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Patient safety—changing the culture

If there's one thing delegates to a recent patient safety conference took away, it's the knowledge that assigning blame for an error or adverse event doesn't cut it. More importantly, we should ask "How did that happen?" then use the incident as an opportunity to learn.

Over 400 delegates from across Canada joined colleagues from the US, Europe and Australia at *Building a Culture of Safety*, the fourth Canadian Healthcare Safety Symposium, Oct. 14 to 16, 2004, in Edmonton.

Presenters addressed such topics as fatigue management, safety-critical communication skills, a systems approach to safety, decision making in health care, electronic health records and their contribution to the safety agenda, and learning from medical incidents and close calls.

The aviation industry was often referred to as a model for aggressively addressing the safety issue. Airlines and air forces have learned to use every potential safety problem as a means of building a safer system. Individuals in the aviation world learn that, if they're not sure something's



Building
A Culture of
Safety

safe, then it's not safe, a concept worth incorporating into pharmacy systems and pharmacist practice.

Human beings have a built-in tendency to attribute blame. In the past, the health care system has often leaned in that direction with sanctions against individuals and intolerance of errors. Conference delegates were strongly cautioned that errors can never be totally prevented, but much can be done to prevent harm. They learned that they cannot do things the same way after an error has occurred and expect different results. It is important to view an incident or near miss as a learning opportunity and to make the necessary adjustments to prevent a reoccurrence.

Another message frequently heard at the event is that a safe system must be tolerant of faults. In other words, individuals within the system must feel free to report incidents and near misses. They must know that reporting is expected of them, and they must feel confident that the system will support them and treat them fairly. This is a radical change in how most of us think about adverse events.

Fatigue is a major contributing factor to making errors. In fact, research has shown that extreme fatigue is comparable to being intoxicated. It is important for employees, employers and organizations to work together to avoid the pitfalls of employee fatigue. Fatigue is reasonably foreseeable, therefore avoidable.

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Closed Mon., Dec. 27 and
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Christmas Day and Boxing Day)

Open regular office hours
Wed., Dec. 29 to Fri., Dec. 31, 2004

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Patient safety *continued from page 1*

Health care professionals' failure to listen to patients was highlighted as a key factor in many tragic events, including death. Delegates were encouraged to listen carefully to their patients or patients' families; they have important information to share with caregivers.

Everything stated at this conference underscored the need to provide safe and effective systems that prevent harm to patients, and emphasized that employers and employees all have a responsibility in this regard.

Plans are already under way for the 2005 health care safety symposium, Oct. 5 to 8 in Calgary. Be sure to mark these dates on your calendar and plan to attend.

CHR patient safety review—implications for your practice

In June 2004 the Calgary Health Region (CHR) released the results of the external patient safety review into the deaths of two patients receiving care at the Foothills Medical Centre. Although this report arose out of specific incidents in the CHR, the broad scope of many of the recommendations stemming from the review are relevant for pharmacists practising in other settings.

We hope this summary will encourage you to consider the issues raised in the report, and the recommendations, within the context of your own systems and practices.

The incident

Two seriously ill patients in intensive care at the Foothills Medical Centre died as a result of incorrectly prepared dialysate solution for patients receiving continuous renal replacement therapy. The solutions were prepared in the CHR's central production facility where potassium chloride solution was inadvertently added to the dialysate bags instead of the sodium chloride solution called for in the formulation.

The report found that four pharmacy technicians were involved in the various

steps of set up, preparation and verification of the dialysate solution. The review addressed each step in the process that led to 35 bags being prepared with the incorrect dialysate solution. According to the report, the labels on the individual bags indicated that the product contained the appropriate concentrations of electrolytes and there was no opportunity for the nursing or medical staff directly caring for the patients to identify the error and prevent the incorrectly prepared dialysate from being administered.

The external reviewers found "no evidence of incompetence, carelessness or willful violation of rules or standards." They also indicated that they could find "no evidence that a final check by a pharmacist would have prevented the error." They noted that a series of successive errors need to line up before the serious results could occur and that, unfortunately, in this case the series of successive errors had occurred.

A summary of selected recommendations

The following recommendations could apply to both hospital and community pharmacist practice. The report recommends that:

- bar code technology be implemented where possible to verify the accuracy of product selection and administration;
- the feasibility of using commercially prepared dialysate solutions be explored;
- high-risk medications be isolated in all pharmacy work areas;
- a comprehensive strategy for handling and administering high-risk medications be developed;
- alternatives to products in look-alike packaging be considered when making purchasing decisions;
- cartons not be used as the sole reference point for product selection during the process of setting up ingredients for preparation;
- clear policies for safe prescribing be developed to address subjects such

A good safety culture

The CHR external patient safety review identifies three critical components of a good safety culture.

■ A reporting culture

Workers are encouraged to, and are comfortable about, reporting errors, incidents and near misses so that the errors can be understood and prevented from recurring.

■ A just culture

Recognizes that, in most cases, punishing staff for errors does nothing to help ensure that the next employee in a similar situation will not make the same error. At the same time, a just culture does not accept negligence, wilful violations of rules or standards, or substance abuse on the job. A just culture balances responsibility for reporting with accountability.

■ A learning culture

Takes advantage of the reporting culture and the just culture to keep the organization on the road of continuous safety improvement.



as verbal orders, illegible orders and prohibited abbreviations;

- complete medication profiles be maintained on the pharmacy information system;
- drug interaction checking software be fully utilized;
- pharmacists have good access to drug information references;
- there be adequate space for medication preparation and handling within the pharmacy and in patient care areas;
- discussions occur between pharmacy and nursing to ensure that appropriate defined practices for administering medications are consistently applied;
- pharmacy staffing be sufficient;
- use of casual staff be reduced; and,
- staff schedules incorporate appropriate rest provisions.

(Additional recommendations can be found in the report. The full report with its 66 recommendations is available at www.calgaryhealthregion.ca/newslink/robson1.pdf.)

Patient safety

One of the issues identified by the reviewers was the need for a clear management policy describing the way in which staff involved in health care system failures will be treated. The ultimate goal should be to uncover real and potential problems at an early stage so that the necessary lessons can be learned and corrective actions be taken.

