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alberta college of
pharmacists



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Welcome Tracy!



Tracy Marsden was installed as ACP's president for the 2004/05 year at the college's May 29, 2004 annual general meeting. She is currently serving a second consecutive term

on Council as a District 5 representative, and previously served from 1996 to 1998.

In her inaugural address, Tracy remarked that, throughout the years, pharmacists have always been considered a valuable resource, with individuals going to the local druggist for health care advice. She sees our accessibility and high professional standing in the eyes of the public and other

health professionals helping us as we move toward an expanded scope of practice.

She noted that even though we don't know exactly how pharmacy will fit into the health care puzzle in another 50 years, "we can all help the profession move forward by being the very best pharmacists we can be."

Tracy sees a future where pharmacists are openly acknowledged by the public and health care professionals alike as being the 'go to' people for medication information and decisions.

Our new president is a Calgary pharmacist, author, and natural medicine and women's health consultant. She is a UofA grad who has worked primarily in community pharmacy settings throughout her career.

Congratulations on your new position, Tracy! We look forward to working with you.

RxA governance review update

Near the end of June you should have received correspondence from the RxA Governance Review Steering Committee seeking your input regarding a new governance structure for RxA.

The committee has heard from members that they want an organization that is directly accountable to them through an elected board. Additionally, members have expressed support for an organization in which membership is voluntary. These principles cannot be accommodated through the existing governance structure, therefore change is necessary.

RxA's lawyers are drafting new articles of incorporation and bylaws to establish a new entity under the *Societies Act*. The survey sent to you in June includes questions that are important to this process. A copy of the draft document will be distributed to all voting members for review and comment prior to being finalized.

Please complete the survey mailed to you in June and forward your responses by **July 15, 2004**, to:

Governance Review Committee
19 Wolf Willow Point, Edmonton AB T5T 1E3
Fax: (780) 990-0328 or (780) 990-1236

New Executive Committee named

Council has named Karen Barney as president elect and Jeff Whissell as vice president for the 2004/05 year. Karen and Jeff will join Tracy Marsden, president, and Don Makowichuk, past president, as members of the college's Executive Committee. Congratulations Karen and Jeff!

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Editor, **acp news**,
1200 - 10303 Jasper Avenue NW
Edmonton AB T5J 3N6

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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Vice President: Jeff Whissell
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Jeff Whissell, District 3
Dianne Donnan, District 4
Amyn Kanjee, District 5
Lea Ann Luchka, District 5
Tracy Marsden, District 5
Karen Barney, District 6

Public member:
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*.

Registrar: Greg Eberhart
Deputy Registrar: Dale Cooney
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Complaints Director: Merv Blair
Education Director: Lucy Rachynski
Patient Safety Advocate (Pharmacy Operations): E. Randy Frohlich
Registration Director: Jill Moore
Business Manager: Lynn Paulitsch
Registry Leader: Linda Hagen
Communications Leader:
Lynn Otteson

Pharmacies requested to restrict sale of pseudo-ephedrine and ephedrine

The clandestine production of crystal methamphetamine has emerged as a major social issue in Alberta. Crystal methamphetamine is highly addictive and is easily produced using products that are readily available and accessible in pharmacies and other retail outlets. It is affecting individuals and families in communities of all sizes throughout Alberta, not only as a result of its inherent health risks, but also through associated crime.

In the interest of public safety and social responsibility, Council has approved the following measures. Effective immediately, pharmacists are requested to:

- voluntarily move all single-entity products containing pseudo-ephedrine and ephedrine into the no-public access areas of their pharmacies, and
- restrict the sale of all products containing pseudo-ephedrine and ephedrine to purchases through which the total quantity of drug sold to an individual through a single transaction is limited to 3600 mg of pseudo-ephedrine and 400 mg of ephedrine.

This would accommodate the sale of one package of 50 ephedrine 8mg tabs, but would not permit the sale of multiple packages or packages containing greater quantities ephedrine 8mg tabs; OR

this would permit the sale of three packages of 40 Advil Cold and Sinus Caplets, but would restrict the sale of one package of 100 tablets of Actifed tablets.

In addition, ACP has written to the National Association of Pharmacy Regulatory Authorities (NAPRA) requesting that the National Drug Scheduling Advisory Committee (NDSAC):

- review the drug scheduling factors to address drugs that are precursors to substances of abuse and misuse, and
- readdress the scheduling of products containing pseudo-ephedrine (which are currently unscheduled).

ACP will also communicate its support for resolutions directed to Health Canada by

Alberta municipalities, to amend the precursor regulations in the *Controlled Drugs and Substances Act* to support the efforts of law enforcement agencies in apprehending those involved in the production of crystal methamphetamine and other illicit substances.

We encourage your immediate attention to Council's request, as a joint press conference with the Solicitor General and the Minister of Health and Wellness will be held in early July.

Minimum requirement for personal liability insurance

Effective July 1, 2005, and subject to proclamation of the *Health Professions Act* (HPA) for pharmacy, Council has determined that pharmacists registered on the clinical register must demonstrate, as a requisite for registration, that they have **personal** claims-made liability insurance, i.e., protection against incidents that occur on or after the effective date of a policy, for at least \$2 million.

