for such serious errors was cancellation of Ron Marcinkoski's licence. However, the committee recognized certain mitigating factors which led to the stay of the cancellation.

1. This was the first time Mr. Marcinkoski was the subject of discipline.
2. Mr. Marcinkoski admitted his guilt and outside of these matters of complaint, there was significant evidence of the high regard which many of Mr. Marcinkoski's colleagues and patients held him and the efforts he had made to help his patients.
3. The breaches that occurred appeared to the committee to flow primarily from deficiencies in the management/administrative side and failure to have in place appropriate recording systems and processes, and effective quality controls in a busy practice delivering a significant volume of complex compounding services.
4. The Blue Cross findings and the obligation to repay Blue Cross caused the bankruptcy of Mr. Marcinkoski's pharmacy. The committee felt the process and the high financial cost associated with the loss of business had also communicated a very clear message to Mr. Marcinkoski.

While none of the mitigating factors were considered as defences, the committee did consider them in respect to the appropriate penalty.

Summary of an ACP Investigating Committee decision regarding the conduct of Peter Hayashi, licence # 5070

On Feb. 23, 2004, an ACP Investigating Committee determined that Peter Hayashi had engaged in conduct that amounted to professional misconduct. The decision was based on an Agreed Statement of Facts, Admissions by Mr. Hayashi and a Joint Submission on Penalty.

This committee's decision related to conduct during 2001 and the first few months of 2002. Mr. Hayashi acknowledged that during this period his pharmacy Cavell Value Drug filled a significant number of prescriptions for American residents written by American physicians. Mr. Hayashi further

acknowledged that these prescriptions were not signed or reviewed by a medical practitioner listed in Canada. The prescriptions in question generally originated with American tourists attending at Cavell Value Drug requesting that their prescriptions written by American physicians be filled, usually in emergency situations. Mr. Hayashi filled such prescriptions despite the fact that they were not signed by a Canadian medical practitioner.

Mr. Hayashi also acknowledged that a number of individual Americans who had previously had prescriptions filled in Jasper by Cavell Value Drug continued to submit prescriptions to Cavell Value Drug after they returned to the United States. These prescriptions would be mailed or faxed to Cavell Value Drug for the individuals in question or, on some occasions, for family members, and were prepared and signed by American physicians. These prescriptions were filled despite the fact that they were not signed by a Canadian medical practitioner.

Subsequent to his initial meeting with the preliminary investigators in respect to this matter in April of 2002, Mr. Hayashi discontinued the practice of filling American prescriptions signed by American physicians. He now requires that any prescription submitted to the pharmacy be signed by a physician licensed to practise in Canada.

It was acknowledged before the committee that Mr. Hayashi was cooperative throughout the investigation and the proceedings, and that a subsequent inspection in August, 2003 indicated that his previous practice had changed, and that any prescriptions submitted by Americans were now authorized by a local Canadian physician.

Mr. Hayashi acknowledged that his actions in authorizing and participating in the filling of American prescriptions signed by American physicians and not signed by a practitioner licensed in Canada contravened:

- a. Section 15 of the *Pharmaceutical Profession Regulation*;
- b. Section C.01.041 of the *Food and Drug Regulation*;
- c. Schedule 1 of the *Pharmaceutical Profession Act*; and
- d. Section 4.3 of the *Standards of Practice*.

Continued on page 12

2004 CONFERENCE AND ANNUAL GENERAL MEETING



makingconnections:

where pharmacy fits in the health care puzzle

Register now for the college's

May 28 - 29, 2004

conference and annual general meeting!

Join your colleagues for great learning opportunities
and times for socializing!

Here's a sampling of the topics to be discussed:

- street drugs and substance abuse
- paediatric dosing
- your role in preconception care for diabetics
- working with methadone patients and programs
- your role in a pandemic
- connecting and working with physicians
- privacy legislation
- new regulations for the profession

You'll also have an opportunity to meet the Calgary zoo's animals and keepers on Fri., May 28, and on Sat., May 29th, recognize award winning colleagues and contribute to the college's annual general meeting.