Here is a summary of the reviewers' comments. The policy:

- must emphasize that reporting will not lead to disciplinary action or a negative impact on the individual's performance appraisal;
- must emphasize that such incidents will be seen as a learning opportunity;
- should provide appropriate support to staff involved in such incidents;
- should indicate clearly the small number of instances in which staff may expect to be disciplined (the reviewers felt this clarity would have a positive

impact on morale and would encourage reporting);

- must include a communication plan that will effectively increase the reporting by staff and patients of incidents in which real or potential safety concerns have been identified. The reviewers were particularly concerned that near misses be reported in addition to actual incidents as they provide important opportunities for learning;
- must include a long-term learning strategy to create effective methods for individuals and teams to learn from instances of health care system failure; and,
- must ensure that lessons learned from the reviews of critical incidents and near misses be shared with both those directly involved and other sites, programs and facilities through provincial and national safety organizations.



Internet pharmacy—legal and ethical implications for physicians and pharmacists

Physicians

The practice of Canadian physicians co-signing prescriptions for American patients continues to catch the attention of their colleges and the media.

Co-signing prescriptions for patients they haven't seen has resulted in discipline for some Canadian doctors. According to the Oct. 12, 2004 *Globe and Mail*, eight

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New, and not so new, committee members

Here are the members who've recently been appointed to serve on college committees for a three-year term, along with the individuals who've agreed to serve another term.

Competence Committee

Jennifer Herrick from Calgary and Diane Duncan of High River have been appointed to the Competence Committee. They will serve a three-year term on the committee.

Entry to Practice Committee

Jason Remillard and Debbie Van Haften, both from Edmonton, will serve a three-year term on the Entry to Practice Committee. In addition, Jody Shkrobot of Edmonton and Karin Nadori from Calgary have been reappointed for an additional three-year term.

Investigating Committee Pool

Norm Hodgson, Jim Krempien and Ron Welch have agreed to serve another three-year term on the college's Investigating Committee Pool. From time to time members of this pool may be appointed by Council to chair investigating committees.

The college could not achieve its goals without the support of its members. Individuals who volunteer their time, energy and expertise are invaluable. Thank you to all committee members for your commitment to the profession!

Internet pharmacy *continued from page 3*

Canadian doctors have been reprimanded, fined, suspended or censured by their colleges for co-signing US prescriptions.

Also according to the *Globe and Mail*, four physicians are facing disciplinary hearings for allegedly co-signing prescriptions for US patients, and another is currently before his college. In addition, a BC physician is being investigated for co-signing 45,000 prescriptions over a one and a half-year period.

In January 2004, the College of Physicians and Surgeons of Alberta warned its members that the practice of signing or co-signing prescriptions originally written for US patients by US physicians may be viewed as unprofessional conduct.

The Canadian Medical Protective Association (CMPA), the body that defends doctors who face legal action, has said it will not represent physicians who have allegedly signed or co-signed prescriptions inappropriately such as those for Internet pharmacy where there is "no prior established doctor/patient relationship." The CMPA describes the co-signing of prescriptions without seeing patients as a "risky activity that is considered unacceptable by provincial/territorial licensing bodies."

Pharmacists

Internet pharmacy also raises legal and ethical issues for pharmacists and proprietors. Examples of applicable legal and ethical constraints include the following.

- As a pharmacist, you cannot blithely accept every prescription delivered to you. Under section 15(2) of the *Pharmaceutical Profession Act*
No pharmacist shall dispense a drug pursuant to a prescription unless he has determined, directly or through consultation, that the prescription is authentic, accurate, complete and appropriate.
- Your *Code of Ethics* addresses the eventuality that you are asked to fill a prescription for a US patient,

co-signed by a Canadian doctor you suspect (or know) has not seen the patient. Principle VII, guideline 1 reads:

Pharmacists do not condone unethical conduct by colleagues, co-workers or other health care professionals, and report to the appropriate authorities any unprofessional behaviour.

- If you recruit a physician to co-sign prescriptions for US patients, knowing the physician will not have the opportunity to see the patients, you could be in contravention of Principle VI, guideline 7, which reads:

Pharmacists do not enter into any arrangement with a prescriber of drugs that could reasonably be perceived as affecting the prescriber's independent professional judgment in the prescribing of drugs.

- Where your patient is not in front of you, you will have to be careful to ensure that your patient is counselled in accordance with section 15(5) of the Regulations and 4.5 of the *Standards of Practice—The Pharmacist*.

While Internet pharmacy has provided business and employment opportunities for proprietors and pharmacists, it is critical to remember that the practice of pharmacy must be conducted within the legal and ethical limits applicable to Alberta pharmacists and pharmacies. Failure to do so may result in a professional discipline proceeding against a pharmacist and/or a proprietor.

Review of the Health Information Act

The Select Special Health Information Act Review Committee, appointed to conduct the triennial review of the *Health Information Act* (HIA), released its recommendations on Oct. 18, 2004. The college made both written and oral presentations to the committee, identifying issues within the existing act that we felt were impediments to quality pharmacist practice and patient safety.

In our presentations we supported:

- the removal of provider information from the legislation, emphasizing that, if it is to be included, it is the use of the information that should be controlled, not disclosure;
- the release of select personal information to law enforcement agencies when a pharmacist identifies prescriptions that are confirmed as contributing to an illegal act;
- the expansion of the HIA to include the entire health arena, including services provided from the private sector;
- review of the administrative procedures that have become a burden to all health professionals, detracting from their focus on practice; and,
- the development of a pan-Canadian framework for privacy legislation in the health sector that will provide a greater degree of commonality among jurisdictions.

The committee submitted 59 recommendations to the government. Some recommendations of greatest interest to pharmacists include:

- “that a committee of the legislature should be established in early 2005 to complete a focused review of several matters including:
 - the scope of the HIA, specifically related to the possible addition of privately funded health professionals, organizations with the primary purpose of providing health services that are not currently within scope,...;
 - continued inclusion of health service provider information within the scope of the HIA and addition of provisions to allow access to identifiable health service information for research purposes;
 - consideration of whether amendments to the HIA are required to address the intent to harmonize rules in the pan-Canadian health information privacy and confidentiality framework; and,
 - consideration of the matter of consent when the pan-Canadian

health information privacy and confidentiality framework is finalized;”

- “that Alberta Health and Wellness should clarify terms and definitions in its guidelines for use by stakeholders;”
- “that Alberta Blue Cross should not be brought within the scope of HIA;”
- “business title and professional registration information number should be included in the definition of health services provider information and disclosure should be authorized to any person for any purpose without consent, subject to existing exceptions in s. 37(2);”
- “that provisions respecting the collection of information about the individual’s family health history without the consent of family members should not be amended;”
- “that the act should be amended to allow for disclosure of individually identifiable diagnostic, treatment and care information without consent to:
 - third parties for payment purposes,...;”
- “that the act should be amended for consistency with the *Health Professions Act* to authorize professional bodies to retain health information used in the investigation or a hearing for 10 years instead of destroying the information at the earliest opportunity;”
- “that the act should be amended to mandate disclosure of limited health information without consent to police services where a custodian has reasonable grounds to suspect a prescription reveals or tends to reveal that an offence has been committed or is being attempted, including the individual’s name, address...;” and,
- “that the act should be amended to provide explicit authority for the Triplicate Prescription Program.”

