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alberta college of
pharmacists



An eventful year and a fresh start

The beginning of a new year is always an exciting time, and this year looks to be the best ever for pharmacy! Although we do not have the new regulations in place, we are confident that you will soon be discussing their details, along with new standards of practice and a new code of ethics. We're ready for a fresh start and new opportunities, which are bound to lead to renewed energy and enthusiasm.

We remain appreciative of your support for placing single-entity products in the dispensary as a means of stemming the methamphetamine production in home labs. Your action was a clear message to Albertans that pharmacists care about their communities and want to contribute to solving a growing and destructive problem. We hope you will remain vigilant about sales of these and other products used to produce crystal meth.

2005 will be an exciting and busy year! We look forward to working with you to broaden the scope of our practices to benefit the health of Albertans more fully. In doing so, you'll use your skills to a greater degree and increase your professional satisfaction. And we look forward to the joint conference with the Alberta Association of Registered Nurses in June at the Jasper Park Lodge. Plan to join your colleagues at this historic event.

On behalf of Council and the college's staff, we wish you good health and happiness in 2005!

Tracy Marsden
President

Greg Eberhart
Registrar

Welcome to our new public member!



The college welcomes **Michael Faulkner** as its newest public member. Michael was appointed by Minister Gary

Mar as one of his final responsibilities prior to the call for election.

Michael brings strong management and leadership perspectives to Council, with a clear commitment to the college's role of governing the profession in the best interest of the public. He was educated as a teacher, however he has spent much of his career in the public service with Alberta Treasury (now Alberta Finance and Alberta Revenue), and most recently served as vice-president Fairview College, shepherding its merger with NAIT. Michael is making the transition to semi-retirement while doing project work with Alberta Learning.

Welcome Michael! We look forward to your insights in our quest to make pharmacist practice safer and better.

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

Staff Directory

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

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Lynn Otteson

Welcome to Iris Evans!

We welcome Iris Evans to her new portfolio as minister of Health and Wellness.

In our early December 2004 meeting with her, we were encouraged by her vision to continue improving the health system.

We look forward to working with her to find new ways that pharmacists can contribute to the health of Albertans.

The HPA and registration

We had hoped that the *Health Professions Act* (HPA) would be proclaimed in time to implement the new regulations and the new registration categories effective July 1, 2005. However it is unlikely the legislation will be proclaimed in time for registration renewal this spring. Even if the legislation is proclaimed, we will request that the implementation of new membership categories be deferred until July 1, 2006.

Malpractice insurance

The requisite of carrying malpractice insurance as a condition of licensure is dependent on proclamation of the legislation; therefore, it is unlikely to be a college requirement this year. However, you are strongly encouraged to ensure that you have personal malpractice coverage. Remember that malpractice insurance is no longer included in your college membership fee.

While you can procure malpractice insurance from a source of your choice, the Canadian Pharmacists Benefits Association insurance is available through the Pharmacists Association of Alberta (RxA). Please contact Rose Dehod at RxA at (780) 990-0326 for further information.

When malpractice insurance is a requisite for registration, ACP will incorporate a professional declaration on the registration renewal form, through which you will be required to declare that you carry a **personal** policy providing for \$2 million of claims-made protection.

Claims-made means that the incident leading to a claim must have happened on or after the effective date of a policy; claims-made coverage means that the claim must be first made and reported while the policy is in force.

Clinical register

The regulations to the HPA will require members registered on the clinical register to perform 600 hours of direct patient care within each two-year membership period. Council has approved the recommendations of the Competence Committee, which was charged with defining what services would qualify in meeting this requirement.

The committee determined that:

- pharmacists may use their professional judgement in claiming that their practice involves direct patient care;
- when calculating 600 hours of direct patient care in each two-year period, time spent providing the following activities defined within Schedule 19 of the *Health Professions Act* may be included in the calculation:
 - assist and advise clients, patients, and other health care providers by contributing unique drug and non-drug therapy knowledge on drug and non-drug selection and use;
 - monitor responses and outcomes to drug therapy;
 - compound, prepare and dispense drugs;
 - provide non-prescription drugs, blood products, parenteral nutrition, health care aids and devices;
 - supervise and manage drug distribution systems to maintain public safety and drug system security; and,
 - any other restricted activities approved in the regulations.

