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alberta college of
pharmacists



Minister responds positively to scope of practice proposal

Health Minister Iris Evans has responded positively to the college's proposal for an expanded scope of practice. As a result, we will continue developing regulations to the *Health Professions Act* (HPA) to incorporate new authority and responsibilities for pharmacists.

The minister's correspondence addresses and supports ACP's prescribing model and the opportunity to administer drugs by injection. (To refresh your memory about the proposals, go to our website at www.altapharm.org/prescribing/members.cfm and www.altapharm.org/prescribing/research.cfm.)

The correspondence also recognizes the importance and requirement to provide these services in collaboration with other health care providers. A working definition of collaboration will be a critical element in the process of developing our new regulations. We have re-initiated discussions with Alberta Health and Wellness as a means of clarifying the term collaboration and how it is practised. We will also discuss the issue with the College of Physicians and Surgeons of Alberta and other regulatory bodies whose members have prescribing rights.

At this point we are unable to provide details about how the expanded scope of practice decision will translate into changes to your practice. The details will be evident in the new regulations and new standards of practice. As required in our bylaws, new standards will be reviewed by the membership before being implemented.

Despite our uncertainty about details, we can say that:

- only pharmacists on the clinical register (a new registration category under the HPA) will be eligible to prescribe;
- individual members will be required to limit their prescribing to their areas of professional competence; and,
- only those pharmacists certified through programs approved by the college will be permitted to administer drugs by injection. (This privilege does not include administering drugs intravenously.)

The college will develop an orientation program in which all members on the clinical register will be required to participate prior to exercising prescribing privileges. We continue to work towards proclamation of the HPA for our profession in 2005, however, the earliest pharmacists can expect to be authorized to prescribe is July 2006. The date will be dependent on when members on the clinical register have an opportunity to participate in the orientation program.

This is an exciting development for patients, improving access to care and services. We are certain they will see health professionals working together collaboratively and cooperatively to accommodate accessibility, patient choice and improved quality of care.

The expanded scope of practice is definitely a work in progress. We will communicate more information as we have it. In the meantime, if you have questions, please direct them to Greg Eberhart, registrar, at (780) 990-0321 or 1-877-227-3838, or by e-mail at Greg.Eberhart@altapharm.org.

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Staff Directory

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Make your vote count

Ballots for the 2005 election will be mailed on March 15, 2005. Districts 2 (southern Alberta area), 3 (Edmonton area) and 5 (Calgary area) each have the potential to host an election. However, if only one nomination is received for a district, that nominee will be declared the winner by acclamation. At the time of printing this newsletter, nominations were still being received by the registrar's office.

If you receive a ballot, please mark it clearly with an X, place it in the ballot envelope, then place the ballot envelope in the mailing envelope. Be sure your vote reaches the college office **before 4:30 p.m. on April 14**. Ballots will be counted on April 15.

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.

Registration on the clinical register

When they received the January 2005 issue of our newsletter, some members asked why a minimum number of hours of direct patient care will be required under the *Health Professions Act* (HPA), and how the 600-hour minimum was determined. (See *Clinical Register* on page 2 of January/February **acp news**.)

The college is developing regulations and standards of practice that will allow pharmacists on the clinical register to perform expanded practices including prescribing and administering drugs by injection. While many parameters surrounding who will be eligible to provide these services, and under what circumstances, must still be determined, it is clear that each restricted activity requires proficiency in skills that must be maintained through practice application and

experience. The expanded services will result in pharmacists taking on new decision-making responsibilities that are quite different from the responsibilities we are currently limited to when we make recommendations about drug therapy today. Therefore, in seeking authority for pharmacists to prescribe and to administer drugs by injection, we proposed the minimum requirement of 600 hours of direct patient care to be performed within each two-year period.

The 600-hour requirement is consistent with that of optometrists and nurse practitioners, two professions which have recently been granted prescribing privileges.

