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alberta college of
pharmacists



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Alberta pharmacists are leaders once again!

It was unanimous. Alberta's solicitor general and minister of health, the mother of a meth addict, and representatives of law enforcement agencies all agreed that Alberta pharmacists are leaders in their field. These commendations resulted from your willingness to move single-entity ephedrine and pseudoephedrine products into the dispensary, a first for Canadian pharmacists.

On July 6, 2004, President Tracy Marsden introduced the Action on Meth concept to

media representatives at a news conference. We received significant positive media coverage in Alberta and across the nation, with the result that other provincial regulatory authorities are considering a similar action.

Tracy was joined at the news conference by Solicitor General Heather Forsyth, Health Minister Gary Mar, and the parent of a methamphetamine addict, all of

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What's the big deal about methamphetamine?

Methamphetamine, also known as crystal meth, meth, speed, jib and ice, is a highly addictive drug that is easy and inexpensive to produce. Forty per cent of first-time users become addicted, as do 90 per cent of second-time users, according to the Edmonton Police Service.

The drug produces a powerful and long-lasting high. It can be smoked, swallowed, snorted or injected. Dramatic weight loss is common in addicts, as is losing teeth. The drug can cause high blood pressure, seizures and even strokes. Chronic users often have hallucinations, hear voices and experience paranoia. They can suffer from depression and suicidal tendencies, especially during withdrawal.

Methamphetamine is made from common household products (see the poster distributed with the Jan/Feb 2004 **acp news**). Meth labs are a source of considerable environmental pollution from the toxic chemicals, the gases created during the production process, and the hazardous waste products.

For every pound of crystal meth produced, five to six pounds of waste chemicals result.

Some Alberta communities have been directly affected by meth use and its toll on users and families, also by the resulting crime since users tend to resort to crime to support their habit. The RCMP reports that in 1998 there were 13 cases of methamphetamine trafficking and 21 cases of possession; in 2002 there were 164 trafficking cases and 123 cases of possession. Edmonton Police Service statistics show a 4,500 per cent increase in the amount of meth seized from 1999 to 2003. (Statistics for Calgary were not available at press time.)

All efforts to stem the use of methamphetamine, whether small or large, are important for preventing the problem from occurring in other communities.

Although you may not be aware of meth use in your community, it is important to be alert to the possibility of it appearing and quickly growing out of control.

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Alberta pharmacists are leaders

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whom congratulated Alberta pharmacists for your commitment to your communities and your willingness to be part of the fight against methamphetamine use. The initiative was also supported and acclaimed by representatives from the RCMP and the Edmonton Police Service, and by RxA.

Westfair Foods, Save-On Foods, Wal-Mart, London Drugs, Sobey's and Shoppers Drug Mart pharmacies had all moved their single-entity ephedrine and pseudoephedrine products by the time of the news conference, or had committed to completing the move by the end of July. Other pharmacies have since followed suit.

The other pharmacy-specific component of the Action on Meth initiative, namely restricting a single transaction of ephedrine and pseudoephedrine products to 400 mg and 3600 mg respectively has also been implemented in many pharmacies.

The news conference participants agreed that Action on Meth would not stop the problem of methamphetamine production and use in our province. However, they also agreed that restricting access to meth ingredients is part of the larger picture in fighting drugs. It is an example of the partnerships that can be formed to make a difference. According to the solicitor general, we all have to work

together to address the problem, and every step is an important one.

Sgt. Ian Sanderson of the RCMP says that Action on Meth is a proactive step designed to help prevent a large proliferation of home-based labs. In areas where meth is a real problem, 95 per cent of the labs produce five per cent of the product. He noted that anything we can do to lessen that 95 per cent and target law enforcement resources to the five per cent of the labs is very positive. Communities are looking for ways to prevent the devastation that this drug can cause, he added. "Pharmacists have taken a leadership role in their communities to help where they can."

The college is hopeful that the action of Alberta pharmacists will encourage other retailers to build preventive measures to hinder producers. To that end, we have approached the non-pharmacy outlets and challenged them to be part of the meth solution.

In addition, we have encouraged the National Association of Pharmacy Regulatory Authorities to review the criteria used in the drug scheduling process with a view to making substances of abuse and misuse less accessible, and to readdress the scheduling of products containing pseudoephedrine which are currently unscheduled and available in any store.

The college's news release and fact sheet that were distributed to the media on July 6th can be found on our website at www.altapharm.org/news_events/default.aspx?id=5084

ACP contribution to HIA review

A special legislature committee is reviewing the *Health Information Act* (HIA). As a contribution to the review process, the college has responded on your behalf to a call for written submissions highlighting concerns of particular importance to pharmacist practice. Throughout our submission, we reinforced our support for the goals of the HIA in protecting the privacy and

Methamphetamine information and conference

If you would like concise information about this threat to your community, visit the website www.methhurts.com.

Also on the METHHURTS website, in the events section, you will learn about a conference to be held on Oct. 3 to 5, 2004. This event offers the opportunity to increase your knowledge about meth and its effect on individuals, families and communities.

Drug addiction video available

Through a Blue Lens, a National Film Board video-documentary about the lives of people in Vancouver's Downtown Eastside, is available on loan from the college office. The video follows a unique group of Vancouver police officers who began video-taping the lives of people on their beat to create an educational tool to help prevent drug abuse among young people. The addicts talk openly about who they are and how they got to the streets.

Steve Walton, keynote speaker on street drugs at the 2004 conference, recommends this video. It is moving and compassionate; it also contains graphic scenes and coarse language.