Membership fees

Council has approved the following registration fees for the 2005/06 membership year. The fees take into consideration the final grant from ACP to RxA in 2005/06 and membership

Update on HPA and PDA

Our new minister of Health and Wellness, Iris Evans, has initiated meetings with ACP, RxA and her department, demonstrating a new commitment to move our legislation forward.

We continue to wait for written confirmation from the minister respecting our proposed scope of practice. When we receive it, we will move into the final stages of drafting the regulations to the *Health Professions Act* (HPA).

Next steps respecting the *Pharmacy and Drug Act* (PDA) depend on the government's ability to amend the act. The timing of this undertaking is critical, as the amendment requires a decision of the Legislature.

In 1999, when it passed the PDA, the government committed to amendments prior to the adoption of regulations. The act is deficient in its alignment with the HPA, and in providing authority to create standards and bylaws.

categories that will be implemented in July 2006.

The fees address the core membership categories only, they do not address others that are under discussion through the development of regulations to the *Health Professions Act*.

The pharmacist registration fee does not include malpractice insurance, which is a personal responsibility of each member. This insurance is available through RxA or another source of your choice, such as CSHP.

	2005/06	2006/07
Practising Pharmacist	\$865*	
Clinical Register		\$650*
Educational and Administrative Register		\$575*
Pharmacies	\$925*	\$925*

* Does not include GST.

A summary of the college's business plan will be posted on its website within the first quarter of 2005.

All individuals practising pharmacy must participate in ongoing professional development. When the HPA is proclaimed for pharmacy, only members on the clinical register will be required to undergo competency review. Members moving from the educational register to the clinical register will be required to undergo competency assessment at the time of their move.

Call for leadership – Council elections districts 2, 3 and 5

Elections will be held for new council members in District 2 (former RHA 1, 2, 3, and 5), District 3 (former RHA 10), and District 5 (former RHA 4). One council position is open in each district.

Nomination packages will be mailed to members in these districts on Jan. 20, 2005.

Ideal candidates will be individuals who have demonstrated leadership skills within their communities or the profession, and who are motivated to advance public safety and quality care as they apply to

pharmacist practice. Council's primary focus is on the well-being of the public through the practice of the profession. Successful candidates will be required to commit a minimum of 12 to 15 days per year over a three-year term. Candidates are eligible for re-election to serve a second term on Council.

When considering an individual who would meet the criteria of a good leader, please review the responsibilities and code of conduct for council members found on our website at www.altapharm.org/council_at_work/.

Nominations must be received by the registrar prior to the college's office closure on **Fri., Feb. 25, 2005**.

Call for resolutions

If you want to propose a resolution for consideration at the annual general meeting in June 2005, you must submit your resolution to the college office by 4:30 p.m. on **Mon., April 4, 2005**.

Resolutions must be submitted to the registrar in writing, accompanied by the signatures of 10 voting members in good standing.

Emergency contraception

Health Canada is considering the deregulation of emergency contraception (ECP). The National Drug Scheduling Advisory Committee has recommended that upon deregulation, emergency contraceptives such as Plan B® should be placed in Schedule 2.

The college has reviewed the standards of practice that apply to the provision of Schedule 2 drugs, and has developed a guideline for pharmacists who will provide emergency contraceptives when the products have been deregulated. The guideline was developed within the context of pharmacist prescribing; therefore, with respect to Standard 4.7, it is appropriate that pharmacists document all assessments and decisions to provide these drugs.

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Complete web survey and win!

We'd like to know how you use the college's website and how useful it is to you. Complete the enclosed survey and we'll enter your name into a draw for a \$200 gift certificate for the Fairmont Hotels (redeemable for food or accommodation at any Fairmont Hotel, such as the Jasper Park Lodge, Banff Springs Hotel, Palliser Hotel or Hotel Macdonald).

Your responses will help us continually develop the site to serve you better.

You can fill in the survey enclosed with this newsletter or on our website at www.altapharm.org.

To be eligible for the draw, you must complete the survey by

Mon., Jan. 31, 2005.



Emergency contraception

continued from page 3

ACP has reviewed the ECP guideline and supporting tools developed by the Canadian Pharmacists Association. Council has agreed that completion of the CPhA screening form and counselling notes would be considered adequate documentation to meet the standards.

Documentation should appear in the form of a prescription, and must be recorded on the patient medication profile.

We will disseminate the guideline at a later date.