Privacy impact assessments

Section 64 of the *Health Information Act* requires that pharmacies submit privacy impact assessments (PIAs) to the Office of the Information and Privacy Commissioner for proposed systems or practices that collect, use, or disclose identifiable health information.

The PIAs are to be submitted before the system or practice is implemented. This responsibility is pharmacy specific and is the responsibility of the licensee, as he or she is the custodian responsible for the operation of the pharmacy.

PIAs are required when:

- you implement a new system or administrative practice, or
- you plan to make a substantial modification to an existing system or practice that will collect, use, or disclose individually identifying health information.

PIAs are also required if you propose to do data matching or research with the information.

Alberta pharmacies must have completed a privacy impact assessment if they **implemented a new pharmacy information system** after April 25, 2001.

If **significant changes were made to an existing system** after April 25, 2001, it is likely that a PIA should have been submitted.

If your system was implemented prior to April 25, 2001, and you have not since made changes, then a complete PIA is not

Yes, you can...

- **search for an Alberta pharmacy** using the *Find a Pharmacy* feature on our website. Look for the *Find a Pharmacy* icon on the left-hand side of the home page.
- **find a list of safety advisories** by clicking on *More advisories...* on the home page. Look for *More advisories* at the bottom of the home page.
- **refer to pharmacy-specific and privacy legislation** by going to the *Practice Reference Library* on the ACP website. Click on *Federal Legislation* or *Provincial Legislation* on the drop-down menu.
- **read a profile of your councillor** by going to *About ACP*, then clicking on *Council*. You'll also find contact information for your councillor there.
- **access websites** for other health care professional organizations in the *Practice Reference Library*. Click on *Links to Related Organizations* on the drop-down menu.

We received each of the above website features as suggestions in the website survey results—and we already have them on the site! Check out www.altapharm.org/college to find other useful information.



yet required. **However**, the legislation still requires you to have documented policies and procedures respecting the collection, use, and disclosure of identifiable information.

PIAs consist of two parts:

- Part A is primarily organizational policies and practices, and
- Part B is information specific to the pharmacy information system.

It is not necessary for every licensee to create a PIA in isolation. Licensees can share their drafts. In addition, corporate PIA templates can be used to complete Part A and vendors can assist with Part B. However, the accuracy of the information is the licensee's responsibility. There are tools on the RxA website to help you as you develop your PIA.

The Office of the Information and Privacy Commissioner and Alberta Health and Wellness are planning seminars to guide you through the PIA-development process. Watch for information about these events.

Questions about PIAs should be directed to the HIA Help Desk at (780) 427-8089 or hiahelpdesk@gov.ab.ca.

Thanks for website input!

- *Website is great and easy to use!*
- *Great job!*
- *Well organized.*
- *Excellent*
- *Thanks for doing a good job.*

These are just a few of the comments we received from members who participated in the website survey! We appreciate your encouragement that we're on the right track, also your suggestions for how to serve you better.

About 16 per cent of our practising and non-practising members graciously completed the survey and gave us feedback. All of the comments and suggestions will be seriously considered as we address future site development.

We heard that members use the ACP website primarily as a reference source and to look for new information. The membership e-mail, *News & Events* section and prescriber lists are the most valuable sections for respondents.

Sixty-one per cent of respondents said it is relatively easy to find information on the site as compared to other sites and 68 per cent said they are very successful or usually successful when they search the site for specific information. This is good news since the college's goal is to offer you information that is useful in your practice and readily available.

Thanks again to everyone for your contributions. And congratulations to the Sherwood Park pharmacist who won the Fairmont hotels gift certificates!



Self-assessment project or What's in it for me?

There is a new piece of the RxCEL Learning Portfolio coming to your mailbox soon! The new self-assessment will be mailed to all pharmacists in the fall of 2005.