A copy of the complete report is available through the Queen’s Printer or on the Government of Alberta website at www.hiareview.assembly.ab.ca



International pharmacy graduate (IPG) program

Alberta Health and Wellness, with the support of Alberta Learning, is interested in piloting a bridging program for international pharmacy graduates wanting to practise in Alberta.

As a result, the college has researched similar programs across Canada and is developing a proposal in response to the government’s offer. We’ve held preliminary meetings with employers, international graduates currently licensed with the college, and pharmacists who have mentored international candidates, all of whom strongly support this initiative.

The college’s proposal will complement the existing experiential learning/internship program, providing additional structured training and mentoring. Our goal is to focus on the unique learning needs of foreign candidates and to ensure that their needs are addressed in the context of our existing program. We expect that some of what we will learn will be transferable to our overall experiential learning program. Ultimately, we expect international pharmacy graduates to experience greater success in passing their licensing examinations.



Suspended members

The following individuals have been removed from the register for failing to renew their annual certificate.

The suspended members are:

Practising members to suspended status:

5057 Derek Langer
5722 Minh Tran
5936 Christopher Akinuoye
6009 Tarun Sehgal
6240 Heather Tulk
6321 Jamie Beer
6353 Eric Holt
6360 Nghi Cathy Lam
6381 Michelle Procknow
6474 Tom Chang
6475 Claire Moffett

Non-practising members to suspended status:

2057 Patricia Burger
5501 Salima Kassam
5883 Krista Moe
6230 Michael Forbes



Self-assessment pilot project

The self-assessment pilot is well under way. On Sept. 11, 2004, 26 enthusiastic pharmacists gathered at Lister Hall for an educational session on the self-assessment program and an explanation of the pilot.

To date the pilot participants have completed their review of the *Competency Profile for Alberta Pharmacists* and have thoroughly assessed their own competencies. In addition, after developing their own personal learning plans for the

coming months, they are now undertaking learning activities to address their learning needs.

Participants are providing regular feedback to the Competence department on their experiences with the program. Their feedback will be used to refine the education program and the self-assessment process.

The program, scheduled to be rolled out in the fall 2005, is one more component of the RxCEL Competency Program and complements the learning portfolio.

Thank you to the pilot participants and the group leaders! We appreciate your interest in the self-assessment program and your commitment to the profession.



Self-Assessment Program

What is a self-assessment?

A self-assessment is a structured process that allows you to identify areas of knowledge, skills and abilities that you would like to enhance in the future. The new self-assessment is based on the *Competency Profile for Alberta Pharmacists*. It allows you to consider your learning needs in all the competencies required in your practice.

Why will we have to do a self-assessment?

It is the responsibility of all pharmacists to maintain and enhance the knowledge, skills and abilities relevant to their practice. Self-assessment is a component of ACP's competence program, which is required by the *Health Professions Act*.

Performing a thorough self-assessment sets the groundwork for **your** professional development.

What will I use my self-assessment for?

You will use your completed self-assessment to plan your professional development by developing a learning plan. You can also use the self-assessment to assess your competency when taking on a new job, responsibilities or role, and then plan relevant professional development activities.

Will I have to submit my completed self-assessment to the college?

No, you will never submit your completed self-assessment to the college. Your self-assessment is for your personal use to plan your professional development.

Watch for more information on the self-assessment program in future newsletters.

Counselling on non-prescription drugs

Through the on-site assessment process we have found that many pharmacists are not aware of their responsibilities related to non-prescription medications. Please consider the following.*

You are expected to perform an adequate mini-assessment of the client's problem, consisting of:

- properly identifying the person who will be using the product and determining their approximate age;
- inquiring about any current medical conditions;
- asking about current non-prescription drug use, including herbal products;
- asking about current prescription drug use;
- inquiring about the symptoms and duration of the complaint;
- asking about whether the client has any medication allergies; and,
- asking whether the client has consulted a health care professional about the problem.

You should refer the client for medical attention if:

- their condition is potentially severe,
- they are uncertain about their symptoms,
- their self-diagnosis is likely incorrect,
- the condition has not responded to previous appropriate therapy, or
- they have other risk factors that should be assessed.

When you have assessed the client and the problem, and feel that a referral is not necessary, you may recommend an appropriate product or course of action, including non-drug measures.

If you recommend a non-prescription drug product, you should discuss:

- directions for use;
- expected outcomes of therapy, including a time-frame for a response;

- common adverse effects and precautions;
- correct storage; and,
- when to seek medical attention.

Ideally, you should document non-prescription drug use on the client's medication profile. This is especially important for clients who have a medical condition and/or are taking prescription medication.

*Based on *Performance expectations: non-prescription drug counselling*, one of a number of documents designed to support you during the on-site assessment process. You will find the performance expectations documents on our website at http://www.altapharm.org/continuing_competency/On-site_Assessment.aspx

Learning portfolio tip

Learning portfolio audits

Learning portfolio audits have been going well. To date, the most common deficiency noted is lack of learning project records for all non-accredited learning activities. In order to claim a learning activity for non-accredited CEUs, you must undertake the learning to address an identified learning need, and you must complete a Learning Project Record documenting the learning activity.

During an audit, you are expected to submit supporting documentation for **all** learning activities claimed on your professional development log. It is not acceptable to ask the college to delete or change entries on your professional development log because you don't want to or cannot submit the required documentation. Remember – at the time of licence renewal **you signed a professional declaration** stating that the professional development log was a true and accurate summary of your professional development activities.



NAPRA NEWS

New executive director for NAPRA

NAPRA's board of directors is pleased to announce the appointment of Ken Potvin as executive director, effective Oct. 15, 2004.