A packed agenda with the potential for 7.5 CEUs! Check out the advance program mailed to your home or check it out at <http://www.buksa.com>

See you there!

Friday, May 28 – Calgary Zoo's Safari Lodge • Saturday, May 29 – Sheraton Cavalier Hotel Calgary

Investigation into personal conduct

continued from page 10

and he acknowledged that these breaches constituted conduct that amounted to professional misconduct.

As a result of its findings, the Investigating Committee made the following orders that:

1. Mr. Peter Hayashi ensure as licensee of Cavell Value Drug that no prescriptions are filled that have not complied with the provisions of the *Pharmaceutical Profession Act*, the *Pharmaceutical Profession Regulation*, the *Food and Drug Regulation*, and the *Standards of Practice* and, in particular, that no prescriptions be filled that have not been provided by a practitioner licensed in Canada and authorized to prescribe;
2. Mr. Hayashi receive a reprimand for his conduct; and,
3. Mr. Hayashi be directed to pay the costs of the investigation and hearing to be determined in accordance with the regulations, but not to exceed \$5,000 unless there are extenuating circumstances beyond the control of the college.

Contribute to your profession—volunteer!

Have you thought about getting involved in college activities, but don't have the time to make a three-year commitment to serve on a committee or Council?

Throughout the year there are a number of opportunities to serve on a working group or task force. If you are interested, please send your resume and a letter of interest to Greg Eberhart, registrar, indicating why you would like to be considered for these activities and describing your special skills and interests. Among other information you may want to provide, please include the number of years you have practised as a pharmacist, your current place of employment and your employment history (for the past five years), your practice interests and any advanced practice designations, leadership roles you have fulfilled within the profession or within your community, and any awards or recognition as a result of leadership within the profession or within your community.

Your letter will be reviewed when a new working group is being created. Join your colleagues in learning and advancing the profession!

...from the faculty

Congratulations to the following **award winners**:

- **Dr. E. Knaus** for receiving the Excellence in Graduate Student Supervision Award from the Graduate Students Association. There were only two supervisors recognized in all of the University of Alberta.
- **Ms. Stephanie Adamic** for receiving the SALUTE Award (Students' Union Award for Leadership in Undergraduate Teaching). This award was established in 1997 by Students' Council to promote and encourage excellence in teaching by recognizing faculty members who demonstrate outstanding contributions in their roles as undergraduate instructors at the UofA.

Dr. Franco Pasutto was guest speaker at two University of Alberta Alumni events. On March 5, 2004, the Lethbridge Chapter of the UofA Alumni Association hosted a dinner for approximately 50 alumni including numerous area pharmacists, then on April 3 a similar event was held in the St. Paul/Bonnyville area. The dean promoted the future role of pharmacists in the Canadian health care system and fielded numerous questions on the topic.

The 5th Annual Dean's Tournament of Golf

will be held Sun., May 30 at the Links of GlenEagles in Cochrane. Registration information is on the faculty's website or by contacting Terry Legaarden at (780) 492-8084 or by e-mail at tlegaarden@pharmacy.ualberta.ca

The Pharmacy Alumni Association is **recruiting individuals** interested in assisting with short-term projects such as the continuing education event to be held during Reunion Weekend, Oct. 2, 2004. Please contact Terry Legaarden if you're interested in volunteering.

Addendum

The pharmacist/physician collaboration workshops mentioned in the March/April 2004 newsletter are sponsored by Pfizer.

In memoriam*

Kathleen Thompson

died on Jan. 23, 2004 at the age of 73 years.

Kathleen was born in Bromborough, England. She completed her pharmacy diploma in 1954 at the Liverpool College of Technology. She came to Canada about 1959, and practised community pharmacy, then she served as a hospital pharmacist in Calgary until her retirement.

Kathleen is missed by her family, friends and colleagues.

Arlene Berry died on Nov. 5, 2003 at the age of 58 years.

Arlene graduated from the University of Saskatchewan in 1967. She practised community pharmacy in Lloydminster, SK. and in Sherwood Park.