Depending on the scope of services you offer, you may choose to purchase additional coverage. The cost of additional coverage is minimal.

Under the HPA, the college must determine the amount and type of professional liability coverage that registered members must carry. At their May 28, 2004 meeting, councillors received a report on malpractice insurance for health professionals, including a presentation from a major national actuarial firm. The report referenced historical insurance claims experience involving pharmacists, the emerging role of pharmacists, and coverage required by other health professionals, particularly those involved in drug therapy. It was on this basis that Council determined the \$2 million minimum amount required for members on the clinical register.

Please watch for further information from the college and RxA respecting professional liability insurance. Effective July 1, 2005, the college will not provide access to malpractice liability insurance as a benefit within the annual registration fee. Rather, you will be required to provide evidence that you have subscribed to at least \$2 million of

personal claims-made coverage at the time of registration or membership renewal. Only RxA members will have access to the current group professional liability insurance provided through the Canadian Pharmacists Benefits Association (CPBA). Requests for information about this coverage should be accessed either directly from CPBA or through RxA.

E-mail use still climbing

As of the end of May, 67.1 per cent of the college's membership is actively using the membership e-mail system. We continue to move closer to the 75 per cent level when we will rely more heavily on electronic communication and use paper-based communication tools less frequently.

If you have not yet signed onto the system, or have had difficulty with your e-mail, please contact Misti Denton in the college office by telephone at (780) 990-0321 or 1-877-227-3838, or by e-mail at Misti.Denton@altapharm.org.

New faces at the college

Greg Eberhart, registrar, is pleased to announce the appointment of Dale Cooney as the college's new deputy registrar, and Lucy Rachynski as education director.

Dale is responsible for the college's quality pharmacist practice team, consisting of the registration, competence and education functions. He began his new position on June 1, 2004.

Dale was previously the Capital Health Region's acting director of Regional Pharmacy Services.

Lucy assumed her responsibilities as education director in April. She will provide leadership in developing programs to support pharmacists who pursue expanded scopes of practice. She will also be involved in advancing the structured practical training (experiential education/internship) program that will be increasingly integrated with the UofA's Faculty of Pharmacy and Pharmaceutical Sciences.

Congratulations Lucy and Dale! We welcome you to our team.

We don't send attachments...

The college's e-mail policy dictates that we will not send you an attachment via the membership e-mail system (using the altapharm.org mail server). Instead, we place documents on our website and send you a link by e-mail so you can access them.

The only time you will receive an attachment from ACP is if you require a document and you've communicated with a staff member who says he or she will send it via e-mail.

It is relatively easy to "spoof" an e-mail address in today's electronic mail environment. A number of the e-mails from the spoofed addresses will contain computer viruses, with the typical virus is contained in an attachment to a message. If you receive an e-mail that appears to have originated with the college, and it has an attachment, delete the message unless you're expecting one from a college staff member.

If you have a question about the legitimacy of an e-mail that appears to be from ACP, please call us to confirm whether we sent it.

2004 conference a resounding success!

Very useful in practice!

Excellent presentation!

Lots of stuff happening—very exciting!

I only wish there was more time!

...so said the record number of delegates who attended the college's May 2004 conference in Calgary. They learned information important to their practices, discussed pharmacy issues with other delegates and speakers, and caught up on news with classmates and colleagues. Much of the feedback particularly mentions the calibre of the speakers and the relevance of the topics.

Videos of our award winners were a highlight once again. Shown at the awards lunch, the videos portray our award recipients in action and demonstrate why they were recognized as outstanding pharmacists.

You can see the videos on our website at _____.

You can also read about the winners and other innovative pharmacists in the college's

annual report. You'll find the report on our website at www.altapharm.org/about/annual_report.asp. [If you would prefer a hard copy of the report, please call Misti Denton in our office at (780) 990-0321 or 1-877-227-3838, or contact her by e-mail at Misti.Denton@altapharm.org.]

Be sure to mark your calendar for the 2005 event at the Jasper Park Lodge, a joint conference with the Alberta Association of Registered Nurses, from June 2 to 4.

See you there!



makingconnections:
where pharmacy fits in the health care puzzle

Pharmacy represented on UofL Senate

Medicine Hat pharmacist Jamie Raisbeck has been appointed to the University of Lethbridge Senate for a three-year term. He joins Cliff Wright, another Medicine Hat pharmacist, who is serving his second term.

The pharmacy profession is well represented on this important body.



Natural Health Products Regulations

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

Adverse reaction reporting for natural health products

You can contribute to natural health product safety information by reporting adverse reactions.

Health Canada requests that all suspected adverse reactions to natural health products be reported. The information will help Health Canada issue advisories to the public, and support post-marketing surveillance of natural health products.

Although reporting adverse reactions is voluntary, doing so is clearly in the best interests of the public as it will help to ensure Canadians have access to natural health products that are safe, effective and of high quality.

Criteria for reporting

It is not necessary to be certain that a product caused the reaction in order to report it. A temporal or possible association of a natural health product with an adverse reaction is sufficient for you to report the incident. Reporting does not necessarily imply a causal link.