To borrow the video for a one-week period, please contact Misti Denton in the college office at (780) 990-0321 or 1-877-227-3838 or Misti.Denton@altapharm.org



confidentiality of Albertans' personal health information, and focused on areas where the HIA, in our view, has a negative impact on the provision and delivery of health care and the safety of the public.

Our submission identified and addressed five major areas of concern (summarized below).

- The significant administrative burden that the HIA imposes on pharmacists
Pharmacists have always been bound to respect confidentiality, but this respect allowed common sense and sensitivity to individual circumstances, so that the client received proper care and counselling. Under the HIA, common sense and sensitivity to individual circumstances are replaced by a complex set of legal rules that are difficult to apply. In addition, HIA is one of three pieces of legislation addressing privacy in privately owned pharmacies, each containing different rules for consent and varying in the circumstances under which information can be disclosed without consent.

We suggested using the *Privacy Information Protection Act (PIPA)* as the model to allow greater flexibility in the collection, use and disclosure of individually identifying health information using the principles of reasonableness and verbal and implied consents. We also suggested rationalizing the HIA and PIPA to ensure that substantial equivalence under the federal *Personal Information Protection and Electronic Documents Act (PIPEDA)* so that health service providers are governed under a uniform set of rules for all information that they collect, use and disclose in their professional practices.

- The excessively broad protection granted to health service provider information

The protection given to health service providers under section 37(2)(a) of the HIA, as interpreted by the privacy commissioner, limits a patient's right of access to the complete record of his or her treatment, whether that is a prescription profile in a pharmacy or a chart in a hospital. It also restricts

health professionals from sharing information about the professional services offered by another health service provider.

We recommended repealing section 37(2)(a) since section 37(2)(b)(ii) contains a balanced approach to protecting health service provider information.

- The difficulties posed by the consent requirements in the HIA

The detailed, written consent required by the HIA is overkill for the majority of instances. This requirement serves to confuse and upset patients who are often already in a delicate state. It is also difficult to explain to individuals who are illiterate or not fluent in English.

We recommended allowing verbal and, where appropriate, deemed consents to the collection, use and disclosure of information.

- The challenges to the Triplicate Prescription Program (TPP)

The TPP is approved by by-law of the College of Physicians and Surgeons of Alberta and by resolution of the Alberta College of Pharmacists. However, the authority to conduct the program (under the HIA) continues to be questioned by some practitioners.

The college strongly recommends specifically authorizing disclosure, without consent, of individually identifying health information to the TPP.

- Limitations on the ability of pharmacists to report to the police criminal conduct in relation to drugs.

The HIA limits a pharmacist's ability to report effectively to the police when an otherwise valid prescription has been altered, or the individual presenting the prescription has obtained the prescription by double doctoring and without disclosing all prescriptions for narcotics received within the last 30 days, contrary to the *Controlled Drug and Substances Act*. Under the

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RxA governance review update

The Governance Review Steering Committee received over 300 responses to its survey. Thank you to everyone who contributed their thoughts!

The committee will meet in late August or early September to discuss member input and make decisions about next steps. Members offered a wide variety of opinions that the committee must carefully consider prior to making specific recommendations.

Thank you to everyone who completed the survey. Watch for further information from the committee.

ACP contribution *continued from page 3*

legislation as it stands, a pharmacist could report the general circumstances in each of these cases to the police and the police could get a warrant to obtain the prescription or registration information. However, pharmacists find that police are unlikely to seek a warrant because of stretched resources. In other words, the HIA enables those who abuse and traffic narcotics and other drugs.

We suggested that the HIA should specifically authorize disclosure, without consent, of individually identifying health information to police forces if the custodian has reasonable grounds for believing that the information reveals or tends to reveal that an offence under the *Criminal Code, Controlled Drug and Substances Act, Narcotic Control Regulations or Food and Drug Act* has been committed or is being attempted.

In our submission, we also requested an opportunity to make a presentation to the HIA Review Committee to address these issues.

International pharmacy graduate program

ACP has presented a preliminary proposal to Alberta Health and Wellness and Alberta Learning to partner in the development of a bridging program for international pharmacy graduates wishing to register in Alberta.

We are studying a model that is in use at the University of Toronto and that was developed in partnership with the Ontario College of Pharmacists. Private sector support has allowed this program to be modified and delivered in British Columbia.

While the initial proposal will focus on foreign candidates, there is potential for broader benefits. The chart below illustrates the gaps that we hope the program will address.

Both members and candidates have emphasized the value of a program that would help foreign candidates to address some of the communication and cultural barriers in preparing for work in our health system. We hope that a bridging program will address these needs, and will ultimately provide another solution to our manpower shortage.

THE NEED	THE OPPORTUNITIES	FILLING THE GAP
<ol style="list-style-type: none"> Proactively address the ongoing challenge of meeting Alberta's pharmacist human resource needs—a challenge predicted to increase Assist practising and potential Alberta pharmacists to address competency gaps and provide quality service to Albertans 	<p>International Pharmacy Grads:</p> <ul style="list-style-type: none"> Registered as interns in Alberta and working toward licensure Located in Alberta/Canada but underemployed—possibly due to inadequate English skills Located in other countries and interested in coming to Alberta—academically qualified but with varying levels of English fluency <p>Alberta Pharmacists:</p> <ul style="list-style-type: none"> Seeking to re-enter the profession and requiring supported skills upgrade Potentially interested in re-entry if supported skills upgrade is available Working as pharmacists but seeking or requiring skills upgrade, e.g., identified by competency review as requiring remediation; shifting from administration to clinical practice 	<p>A comprehensive, flexible professional skills program based on national standards of practice, to address:</p> <ul style="list-style-type: none"> competency gaps of academically qualified international pharmacy graduates and re-entry/practising Alberta pharmacists English fluency needs of international pharmacy graduates seeking to practise in Alberta



Legislative update

The college continues to pursue new legislation with Alberta Health and Wellness (AH&W). Progress is slow, but on course. Our experience is similar to other health professions.