Ken's diverse background includes leadership roles in industry, associations and both hospital and community pharmacies. Most recently, Ken was the director of research and analysis with Canada's Research-based Pharmaceutical Companies (Rx&D). At Rx&D he was responsible for writing submissions to governments on pharmaceutical policy and practices, as well as identifying and analyzing research evidence, with a focus on optimizing patient care.

Prior to working at Rx&D, Ken was with the Canadian Institute for Health Information. He received a BSc in pharmacy from the UofT in 1983 and earned a Master's in epidemiology from the UofO in 2000.

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

Your pharmacy manual—making it work for you

This year the college changed the pharmacy manual by compiling the volumes of legislation, policies and guidelines you need for your practice onto a searchable CD-ROM.

We received positive feedback on the new format, however some members want to maintain a printed manual for easy reference. As a result, we've developed some resource tools to help you create a manual that meets your needs.

If you have printed or plan to print the sections of the CD-ROM you use most frequently, you can purchase a binder and tabs to keep the printed material organized. If you do not have a CD drive, you can purchase individual sections of the manual or the complete manual contents, except for the Alberta legislation. (Bound copies of the provincial legislation are available through the Alberta Queen's Printer.)

An order form for the manual components is available on our website at www.altapharm.org/practice_ref_library/pharmacy_manual_index.aspx.

Simply complete the form and fax or mail your order, along with your payment, to the college office.

Remember that you must have access to the manual in your pharmacy, whether the access is via the college website, CD-ROM or printed copy. The most current information can always be found on our website.



New regulations for optometry

The regulatory environment for Alberta optometrists has changed. The *Optometry Profession Standards of Practice Regulation* has been repealed and the *Optometrists Profession Regulation* (to the *Health Professions Act*) has been adopted.

You should not notice a difference in the prescriptions you receive from optometrists since the list of Schedule 1 drugs they may prescribe remained the same.

According to the regulations, optometrists who have successfully completed an approved 100-hour course may prescribe the following Schedule 1 drugs for the treatment of ocular anterior segment disorders:

- mydriatics (dilate the pupil);
- cycloplegics (cause loss of accommodation);
- miotics (contract the pupil);
- non-steroidal anti-allergy medications;
- non-steroidal anti-inflammatory medications;
- corticosteroids;
- anti-infective medications, including steroidal anti-infectives; and,
- anti-glaucoma medications, which are restricted to situations where the optometrist prescribes in a consultative, co-management arrangement with an ophthalmologist licensed to practise in Canada.

A list of optometrists designated to prescribe these topical pharmaceutical agents can be found in the *Prescriber Lists* section of the college website at www.altapharm.org.

Investigations into professional conduct

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

A digest of the Investigating Committee report in the matter of the *Pharmaceutical Profession Act* and the investigation regarding the conduct of Connie Orbeck, registration #1787, and the decision of a council committee in the matter of an appeal of an order by the Investigating Committee regarding the conduct of Connie Orbeck

On April 21, 2004, an Investigating Committee of the Alberta College of Pharmacists (ACP) issued a decision in a case involving Connie Orbeck. The hearing of the matter had taken place on Jan. 23, 2004.

The hearing considered complaints that Connie Orbeck, as licensee of Acadia Fairview Pharmacy, failed to respond to a series of requests that she update her reference library as required by Section 45(11) of the *Pharmaceutical Profession Regulation*; the ACP Council Policy G-5-3, *Licensing of New Pharmacies*; and Section 33(1) of the *ACP Bylaws*.

Ms. Orbeck did not appear at the hearing on Jan. 23, 2004, but sent a letter which was reviewed by the Investigating Committee. The Investigating Committee determined that the hearing would proceed in Ms. Orbeck's absence on the following basis:

- evidence showed that the Dec. 31, 2003, Notice of Hearing was properly delivered to her; and,
- the hearing date of Jan. 23, 2004, was set after steps were taken to ensure

the adjournment was to a date convenient to Ms. Orbeck and to her legal counsel. The Jan. 23, 2004 date was suggested and accepted as a new date for the hearing by Ms. Orbeck and her legal counsel.

The Investigating Committee proceeded to hear evidence from two witnesses and to review an extensive series of exhibits setting out the sequence of events leading to the hearing.

The evidence and the documents reviewed by the Investigating Committee indicated an inspection was completed on July 17, 2001, that indicated deficiencies in the reference library.

The evidence consisting of some 30 exhibits detailing various requests, follow-up inspections and demands that Ms. Orbeck comply, made first by the inspector, then by the registrar and finally, after the registrar filed a complaint, by the investigator appointed by ACP.

The evidence also indicated that a complaint was filed in January 2003, when there had been no compliance with updating the reference library, and that an inspection in May 2003 indicated that the reference library had still not been updated.

The Investigating Committee found the evidence established that Connie Orbeck:

- failed to comply with Section 45(11) of the *Pharmaceutical Profession Regulation* which requires that licensed pharmacies and certified pharmacies contain current editions of the pharmaceutical references prescribed by Council;
- did not comply with Alberta College of Pharmacists Council Policy G-5-3 *Licensing of New Pharmacies*, subsection (5) when she failed to complete the reference library with current references from the list prescribed by Council; and,
- failed to comply with Section 33(1) of the *Bylaws of the Pharmaceutical Profession Act* when she failed to maintain a permanent pharmaceutical reference library consisting of current editions of the required references.

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acp xPresses and News

acp xPress

(faxed since July 8, 2004)

Aug. 27

- Feedback on governance review

Sept. 22

- Influenza clinics and pharmacies

Sept. 30

- Vioxx – voluntary recall by Merck-Frosst

Oct. 18

- Fall CPE Prospectus in the mail

Oct. 20

- Influenza vaccine rescheduled

acp news

(issued on the college website since Aug. 9, 2004)

Awards:

Aug. 12

- Nominate a colleague for award recognition

Sept. 13

- Award nominations reminder

Oct. 21

- Reminder: award nomination deadline Oct. 31

External:

Aug. 25

- Educational session: Cancer Induced Anemia

Oct. 13

- New issue of Canadian Adverse Reaction Newsletter

Oct. 18

- Fall 2004 CPE prospectus in the mail

Oct. 26

- e-Therapeutics pilot invitation

Meetings:

Oct. 7

- October council meeting

Operations:

Aug. 26

- Feedback on governance review

Practice Issues:

Aug. 13

- Electronic prescriptions—acceptable or not?