Note that all suspected adverse reactions should be reported, especially if they are:

- unexpected, i.e., not consistent in nature, severity or frequency with risk information on the product's label;
- serious, i.e., requiring in-patient hospitalization, causing congenital malformation, resulting in significant disability or incapacity, life-threatening or causing death; or
- related to recently marketed products (available for less than five years).

You should also report adverse reactions resulting from product abuse, overdose or interaction with other drugs.

Submitting a report

You will find the reporting form in the appendix to the *Compendium of Pharmaceuticals and Specialties* (CPS). It is also available on-line at www.hc-sc.gc.ca/hpfb-dgpsa/tpd-dpt/adverse_e.pdf and from the National Adverse Reaction Centre (see contact information).

Reports should be submitted as soon as possible after the event to be most valuable. Any follow-up information on a reported adverse reaction can be sent on an additional form clearly labeled as a follow-up report.

Contact information

For further information, contact the National Adverse Reaction Centre at:

National AR Centre
Marketed Health Products Safety and Effectiveness Information Division
Marketed Health Products Directorate
Tunney's Pasture, AL 0701C
Ottawa, ON K1A 0K9

E-mail: cadrmp@hc-sc.gc.ca

Telephone: 613-957-0337
or 866-234-2345 (toll free)

Facsimile: 613-957-0335
or 866-678-6789 (toll free)

References:

1. Natural Health Products Directorate: Product Review and Assessment
www.hc-sc.gc.ca/hpfb-dgpsa/nhpd-dpsn/regs_product_review_e.html
2. Natural Health Products Directorate: Adverse Reaction Reporting for Health Care Providers and Consumers
www.hc-sc.gc.ca/hpfb-dgpsa/nhpd-dpsn/arr_hcpc_e.html
3. Therapeutic Products Directorate: Adverse Reaction Reporting by Health Professionals and Consumers
www.hc-sc.gc.ca/hpfb-dgpsa/tpd-dpt/ar_reporting_brochure_e.html
4. Therapeutic Products Directorate: List of Regional Adverse Reaction Centres
www.hc-sc.gc.ca/hpfb-dgpsa/tpd-dpt/adr_regions_e.html

NAPRA NEWS

Here are highlights of some of the services provided to ACP and its members by the National Association of Pharmacy Regulatory Authorities.

- **Compounding and manufacturing guidelines**—NAPRA has initiated work on the development of model national good compounding practices guidelines for pharmacists, and is working with the Canadian Veterinary Medical Association to develop guidelines for both pharmacists and veterinarians on the safe importation and compounding of drugs for animal use. In April 2004, NAPRA was represented on a Health Canada focus group offering input into updating the department's June 2000 Manufacturing and Compounding Drug Products in Canada policy framework.
- **Pharmacy Workforce Study**—NAPRA continues to play an active role in the pharmacy manpower study coordinated by the Canadian Pharmacists Association, the Canadian Society of Hospital Pharmacists, and the Canadian Association of Chain Drug Stores, through the support of Human Resources and Development Canada.
- **National e-Therapeutics Network**—Don Makowichuk, ACP past president, is NAPRA's appointee to this CPhA project, designed to build drug management tools for physicians, pharmacists and nurses. The tools will provide evidence-based support for therapeutic decision

making by delivering up-to-date drug and patient safety information to practitioners at point of care.

- **Cross-border sale of prescription drugs**—On April 27, 2004, NAPRA made a presentation to the US Human Health Services Task Force on Drug Importation. NAPRA's testimony and responses during the question and answer period can be accessed on the US government's website at www.hhs.gov/importtaskforce/
- **International reciprocity**—A recent report from the US National Association of Boards of Pharmacy shows a high correlation between response from US and Canadian pharmacists on a practice analysis survey. This finding provides a solid foundation on which to proceed with a NAPRA/NABP agreement to streamline licensing requirements between the two countries.
- **Burke Suidan**, former ACP president, has been re-appointed as NAPRA's vice-president for the 2004/05 term.
- **Catherine Biggs**, former ACP president, became a NAPRA employee in June 2004 when she assumed the position of director, pharmacy practice support services.
- The NAPRA annual report is available at www.napra.ca/pdfs/about/03AnnualReport.pdf

Recent changes to Schedule F

The following changes for veterinary medicines have been published in the *Canada Gazette Part II*.

1. The reference to Praziquantel in Part I of Schedule F was replaced by the following:

*Praziquantel, except when sold for the treatment of the tapeworm *Anoplocephala perfoliata* in horses*

Previously, praziquantel required a prescription for all human and veterinary uses. The recent change allows you to sell praziquantel without a prescription for the treatment of equine tapeworm. You must have a prescription for all other human and animal uses.