Members are strongly encouraged to participate in one of the forthcoming learning programs being facilitated by RxA, prior to providing these services. Watch for details from RxA.

Note that pharmacists are not permitted to prescribe ECP at this time.

Sharing patient-specific information between health professionals

The advent of privacy legislation has drawn significant attention to the collection, use and disclosure of patient-specific information. It is important that health professionals continue to pursue new and better ways of working together within the context of the legislation. This activity requires that information about common clients be shared, so that roles and services can be complemented and synergized.

The Alberta Medical Association has led a working group including representatives from the College of Physicians and Surgeons of Alberta, the Alberta Association of Registered Nurses, and ACP to develop a set of principles to help health providers in sharing patient-specific information. The college's Council has reviewed the principles, and has provided endorsement subject to further operational definition being established.

Despite the need for further definition, the framework provides a foundation for pharmacists and other health professionals to discuss how they can effectively and responsibly share information when caring for a common client. The principles are consistent with the Model Code for the Protection of Personal Information (CAN/CSA-Q830-96) of the Canadian Standards Association(1).

After reading the following principles, please forward your feedback about them to Lynn Szoo, secretary to the registrar, at lynn.szoo@altapharm.org.

Principles from the patient's perspective

1. Patient expectations

Patients' wishes and expectations regarding the breadth, depth and means of sharing or disclosing their health information to others must be taken into account by health care professionals.

It is recognized that appropriate mechanisms will be developed and implemented to ensure the patients' wishes and expectations are actualized.

The capability to "mask" information made available in an electronic health record or shareable data repository is illustrative of the health professional's ability to respond to the expressed wishes and expectations of patients. In this case, masking indicates a special sensitivity and the application of special rules to disclosure but allows the masked information to be incorporated into clinical decision support mechanisms where available.

2. Patient access

Patients have a right to reasonable and timely access to their health information; are entitled to request annotations to address errors, perceived errors or deficiencies; and can obtain a copy of their health information (except in situations where it may potentially harm

the patient or other members of the public).

3. Tracking access

Patients have a right to know who has had access to their information, for what purpose and when. For identifiable patient information, maintained and controlled by the health care professional on the patient's behalf, the health care professional will also have the right to know who has accessed that information, for what purpose and when.

4. Consent

The patient's consent will be required before health care professionals may share, disclose or use identifiable information for non-direct-care reasons (with few exceptions as required by law).

Principles from the health professional's perspective

5. Respect

Within the patient-health care professional relationship, health care professionals operate on a philosophy of utmost respect for the patient's right to privacy and confidentiality.

6. Rights over "need-to-know"

A patient's right to privacy and confidentiality takes precedence over the "need to know" of individuals not involved in the direct care of that patient (with a few exceptions as required by law).

7. Health care professionals' right to maintain certain patient information

Health care professionals have a right to create and retain information, including observations, impressions and opinions made to support their personal management of a particular patient and may choose not to divulge that information to the patient where it might potentially harm the patient or others.

8. Obligations and responsibilities of health care professionals

Health care professionals take responsibility for information that is in their control and have a fiduciary, ethical and legal obligation to do their best to protect identifiable information given to them in confidence.

9. Disclosure for purposes of care

Health professionals shall disclose the least amount of information required to deliver quality care.

10. Sharing responsibility

Health care professionals share/disclose identifiable information with other direct care providers who are also required to respect the patient's right to privacy and confidentiality.

11. Duty to disclose information under certain circumstances

Health care professionals respect the legal obligation to disclose patient health information in order to promote individual or public health and safety.

Information stewardship principles

12. Secret data repositories

No data repositories of identifiable patient information shall be concealed from those whose information is contained in the data repositories.

13. Integrity of health information

The integrity of health information shall be maintained, including recoverability in case of its loss. Individuals or entities that post patient information in a shareable record will be responsible for ensuring its integrity, accuracy and completeness.

14. Security

Identifiable information should be protected during collection, use, disclosure or retention with appropriate physical, administrative and technical safeguards.

15. Action for unauthorized or inappropriate use or disclosure

Appropriate remedial and punitive action will be undertaken when identifiable patient information is captured, accessed, disclosed or copied without authority.

16. Anonymized data

Secondary (non-direct care) usage of fully anonymized and/or aggregated data can be appropriate and beneficial but must be subject to review when necessary by an appropriate independent oversight entity.