You will use the self-assessment to consider your proficiency level in the competencies listed and identify areas where you'd like to enhance your knowledge and skills. You will then develop a learning plan for yourself and undertake learning activities that match your plan. The self-assessment will help you make the best use of your time by choosing learning activities that are applicable to your practice and that meet your needs.

Given that it's your professional responsibility to limit your practice to activities that you are competent to perform, this new tool will be a valuable way to help identify where you might want to focus your learning activities. The ability to identify your competencies will be increasingly important as our scope of practice changes.

The self-assessment is a component of ACP's competence program which is required by the *Health Professions Act*. In fact, the self-assessment will become an essential part of your learning portfolio. Other professions, such as nurses, dentists, paramedics, physiotherapists and LPNs are already using similar self-assessment tools, as are pharmacists in BC and ON.

If you have any questions about the self-assessment project, please contact Roberta Stasyk, competency director, at Roberta.Stasyk@altapharm.org.



The natural health product quagmire

We continue to receive calls from members about natural health products (NHPs) and whether specific products are legal to sell. The confusion seems to arise from the Health Canada legislation and the department's transitional approach to enforcement.

Notwithstanding Health Canada's position, ACP can only state what the law says and advise you accordingly. As of January 1, 2004, all NHPs must comply with the *Natural Health Products Regulations*. NHPs with product licences have been reviewed by Health Canada for safety, quality and health claim.

If you choose to sell natural health products contrary to the legislation, you do so at your own risk. You may be particularly at risk should one of your clients have an adverse reaction related to an unapproved product.

The Health Canada compliance policy (revised January 2005) can be found on the Health Canada website at www.hc-sc.gc.ca/hpfb-dgpsa/nhpd-dpsn/index_e.html. Questions related to the policy and the legality of selling particular natural health products should be directed to Health Canada's Natural Health Products Directorate at submission_info@hc-sc.gc.ca. It is important to document Health Canada's response.



On-site assessment program

The 2005 on-site assessments are under way. If you are selected for an on-site assessment, please return your paperwork to our office promptly.

If you have any questions about the program, please refer to the program materials sent to you with the notification letter. Alternatively, please contact Kathy Smart or Roberta Stasyk at the college office. You can reach them at (780) 990-0321 or 1-877-227-3838 or Kathy.Smart@altapharm.org and Roberta.Stasyk@altapharm.org.

Over the past six years, we have completed 474 assessments and assessed 440 pharmacists at least once.



Learning portfolio news

The Competence Committee has changed some learning portfolio policies for the 2004/05 membership year, based on feedback from members and the self-assessment pilot.

Note the following changes.

- Documentation of key thoughts or learning points on the Professional Development Log is not mandatory for the 2004/05 membership year. Despite this decision, the committee reminds you that reflecting on what you have learned is an important part of the learning process. Through reflection, you consider the new information's validity, how it fits with other knowledge, the need for further information, and how to incorporate the new knowledge into practice. We encourage you to continue to document your key ideas and learning points. However, you do not need to submit this documentation to the college at registration renewal time.

- There is no yearly maximum for non-accredited CEUs. However, the maximum of four CEUs for each non-accredited learning project remains. You must accrue at least eight accredited CEUs in each membership year.

Learning portfolio tip

Registration renewal time is not far away. Remember that you must have acquired 15 CEUs between July 1, 2004 and June 30, 2005. Remember to record them in your learning portfolio, complete with the accreditation numbers as appropriate.

(See *Learning portfolio news* to the left for additional information)



Looking for input—TPP drug list

The Triplicate Prescription Program (TPP) Steering Committee has commenced its regular review of the TPP drug list and is looking for your input.

The committee believes that, as a practitioner who works daily with drug products, you are the best judge of the appropriateness of the list's contents.

Are there any drugs you think should be added to the list? Are there any you think could be deleted?

Please contact Merv Blair at the college office with your ideas. He'd like to know the name of the drug you think should be added or deleted and the reasons why you recommend the change. You can contact Merv by e-mail at Mervin.Blair@altapharm.org or by telephone at (780) 990-0321 or 1-877-227-3838. Please contact him **by Fri., April 1, 2005.**

Thanks for your help!