2. Ivermectin has been moved from Part II of Schedule F into Part I. The wording has been amended to include its derivatives and to add a restriction regarding veterinary use in cats. The new listing in Part I states:

Ivermectin and its derivatives, for human use or for veterinary use when sold for intramuscular injection into horses or for oral administration to dogs and cats

In other words, you must receive a prescription for use in humans, dogs, cats and horses (by I.M. injection). You do not require a prescription for animal species not specified in the restrictions, such as cattle, sheep and swine.

acp xPresses and News

acp xPress

(faxed since Mar. 19, 2004)

April 20

- ACP grants to RxA
- Annual membership fees

June 3

- Registration and PDL reminders

acp news

(issued on the college website since Mar. 29, 2004)

Meetings:

Apr. 15

- Andropause learning opportunity

Apr. 19, 21, May 3, 20

- Conference registration information

Operations:

Apr. 16

- Election results are in

Apr. 20

- ACP grants to RxA
- Annual membership fees

Apr. 22

- *Due Quarterly/CARN distribution*

Apr. 23

- Governance review update

Apr. 29

- Annual report is on our website

May 4

- New faces at the college

Jun. 3

- Registration reminders
- PDL reminders

Practice Issues:

Apr. 21

- Dispensing nasal decongestant

May 11

- Forged TPP alert

May 25

- Stolen TPP (RHA 10 only)

Drug Information:

Apr. 10

- Accolate® (zafirlukast) updated safety information

Apr. 21

- Nicotine inhaler reminder – Schedule 3 product
- Melatonin: latest interpretation from Health Canada
- Displaying ephedrine-containing products

May 7

- Zelnorm® (tegaserod hydrogen maleate)

May 17

- Adderall XR scheduling
- Orthoclone OKT*3 (muromonab-CD3)

Jun. 2

- SSRIs safety information

Jun. 4

- Product recall: Proglycem® suspension



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.

Education and prevention

Methadone carries and public safety—thinking about the people on the bus

Methadone maintenance programs help to limit the impact of opioid dependency on individuals and society. Because pharmacists play a key role on the health care teams that deliver methadone maintenance programs, they are often the health care professional that the patient sees most frequently. Given the nature of methadone, you take on duties related not only to your clients but also to the broader public.

One of the most tragic medication error cases in Alberta pharmacy involved the substitution of methadone for distilled water. This incident has become part of the lore of pharmacy and serves as a cautionary tale for how all pharmacists store, identify, and handle methadone in the dispensary. However, it is also critically important to consider safety beyond the dispensary.

Initially, patients in maintenance programs consume their methadone in the pharmacy in front of the pharmacist. However as patients progress, they become entitled to carries to avoid the need to visit the pharmacy daily. It is very important for you to consider public safety, as well as patient safety, when dispensing methadone carries. Obviously, child proof containers form part of the safety regimen. You must also clearly warn your clients of the dangers to others of the access to the methadone. The client will be used to high doses of methadone, doses that can kill an opiate naïve individual. In fact the college has received a report about a recent accidental death related to carries and an opiate naïve individual. We have also received reports of individuals leaving open carries in public places, e.g., on a bus, and reports of carries being stolen from patients.

Under the standard of practice section 4.5, you have an obligation to inform your client of the storage requirements applicable to drugs. Often this is thought of as simply an obligation to educate regarding the effects of temperature or light, etc., when the drug is improperly stored. However, you should warn your patients about safety requirements for storage. When the drug is methadone, this duty takes on a heightened importance.

If you dispense methadone carries, we urge you to recommend to your patients that the methadone be placed in a locked container in the pharmacy, then be transported and kept in that locked container. This action will reduce the risk to the public if the drug is lost or stolen.

As part of the health care team responsible for determining whether an individual should be entitled to carries, you should consider not only whether the patient will consume the methadone personally and not divert it, but also whether the patient is in a position to handle, transport, and store the methadone safely. Before dispensing a drug, you should determine whether it is appropriate to do so. If you determine that, for reasons of safety, it would not be appropriate to dispense methadone in a carry form for a particular patient, don't do it.



Call for RxCEL self-assessment pilot volunteers

You can participate in the next phase of development for the self-assessment tool, and have input into its final form.

The college is seeking volunteers to participate in a pilot of the new self-assessment program that will become part of the RxCEL competence program.

Criteria for volunteers are:

- commitment to participation in a one-year pilot, beginning in September 2004;
- attendance at a minimum of two, and up to four, meetings;
- completion of evaluation forms;
- participation in interviews and focus groups;
- submission of two completed self-assessments (one at start of pilot and another at end of pilot); and,
- submission of learning plans.

Volunteers who complete the entire pilot project will receive:

- four CEUs for participating in the initial workshop,
- complimentary registration for the workshop,
- a CE voucher, and
- exemption from learning portfolio audit for at least two years.

You will be reimbursed for expenses to attend the meetings, however you will not receive per diems. You will have the opportunity to evaluate your knowledge and skills, plan learning activities to address any areas you would like to work on, then re-evaluate your competencies.

We are looking for pharmacists from a variety of practice sites – hospital pharmacy, community pharmacy, rural and urban settings.

If you are interested in being part of this pilot project, please submit an application form (available on our website or by calling the college office) by July 23, 2004. Successful applicants will be advised by July 29th.



On-site assessment program tips

If you receive notification that you have been selected for an on-site assessment, here are some ways you can prepare.

- Carefully review the self-assessment that is sent in your package to consider how your practice measures up to the standard.
- *Review the Standards of Practice— The Pharmacist.*
- Carefully consider the performance expectations that are included in your assessment package.
- Consider whether you are doing your best to maintain patient confidentiality at all times.

We are about halfway through our 2004 on-site assessments. Remember that the purpose of the program is to help you identify your strengths and weaknesses, as a means of enhancing your practice and serving your clients better.