Congratulations to our award winners!

Congratulations to the following award winners confirmed at the December 2004 council meeting.

M.J. Huston Pharmacist of the Year

Jennifer Herrick, Calgary

W.L. Boddy Pharmacy of the Year

Crescent Rexall Pharmacy, Edmonton
Sylvie Druteika, Manager

Wyeth Consumer Healthcare Bowl of Hygeia

Ted Szumlas, Bashaw

ACP Award of Excellence

Cynthia Brocklebank, Calgary
Bradley Marshall, Calgary

Honourary Life Membership

Donna Kowalishin, Edmonton

The awards will be presented at the June 2 to 4, 2005 joint conference and annual general meeting in Jasper.

Watch for details about these award winners in a future newsletter!

Privacy— what would you like?

Think of yourself as the patient, arriving to pick up a prescription. There are other people standing close by, some waiting for prescriptions, some waiting to talk to the pharmacist. When the pharmacist brings your medication to discuss it with you, how do you feel? Are you comfortable with everyone else being able to hear about your drug therapy, even see your medication and hear you respond to questions about your condition? Probably not.

Your patients are no different.

Many pharmacies have semi-private counselling areas that could be more private. A few minor modifications might make that space more sound-proof and comfortable for your patients, and for you.

Some pharmacies have private counselling areas that are filled with boxes or other debris. Clearing the space so that it can be used appropriately could have a positive effect on your patient relations.

Put yourself in your patients' shoes and think about how you can make them more comfortable. Remember that, under section 4.5 of the *The Standards of Practice—The Pharmacist*, you have a responsibility to "respect the patient's right to confidentiality and endeavour to counsel the patient in a quiet area so that the patient/pharmacist communication can not be overheard by other individuals."



Self-assessment pilot

Pilot project participants have now completed three evaluations on the self-assessment program, including the education program, the self-assessment form and learning plan process. Thanks to their valuable feedback we have already undertaken some revisions to all components of the self-assessment program.

We look forward to receiving more input on how to make the self-assessment a valuable tool for your professional development.

The self-assessment program, scheduled to be rolled out in the fall 2005, is one more component of the RxCEL

Learning portfolio *tip*

Do you take courses to get the minimum CEUs required to renew your registration, or do you take them to enhance your practice?

Since you are investing time, effort and resources into continuing education activities, it makes sense to be sure the courses will help you be a better pharmacist.

To enhance your practice, your learning should include:

- identifying a need to improve an aspect of your practice,
- selecting appropriate learning resources to gain the necessary knowledge, skills and/or attitudes,
- critically evaluating new information in light of what you already know, and
- reflecting on how your learning can be applied in your practice.



Competency Program. Complementing the learning portfolio, the program will help you to identify areas for improvement in your practice and the learning activities to foster that improvement.

The Health Information Act and research activities

If you are asked to provide health information for a research study, or to recruit patients for a research study, you should ensure that release of health information is permitted under the *Health Information Act* (HIA).

The act allows custodians to share health information with a researcher if the research proposal has been approved by an ethics committee. Under the act, there are six designated Research Ethics Boards (REBs). They are:

- Alberta Cancer Board, Research Ethics Committee;
- College of Physicians and Surgeons of Alberta, Research Ethics Review Committee;
- Alberta Heritage Foundation for Medical Research, Community Health Ethics Research Review Committee;
- UofA Health Research Board, Panel A and Panel B;
- UofC Conjoint Health Research Ethics Board; and,
- UofL Human Subject Research Committee.

REBs grant approval for the disclosure of individually identifying health information for research purposes, based on the proposal submitted by the researcher. If the committee approves the proposal, the researcher may ask you as a custodian to disclose health information in accordance with the approval.

If you agree to disclose the information, you must sign an agreement (likely developed by the researcher) outlining the ethics committee's conditions, as well as terms protecting the information and the identities of the persons involved in the research.*

*From the Office of the Information and Privacy Commissioner of Alberta

Submitting TPP forms

The Triplicate Prescription Program (TPP) has requested that you submit all College of Physicians and Surgeons (CPSA) copies of triplicate prescriptions to the TPP office, whether or not the prescriptions are for drugs that are part of the program. Receiving copies of all prescriptions helps the TPP office with the pad-management side of the program, especially detecting patterns of TPP form misuse that can then be followed up with the physician.