Aug. 31

- Emergency contraception

Sept. 1

- Nurse practitioner prescribing

Sept. 13

- A private flu clinic in your pharmacy?

Sept. 22

- Influenza clinics and pharmacies

Oct. 6

- Influenza clinics

Oct. 20

- Influenza vaccine rescheduled

Oct. 26

- Influenza vaccine advisory

Drug Information:

Sept. 2

- Safety information: recall of Euro K & Riva K sustained-release potassium supplements

Sept. 28

- Safety advisory—Lamictal® (lamotrigine)

Sept. 30

- Safety advisory—withdrawal of Vioxx

Oct. 14

- Safety advisory—Revised prescribing information on Eprex® (epoetin alfa)

New issue of adverse reaction newsletter

You can now access the Oct. 2004 *Canadian Adverse Reaction Newsletter* (CARN) from the Safety Advisories section of our website at http://www.altapharm.org/news_events/safety_advisory.aspx.

Topics include:

- transdermal fentanyl (Duragesic);
- respiratory arrest in adolescents - Infliximab (Remicade) and etanercept (Enbrel);
- serious infections and tuberculosis - Bitter orange (synephrine);
- cardiovascular reactions, case presentations;
- Ibutilide and torsades de pointes;
- Tubersol and anaphylaxis;
- as well as a summary of advisories.

Remember, CARN is no longer sent with your ACP newsletter; however, you can receive the CARN via the free electronic subscription available on the Health Canada website at http://www.hc-sc.gc.ca/hpfb-dgpsa/tpd-dpt/subscribe_e.html

If you prefer to receive a hard copy of the October 2004 issue, please contact our office and we will send you one.

Investigations *continued from page 9*

The Investigating Committee found that each of these matters was proven by the inspection reports of July 17, 2001; Oct. 3, 2002; and May 28, 2003.

The Investigating Committee further determined that:

- Connie Orbeck conducted herself in a manner that was detrimental to the public interest by failing to keep a current pharmaceutical reference library that would enable her to provide the best current drug information to her customers and other health care professionals; and,
- Connie Orbeck acted in a manner that harmed or tended to harm the standing of the practice of pharmacy generally. The manner in which Connie Orbeck conducted herself through the investigation and scheduling of the hearing is unbecoming of a professional. The simple matter of complying with the laws and regulations that form the foundation of this self-governing profession are a requirement of all practising members. For Connie Orbeck to continue over a two-year period to operate in defiance of the laws, despite the repeated requests by the college, shows a severe lack of awareness and insight by Connie Orbeck which could harm the standing of the profession. For pharmacy to be held in high esteem by the government, other health professions and the public, all professionals must conduct themselves in a manner that warrants respect. Part of that is following the laws that govern our profession.

The Investigating Committee made the following orders:

- C. Orbeck be issued a letter of reprimand for these contraventions and this letter stays on her personal file at the Alberta College of Pharmacists;
- C. Orbeck must complete the reference library with current texts or texts in electronic form in order to meet the requirements of Section 45(11) of the *Pharmaceutical Profession Regulation* within 30 days of the notice.

Failure to get the required references within the 30-day period will result in the immediate suspension of C.

Orbeck's registration and in order for C. Orbeck to be reinstated she must undergo a competence review at the discretion of the Investigating Committee;

- C. Orbeck must give her full and complete cooperation with any and all requests by the officers of the Alberta College of Pharmacists. This may be during the follow-up investigations or at any time of contact;
- C. Orbeck will be responsible for the cost of a follow-up inspection, at Acadia Fairview Pharmacy, to be conducted by the Alberta College of Pharmacists within 60 days of receipt of this notice;
- C. Orbeck will be responsible for the cost of a further inspection of the pharmacy practice and the site of Acadia Fairview Pharmacy to be conducted by the Alberta College of Pharmacists in the first quarter of 2005;
- C. Orbeck will be responsible for the entire cost of the hearing and will have 180 days to remit payment; and,
- there will be a publication of these matters in the communications of the Alberta College of Pharmacists newsletter.

C. Orbeck did not appeal the decision of the Investigating Committee. She ultimately provided proof of her purchase of the texts, but not within the 30-day period specified by the Investigating Committee. The Investigating Committee was advised that Ms. Orbeck had been hospitalized during a portion of the period between when she received the committee report and when she provided proof of purchase of the texts. The Investigating Committee was asked to provide its direction in respect to the provision in its order which required that Ms. Orbeck would be suspended.

On June 30, 2004, the Investigating Committee provided a further order as follows.

- It is the decision of the Investigating Committee that, effective July 1, 2004, C. Orbeck will be granted a conditional

registration and will be allowed to return to practise only under the direct supervision of a licensed pharmacist. This decision will remain in effect until C. Orbeck has satisfied the Investigating Committee that she has demonstrated her competence under the conditions set by the Investigating Committee. C. Orbeck will be required to complete the following in order to demonstrate her competence:

1. C. Orbeck must successfully write the Alberta College of Pharmacists jurisprudence exam on July 19, 2004; and,
2. C. Orbeck will have an on-site assessment completed by a party appointed by the Alberta College of Pharmacists. The assessment of practice will be completed at the Acadia Fairview Pharmacy in Calgary at a time that the Alberta College of Pharmacists will determine depending on the availability of resources. C. Orbeck must pass the on-site assessment at the discretion of the Alberta College of Pharmacists' Competence Review Committee.

- Both the directive regarding the jurisprudence exam and the directive about the on-site assessment provided that, if C. Orbeck was unsuccessful, her registration would be suspended until such time as she was successful in completing the OSCE examination.
- The order further provided that all costs associated with the on-site assessment, the jurisprudence examination and the OSCE examination would be the sole responsibility of C. Orbeck.

C. Orbeck appealed the decision of the Investigating Committee of June 30, 2004, to the college's Council. In a teleconference meeting of July 9, 2004, a council committee upheld the Investigating Committee decision of June 30, 2004, requiring C. Orbeck to write the jurisprudence exam on July 19, 2004. However, the committee granted a stay for the remainder of the June 30, 2004 order until a full appeal hearing of the Council could be conducted.

A full appeal hearing of Council was held on Aug. 13, 2004. At that time Council was advised that Ms. Orbeck had successfully passed the jurisprudence exam.