Learning portfolio tip

Remember to include the correct name of the program, the accreditation file number, and the accrediting body on your PDL for all accredited programs.

There is an important reason for this requirement.

Under the *Pharmaceutical Profession Act*, the registrar may not renew your registration unless you have accumulated the minimum number of CEUs. To verify that you have accrued the minimum number of credits, we need to confirm that programs you've claimed for accredited CEUs have been accredited by a pharmacy accrediting body, and we need all of the above information to do that.



Enhancing clinical capacity project fund

Alberta Health and Wellness and Alberta Learning have identified the need to enhance clinical learning experiences for all health professionals. To this end, they have jointly established a \$10-million fund to support innovative approaches to increasing the capacity of clinical learning experiences in Alberta. Letters of intent were invited prior to May 7, 2004.

ACP has been invited to develop a business plan in support of its proposal that was submitted in partnership with the Faculty of Pharmacy and Pharmaceutical Sciences, Capital Health and Shoppers Drug Mart. The proposal is based on an initiative currently being piloted by Dr. Margaret Ackman in the Capital Health region and provides an accelerated approach to teaching students to interview and profile patients. These skills are fundamental to the evaluations and assessments that the students will perform during their clinical rotations. It is our objective to accelerate students' learning of these important skills so that the students will be of greater value to patients and to preceptors.

Lucy Rachynski, our new education director, worked with Dr. Ackman, along with Cheryl Cox and Terri Schindel from the faculty, to develop our proposal. Through the proposal, we hope to increase the number of students that preceptors will be able and willing to coach and mentor. The outcome should provide both increased capacity and improved quality, resulting increased satisfaction for patients, preceptors and students.

Adderall XR scheduling

The college office has received a number of calls about the scheduling of Adderall XR, prescribed for attention deficit hyperactivity disorder.

Adderall XR contains mixed salts amphetamine and is therefore a controlled drug, in Part 1 of the Schedule to Part G of the *Food and Drug Regulations*. It does not require a triplicate prescription.

More on health information disclosure... you asked us

Pharmacists may be required to disclose health information to other custodians without a patient's written consent, for instance, when you fax a prescriber for refill authorization or send a patient profile to an emergency room physician to facilitate treatment.

According to the *Health Information Act*, you must keep a record of this disclosure for 10 years following the date of disclosure. Section 41(1) of the act indicates the information pertaining to the disclosure you must keep, that is:

- the name of the person to whom you have disclosed the information,
- the date and purpose of the disclosure, and
- a description of the information disclosed.

You are not required to keep the paper used to fax the prescriber if the above information is recorded elsewhere. Some pharmacies retain the required information electronically on the patient profile, producing an electronic record that must be kept for 10 years.



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 this additional expense, we have chosen to notify you via e-mail and the college newsletter when new issues of the two publications are available. At the same time we will provide links to electronic versions of the newsletters.

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 other topics.

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 DUE Quarterly or the *Canadian Adverse Reaction Newsletter*, please contact us **after** we have informed you of a new issue and we will send you one.



How can the Alberta EHR help?

An Edmonton pharmacist shares her experience...

Laurine Sanderson is one of 40 pharmacists working out of the inpatient pharmacies at the University of Alberta Hospital in Edmonton.

"We spend most of our time processing orders ensuring the correct medications are ordered in the correct doses and schedules," says Laurine as she describes a typical day. "We check for interactions, compatibilities, allergies and suitability of drugs for the diagnosis. We monitor drug levels and often make recommendations for changes in drug therapy."

Most pharmacists have been using some form of information technology for the past decade. With a fairly sophisticated information system already in place, what motivated Laurine and her colleagues to take advantage of the Alberta electronic health record (EHR)?

"We jumped at the chance to have access to more patient health information since it can be difficult to obtain information from some patients," she states.

The Alberta EHR securely links community physicians, pharmacists, hospitals, and other authorized health care professionals across the province. It lets these health care providers see and, in some cases, update a summary of key health information such as a patient's prescriptions. The Alberta EHR also provides a number of embedded tools to support clinical decisions such as drug-to-drug interaction alerts.

"The Pharmaceutical Information Network (PIN) portion of the Alberta EHR has improved our operation by giving us quick access to pre-admission medication histories," says Laurine. In the past, the hospital's pharmacists relied on patient memory. If patients were unsure of their medications, the pharmacist would ask for

authorization to contact their regular pharmacy to clarify drugs and dosages.

As the Alberta EHR rolls out to more health care providers across the province, Laurine hopes to see more patient profiles and encourages all Alberta EHR users to take advantage of the feature to add known allergies and intolerances.

For more information about the Alberta EHR or to join the thousands of health care providers already onboard, call 1-866-756-2647 (in the Edmonton-area 412-9970), or by email at:

health.ehrdeployment@gov.ab.ca.

Visit the Alberta EHR website for more information or to see a demonstration of the Alberta EHR at www.albertawellnet.org/EHR.

—submitted by Carole Stevenson-Roy, Alberta Wellnet

New medication incident reporting system being planned

A new medication incident reporting and prevention system is being planned to strengthen the Canadian health care system's capacity to report, analyse and manage medication incident data on a national basis. The new system will also mount comprehensive prevention and education programs for health care practitioners.