No change in the status of emergency contraception

In the last issue of **acp news**, we reported that Health Canada is considering the deregulation of emergency contraception pills (ECP). We also noted that the National Drug Scheduling Advisory Committee has recommended that emergency contraceptives be placed in Schedule 2 upon deregulation.

The proposed change must proceed through several steps within the federal government before the move to Schedule 2 can occur. The Canadian Pharmacists Association (CPhA) has indicated that **the change is not anticipated until April 2005 at the earliest**; however, no official target date has been identified.

We remind you that, at its meeting in December 2004, Council approved a guideline which includes the adoption of the CPhA *Guidelines for the Provision of Plan B (levonorgestrel 0.75 mg) as a Schedule II Product*. The college's standards of practice for the provision of Schedule 2 drugs will apply to

emergency contraceptives when they are deregulated. With respect to Standard 4.7, Council determined that it is appropriate to document all assessments and decisions when you provide ECP, therefore pharmacists will be required to do so. Completion of the CPhA screening form and counselling notes will be considered adequate documentation.

The CPhA guidelines require that pharmacists "ensure they have sufficient knowledge to make an informed decision and to adequately dialogue with women when requests are made for emergency contraception." As a means of gaining this knowledge, members who intend to prescribe ECP are strongly encouraged to participate in one of the forthcoming learning programs being facilitated by the Pharmacists Association of Alberta (RxA), prior to providing these services. Watch for details from RxA.

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

Rise in death rate at beginning of month

According to the January 2005 issue of *Pharmacotherapy*, deaths related to medication errors appear to rise sharply during the first few days of each month. Researchers suggest that hectic pharmacies may be at least partly to blame.

A study of more than 47 million US death certificates from 1979 through to 2000 found that deaths attributed to prescription drug errors were 25 per cent higher in the first week of each month compared with the last week of the month.

The increase in prescription medication purchases at the beginning of each month has been documented in other research. According to Dr. David Phillips and his colleagues, the new findings point to the possibility that errors at busy pharmacies may contribute to the monthly spike in prescription-related deaths. He told Reuters Health that pharmacies faced

with a sharp increase in demand may be more prone to errors—from putting incorrect information on drug labels to dispensing the wrong drug—and pharmacists may have less time to discuss medication precautions with patients.

Dr. Phillips and his colleagues considered other explanations for the rise in deaths, such as the overall higher use of prescriptions, but found they could not explain the findings.

This study is the first to document such a monthly spike in deaths related to medication. Dr. Phillips suggests that smaller, more detailed studies could define the reasons for the monthly increase in fatal prescription errors.

He notes there are some potential ways to address the issue. One is for pharmacists to work fewer hours at the end of the month, then increase their hours during the busy first period of the month.

Source: Reuters Health, January 2005



Disposal of fentanyl pain patches

You are encouraged to promote the correct disposal of Duragesic® (fentanyl) pain patches in institutions and patients' homes.

As with all narcotics, Duragesic offers potential for abuse. Such an instance occurred in Ontario where an unregulated staff member removed patches from the garbage and from residents' backs for her own use.

Patients and caregivers should be encouraged to fold a used patch back so that the adhesive adheres to itself, then dispose of it in a safe manner, such as a sharps container or through the ENVIRx program.





Returning products to pharmacies

In stores where refunds are not processed in the dispensary, staff should be advised not to return OTC medications to the shelf for resale. Patient safety could be at risk since the products have been outside the control of the pharmacy and you cannot guarantee their integrity.

A major manufacturer of non-prescription drug products has informed the National Association of Pharmacy Regulatory Authorities of a recent investigation in which products returned to pharmacies were placed back on the shelves and subsequently resold. The packages had been opened and resealed, but did not contain the labelled product.