Ms. Orbeck attended at that time with legal counsel. Council heard submissions from Ms. Orbeck and her legal counsel and from legal counsel for the college.

The decision of the Council was as follows:

Findings

- The committee concurred with the original Investigating Committee that Ms. Orbeck failed to maintain a current library and that she needlessly delayed updating it to the required minimum standard.
- The committee agreed that Ms. Orbeck's knowledge of jurisprudence could be called into question given her apparent disregard to existing standards and regulations.
- The committee agreed that it was reasonable to assess Ms. Orbeck's competence given her apparent failure to consider current references important to quality pharmacist practice.

Decision

- Ms. Orbeck may practise pharmacy without conditions as long as she practises in accordance with the standards, laws and regulations governing the practice of pharmacy in Alberta.
- Ms. Orbeck must undergo a routine on-site competence assessment, as if her registration number had been randomly selected.

The results of Ms. Orbeck's assessment will not be reported to the Investigating Committee or the Appeal Committee of Council.

- Ms. Orbeck will not be required to take the OSCE examination.
- Ms. Orbeck is required to pay all costs associated with the investigation and all hearings within 30 days of receipt of an invoice from the Alberta College of Pharmacists.

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Continuing education offer

The UofA's office of Continuing Pharmacy Education (CPE) mailed its 2004 Fall Prospectus in October.

Be sure to check out the wide selection of courses and order yours soon! ACP members are offered one PHARMALearn course or two other courses at **no charge** if ordered **before** Nov. 15, 2004. This is a potential savings of \$250!

If you did not consent to the release of your personal information, you will not receive the Fall 2004 Prospectus in the mail. Refusal to release your personal information means we do not share your mailing address. If you wish to receive a copy of the Fall 2004 Prospectus you may download it from the CPE website at www.pharmalearn.ualberta.ca/conted or call the UofA CPE office at (780) 492-2393.



One user name and password does it all! Your user name and password gives you access to all of the secure sections of the college's website and the membership e-mail system. The same user name and password also gives you access to the Members Only section of RxA's website.

If you have forgotten your user name and password, please call Misti at the college office at (780) 990-0321 or 1-877-227-3838, or send her an e-mail at customerservice@altapharm.org



Investigations *continued from page 11*

- The Acadia Fairview Pharmacy will undergo an inspection by the Alberta College of Pharmacists in the first quarter of 2005 to ensure that the pharmacy conforms to all regulations and that all required texts are present. The cost of this inspection must be borne by Ms. Orbeck.

Reasons

- There were extenuating circumstances in Ms. Orbeck's most recent failure to procure the required texts.
- The required text books have been purchased and are in the pharmacy.
- Ms. Orbeck was successful in passing the jurisprudence exam of July 19, 2004.
- A requirement to report on findings of the on-site assessment could compromise the integrity of the assessment process.
- Ms. Orbeck brought this misfortune on herself through a failure to procure the required texts in a timely manner. Therefore, it is essential that Ms. Orbeck pay all the costs associated with the investigation, hearing, appeals and inspection.

Digest of a decision of an investigating committee in respect to a pharmacist, D. M.

On July 13, 2004, a college Investigating Committee issued a decision in respect to a pharmacist, D.M., as a result of a hearing held on June 22, 2004.

The matters or complaints in respect of which the hearing was held were as follows.

- On Sept. 22, 2003, J.P., a patient, presented three triplicate prescriptions to the pharmacist written for:
 - a) 60 OxyContin 30mg – take one tablet orally twice a day (no substitute);
 - b) 60 Oxycodone 10mg tablets – take one tablet orally every 4-6 hours as needed (no substitute); and,
 - c) 100 Oxycodone 20mg tablets – take one tablet orally every 4-6 hours as needed (no substitute).
- The pharmacist did not dispense these drugs in accordance with the

directions on the prescription. Instead of dispensing oxycodone as prescribed in (b) and (c) above, the pharmacist dispensed OxyContin 10mg and 20mg tablets. The pharmacist initially stored the prescription for OxyContin 30mg but at a later date filled it with OxyContin 10mg and 20mg to make a total dosage of 30mg.

- The complaint in this matter was made by the doctor who wrote the prescription on the basis that the dispensing error resulted in an unintended sedative effect on the patient and a less effective pain management regime than had been prescribed.

At the hearing, the college and the pharmacist jointly agreed that:

- the pharmacist admitted to contravening Section 15(1) of the *Pharmaceutical Profession Regulation* and filling the doctor's oxycodone prescriptions with Oxycontin;
- what occurred was an error in judgement in the practice of pharmacy by the pharmacist, rather than a lack of knowledge concerning the drugs in question or the evaluation of the prescription;
- the pharmacist had attempted to contact the doctor but was unable to do so given the time of day;
- the patient had a prior history with the pharmacy, was dealing with severe injury, was in distress and insisted that what was intended by the doctor was OxyContin and not oxycodone; and,
- the pharmacist had been fully cooperative and acknowledged the error throughout the investigation and hearing.

The pharmacist also answered questions from members of the Investigating Committee.

The findings of the Investigating Committee, based on the joint submissions made at the hearing, determined that the pharmacist:

- contravened section 15(1) of the *Pharmaceutical Profession Regulation* by filling the doctor's oxycodone intended for break-through-pain with OxyContin;

- did not comply with the Standard 4.1 of the *Standards of Practice – The Pharmacist*. The pharmacist did have knowledge of drug information and the ability to evaluate it, however did not apply this knowledge in the practice of pharmacy. The pharmacist failed to dispense the analgesic therapy of immediate release oxycodone, labelled with the prescribed break-through-pain directions. Instead, the pharmacist dispensed the slow release OxyContin labeled with the break-through-pain directions; and,
- displayed lack of judgement in the practice of pharmacy by failing to fill the prescription as written by the physician, by failing to follow up with the physician as to the medications dispensed, and by failing to document any interventions made.

In considering the penalty to be imposed, the Investigating Committee identified the following considerations.

It was agreed by all parties that the primary objective of protecting the public from unskilled practice was not a significant concern in this case, as it was an isolated incident. Consideration was also given to the fact that the pharmacist has practised pharmacy for 22 years with no prior record of complaint or misconduct. Respect was also given to the responsibility and acknowledgment assumed by the pharmacist for the error. Mitigating circumstances, which lead to the error, were also considered. These included, but are not limited to: the fact that the doctor was not available because of the late hour in the day, prior history with the patient, and the distress and insistence of the patient.