A coalition comprised of doctors, nurses, pharmacists, consumer and patient advocates, health administrators and governments has developed a blueprint for the Canadian Medication Incident Reporting and Prevention System (CMIRPS). The system is based on principles and objectives established by the coalition.

This work is being funded by Health Canada and is closely aligned with the work and objectives of the Canadian Patient Safety Institute.

CMIRPS is expected to be fully operational in two to three years.

Additional information is available at www.hc-sc.gc.ca/hpfb-dgpsa/tpd-dpt/fact_cmirps_e.html. Watch for updates as the system develops.

Do you work with a potential award winner?

It's time to consider who among your colleagues should be nominated for the college's awards. Recognizing pharmacists throughout the province emphasizes the value of pharmacist practice and raises pharmacy's profile in Alberta's health system.

Consider nominating a colleague for one of the following awards.

- **M.J. Huston Pharmacist of the Year Award** – presented to a member who has demonstrated outstanding professional excellence in the practice of pharmacy
- **W.L. Boddy Pharmacy of the Year Award** – presented to a pharmacy in recognition of exemplary professional standards in the practice of pharmacy
- **Whitehall-Robins Bowl of Hygeia Award** – awarded to a pharmacist who has compiled an outstanding record of community service which, apart from his or her specific identification as a pharmacist, reflects well on the profession
- **Award of Excellence** – presented to a member for individual outstanding achievement in the field of pharmacy. (This award is granted for a single unique accomplishment or contribution, thus differing from the Pharmacist of the Year Award.)
- **Honourary Membership** – presented by Council to a person who is not and has never been a pharmacist, and has rendered distinguished service to the pharmaceutical profession
- **Honourary Life Membership** – presented by Council to a member who has rendered distinguished service to the profession of pharmacy

Contact the ACP office at (780) 990-0321 or 1-877-227-3838 for the awards' terms of reference and a nomination form, or download them from our website.

Nominations should reach the ACP office **prior to Oct. 31, 2004.**

Nicotine inhaler

Reminder: As we advised you in May 2003, nicotine inhalers are Schedule 3 products.

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: Accolate® (zafirlukast)**
www.napra.org/pdfs/advisories/AccolateProf.pdf
- **Safety information: Zelnorm® (tegaserod hydrogen maleate)**
www.napra.org/pdfs/advisories/Zelnorm.pdf
- **Safety information: Orthoclone OKT*3 (muromonab-CD3)**
www.hc-sc.gc.ca/hpfb-dgpsa/tpd-dpt/orthoclone_okt3_nth_e.html
- **Safety information: SSRIs** including Celexa (citalopram hydrobromide), Effexor/Effexor SR (venlafaxine), Prozac (fluoxetine hydrochloride), Remeron RD and Remeron (mirtazapine), Zoloft (sertraline hydrochloride), Paxil (paroxetine), and Luvox (fluvoxamine maleate).
www.hc-sc.gc.ca/hpfb-dgpsa/tpd-dpt/index_advisories_professionals_e.html#2004

Product recall: Proglycem® Suspension

Health Canada is advising health professionals and patients about the recall of specific lots of Proglycem Suspension by Schering Canada Inc.

The recall is due to elevated levels of the active ingredient Diazoxide. Affected lots are: 2-GJAB-02, 3-GJAB-01 and 3-GJAB-02A.

The affected lots may cause severe reactions or death as a result of increasing blood sugars above normal ranges.

Patients are advised to monitor their blood or urine sugars closely and to contact their physicians for further instructions.

Patients should also be aware of symptoms from excessively high blood sugars, such as thirst, excessive urination, nausea, vomiting or abdominal pain. If any of these symptoms are present, patients should contact a health professional immediately.

The advisory can be found on Health Canada's website at www.hcsc.gc.ca/english/protection/warnings/2004/2004_32.htm



Pharmacy technician registration

Alberta's pharmacy technicians are interested in pursuing self-regulatory status under the *Health Professions Act*.

Achieving the standardization of technicians' knowledge and skills is important to the public, the pharmacy profession and the college to ensure the safety of Alberta's drug distribution system. Although this standardization is a concern across Canada, a national initiative to achieve this end has been slow in developing.

The college has agreed to establish an advisory committee that will work with the technicians as they investigate self-regulation. The role of the committee will be to evaluate and respond to any documents developed by the technicians and to analyse alternatives for regulation. ACP is a strong proponent of standardizing technician practice; however, we recognize that there remain many questions to be addressed before self regulation can be supported.

Dale Cooney, deputy registrar, will lead the college's advisory committee. The committee will include participants from hospital and community practices.

Watch for more information as this process unfolds.



Gary Mar and Tracy Marsden congratulate Christal Lacombe (left) and Andrea Tannas (right).

Encouraging words for new and old grads: grad breakfast 2004

Gary Mar, minister of Health and Wellness, joined the 2004 grads and their families and friends, for the college's annual grad breakfast on June 9, 2004. In his address he offered some words of encouragement for the new grads that also apply to "old" grads.

Mr. Mar reminded the grads that their humanity, i.e., their personal commitment, their advice and their commitment to excellence, are important parts of the service they offer.

He noted that, as the grads move into their chosen career paths, they will become members of at least one and probably many teams that will influence how health care is delivered in this province.