In an attempt to speed up the process, ACP has submitted a proposal to AH&W requesting a new approach to drafting legislation, whereby the expertise of the college and our legal counsel would play a more significant role in drafting the regulations. This proposal was warmly accepted by the department; however, we have not yet heard back from Alberta Justice.

We are in the process of reviewing draft 2 of the regulations to the *Health Professions Act* drafted by government's legislative counsel. Remaining absent from this draft is a decision from the minister respecting our scope of practice. We continue to meet regularly with the department and encourage a decision prior to a call for a provincial election.

Several members wishing to be on the clinical register have expressed concern about the 600 hours of practice that will be required under the new regulations in each two-year period. The Competence Committee has been requested to provide advice on practices that may qualify in meeting this requirement.

The development of regulations to the *Pharmacy and Drug Act* is complicated. In 1999 when the act was proclaimed, the government committed to amending it before regulations were developed. Based on that commitment, ACP addressed the amendments and

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acp xPresses and News

acp xPress

(faxed since Jun. 3, 2004)

June 15

- CPBA information requirements for malpractice insurance

July 8

- Letter from President Tracy Marsden re restricting access to pseudoephedrine and ephedrine products.

acp news

(issued on the college website since June 4, 2004)

Meetings:

June 22

- Halifax 4 Symposium and CSHP Professional Practice Conference

July 8

- Methamphetamine information and conference

Aug. 3

- Canadian Healthcare Safety Symposium.

Operations:

June 11

- Registration reminder! Less than three weeks left

June 15

- CPBA information requirements for malpractice insurance

June 22

- Request to move single-entity ephedrine and pseudoephedrine products

June 24

- Registration deadline reminder

June 25

- ACP privacy policy available on website

June 29

- Governance review error on envelope
- Awards video on ACP website
- Call for RxCEL self-assessment pilot volunteers

July 6

- Ministers support moving single-entity products

July 8

- New Canadian Adverse Reaction Newsletter on ACP website

July 13

- New DUE Quarterly on ACP website

Practice Issues:

June 11

- Pharmacies requested to restrict sale of pseudoephedrine and ephedrine

Drug Information:

June 18

- Safety information: Pre-Pen® (benzylpenicilloyl polylysine injection USP)

June 22

- Safety information: Crestor® and rhabdomyolysis

June 23

- Melatonin: latest news from Health Canada

June 24

- Safety information: latest news about dispensing clozapine

June 25

- Safety information: Arava® (leflunomide)

July 8

- Safety information: trazodone

July 28

- Safety information: aristolochic acid
- Safety information: Sesa Hair Supplement®

Aug. 3

- Safety information: Rituxan® (rituximab)

Aug. 9

- Safety information: SSRIs and newborns



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

Education and prevention

Do your patients know what they are taking?

The following scenario was observed in a pharmacy:

An elderly customer approached the pharmacy and asked the relief pharmacist for the refilled medications that she had requested several days earlier. After letting the patient know she was to pay for her medications at the front check-out, the relief pharmacist casually asked if her cholesterol was being effectively managed with the medication she was taking. The patient responded that she didn't know she had been prescribed something specifically to manage her cholesterol, then asked which of the drugs was for cholesterol. After answering her questions, the pharmacist checked the patient's profile to discover that she had been taking the cholesterol medication for several years.

Perhaps the patient forgot that she was given medication for cholesterol. Perhaps she was never informed by either the physician or the pharmacist what the medication was for.

How do you confirm a patient's understanding, use and the potential side-effects of each medication dispensed? Do you provide patient counselling with each refill dispensed? Do you include each patient in the medication check prior to releasing a filled prescription?

Counselling and consultation should occur at the time of each refill. This is your opportunity to monitor compliance, reinforce patient knowledge, and conduct a final check of the dispensed prescription's accuracy.

Legislative update *continued from page 5*

developed draft regulations under the jurisdiction of an amended act. Unfortunately, the government has failed to amend the act, and we have had to readdress the development of regulations under the act as passed in 1999. This situation is not ideal. It leaves many gaps in the legislation that complicate enforceability and adaptability, and that may result in greater costs in administering the act.

We continue to strive to have each act proclaimed within this membership year; however, external factors such as a provincial election may complicate our efforts.

Pharmacy Informatics Committee

ACP has created the Pharmacy Informatics Committee to provide leadership in addressing the technology needs of pharmacists in the future. It is observed that today's stand-alone technologies lack many of the requirements important to pharmacists in taking on new roles and in benefiting from the electronic health record (EHR).

Some of the preliminary objectives of the committee are to:

1. provide a forum to discuss issues and coordinate direction important to individuals representing the pharmacy profession on projects within Alberta Wellnet and the electronic health record;
2. provide strategic direction respecting the information management (IM) and information technology (IT) needs of pharmacists working in a fully integrated electronic health care environment where pharmacists rely on technology to:
 - a. gather client specific information from multiple sources to support decision making;
 - b. document interactions with clients and decisions they have made

about client care, including but not limited to prescribing and dispensing activities;

- c. communicate information about individual client care with other members of the health team;
 - d. gather knowledge and access decision support tools to support client care decisions; and,
 - e. manage and submit claims for professional services provided to clients;
3. provide advice to the college and RxA respecting the development of IM/IT standards important to communication, security, patient care and management, and electronic adjudication of claims.