Our standards of practice address this issue. Section 5.1(m) says that you "shall not accept for return for use or reuse any portion of any drug or non-prescription medication."

In the interest of patient safety, please ensure that procedures within your pharmacy (or the entity in which your dispensary is located) preclude a similar event.

New patient safety initiative in community pharmacies

The Alberta Drug Utilization Program (ADUP) is launching a new patient safety initiative in community pharmacies. The purpose of the pilot program is to enhance patient safety and quality of care in the community through a pharmacy-based continuous quality improvement process that focuses on patient education and medication error prevention. It will focus on expectations of pharmacists, per the college's *Standards of Practice—The Pharmacist*.

The initiative is based on knowledge attained by leading organizations in the field, such as the Institute of Safe Medication Practices (ISMP), the US Pharmacopeia (USP), the National Patient Safety Institute and the Canadian Medical Incident Reporting and Prevention System. It incorporates improved measurement, evaluation and communication related to medication errors and near misses.

The approach is multi-faceted, educational and non-punitive, and includes:

- patient education about medication safety and pharmacist consultation as per expectations outlined in the standards of practice;
- a quality assurance tool for pharmacists to use during the dispensing process;
- a self-assessment process that will allow the pharmacy team to focus on quality improvement; and,
- reporting medication errors and near misses discovered through the quality assurance process, with a focus on root-cause analysis.

The project is a part of a larger effort of ADUP to implement and evaluate drug use management initiatives in the province. The project will be integrated with current quality assurance activities in community pharmacy to enhance learning opportunities and reduce duplication of efforts. It will also be aligned, where possible, with similar local, provincial and national strategies aimed at enhancing patient safety and improving quality of care.

A sample of London Drugs, Westfair Foods and Value Drug Mart pharmacies will participate in the pilot which is scheduled to run for six months beginning in mid-March 2005. If the project is successful, ADUP will consider its expansion to other pharmacies.

Submitted by ADUP

Become a preceptor—contribute to pharmacy's future

Even as the Faculty of Pharmacy and Pharmaceutical Sciences and the college work together on a new combined experiential program, we still need preceptors for the current wave of pharmacy interns.

By becoming a preceptor, you will have an ideal opportunity to mentor and train a student so that he or she develops into a confident and competent practitioner. Your involvement is essential to the success of the internship program. And the program is a key to bridging the gap between academia and practice.

There are approximately 400 students registered with ACP, most of whom will be looking for sites this spring and summer to fulfil their training requirements.

Interns are required to complete 500 hours of structured practical training before being licensed. The 500-hour practicum is comprised of three parts: Level I (100 hours), Level II (200 hours) and Level III (200 hours).

First-year pharmacy students may register in the program and complete up to 100 hours of their internship. Interns registered in Level I must work a minimum of eight hours per week. Individuals involved with Level II and Level III must work a minimum of 20 hours per week during the summer months.

If you are not able to accommodate an intern for the entire summer, please consider hiring a student for 100 or 200 hours so that at least a part of their internship can be completed.

If you have any questions about the internship program, please call Linda Hagen, registry leader, at (780) 990-0321 or 1-877-227-3838, or contact her by e-mail at Linda.Hagen@altapharm.org.

Electronic health record update

- The recently launched Pharmacy Batch solution, a system that uploads dispensing data to the electronic health record (EHR), continues to grow. Sixty-six pharmacies are now inputting their dispensing data through Pharmacy Batch.

For more information on the electronic health record, go to

- www.albertaehr.ca.

For more information on Pharmacy Batch, go to

- www.albertawellnet.org/library/documents/ehr/IntegratingEHR.pdf
- www.albertawellnet.org/library/documents/ehr/Pharmacists.pdf
- www.albertawellnet.org/library/documents/ehr/Pharmacy.pdf

- Through their access to the Alberta EHR, over 250 pharmacies have begun the process of including Pharmacy Batch as part of their system. Although they are unable to add their dispensing data until they are fully enrolled in the Pharmacy Batch system, complete patient information is only a mouse click away.