"Whatever team or teams you join," he said, "it will be critical that you bring to your practice the same dedication and commitment you brought to your studies. Your clients, colleagues, community and province need you to be the best you can be."

Today's health care professionals carry a heavy responsibility, he added. The public relies on them to consider excellence as the minimum standard.

Tracy Marsden, president, remarked that the grads are entering pharmacy at a time of tremendous opportunity and that the profession is counting on their knowledge and skills to help bring health care reform to reality. She also said that it is the humanity of each grad that will elevate them to even greater heights—humanity, knowledge and skills are a powerful combination that can make a tremendous contribution to health care.

Tracy had the privilege of introducing Andrea Tannas as this year's ACP Gold Medal winner. This recognition is given to the most outstanding student in the graduating class, as nominated by the faculty.

Tracy also presented the APSA Past President Award to Christal Lacombe. The award recognizes leadership, commitment and dedicated service to students and APSA. Christal also received the Apotex/PACE Future Leader Award.

Both of these award winners receive a one-year complimentary membership with the college.

Congratulations to the class of 2004! We look forward to working with you.

Can I accept a verbal prescription from a practitioner's agent?

Introduction of a third party into the prescribing process is a prominent source of medication error, with as high as 23 per cent of all errors purportedly occurring at the transcription step of prescribing. With this in mind, accepting verbal prescriptions from anyone other than the prescribing practitioner is not in accordance with the prime directive of our *Code of Ethics*, i.e., protecting the health and safety of our clients. Furthermore, this practice does not foster communication between health professionals, an essential element in delivering quality pharmaceutical care.

Is refusal to accept verbal prescriptions from anyone except the prescriber validated by legislation? *The Pharmaceutical Profession Act* clearly states in its definition of a prescription that the verbal or written directions must be given by a practitioner

who is authorized under the law to prescribe drugs. In Part C of the *Food & Drug Regulations*, it is noted that verbal prescriptions for Schedule F drugs be communicated by the *practitioner*, which is defined in this section as “a person authorized by the law of a province in Canada to treat patients with any drug listed in Schedule F to the regulations.” The *Controlled Drug and Substances Act* holds comparable definition of similar intent.

To address this ambiguity, a joint statement issued by the College of Physicians and Surgeons of Alberta and this office in January 2000 asserts that the authorization of a verbal prescription for a narcotic, controlled drug or other medication subject to abuse should occur only through direct communication from physician to pharmacist. Additionally, the publication further confirms the inappropriateness of accepting a verbal prescription from an unqualified employee, stating that “legally and ethically, verbal prescriptions can only be exchanged between qualified professionals.” (The joint statement *Drug Prescriptions: Terms and Conditions for Filling Prescriptions for Ambulatory Patients* is available on our website at www.altapharm.org/downloads/documentloader.aspx?id=1336.)



Faxed prescriptions: a caution

Despite clear guidelines issued by ACP, some pharmacies are accepting prescriptions faxed by patients and other unauthorized individuals.

Prescribers may transmit and pharmacists may receive prescriptions via facsimile when they comply with the following principles.

- The process must maintain patient confidentiality, i.e., the fax machine must be under the direct control of the pharmacist.
- You must be able to verify the authenticity of the prescription, i.e., the origin of the prescription, and the prescriber initiating the document. Prescriptions can also be faxed from one pharmacist to another as long as all of the required information is included in the transmission.

- You must be able to validate the accuracy of the prescription, i.e., the process must include a mechanism to prevent forgeries.
- The process must incorporate a mechanism to prevent diversion, so that the prescription authorization cannot be transmitted to more than one pharmacy; i.e., the prescriber or his/her agent must ensure that the original written prescription has been invalidated, securely filed, and be retained for the required period.

The full guidelines related to faxed prescriptions can be found on our website at www.altapharm.org/downloads/documentloader.aspx?id=1608.

Displaying ephedrine-containing products

Health Canada has reported that some ephedrine-containing products, such as 4 Ever Fit and Proenzi 99, are being incorrectly displayed in the weight loss section of retail outlets, including pharmacies.

The department has asked us to remind you that products should not be displayed in a manner that promotes a non-indicated use. To do so could contravene the *Food and Drugs Act*, section 9(1).

If a product has a DIN, sales for a non-indicated purpose could put your pharmacy at risk if an injury to a consumer resulted from the inappropriate promotion of the product.

WEBSITE TIP

The college's website is updated regularly. To ensure you have the most recent version, please be sure to clear your browser cache regularly.

To clear the cache, click on *Tools* from the menu bar of your browser, then on *Internet Options* in the drop-down menu. Using the *General* tab, click on *Delete Files* under the *Temporary Internet Files* section, then click on *Delete All Offline Content* and click on *OK*.

Clearing your cache can take five minutes or more, depending on how often you do it.



Be part of a unique event as the Alberta College of Pharmacists and the Alberta Association of Registered Nurses jointly host the 2005 conference **June 2 to 4** at the **Jasper Park Lodge!** Planning is under way to offer you challenging speakers and informative sessions designed to help you in your daily practice. Mark your calendar and plan to be there!



If you have a role or interest in patient safety and/or quality initiatives, plan to attend **Halifax 4, Oct. 14 to 16, 2004** in **Edmonton**.