Alberta Wellnet participates on the committee, providing technical expertise. The committee will reconvene in September and will discuss:

- a. security requirements in pharmacies that integrate with the electronic health record,
- b. the development of privacy impact assessments by pharmacies that change IM/IT systems, and
- c. the development of standards for the use of technologies in pharmacies.

Working together to address quality of care*

The Alberta College of Pharmacists, the Alberta Association of Registered Nurses, and the College of Physicians and Surgeons of Alberta are combining their expertise to address health quality issues. The executive directors/registrars of these three regulatory bodies met in June 2004, along with a representative from the Federation of Health Professionals, to begin development of a professional health quality network.

The network's purpose is to facilitate sharing and implementing best practices. It's an initiative led by Dr.

John Cowell, chief executive officer of the Health Quality Council of Alberta (HQCA), and is aimed at improving patient safety and the quality of care Albertans receive.

According to a recent HQCA survey, 14 per cent of Albertans reported that they or a family member experienced a medical mistake. As the most accessible health professionals, we have a responsibility to help find a solution to this situation and ensure that patients continue to have confidence in their quality of care.

Greg Eberhart, registrar, represents pharmacists in this initiative. The network is in its infancy; participants are discussing terms of reference and determining which issues can best be addressed by the collective knowledge, experience and leadership of the three professions.

The formal collaboration of these three professions is one way to avoid duplication and to facilitate the implementation of practice guidelines throughout the province. More significantly, the network is a step toward creating a process for health service culture change and accountability regarding patient safety in Alberta. Each profession has much to learn from the others; working together will result in valuable input into system-wide quality improvements.

The network is also a key component of working with government, regional health authorities and other health disciplines to address the health system issues which affect patient safety. As key contributors to the health and well-being of Albertans, pharmacists have an important role to play.

Watch for more information as the work progresses.

**Adapted from the Executive Director's Update, July 2004 Alberta RN*



Pharmacy manual on CD

Each pharmacy renewing its licence for the 2004/05 year has received a CD version of the pharmacy manual.

The CD was produced as a back-up to the website and is intended to be used in the few instances when the Internet isn't available. It was also intended to be a resource to pharmacies without high-speed Internet access.

Since the CD's distribution in July, we've heard from a few managers that they don't have the capability to read CDs in their pharmacy. At the time of printing this newsletter, we were addressing the issue.

Please remember that you are required to have access to the pharmacy manual in your pharmacy, whether that is via the web or in paper copy or on CD. The college's website should be your preferred method of accessing the manual. Changes to legislation and other important data are readily accommodated on the site, providing you with up-to-date and easy access to the information.

Latest editions of CARN and DUE Quarterly available

You can access the July 2004 *Canadian Adverse Reaction Newsletter* (CARN) from the Safety Advisory section of our website at www.altapharm.org/news_events/safety_advisory.aspx and the July issue of *DUE Quarterly* at www.altapharm.org/news_event/quarterlyNewsLetter.aspx

CARN topics include suspected interaction between fluoroquinolones and warfarin, suspected warfarin/cranberry juice interaction, case presentation of toxic shock syndrome and tampons, as well as a summary of advisories.

DUE Quarterly features end-of-life care, preventing and managing delirium.

Remember, we are no longer able to include CARN or DUE Q with **acp news**; if you would like a hard copy of either newsletter, please call Pat Barnes at the ACP office at (780) 990-0321 or 1-877-227-3838.

You can obtain a free electronic subscription to CARN on the Health Canada website at www.hc-sc.gc.ca/hpfb-dgpsa/tpd-dpt/subscribe_e.html



Thank you to committee members

The college is privileged to have the support of enthusiastic volunteers who faithfully participate in college committees, task groups and other college-related initiatives. Without the efforts of these members, it would be difficult, if not impossible, for ACP to achieve all of its objectives.

Thank you to the following volunteers:

- Margaret Baril who served on the Competence Committee and the Practice Review Panel for six years and chaired both bodies from 2001 to 2004;
- Vera Stepnisky and Joyce Markson-Besney who served on the Entry to Practice Committee for six years.

ACP's members also represent the college on our partners' committees. Thank you to Catherine Biggs for representing ACP on the Faculty of Pharmacy's Curriculum Committee for the past three years.

And college members serve on other bodies, often at their own initiative. We extend a sincere thank you also to Stephanie Adamic and Gisele Scott-Woo who served as Canadian Council on Continuing Education in Pharmacy reviewers for 2002/03.



Congratulations on your PDLs!

The review of members' professional development logs (PDLs) has been completed for the 2003/04 membership year! We're happy to say that the majority of pharmacists fulfilled all required components completely.

This year we reviewed each PDL to ensure that it met all the requirements as outlined in the *RxCEL Learning Portfolio* manual. This was the third year that members were to submit PDLs, so the Competence Committee felt it was

reasonable to expect you to comply with all of the requirements and passed a motion to that effect on May 31, 2004.

As a result of the review, some pharmacists received letters requesting that they fully and correctly complete their PDL (with specific suggestions on improvements). In some cases, members were asked to resubmit their PDL to ensure we have the complete documentation.

Please note that under the *Pharmaceutical Profession Act*, the registrar may not renew the registration of a member unless he or she has accumulated the minimum number of CEUs. **A complete and accurate PDL is critical to your registration status.**

Remember that you should always record the accreditation file numbers for all accredited programs. In order to verify that you have accrued the minimum number of credits, the college must be able to confirm that programs claimed as accredited CEUs have actually been accredited by a pharmacy accrediting body. Although the requirement to record accreditation file numbers was not communicated in the initial learning portfolio manual, it is now recognized as an essential piece of information. This requirement has been communicated several times by e-mail, through the newsletters and by personal letter.