Remember that TPP forms should be submitted weekly. This frequency helps to keep the database up to date, and makes the TPP statistics and reports more reliable. It also helps to identify problems more quickly.

Remember that CPSA makes narcotic profiles available to both physicians and pharmacists. You can request a printout of a patient's TPP history if you have a concern about their use of narcotics. Contact the CPSA at (780) 432-4764 or 1-800-561-3899.

Sale of nicotine replacement products to minors

Based on calls to the college office, we're aware that some pharmacists wonder if it is acceptable to sell tobacco cessation products to clients under 18 years of age.

Alberta's *Prevention of Youth Tobacco Use Act* (proclaimed April 2003) states that no person under the age of 18 years may possess, smoke or otherwise use tobacco products in a public place. However, the definition of "tobacco product" specifically excludes products for use in nicotine replacement therapy from this legislation. Therefore, the act does not prohibit the sale of nicotine replacement products to clients under 18 years of age.

You should be aware that many nicotine replacement product manufacturers do not recommend the use of their products by smokers under 18 years of age. You

should only sell these products to clients under 18 years of age if it is appropriate in your professional judgement. You may choose to refer these clients to a physician.

If you elect to sell nicotine replacement products you should adhere to *The Standards of Practice – The Pharmacist*. That is, you must assess whether use of this product is safe and appropriate for a specific client. You should provide recommendations on a suitable product and dose, and counsel the client on appropriate use. Remember that the products themselves carry a risk of addiction and that some people may use them as a substitute for tobacco.

HQCA survey results

The Health Quality Council of Alberta (HQCA) has released the 2004 survey results measuring Albertans' satisfaction with health care services in the province and within each of the nine health regions. The survey compares the 2004 results with those obtained in 2003.

Here are some highlights of the survey.

- 88 per cent of Albertans used the health care system in the past year, up from 83 per cent in 2003.
- 81 per cent rate the quality of health services received as excellent, very good or good, up from 74 per cent in 2003.
- 33 per cent of those interacting with the system are concerned about medical mistakes, an increase from 30 per cent in 2003.
- 13 per cent report they or a family member have experienced a medical mistake, similar to 14 per cent in 2003.

The 2003 and 2004 surveys focus on Albertans' interaction with family doctors, diagnostic testing, hospital services, specialists and surgical services. The college is working with HQCA and other health professionals to incorporate additional primary care services in future surveys.

An executive summary of the survey and a technical report are available on the HQCA website at www.hqca.ca.



Pharmacists as passport guarantors

Pharmacists are among a group of health professionals that may act as passport guarantors.

To be a guarantor, a pharmacist must:

- be a Canadian citizen residing in Canada,
- be accessible to the Passport Office for verification,
- have known the person whose application is being certified for at least two years, and
- hold a practising licence.

You must also perform the task of guarantor free of charge.

Every passport application must be signed by a guarantor whose job is to confirm the identity of the passport applicant. Occasionally passport applications are denied because the pharmacist acting as guarantor was registered as retired or non-practising. Since the Passport Office often checks with the college office to verify guarantors, be sure you are eligible to offer this service before you sign.



Want to reset your password?

The college has been receiving many calls from members who are interested in changing their password. Here's how:

- sign onto the membership e-mail system;
- choose *Options* in the left-hand menu, then choose *User Profile* in the centre of the screen;
- scroll down to *Account* where you will enter a new password of your choice in the password box, then re-enter it in the confirm box;
- then scroll down to the bottom of the page and click on *Update User Profile* and your new password is in effect.

Remember that the password is case sensitive. Your password can be a minimum of two characters and maximum of 12, and can be a combination of letters and/or numbers.

Are you using your membership e-mail?

Join the 67 per cent of your fellow pharmacists who have signed onto the membership e-mail system and have access to important messages from the college and to the member-restricted documents on our website.

Having trouble signing on?

Contact Misti Denton at (780) 990-0321 or 1-877-227-3838 or by e-mail at Misti.Denton@altapharm.org.

Steady progress for electronic health records

The highlights

Alberta is making steady progress with the development and the deployment of electronic health records (EHRs). In fact, a *Globe and Mail* reporter recently described the EHR activity under way in Alberta as "groundbreaking work."

In December 2003, the community of Drumheller became the first in Canada to link its entire medical community to a provincial EHR. Physicians, nurses, pharmacists, home care and other eligible health providers in Drumheller began using the Alberta EHR to access pertinent patient information online.