Taking into account the evidence presented at the hearing, the Agreed Statement of Facts, the acknowledged error of judgement on the part of the pharmacist, the cooperation of the pharmacist, and the joint submissions of the parties on penalty, the Investigating Committee made the following orders:

- a letter of cautionary warning be given to the pharmacist;
- publication of the hearing be made in the ACP newsletter. The Investigating Committee agreed with the submission

of the pharmacist's lawyer that publication of the pharmacist's name was unnecessary in this instance and that initials would suffice. The Investigating Committee agreed that the publication was in the best interest of the profession from an educative aspect and not as a further punitive measure to the pharmacist; and,

- the pharmacist be required to pay the total cost of the investigation and hearing, to be determined in accordance with the regulations.

Nurse practitioner prescribing

Nurse practitioners or extended practice nurses [RN(EP)] can prescribe any drugs except those in the schedules to the *Controlled Drugs and Substances Act*.

Nurse practitioners are registered nurses who have completed additional education regarding assessment, diagnosing and treatment of health problems, and prescribing drugs under the *Pharmaceutical Professional Act*. Under the regulations to the *Public Health Act*, the term "nurse practitioner" means a registered nurse employed in providing services under the *Public Health Act* regulations and listed on the Alberta Association of Registered Nurses (AARN) extended practice roster.

The AARN roster is on the college's website under *Prescriber Lists*. Because the roster changes on a regular basis, the list on our website is updated as AARN adds new nurse practitioners and notifies us. Note that nurses are required to apply to the AARN for nurse practitioner status and to renew that status each year.

If you print the nurse practitioner list for use in your pharmacy, please be sure to **print a new list on a regular basis** to ensure your information is up to date.

If you have a question about the roster or a nurse's status, please contact the AARN registrar's office, specifically either Rita (780) 453-0506 or Susan at (780) 453-0505. You can also use their toll free number 1-800-252-9392, ext. 506 for Rita or 505 for Susan.

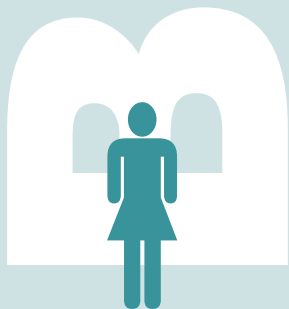
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Health Canada advisories

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.

- **Recall of Euro-K and Riva-K sustained release potassium supplements**
<http://napra.ca/pdfs/advisories/RivaK.pdf>
- **Safety information: Lamictal® (lamotrigine)**
http://napra.ca/pdfs/advisories/lamictal_hpc_e.pdf
- **Recall of Vioxx (rofecoxib)**
www.hc-sc.gc.ca/hpfb-dgpsa/tpd-dpt/vioxx_hpc_e.html
www.hc-sc.gc.ca/hpfb-dgpsa/tpd-dpt/vioxx_ltp_e.html
- **Safety information: revised prescribing information on Eprex® (epoetin alfa)**
www.janssen-ortho.com/. The complete safety advisory is on the Health Canada website at www.hc-sc.gc.ca/hpfb-dgpsa/tpd-dpt/eprex4_hpc_e.html



Emergency contraception

It's come to the college's attention that some pharmacists may be dispensing Plan B (levonorgestrel) or similar emergency contraceptive pills without a doctor's prescription.

Emergency contraception products are still part of Schedule F of the *Food and Drugs Act*, thus require a prescriber's authorization.

Health Canada has initiated the process to remove ECP from Schedule F; however, the process was delayed when the federal election was called. We will notify you when the change occurs.

The Pharmacists Association of Alberta plans to offer an educational program on ECP that was developed by the Canadian Pharmacists Association. The educational session will coincide with the schedule change for these products. Watch for further information about the sessions from RxA.

Investigations *continued from page 13*

AARN has made an application to have the *Narcotic Control Regulations* changed to give them the authority to prescribe narcotics. We will notify you if and when this application results in a change to nurse practitioner prescribing status.

Influenza vaccine rescheduled

The Alberta government has approved an order in council rescheduling influenza vaccine.

Influenza vaccine is now in Schedule 2, meaning that a pharmacist can provide influenza vaccine without a prescription.

The college reminds you of your responsibilities related to Schedule 2 products, including *Standards of Practice – The Pharmacist*, section 4.7.

In addition we encourage you to forward patients who meet the criteria to the publicly funded programs. This includes:

- children six months to 23 months;
- people of any age living in a nursing home, lodge or chronic care facility;
- people 65 years of age and older;
- adults and children with chronic conditions, including heart conditions, diabetes, asthma, cancer, etc.;
- people who are HIV positive;
- pregnant women who are at high risk of complications of the flu;
- health care workers and other personnel who have contact with those at high risk; and,
- all household contacts of persons at high risk.

If you are participating in the distribution of influenza vaccine, be sure to familiarize yourself with the information provided by Alberta Health and Wellness on their website at www.health.gov.ab.ca/public/flu/vaccine.html

The scheduling of other vaccines will be readdressed during the development of regulations to the *Pharmacy and Drug Act*.

Influenza vaccine advisory

Pharmacists may be contacted by individual Americans or by American institutions or organizations anxious to buy flu vaccine. The Canadian Pharmacists Association (CPhA) is encouraging pharmacists to carefully consider the implications of supplying Americans with the vaccine.

As a member of the Canadian Coalition for Immunization Awareness and Promotion, CPhA is concerned about recent developments in the U.S. with respect to this year's influenza vaccine.

Currently the United States is short approximately 46 million doses of the flu vaccine for the 2004/05 season. One of the two vaccine suppliers for the US, the US-based Chiron, has not been able to ship vaccine from its lab in the United Kingdom due to manufacturing problems. It is too late in the production cycle for other manufacturers to fill such a large shortage.

The vaccine supply for Canada, approximately 10 million doses for a population of 32.5 million, has already been distributed by ID Biomedical and Aventis Pasteur. About 90 per cent of this supply goes to the public health system, primarily for those at high risk of complications from influenza. The remaining 10 per cent has been privately purchased and is available to the general public.

The vaccines licensed for use in Canada are not approved by the US FDA and CPhA does not know what liability a pharmacist might have for supplying a vaccine to Americans.