- As more pharmacies and physicians participate in the Alberta EHR, the system increasingly offers more information at the point of care, helping health care professionals provide better patient care.

Each patient's personal health number (PHN) is a key piece of information in the EHR. Whether you are currently participating in the EHR or plan to in the near future, it is important to collect and record PHNs. Having PHNs along with dispensing data ensures that the patient's record will be fully up-to-date and that all medications are recorded in the EHR.

- Over 9,000 users, including almost 300 pharmacies and 875 physicians, are now using the Alberta EHR in their practices. Providing more information at the point of care allows better care in Alberta's medical centres.

Submitted by Alberta Health and Wellness

acp xPresses and News

acp xPress

(faxed since Nov. 17, 2004)

None

acp news

(issued on the college website since Dec. 6, 2004)

External:

Jan. 4

- January Canadian Adverse Reaction Newsletter (CARN)

Jan. 21

- PEBC looking for assessors

Jan. 25

- Conference with a focus on behavioral change

Meetings:

Dec. 20

- Recent grads – attend your first conference for free! New Horizons award

Jan. 27

- New pharmacists-an opportunity just for you – New Horizons award reminder

Operations:

Dec. 24

- Holiday greeting and hours

Dec. 29

- Your website feedback is rewarding

Practice Issues:

Dec. 23

- Faxing patient-specific information – a caution

Jan. 21

- Narcotic-containing drug sampling program

Jan. 25

- Minister responds positively to scope of practice proposal

Drug Information:

Dec. 10

- Safety information: Bextra (valdecoxib)

Dec. 13

- Safety information: Bextra (valdecoxib) tablets

Dec. 17

- Pfizer announcement re Celebrex®
- Safety information: Aredia® (pamidronate disodium) and Zometa® (zoledronic acid)

Dec. 20

- More on Celebrex® (celecoxib)

Dec. 21

- Safety information: naproxen

Dec. 22

- Safety information: Reminyl and Amaryl®

Dec. 23

- Recall notice: Paxil® 10 mg tablets, 30s
- Safety report about Diovan (valsartan)

Dec. 24

- Recall notice: Artificial Tears Extra, Lot 4G03

Jan. 13

- CFC-containing MDIs

Jan. 21

- CFC-containing MDIs addendum
- Nicotine inhaler scheduling change

Jan. 25

- Safety information: Reminyl (galantamine)

Jan. 27

- Safety information: Lariam® (mefloquine)

Feb. 2

- Safety information: Humira (adalimumab)

Feb. 3

- Safety information: Xigris (drotrecogin alfa activated)

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, other will take you to the Health Canada information on the National Association of Pharmacy Regulatory Authorities (NAPRA) website.

Safety information: Bextra (valdecoxib) tablets

www.hc-sc.gc.ca/hpfb-dgpsa/tpd-dpt/bextra2_hpc_e.html

Celebrex® (celecoxib)

napra.ca/pdfs/advisories/celebrex2_hpc_e.pdf

Safety information: Reminyl and Amaryl®

health professionals advisory
napra.ca/pdfs/advisories/reminyl_amaryl_ltp_e.pdf
consumer advisory
www.hc-sc.gc.ca/english/protection/warnings/2004/2004_70_e.html

Safety information: Reminyl (galantamine)

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

Safety information: Lariam® (mefloquine)

napra.ca/pdfs/advisories/lariam_hpc_e.pdf

Safety information: Humira (adalimumab)

health professionals advisory
napra.ca/pdfs/advisories/humira_hpc_e.pdf
consumer advisory
www.hc-sc.gc.ca/hpfb-dgpsa/tpd-dpt/humira_pa_e.html

Safety information: Xigris (drotrecogin alfa activated)

napra.ca/pdfs/advisories/xigris_nth_e.pdf

Safety information: Apo-Mefloquine (mefloquine)

napra.ca/pdfs/advisories/apo-mefloquine_hpc_e.pdf

Safety information: Ezetrol® (ezetimibe)

www.npra.ca/pdfs/advisories/ezetrol_hpc_e.pdf

Safety report about Diovan (valsartan)

Global News reported on Dec. 22, 2004 that Diovan may increase heart problems.