In addition, documentation of key learning thoughts, ideas and points is required for all learning activities, including accredited programs. Educational research has proven that reflection is a key concept in effective learning. This is the "thinking about" part of learning that provides the bridge between learning and doing. Ask yourself questions such as "how can I apply this new knowledge in my practice?" or "how does this information fit with what I already knew?" Referencing the program title or including comments such as "good program" or "good review" does not qualify as recording key learning points; it is not a reflection on what you learned. The reflection should help you think about how to put what you learned into practice and have a positive impact on patient care.

In an effort to be sure the college received their PDLs, some members submitted their PDL by fax and by mail. Please don't do this! We cannot determine if a PDL has already been submitted, so we review your PDL twice, and possibly communicate with you twice.



Learning Portfolio frequently asked questions

Why do all pharmacists have to get at least eight accredited CEUs per year?

A minimum of eight CEUs from accredited programs each year ensures that all pharmacists have participated in at least some pharmacy-related learning.

Why is there a limit on the number of CEUs per non-accredited learning project?

Learning projects can get very large and it can be difficult to estimate the time you have spent on meaningful learning. As a result, the Competence Committee has set a limit of four CEUs per non-accredited learning project. If you are working on a large project, you may split it into two or more learning projects under one topic.

Why is there a maximum set for the number of non-accredited CEUs per year?

Since non-accredited learning is not necessarily pharmacy-specific, limiting the number of non-accredited CEUs to seven per year ensures that all pharmacists are doing at least some pharmacy-related learning.

Why do I have to record key learning points for accredited programs?

Recording a few key learning points from each learning activity helps you think about what you learned and how it fits with other information you already have. This reflection is an important component of professional development. It is through

reflection that you consider the new information—the validity of the information, how it fits with other knowledge you have, if you need further information, and how you can incorporate this new knowledge into practice. Probably many motivated life-long learners practise reflective learning almost automatically, just as experienced pharmacists practise pharmaceutical care without writing down all the steps. The learning portfolio just formalizes the reflection step.

How do I record key learning points for a journal such as Pharmacist's Letter, that covers a lot of different topics? Do I have to record a key learning point for each topic?

Newsletters that contain brief summaries on multiple topics can be a challenge to document. You do not have to record a key learning point for each topic. It's acceptable to jot down a few quick thoughts on a couple of topics. Here are examples of questions you can ask yourself to determine some key learning points to record. Do these articles ever make me question how the author came to that conclusion? What did the original study show? Was the study reliable? Do I need to do further research? How can I apply this knowledge in my practice?

What should I record under the Date column on the PDL?

You should record the date you completed the program or the dates you attended a program or the dates you worked on a learning project. Please do not record the date or issue of the journal. Remember that the date of the program completion must fall within the membership year you are claiming for.

Can I claim credits for a course I haven't received a certificate for yet?

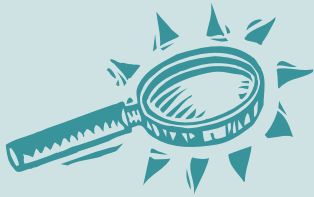
Occasionally a program provider may be somewhat slow in forwarding certificates to program participants, particularly with distance-based courses, e.g., correspondence or web-based. You should not claim these courses on your PDL until you have received verification that you have passed the course.

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Did you know that...

- 683 pharmacies provide access to the Internet for their pharmacists?
- 315 pharmacies operate under lock and leave conditions?
- 452 pharmacies (or the premises in which they are located) sell tobacco products?
- 232 pharmacies were a site for practical training in partnership with the UofA or the ACP Internship Program in 2003/04?

The above figures are responses to questions on the pharmacy licence renewal form. A total of 862 pharmacies renewed their licences for the 2004/05 year.



ACP privacy policy available on website

Your privacy is important to us.

In January, when Alberta's *Personal Information Protection Act* came into force, we told you that our policy on the management of registration information was under review. A revised policy, compliant with all aspects of the privacy legislation, is now available on our website in the *About ACP* section or by using the following link:

www.altapharm.org/about/privacy_report.aspx

Questions about the privacy of your personal information should be directed to our privacy lead, Jill Moore, at the numbers below, or by e-mail to privacyinfo@altapharm.org

RxCCEL Frequently Asked Questions

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Where can I find the accreditation file number for accredited programs?

Usually you can find the accreditation file number on your certificate of course completion. If it is not on your certificate you should contact the program provider for this information.

Why do I have to document my learning summary on the approved Professional Development Log form?

- to ensure you have recorded all necessary information, including signature
- to fulfil the terms of the professional declaration on the registration renewal form

What documentation do I have to submit if I'm chosen for an audit of my learning portfolio?

You will be asked to submit documentation to support all learning activities claimed on your PDL. For accredited programs you must submit certificates of course completion. In addition, you must submit learning project records for all non-accredited learning activities claimed on your PDL. Only learning activities documented on the PDL that you submitted to ACP will be audited, so if you use your learning portfolio to store other information, it will not be required during the audit.

What can I claim as non-accredited learning?

You may claim learning activities that you have undertaken to enhance your pharmacy practice. These learning activities should be planned to address an identified learning need. You must write up the non-accredited learning activity on a learning project record. The learning activity should result in **enhanced learning**. Therefore, serving on a pharmacy-related committee, presenting a talk to students or the public, acting as a preceptor for a pharmacy student or intern, or acting as an PEBC OSCE assessor do not qualify for non-accredited credits. However, if you

undertook learning in order to fulfil your obligations in these areas, you may be able to claim the learning for non-accredited CEUs. For example, if your student was planning to present a talk on osteoporosis, and as his/her preceptor you researched the current treatments and recommendations for osteoporosis, you could claim this research for non-accredited CEUs.