Arlene is sadly missed by her husband Fred and family.

Oswald F. Geehan died on Feb. 25, 2004 at the age of 83 years.

Oswald graduated from the UofA with a B.Sc Pharmacy degree in 1944. He enlisted in the navy and later joined the Royal Canadian Air Force as a flight lieutenant pharmacist with postings to Goose Bay, Ottawa, Germany, and Calgary. Upon retirement from the force Oswald, known as "Ozzie", continued to serve in community pharmacy in Calgary.

**The majority of the information used in this column was previously published by families of the deceased. The remainder of the information is released upon consent in compliance with the college policy on management of registration information.*



Congratulations award winners!

Congratulations to this year's award winners! The profession thanks you for your contributions and for being role models for others.

For additional information about these leading pharmacists and others, please go to the annual report on our website at http://www.altapharm.org/about/annual_report.aspx

M.J. Huston Pharmacist of the Year



The newest M.J. Huston Pharmacist of the Year is a humble, but knowledgeable and well respected, member who works at Edmonton's Grey Nuns Community Hospital and Health Centre. She's Kathy

Turnbull whom colleagues describe as a role model to pharmacists and other professionals alike.

Although Kathy has worked in a variety of areas within the hospital, her focus for the last several years has been palliative care. The Grey Nuns Hospital's palliative care unit is at the tertiary care level, which means it's like the intensive care for palliative care, serving patients who cannot be managed at other Edmonton or northern Alberta hospitals. The nature of the unit demands particular expertise from the health care personnel who work there. Kathy is a valuable source of palliative care information for pharmacists, helping them solve problems for their patients or answering their questions about palliative care treatments.

Kathy's patients are her first priority. She does her best to ensure their medication needs are met while they are palliative inpatients. If they are able to return to the community, she provides discharge counselling to them and their families and ensures that those with special drug needs know where they can get their medications. In addition, she works closely with physicians to simplify complex medication regimes and makes a special effort to work directly with the patients' community pharmacists to ensure seamless care.

Kathy has a unique ability to help other health professionals understand that certain treatments may be difficult for the palliative care population. To make her point, she organized an opportunity for health care providers to taste the common liquid medications given to palliative

patients. Many of the medications have a strong, unpleasant taste, and providing them to an already sensitive palliative patient is often problematic. Kathy smiles as she recalls the result. "The tasting exercise had a real impact on physician ordering, also on the nurses and their expectations."

She provides support to the regional palliative care program by helping to develop guidelines and protocols related to medications. In addition, she has been involved in a number of research projects that have been presented at various palliative care conferences and is actively involved in teaching and being a preceptor to pharmacy students and residents.

According to her colleagues, Kathy represents the best that our profession has to offer. "Kathy truly exhibits professional excellence in the practice of pharmacy."

** The M.J. Huston Pharmacist of the Year award is presented to a college member who has demonstrated outstanding professional excellence in pharmacist practice.*

W.L. Boddy Pharmacy of the Year



"We're not better than anyone else—we're just different."

So says Doug Levy, pharmacist/owner of Pharmacy On Call, the W.L. Boddy Pharmacy of the Year. "Our staff is dedicated to doing the best for the patient regardless of the circumstance. We

have a special appreciation for people who are caught between the hospital and the home, especially if the medications they require are not readily available."

When presented with a problem, Doug and his colleague Marg LaRose never give up until they've solved it. One of many examples of this dedication is the service offered to a nine-year-old leukemia patient who was unable to take her medications. Doug's colleague Marg

LaRose worked for days and into the nights to produce a formulation that the patient could tolerate.

One of Doug's goals is to prevent patients from having to go to the hospital unnecessarily. "It comes down to the patient at home," says Doug. "If the patient isn't able to swallow or if there's no tissue for subcutaneous injections, we'll create suppositories or gels, whatever is needed."