This event, themed *A Culture of Safety*, is a premiere meeting of individuals and organizations with a desire to improve patient safety and enhance the overall quality of our health system.

Detailed program information is available at www.buksa.com/index2.htm

Halifax 4 offers a unique opportunity to discuss patient safety issues with like-minded people. Be sure to join them in October!

...from the faculty

On May 30, 2004, over 80 golfers enjoyed the **Dean's Tournament of Golf** at Cochrane's Links of GlenEagles. Thanks to the participating sponsors and pharmacists, approximately \$18,000 was raised in support of pharmacy staff professional development at the faculty.

Dr. Dick Moskalyk was coaxed out of retirement to represent Dr. Franco Pasutto at the putting contest where an additional \$500 was generated for the Friends of Pharmacy Bursary. The winner, Don Makowichuk, went home with a Tiger Woods framed print donated by Value Drug Mart.

The 2005 tournament will be in Jasper on June 5 following the joint ACP/AARN conference at Jasper Park Lodge. Be sure to register early!

The **Pharmacy Alumni Association** is looking for individuals to participate in short-term volunteer activities, such as assisting with the continuing education event during the UofA Reunion Weekend, Sept. 30 to Oct. 3, 2004. For more details, please contact Terry Legaarden at the faculty at (780) 492-8084, or check out the university's website at www.ualberta.ca; follow the *Alumni and Friends* link to *Events*.

Two fourth-year students, Colleen Gustafson and Lauren Geldrich, recently participated in a Pharmacy 455 **Specialty Rotation Elective** in collaboration with the National University of Singapore. Through the exchange, Colleen and Lauren were able to experience and contribute to patient care in two Singapore hospitals over a four-week period.

Some **alumni have wondered whether their giving** really matters and whether small gifts are really appreciated. The answer is YES!

The power of alumni giving is all about participation. The more people who give, the bigger the collective impact. Every gift makes a difference and helps our faculty and students succeed. And strong alumni support shows others that donating to the Faculty of Pharmacy is truly a worthwhile investment.

The faculty is proud that, in 2003/04, its alumni participation (the percentage of alumni making a gift to the faculty) was the highest of all faculties on the UofA campus.

Thank you from the faculty for your generous support!

In memoriam*

Joseph Clermont died on Nov., 6, 2003 at the age of 73 years. Joseph graduated from the UofS with his BSc Pharm in 1959 and first registered with the Saskatchewan Pharmaceutical Association. Joseph was the owner/manager of Ramsay's Rexall Drug Store in Vauxhall and Skelton's Pharmacy in Lethbridge. His pharmacist son continues to operate Skelton's Pharmacy.

Joseph is sadly missed by his wife Ida, his son, and numerous friends and colleagues.

Frankie Eng died at the age of 52 years on May 28, 2004 after a brief and courageous battle with cancer. She started her degree at the UofC in 1969 and graduated with a BScPharm from the UofA in 1973. After practising in Alberta, Frankie moved to Ontario where she registered and continued in community practice. After returning to Alberta, she was the owner/manager of the MacGlen Pharmacy in Calgary for a number of years.

Frankie is missed by her family, friends and colleagues.

Dr. Lori D. (Swick) Esch died at the age of 33 years on May 30, 2004 after a four-year battle with cancer. She completed her BSc Pharm in 1993 at the UofA where she was a leader in pharmacy student affairs. As a result of her involvement, she received the CPhA – Apotex/PACE Future Leader Award in 1994.

Lori became involved in research and moved to Buffalo where she completed her Pharm.D program in 1997. She joined the faculty at the University at Buffalo, School of Pharmacy and Pharmaceutical Sciences in 1999.

Lori made immense contributions in the area of HIV pharmaceutical care. She ran the HIV clinic at Erie County Medical Center in Buffalo and developed a model medication adherence program.

Lori is sadly missed by her husband, Andrew Esch, her two children, her family, friends, colleagues and students.

Ross Philip Lane died at the age of 89 years on Dec., 30, 2003. Ross graduated with his pharmacy diploma from the UofA in 1942 and registered with the Alberta Pharmaceutical Association in 1943. He owned and operated the Peace River Drug Co. Ltd. in Peace River until his retirement in 1975.

In addition to being recognized as a 50-year member in 1993, Ross attended the June 2002 conference as an "almost 60-year" member.

Kenneth Oliver died on May 9, 2004 at the age of 74 years. He graduated from the UofA in 1954 with his BSc(Pharm) degree. Kenneth apprenticed at Dunford Drug Co. Ltd. in Calgary and later purchased the pharmacy. During his 40 years as a pharmacist, he also owned York Drug and later combined the two pharmacies into Dunford York Pharmacy.

Ken is mourned by his wife, Meda, and family.

Ronald Patrick Turner died at the age of 61 years on May 21, 2004. He graduated from the UofA's Faculty of Pharmacy in 1964. Throughout his career as a pharmacist, realtor and entrepreneur, Ron was well known for his energy and enthusiasm and for his willingness to help new pharmacists get established.

He is sadly missed by wife, Debbie, their three sons, his family, pharmaceutical associates and friends.

** 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's policy on management of registration information.*