Learning portfolio audits under way

Audits of the 2003/04 learning portfolios begin September 1, 2004. This year we will audit 600 members' learning portfolios. Members selected for audit will be notified in six groups of 100, one group each month.

If you are selected for a learning portfolio audit, your supporting documents must be submitted to our office within one month of notification, so please watch your mail.



Self-assessment pilot

Thank you to the committed and enthusiastic pharmacists who volunteered to participate in the self-assessment pilot project!

These keen pharmacists have committed to participate in the pilot for the next eight months to help ensure that the self-assessment program is useful for pharmacists. They will participate in their first workshop on Sept. 11, 2004, then work on their self-assessment and learning portfolio over the next eight months. Their feedback will help us fine-tune the program and its forms so that the program is beneficial to you, the member.

Watch for updates as the pilot progresses, with roll-out to all pharmacists in the fall of 2005.



Electronic prescriptions—acceptable or not?

The college office continues to receive calls from members about electronic signatures and what constitutes an acceptable prescription. In an attempt to clarify the confusion, we offer the following.

■ Sent by e-mail:

Prescriptions sent to you by e-mail are not acceptable. There are insufficient security measures in place to ensure the validity of prescriptions sent electronically. If it appears on your screen, it's not acceptable.

■ Delivered by patient

Prescriptions produced by computer, but signed by the prescriber, or with an electronic signature that is then initialed by the prescriber, and delivered by the patient are acceptable. However, it is your responsibility to ensure the prescription is authentic, just as you would for a prescription which is hand-written.

If the prescription is not signed by the prescriber, or has an electronic signature and is not initialed by the prescriber, the prescription is not acceptable.

■ Faxed to the pharmacy

You can accept prescriptions that are produced by computer and signed by the prescriber, or with an electronic signature and initialed by the prescriber, that are then faxed to the pharmacy. However, it is your responsibility to ensure the prescription is authentic, i.e., originates from a prescriber's office, and is from a registered prescriber. Refer to the college guidelines on faxed prescriptions available on our website at www.altapharm.org/practice_ref_library/standard_guidelines.aspx?id=2276

The mode of transmitting the prescription is significantly different in each of these

scenarios. The major issue is your ability to ensure the authenticity of the prescription.

Neither federal nor provincial health legislation recognizes electronic prescriptions and electronic signatures. Prescriptions that are received electronically are not valid. Physicians were reminded of this fact in the College of Physicians and Surgeons of Alberta's January 2004 newsletter *The Messenger*.

The Alberta Electronic Health Record (EHR): a prescription for enhanced patient care (an update)

In the words of one Alberta pharmacist, the Alberta EHR "contains a lot of information... to provide better patient care."

And from the pharmacy perspective, it's not just more information available at the point of care that makes the Alberta EHR so compelling, it is also the benefit of receiving a legible, printed and signed prescription from participating physicians – one written in plain language which includes physician notes. A recent McGill University study found that legibility problems in handwritten prescriptions produce a 15 per cent error rate, with two per cent of those mistakes being potentially serious. A drug information system like the Alberta EHR will have a dramatic impact on improving patient safety.

The Alberta EHR is a province-wide clinical health information system that makes possible the confidential and secure electronic exchange of patient information. That information includes drugs, allergies, intolerances and lab test results. Today pharmacists have access to the drug and allergy component of the Alberta EHR. The information within the Alberta EHR will offer you many benefits, while at the same time, require a minimal change in workflow.

continued on page 12

Why the Alberta EHR?

- Enhanced patient care
- Printed prescriptions signed by prescribers
- Better advice, including over-the-counter drug recommendations, with more complete patient information collected from health providers outside your pharmacy
- Physician-managed drug interaction information
- Detailed physician notes and instructions regarding prescriptions
- Detect prescription abuse (double doctoring)
- Track patient conformance (identify non-filled prescriptions)
- Add suspected allergies and intolerances
- Access to patient information any time
- Position your pharmacy to deliver enhanced patient care, e.g., future access to lab test results and e-prescriptions
- Receive 1.5 CEUs with your training
- Quick access to physician contact information
- On-line reference materials



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

Wyeth Consumer Healthcare 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.**

Alberta EHR *continued from page 11*

Alberta Wellnet is working with pharmacy software vendors to integrate the Alberta EHR information within existing pharmacy systems. The first step toward integration is called **Batch Plus**. This allows pharmacists to send their dispensing information to the Alberta EHR through their pharmacy system at the end of each day. Already, several pharmacy system vendors are completing the changes required to their products to enable this feature. Talk to your vendor for more information.

As pharmacies upload dispensing data in the coming months, the Alberta EHR will become a more valuable tool for all health care providers. More information at the point of care will result in improved patient care and safety.

With improved access to patient information, the professional responsibility to ensure the **accuracy**, privacy and security of the information becomes even more important. Connecting to the EHR requires pharmacists to agree to specific terms of use governing how information is to be used and disclosed within the EHR network. The health consequence of a data entry error, for instance, is far reaching, as this record is shared with health care providers across the province.

The **security** of the health information in the EHR follows the highest on-line security standards in the world and is monitored around the clock for any unauthorized activity.

To help pharmacies get involved, Alberta Health & Wellness has introduced a **funding program**, which will be managed by the Pharmacists Association of Alberta. Details are currently being worked out. Watch for further information from Alberta Health or RxA.