In April 2004, Capital Health launched its regional EHR, successfully linking patient information from health facilities within that region.

In May, all seven rural health regions announced their plans to implement one shared clinical information system, which will also link to the provincial EHR.

More Alberta pharmacies are hooking in

In September 2004, funding became available to help pharmacy licensees with the cost of implementing the EHR. Under the program, pharmacies are eligible to receive up to \$4,500. Details are available by contacting Alberta Health & Wellness (1-866-756-2647).

In the fall 2004, roughly 30 pharmacies, working with their pharmacy vendor, piloted and launched the first step in an integrated solution for their pharmacy systems called Batch Plus. This solution allows pharmacies to load their dispensing information into the EHR once each day, giving health providers a more complete picture of a patient's health status. Pharmacists can also use the EHR to look up and add patient information.

Watch for insights from these newly connected pharmacists in future newsletters.

Aligning EHR products

Health care providers using the current EHR systems want the experience to be even simpler and more effective. Planning is under way to further align complementary EHR activities taking place across the province.

The new approach will help to streamline the regional and provincial EHR activities and make it easier to get information to health care providers at the point of care.

More details about these plans will follow in future issues.

Change in leadership

Linda Miller, director of Information Management for Alberta Health & Wellness, has assumed the role of executive director for Alberta Wellnet, the branch tasked with developing and deploying the EHR. Linda will hold this position on an acting basis until permanent leadership is established.

Committed to Alberta's EHR strategy

Alberta Health & Wellness is committed to advancing the province-wide EHR strategy endorsed by health stakeholders. It is a key step in primary health care renewal.

Clinical studies in Canada and abroad consistently point to the importance of EHRs in reducing the incidence of adverse events and improving overall health outcomes.

Alberta has made significant progress. The next phase of development and deployment will build on experience, and will serve to strengthen and better align the good work under way across the province and across the country. The goal is to advance EHRs in this province in a manner that is most effective for health care providers who need the information.

This is an exciting initiative for pharmacists and other health care providers in the province. The Alberta

College of Pharmacists will continue to work closely with the government to ensure the needs of pharmacists are considered every step of the way.

For more information

For more information or to enrol in the Alberta EHR:
 Phone (Edmonton): 780-412-9970
 Toll-free: 1-866-756-2647
 Email: health.ehrdeployment@gov.ab.ca
 www.albertawellnet.org



Verified Internet Pharmacy Practice Sites (VIPPS)™ program

The National Association of Pharmacy Regulatory Authorities (NAPRA), on behalf of its members, asks that all pharmacies using the Internet to offer their services consider the VIPPS program as part of their certification process.

Launched in 1999 by the National Association of Boards of Pharmacy® (NABP) this program is designed to help consumers identify legitimate on-line pharmacies. The program has been adopted by NAPRA to provide Canadian consumers an easy way to recognize pharmacies that are legally operating and meet the VIPPS standards of practice in Canada. This program is supported by the Canadian Pharmacists Association, the Canadian Association of Chain Drug Stores and NAPRA's member provincial and territorial licensing bodies.

To become VIPPS-certified, pharmacies must:

- be licensed by a Canadian regulatory body,
- meet 27 rigorous criteria,

- pass an on-site inspection, and
- submit written policies and procedures that support ongoing compliance with VIPPS standards.

The criteria that must be met by VIPPS-certified pharmacies include:

- privacy safeguards,
- consultation with patients,
- notification of delay in delivering medications,
- processes to inform patients about drug recalls,
- proper disposal of expired or unused medications,
- valid pharmacist licences, and
- assurance that pharmacists are practising in accordance with recognized Canadian standards and laws.

VIPPS-certified pharmacies must display the VIPPS hyperlink seal on their websites, giving the consumer access to verified, accurate information about the pharmacy. Information about VIPPS-certified pharmacies is also available on the NAPRA website, so consumers can search for pharmacies that meet their specific needs. In addition, NAPRA receives calls and e-mails from consumers asking for information about pharmacies offering services via the Internet.

More information about the VIPPS program can be found on the NAPRA website at www.napra.ca or by contacting info@napra.ca.

A new ACT

UofA pharmacy students are getting a boost as they prepare for clinical experience placements in community and hospital settings.