CPhA encourages pharmacists to continue acting in the best interest of Canadians by ensuring that publicly available vaccines are available to Canadians. Canadians wishing to be vaccinated against influenza should be advised to get the vaccine early.

You can check the CPhA website at www.pharmacists.ca for influenza-related resources and news.

...from the faculty

New staff members

- **Matt Tachuk** received his BSc Pharm at the UofA in 2000. He has spent the past four years in community practice specializing in compliance packaging in a continuing care setting. He brings a wealth of practice experience that he will integrate into the first year curriculum for students enrolled in Pharmacy 322 The Role of the Pharmacist, and Pharmacy 342 Introduction to the Drug Use Process and Patient Care.
- Prior to joining the staff as an associate professor, **Dr. Nese Yuksel**, was a clinical coordinator with the Capital Health Region and, since 1983, has held a cross-appointment as clinical assistant professor with the faculty. She continues to practise in a mature women's clinic and an osteoporosis clinic at the Grey Nuns Hospital. Her main area of research is women's health and pharmacy practice. She presently teaches a number of courses including Therapeutics, Pharm 404, 406 and 472, and will be coordinating a number of integrated therapeutics modules for the new curriculum.
- **Dr. Kamaljit Kaur** received her undergraduate education from India, and her PhD in bioorganic chemistry from Case Western Reserve University, Cleveland, OH. After a postdoctoral stint at Wesleyan University in Connecticut, she immigrated to Canada in 2001. Prior to joining the faculty, she did postdoctoral work on anti-microbial peptides (bacteriocins) with John Vederas in the department of Chemistry, UofA. Starting this fall, she will coordinate a new course module on an introduction to medicinal chemistry.
- **Dr. Scot Simpson** received his pharmacy degree from the UofS in 1990, followed by a hospital pharmacy residency at the Regina General Hospital. He obtained a PharmD from the UofT in 1997 and a MSc degree in

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attend the 2005 conference



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!**

Please note: All guest rooms for the conference must be booked through Buksa Associates at the time of registration. Be ready to register and book your accommodation as soon as your registration package arrives early next year!

From the faculty *continued from page 15*

the Faculty of Medicine and Dentistry, UofA in 2001. Currently, Dr. Simpson is an assistant professor in the faculty and affiliated with the Alliance for Canadian Health Outcomes Research in Diabetes (ACHORD) at the Institute of Health Economics in Edmonton.

- **Brad Willsey** received his pharmacy degree from the UofA and an MBA from Queen's University. Over the course of his career Brad has performed many roles including pharmacist, supervisor, manager, facilitator and consultant. Brad's range of experience merges many boundaries of pharmacy including clinical practice (both institutional and community), administration, regulatory, academic, and consulting. With the assistance of Harold Lopatka and Jody Shkrobot, Brad will be the course coordinator for Pharmacy 340 (Pharmacy management).

In addition, the dean is in negotiation with one clinical and one pharmaceutical science applicant. The faculty is also in the process of interviewing for another scientific position and a Canada Research Chair.

PEBC exam standings

Dean Franco Pasutto is proud to announce that the faculty placed first among Canadian schools of pharmacy on the percentage of candidates awarded overall pass standing (certification) on the national 2004 Pharmacy Examining Board of Canada (PEBC) examinations. The class also had the highest percentage of candidates awarded a pass standing on each component: Part I Multiple Choice Questions and Part II Objective Structured Clinical Examination (OSCE).

Reunion Weekend

Classes from 1954, 1959, 1964 and 1979 had very successful reunion parties. Apparently, some of them went all weekend, just to prove they haven't lost it. Particularly gratifying was the opportunity to have Mary Bell and Marion Wiggins from the **Class of 1944** back to tour the building and participate in the Saturday evening banquet.

In memoriam*

Wallace E. Butterwick, known as "Butter", died on Sept. 25, 2004 at the age of 85 years. He obtained his B.Pharm. degree from the UofT in 1947 and he registered with the Alberta Pharmaceutical Association in 1951. Butter was the pharmacist/owner of Windsor Park Pharmacy in Calgary until 1961 when he began practising hospital pharmacy. In 1969 he began a career as a federal narcotic inspector in Alberta.

Wallace is mourned by his wife Barbara and children.

Norman Paul Chalifoux died on Sept. 16, 2004 at the age of 69 years. Norman studied at the UofA and graduated with his pharmacy degree in 1956. Prior to graduating, Norman was awarded the Prize in Dispensing in 1955, an award sponsored by the Alberta Pharmaceutical Association for third-year pharmacy students.

In 1956 Norman registered with the Alberta Pharmaceutical Association, then practised pharmacy as the resident pharmacist and owner of Morninville Drug Store Ltd. for almost 50 years. His daughter Louise also became a pharmacist.

Norman is sadly missed by his wife husband Jeannine and his daughters.

Barbara Ann Ferguson died on March 26, 2004 at the age of 63 years. Barbara graduated in 1961 with a BSc in Pharmacy from the UofA.

Her life was filled with numerous accomplishments and her many friends miss her energy and enthusiasm.

Barbara is mourned by her husband Larry and their three sons.

Eileen (Kier) Kalbfleisch died on Sept. 26, 2004 at the age of 88 years. Eileen received her degree in pharmacy from the UofA in 1937.

Her father was also a pharmacist and Eileen grew up living above her father's drugstore in Trochu, later apprenticing there. Eileen practised both hospital and community pharmacy until she retired to raise her family.

Eileen is lovingly remembered by her daughter and family.

Michael C. N. Tung died on Aug. 24, 2004 at the age of 48 years. Michael graduated with his degree in pharmacy from the UofA in 1993. He began his career at a Real Canadian Superstore pharmacy in Red Deer and moved to Calgary in 1994 where he was pharmacy manager at a Drugstore Pharmacy until he passed away.

Michael is sadly missed by his wife Ada and their children.

** 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.*

Letter to the editor

To the Alberta Pharmacy Community

As many of you know, I lost my husband Ron in May. Since that time my family and I have been in a state of shock and deep sadness. As clarity returns and life begins to move forward, I want to express my deepest gratitude for your unwavering support of Ron during his three-year battle with prostate cancer. Your prayers, e-mails, phone calls and other expressions of support helped to keep Ron's spirit and energy high when he needed it most. I can't thank you enough for making a difficult time a little more bearable.

You are a wonderful and generous community. My most heartfelt thanks.

Debbie Turner