Implementing the Alberta EHR in your pharmacy may require some minor adjustments in workflow. There is a variety of training available to pharmacies at no cost. The Alberta EHR deployment team is committed to

working with you to ensure a successful transition and the training will garner you 1.5 CEUs. Contact the enrollment team for more information.

Toll-free: 1.877.756.2647

Edmonton 780.412-9970

Email: health.ehrdeployment@gov.ab.ca

www.albertaehr.ca

Recall: Pre-Pen® (benzylpenicilloyl polylysine injection USP)

Omega Laboratories has issued a class 1 recall of its penicillin hypersensitivity test Pre-Pen (Lot 91121). All testing performed after Nov. 4, 2003 cannot be assured to be valid since the product was subpotent at 30 months stability.

Pharmacists who may have provided this product to physicians or their patients are asked to contact those physicians to alert them to this recall. Omega also requests that you confirm with the Omega office your ability to contact the prescribing physicians.

Please report any suspected adverse events associated with the use of Pre-Pen directly to Omega or Health Canada.

You can contact Omega at (514) 335-0310 or 1-800-268-2741.

The advisory is available on the Health Canada website at www.hc-sc.gc.ca/hpfb-dgpsa/tpd-dpt/pre-pen_hpc_e.html

Melatonin: latest news from Health Canada

The Natural Health Products Directorate (NHPD) has reported that melatonin is now listed as a natural health product under the *Natural Health Products Regulations*.

However, no melatonin products have been assigned a natural product number (NPN) for use as a (non-prescription) natural health product. Therefore it continues not to be approved for sale in Canada.

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: Crestor® and rhabdomyolysis

for health professionals

napra.ca/pdfs/advisories/crestorhc.pdf

for consumers

napra.ca/pdfs/advisories/crestor.pdf

Safety information: latest news about dispensing clozapine

napra.ca/pdfs/advisories/clozarilhc.pdf

This advisory includes questions and answers for patients.

for hospitals

www.hc-sc.gc.ca/hpfb-dgpsa/tpd-dpt/clozapine_nth_e.html

for consumers

www.hc-sc.gc.ca/english/protection/warnings/2004/2004_36.htm

Safety information: Arava® (leflunomide)

napra.ca/pdfs/advisories/aravahc.pdf

Safety information: trazodone

for health professionals

napra.ca/pdfs/advisories/desyrel_hpc_e.pdf

for consumers

www.hc-sc.gc.ca/english/protection/warnings/2004/2004_38.htm

Safety information: Sesa hair supplement®

napra.ca/pdfs/advisories/Sesa%20public.pdf

Safety information: aristolochic acid

napra.ca/pdfs/advisories/AApublic.pdf

Safety information: Rituxan® (rituximab)

napra.ca/pdfs/advisories/rituxan_2_hpc_e.pdf

Safety information: potential adverse effects of SSRIs on newborns

napra.ca/pdfs/advisories/SSRIpub.pdf



Building A Culture of Safety

If you have a role or interest in patient safety and quality initiatives, plan to attend **A Culture of Safety, Oct. 14 to 16, 2004 in Edmonton.**

Also known as Halifax 4, this event 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

A Culture of Safety offers a unique opportunity to discuss patient safety issues with like-minded people. Be sure to join them in October!

CPBA's information requirements for malpractice insurance

The Canadian Pharmacists Benefits Association (CPBA) has clarified for ACP that the underwriters for their malpractice insurance plan only require pharmacist name and certification number to ensure coverage for Alberta pharmacists in 2004/05. Before receiving this clarification, ACP had understood that more detailed contact information was required to facilitate your malpractice insurance.

The Pharmacists Association of Alberta (RxA) administers the malpractice insurance plan through CPBA. On the basis of our original understanding, we advised you that to obtain insurance coverage through RxA we required your consent to disclose personal registration information. Since CPBA requires only publicly available registration information, **you are eligible to receive the malpractice insurance coverage until June 30, 2005 regardless of your decision concerning consent to the disclosure of your personal information.** The name and certification number of each practising pharmacist will be forwarded automatically to RxA to facilitate your malpractice insurance coverage.

We have honoured your decision to provide or not provide consent, and your registration record has been updated to reflect your decision. Your consent means that your home address and telephone information will be shared with RxA. Declined consent means that RxA will only receive your business contact information. ACP continues to hold your privacy in the highest regard and only discloses a member's personal information with your consent or if legislatively authorized or required.

If you wish to change your consent decision in any way, please advise our registration department in writing of your new decision. Any questions regarding this communication can be directed to our privacy lead, Jill Moore at (780) 990-0321 or toll free at 1-877-227-3838.



Are you part of the e-mail IN group?

If you haven't already signed onto the membership e-mail system, be sure to do so soon. Over 65 per cent of members are part of this system that provides a quick way to disseminate important information.

Forgot or lost your username and password? Misti Denton in the college office can help you. Contact Misti by telephone at (780) 990-0321 or 1-877-227-3838 or e-mail at Misti.Denton@altapharm.org

New health chairs focus on better patient care, saving system money

Two UofA researchers are leading a joint health research initiative that is looking for ways to improve patient care. Supported by the Alberta government, the UofA, Capital Health, Merck Frosst Canada Ltd. and Aventis Pharma, this initiative will focus on developing a patient health management research program, with a focus on evidence-based disease management.

The UofA's faculties of Medicine and Dentistry and Pharmacy and Pharmaceutical Sciences appointed two researchers to fill the endowed chairs in patient health management. Pharmacy professor Ross Tsuyuki and Medicine professor Finlay McAlister have been recruited to research ways of improving patient health care and ultimately save the system money. Both have a good understanding of health outcomes research and are well known in this field.