Accelerated Clinical Training (ACT) is a new project designed to enhance students' practice skills based on patient care needs identified by pharmacist preceptors. It builds on the training students receive in communications, patient care and

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acp xPresses and News

acp xPress

(faxed since Oct. 20, 2004)

Nov. 17

- Important governance update: new RxA structure and bylaws

acp news

(issued on the college website since Oct. 26, 2004)

External:

Nov. 2

- Attention new grads; influence the future of pharmacy—CFP Survey

Nov. 9

- This is an important election...

Meetings:

Nov. 30

- December Council meeting

Operations:

Nov. 17

- Feedback on governance review

Practice Issues:

Oct. 28

- Safety information: Oral-B CrossAction Power and PowerMax toothbrushes and refills

Drug Information:

Oct. 27

- Safety information: Permax (pergolide mesylate)

Nov. 1

- Safety information: recall of Carbolith 150 mg capsules

Nov. 23

- Safety information: Depo-provera (medroxyprogesterone acetate for injection)

Nov. 29

- Safety information: Male Power Plus

Dec. 3

- Safety information: Remicade (infliximab)

Dec. 6

- Safety information: Novo-Lorazem and Novo-Glyburide

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 contacting her 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:

Permax (pergolide mesylate)

hnpra.ca/pdfs/advisories/permax2_hpc_e.pdf

Consumer information can be found at www.hc-sc.gc.ca/hpfb-dgpsa/tpd-dpt/permax2_pa_e.html

Safety information:

Oral-B CrossAction Power and PowerMax toothbrushes and refills

www.hc-sc.gc.ca/english/media/releases/2004/oralb.html

Safety information:

recall of Carbolith 150 mg capsules

napra.ca/pdfs/advisories/carbolith_hpc_e.pdf

Safety information:

Depo-provera (medroxyprogesterone acetate for injection)

napra.ca/pdfs/advisories/depo-provera_hpc_e.pdf

Safety information:

Male Power Plus

www.hc-sc.gc.ca/english/protection/warnings/2004/2004_59.htm

Safety information:

Remicade (infliximab)

napra.ca/pdfs/advisories/remicade_hpc_2_e.pdf

Safety information:

Novo-Lorazem and Novo-Glyburide

www.hc-sc.gc.ca/english/protection/warnings/2004/2004_64_e.html

A new ACT *continued from page 9*

specific diseases during their normal course of studies, with the objective of readying them to “hit the ground running” once they enter a clinical practice setting. This will not only benefit the students, but also the preceptors whose practices they will be joining.

The project's launch on Jan. 6, 2005 includes 11 fourth-year students who will complete their six-week community rotation in Edmonton pharmacies. These ACT I “ACTors” will bring a special focus on clinical care for diabetes patients. By the time they join their preceptors, their training will have taken them through, among other activities, a “day in the life” of a diabetic patient. The increased awareness they gain from the ACT I preparation will enhance their ability to serve diabetic patients in the pharmacy setting.

The ACT program offers a variety of benefits for educational, regulatory and pharmacy service providers. Alberta, like other provinces, is experiencing a growing need for pharmacists. The UofA has responded to this need by increasing pharmacy student enrolment, so the faculty will need more preceptor sites to provide valuable workplace-based experience for its students. The ACT project is designed to specially equip students to contribute to patient care, then in turn, hospital and community pharmacies will be more keen to serve as preceptors.

ACT training and its related workplace impact will be evaluated through each phase of the project and the results will be shared in future newsletter articles.

The partnership behind ACT formed in the fall of 2004. The Alberta College of Pharmacists joined with the UofA's Faculty of Pharmacy and Pharmaceutical Sciences, the Capital Health region and Shoppers Drug Mart to seek funding from another partner, Alberta Health and Wellness.

Their funding proposal was modeled on a successful Capital Health pilot

project. The proposal outlined a three-phase program that would provide 50 fourth-year pharmacy students with a week of accelerated clinical training prior to their clinical rotations in hospital and community pharmacies. Following the January launch of the first round of ACT, the second round of training (ACT II) during spring 2005 will prepare 10 students for hospital settings. In September 2005 the final round (ACT III) will prepare 30 students for both community and hospital settings in various sites across the province.

Recent grads— want to go to the conference in Jasper?