According to Global, two Canadian cardiologists reviewed data from a number of published and unpublished studies of angiotensin receptor blockers. In one study, Diovan was being used in hypertension patients with at least one cardiovascular risk factor, such as high cholesterol, smoking or diabetes. The value study showed a 19 per cent increase in heart attacks compared with another blood pressure drug. Researchers say the finding is statistically and clinically significant.

The increase was seen among people taking an 80 mg dose of Diovan.

Even though there was a higher rate of heart attacks, there was no increased death rate.

One of the co-authors of the study said the issue needs more study; he is not advocating that patients stop taking Diovan. He said the research shows the older ace inhibitors may be safer for high-risk hypertension patients, while Diovan may be acceptable for "uncomplicated hypertension."

CFC-containing MDIs

The last step in Environment Canada's efforts to eliminate CFC-containing MDIs became effective on Jan. 1, 2005. As of that date, the production and importation of all MDIs containing CFCs are prohibited.

CFC-containing MDIs currently in your pharmacy or currently held by manufacturers and wholesalers may continue to be sold.

Recall notice: Paxil® 10 mg tablets, 30s

GlaxoSmithKline Inc has issued a product recall for Paxil 10 mg tablets packaged in bottles of 30, Lot 614B10. This lot number has been found to be out of specification with regard to content uniformity.

In its recall notice, GSK indicates that all further distribution of the above lot number must cease. However, the company

indicates that this is a Level 2 recall only, thus it is not necessary to recall the product from patients.

This selected lot recall does not affect any other lots of Paxil product.

For information about returning affected stock, please contact GSK Customer Service at 1-800-387-7374.

Nicotine inhaler scheduling change

Nicotine, when sold as an inhaler containing not more than 10 mg of nicotine per dosage unit, is now an unscheduled product.

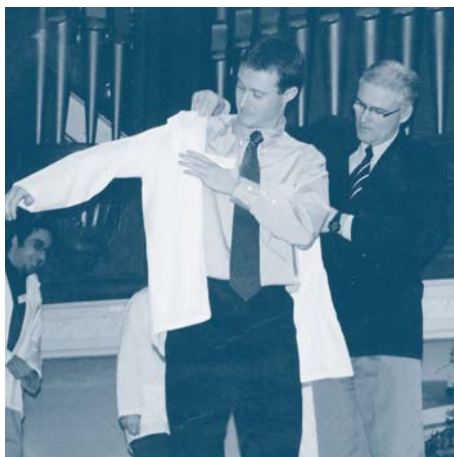
Inaugural ceremony highlighted professionalism and ethics

An impressive group of first-year students were welcomed to the pharmacy profession at the UofA's Convocation Hall on Thurs., Jan. 13, 2005.

The inaugural White Coat Ceremony marked the culmination of studies in professionalism and ethics, a fitting opportunity to introduce the students to their future responsibilities as practising pharmacists.

Chancellor Eric Newell addressed over 200 students and guests on the themes of honesty, integrity, high standards, respecting the patient's dignity, and building a high level of professional trust with the client.

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Greg Eberhart, registrar, assists a first-year student with his white coat.

Faxing patient-specific information—a caution from the OIPC

On Dec. 21, 2004, the Office of the Information and Privacy Commissioner (OIPC) issued a report about misdirected faxes containing patient-specific information. In these instances, the misdirected faxes were in contravention of provincial and federal privacy laws.

Included in the report are guidelines on facsimile transmission to maintain the confidentiality and integrity of personal information received and transmitted by fax. Here are some highlights from the guidelines, along with precautions previously recommended by the college.