The Alberta government, through the Alberta Science and Research Authority, is providing \$1 million and the two pharmaceutical companies are each

providing \$750,000 over five years to establish the \$3 million endowed chair. The UofA and Capital Health through the Northern Alberta Clinical Trials and Research Centre, are providing \$500,000.



CDA changing its meal planning system

The Canadian Diabetes Association (CDA) is revising its meal planning system to make it more compatible with *Canada's Food Guide to Healthy Eating* and with the systems used in Quebec and the US.

Since you may be asked about the changes as they occur, the CDA is committed to keeping you informed about the project's progress. A close to final version of the new system will be presented at the CDA conference in October 2004, with the final basic version expected in January or February 2005. A larger, more detailed, manual will be ready approximately one year later.

The biggest change will be in food groups containing carbohydrate, e.g., grains and starches, vegetables, fruits and milk, where one serving of a food of all these groups will contain 15 grams of carbohydrate.

Consumers may notice that the CDA's Food Choice Values and Symbols will no longer appear on food packaging. New federal labelling regulations will provide more nutrition information than in the past and can be used to make good food choices.

For more information, please go to the CDA website at www.diabetes.ca

attend the 2005 conference



**THE POWER OF
PARTNERSHIP**
Charting New Courses
2005

Attend the 2005 conference!

A joint event with the Alberta Association of Registered Nurses

**Jasper Park Lodge
June 2 to 4**

You will:

- hear challenging speakers
- learn ways to improve your practice
- discuss common issues with nurses and pharmacy colleagues
- enjoy social time with old and new friends
- celebrate the province's centennial

**Mark your calendar
and watch for details!**

...from the faculty

The faculty is pleased to announce that the Canadian Council for Accreditation of Pharmacy Programs (CCAPP) has granted the faculty **full accreditation status** for a six-year term, from 2004 to 2010. By March 2007, the faculty is expected to provide CCAPP with an interim report that includes progress updates since the submission of its self-assessment document.

At the end of June 2004, Dean Franco Pasutto hosted meetings with **stakeholders** from three different areas of pharmacy practice. He met separately with representatives of banner pharmacies, the pharmaceutical industry and practising pharmacists. He used the opportunity to update the participants on recent faculty developments in curriculum, staffing, space and enrolment.

The biggest percentage of the evenings was spent listening to the challenges of the various sectors with the objective of determining mutual areas of interest for future collaboration. The concept was well received by all of the attendees. For more information or an outline of the topics covered, please contact Terry Legaarden at tlegaarden@pharmacy.ualberta.ca or (780) 492-8084.

The **UofA Reunion Weekend** is Thurs., Sept. 30 through Sun., Oct. 3, 2004. On the Saturday morning, the faculty will host an open house and the Pharmacy Alumni Association will conduct a continuing education event. For details, contact Terry Legaarden.



In memoriam*

Peter H. Coyle died on June 11, 2004 at the age of 82 years. Peter graduated from the UofA in 1948 with his degree in pharmacy. He made his career in Calgary where he was pharmacist/owner of MacMillan Pharmacy for more than 40 years until his retirement in 1994.

Peter served in the RCAF Coastal command. He retained his commercial pilot's licence and flew until his 70th birthday. He was a dedicated volunteer and generously gave his time and energies to various boards and associations. In 1968/69 Peter served as president of the Alberta Pharmaceutical Association.

Peter is sadly missed by his wife Patricia, family and friends.

Phillip G. Hodnett died on May 8, 2004 at the age of 81 years. Phillip graduated in 1948 with a BSc in Pharmacy from the UofA and started work at a pharmacy in Daysland. He returned home to Fort MacLeod and practised pharmacy from 1949 until his retirement in 1999. Phillip was owner of Hodnett's Pharmacy, now known as Hodnett's Rexall Drug Store.

In 1988 Phil joined his classmates in being honoured as 50-year members of the Alberta Pharmaceutical Association.

Phillip is mourned by his wife Edith.

Marian Kathleen Holroyd died on March 29, 2004 at the age of 71 years. Marian graduated with her UofA pharmacy degree in 1956. In the same year, she registered with the Alberta Pharmaceutical Association and married Lynn Holroyd, also a pharmacist. They both worked in Edmonton for year before moving to Manning, then they operated Holroyd Drugs in Grande Prairie from 1958 to 1989. Holroyd Drugs remains open under

new ownership.

In her later years of life Marian moved back to Edmonton to be closer to family as she coped with progressive supranuclear palsy.

Marian is sadly missed by her husband Lynn and family.

Charles Joseph Meagher died on March 19, 2004 at the age of 73 years. He graduated with his pharmacy degree from the UofS in 1955 and registered with the Alberta Pharmaceutical Association in 1958. Charles made his career in hospital pharmacy beginning in 1958 at the University Hospital in Saskatoon. For many years he served at the Medicine Hat Municipal Hospital, later becoming the director of Pharmaceutical Services.

In 1990 Charles was awarded the Certificate of Merit for his outstanding contributions to the profession.

Charles is sadly missed by his wife Iolene and family.

Doris C. Sherring died in March, 2004 at 89 years of age. Doris graduated with her degree in pharmacy from the UofA in 1946. She practised pharmacy in Three Hills until her retirement in 1995.

Denis A. Tetreau died in February 2004 at 70 years of age. He graduated with a BSc degree in 1957 from the UofA and registered with the Alberta Pharmaceutical Association in the same year. Denis practised at Sprague Drug Ltd. in Edmonton.

** 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.*