Pharmacy On Call opened in 1996, primarily serving seniors. Shortly thereafter Doug began working with Calgary's Rosedale Hospice and, since then, palliative care has become his passion. Marg and Doug are considered a vital part of Calgary's multi-disciplinary community palliative care team.

Doug's philosophy is to make a difference to health care. However, he notes, pharmacists should get paid to do this. "We may not reduce the budget, but we can help the system use its funding more effectively and offer better patient care."

As its name suggests, Pharmacy On Call offers 24-hour on-call service, 365 days of the year. No other pharmacy has made that commitment. The pharmacy's services are a tremendous benefit to patients, especially to those who have complex problems and who are discharged from the hospital at all hours of the day and night with limited pharmacy support, as well as those in the last stages of life whose urgent needs are rarely predictable.

But Doug and his pharmacy staff aren't satisfied yet. "There's a lot to learn and to do," he says.

** The W.L. Boddy Pharmacy of the Year award is presented to an Alberta pharmacy whose health professionals, by virtue of their practice, have had a positive impact on the health of their community.*

Wyeth Consumer Healthcare Bowl of Hygeia

Rosemarie Biggs, recipient of the Wyeth Consumer Healthcare Bowl of Hygeia award, is deeply committed to her community. Her gift to her community is her time and her heart. Much of the time is dedicated to seniors and persons with disabilities. In addition to her unique pharmacy services for seniors, she

spends time with "her" seniors, one on one, sharing life experiences.

"We become part of each other's family," says Rosemarie, noting that they share photos of children and grandchildren and update each other on family activities. Many of the seniors have little else in their lives, remarks Rosemarie. "I like to think of things to do for them to bring more life into their lives."

As a result, the seniors will see Rosemarie with her trusty basket bringing them home-made Christmas cake, spring flowers, Easter eggs or even flowers from her own garden. The seniors may also be invited to a garden tea party, courtesy of Rosemarie.

One of the unique aspects of Rosemarie's practice is that she personally delivers medications to seniors and others so she can identify issues or problems. "I've had to call 911 for the senior or contact the physician or a family member," she remarks.

An organization that benefits greatly from Rosemarie's big heart is the clientele at the Robin Hood Association, which provides a wide range of residential, educational and support services to children and adults with developmental and multiple disabilities. A second community organization that has benefited from Rosemarie's involvement is the women's shelter.

All of these activities are in addition to raising a family, operating a successful pharmacy that has set standards for excellent community practice, and contributing to her profession. She is currently a member of the Strathcona County Community Health Council and the Robin Hood board. Over the years

she has served on the Strathcona Seniors Board, the Strathcona County Community Health Service Board, and the women's shelter board, as well as being an active hockey mom and horse show mom, and participant in Girl Guides of Canada.

She is a past president of the Alberta Pharmaceutical Association, now the Alberta College of Pharmacists, and has served on numerous professional committees and task forces.

Rosemarie has received many awards, including designation as a fellow of the Royal Pharmaceutical Society of Great Britain, a Pride of Strathcona Award for contribution to the Sherwood Park community, and the Pharmacist Care of Older Persons Award offered by the Canadian Pharmacists Association in 1999, the International Year of the Older Person.

Rosemarie's professional contributions and community recognition stem from her basic philosophy of working with your heart. Hers is a big heart and we're all thankful for it!

** The Wyeth Consumer Healthcare Bowl of Hygeia is awarded to a pharmacist who has compiled an outstanding record of community service which, apart from the recipient's specific identification as a pharmacist, reflects well on the profession.*

New Horizons Award recipients

Three new pharmacists have been chosen to receive the New Horizons Award from Merck Frosst. They are Monique Ruta of Wainwright, Zahara Shariff of Calgary, and Caroline Ibrahim of Edmonton.

The three will receive complimentary registration and accommodation while attending the college's conference and annual general meeting.

You can participate in congratulating these outstanding members at the Awards Luncheon on Sat., May 29. The luncheon is part of *Making Connections: Where Pharmacy Fits in the Health Care Puzzle*, the college's conference and annual general meeting on May 28 and 29, 2004 in Calgary. See page 11 for details.