If you graduated within the past five years, you could be eligible to apply for a New Horizons Award and gain **free registration, accommodation and travel expenses** for the historic 2005 joint conference and annual general meeting. We're joining forces with the Alberta Association of Registered Nurses to hold this unique event at the Jasper Park Lodge, June 2 to 4.

The New Horizons opportunity is courtesy of Merck Frosst Canada Inc.

To qualify, you must:

- not have attended an APhA or college conference in the past;
- have been in practice at least one year and not more than five years;
- have made an impact on your community and/or your profession;
- practise pharmacy in Alberta; and,
- continue to be a member of the college in good standing.

The application form is available on our website at www.altapharm.org/downloads/documentloader.aspx?id=2421. Simply fill it in and send it to Lynn Otteson at the college office **by March 31, 2005**. Mail to 1200 – 10303 Jasper Avenue, Edmonton AB T5J 3N6 or fax to (780) 990-0328.

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

Here's a sampling of the speakers and topics:

- the dynamic John Izzo—he will help you explore better ways to work in teams
- the challenging Ken Fyke—he will get you thinking about why change isn't happening
- the world reknown Stavros Prineas—he will help you with safety-critical communication skills and discuss how fatigue contributes to error
- two multi-disciplinary teams—who will tell you about their successful programs
- a pharmacist and a nurse—who will offer suggestions for talking with patients in difficult situations
- and much more!

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

On Oct. 22, 2004, Dr. Habib Fakhrai of NovaRX in San Diego was the keynote speaker at the **2004 Research Day**, an annual tradition that celebrates the achievements of the faculty's research community. Graduate students and senior researchers also made presentations. The Research Day poster session accommodated over 34 presentations from research groups within the faculty.

Super Drug Mart Associates of Calgary made its second \$10,000 donation towards professional development for faculty clinical professors. Subscribing to the premise that it is necessary to teach the teacher, Super Drug Mart's gift permits the dean to support professional development for staff, granting funds for activities such as conference attendance, presentation of research material, and courses.

The faculty's **sixth annual awards event** was held on Nov. 23. Sponsored by **Value Drug Mart Associates**, it allows the faculty to celebrate excellence in academic achievement. Award winning staff, outstanding graduate students and exceptional undergraduates were acknowledged for their accomplishments. The event is also an important opportunity for the awards' donors to meet the recipients.

On Dec. 8 the faculties of Pharmacy and Chemistry celebrated the donation by **Eli Lilly** of a slightly used mass spectrometer. The cost to purchase a similar new unit would be approximately \$500,000. Although the donation was

originally procured by our faculty, the spectrometer is located in the Chemistry Mass Spec facility, with faculty staff having full access.

Two professors emeriti were recently recognized for their contributions to the biotech industry. At the 2004 BioAlberta Achievement awards, **Dr. Ronald Micetich**, president and CEO of NAE-JA Pharmaceutical Inc., won the industry leadership award. The award recognizes individuals and organizations that have made outstanding contributions to the development of Alberta's bio-industry. **Dr. Antoine Noujaim** was recognized with the 2004 BioNorth Merit Award at a ceremony in Ottawa. Dr. Noujaim is president and CEO of Virexx Medical Corp. and was honoured for his pioneering role in both nuclear medicine and the development of Canada's biotech industry.

Did you notice?

We've made a few subtle changes to our newsletter. One of them is a longer table of contents. Members requested this feature to make it easier to find articles in back issues.

And we now have the ability to print your name and address directly on the newsletter. When we don't have inserts to send you, we can now mail the publication without an envelope and save on envelope stuffing and mailing costs.

If you have suggestions about how to improve the newsletter, please send them to the editor. We're always keen to improve!

In memoriam*

Lawrence Calvin Blain died on Nov. 2, 2004 at the age of 80 years. He graduated in 1950 with his pharmacy degree from the UofS and in 1958 he registered with the Alberta Pharmaceutical Association. Lawrence was a partner in Blain-MacLean Pharmacy from 1969 until his retirement.

He is survived by his loving wife Myrtle and their two daughters.

Stephen Fredrick Parada died on Oct. 24, 2004 at the age of 82 years. Stephen graduated in 1952 with his BSc Pharm from the UofA and registered with the Alberta Pharmaceutical Association in the same year. He was pharmacist/owner of Service Drug in Edmonton on 66 Street and 118 Avenue for many years.

Stephen is mourned by his wife Mary and their children.