- Always confirm that the receiver has taken appropriate precautions to prevent unauthorized persons from seeing the faxed documents.
- Before sending a fax, contact the intended receiver to ensure they are available to receive the information. Ask them to call you if they do not receive the information.
- Before sending a fax, check that the receiver's number is correct, then verify in the machine's display window that you have keyed it in correctly.
- If you must send personal information, always complete the fax cover sheet, clearly identifying both sender and intended receiver. The cover sheet should include a warning that the information is private and confidential and that you should be notified immediately if the information is received in error.
- If possible, call the recipient to verify that he or she received the complete transmission. Otherwise check the confirmation sheet to see that it went to the correct number (not just to verify that the fax went through).
- Try to arrange a time to receive faxes containing personal information so you can be at the machine as they arrive.
- Fax only the personal information which you would feel comfortable discussing over the telephone.
- Take precautions that faxes received after normal office hours are secure.
- If possible, use encryption or other technology to secure fax transmission.

The fax machine in your pharmacy should be in a location where unauthorized persons do not have access.

The complete OIPC report, including the complete faxing guidelines, can be found at www.oipc.ab.ca/ims/client/upload/H2004-IR-001.pdf



January Issue of Adverse Reaction Newsletter

You can now access the January 2005 *Canadian Adverse Reaction Newsletter* (CARN) from the *Safety Advisories* section of our website at www.altapharm.org/news_events/safety_advisory.aspx

In this issue:

- telithromycin and warfarin
- linezolid and neuropathy
- camphor and eucalyptus oils
- adverse reaction reporting
- natural weight loss product and myopathy
- ceftriaxone and immune hemolytic anemia in children
- case presentation: olanzapine and pulmonary embolism
- as well as a summary of advisories.

Remember, you can also receive the CARN via the free electronic subscription available on the Health Canada website at www.hc-sc.gc.ca/hpfb-dgpsa/tpd-dpt/subscribe_e.html

Our office receives a limited supply of the printed version; if you would like a copy of the January 2005 *Canadian Adverse Reaction Newsletter* please contact our office.

Inaugural ceremony

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Sheila Kelcher helps students to sign the APSA Pledge of Professionalism.

Mr. Newell reminded the students that, unlike the white coat, they would not be able to take off their integrity at the end of the day. Integrity is a part of who they are and should be guarded carefully.

After being introduced to the Alberta Pharmacy Students Association Pledge of Professionalism, each student was “robed” with a dispensing jacket, that was embossed with a unique Pharmacy Alberta logo. The newly robed students then signed an enlarged version of the pledge and repeated the ACP *Code of Ethics*.

The ceremony was jointly sponsored by the Faculty of Pharmacy and Pharmaceutical Sciences, the Alberta College of Pharmacists, the Pharmacists Association of Alberta and the Pharmacy Alumni Association. Plans are already under way to make the event an annual highlight of the first-year students' experience.



A sea of white coats—new pharmacists coming up!

Helping you cut costs



Although the registration fee for the joint AARN/ACP conference and annual general meetings is low, you may want to discuss with your employer/employee some ways to reduce the cost of conference attendance.

If an employer pays an employee's registration fee, the employer may be able to deduct expenses incurred for the employee to attend the conference.

Employers—check with your accountant or tax advisor for details.

New pharmacists—an opportunity just for you



New pharmacists (graduated from 2000 to 2004) can attend the joint AARN/ACP 2005 conference in Jasper for free!

You have a special invitation to attend the event on June 2 to 4 thanks to Merck Frosst. The award includes free registration, accommodation and travel expenses. However, you must submit your completed New Horizons Award application form by **March 31, 2005**.

Don't miss out on attending sessions that will help you:

- identify new ways to collaborate and cooperate with other members of the health care team,
- explore how to advance patient and workplace safety,
- understand learning styles so your counselling is more effective,
- find out how fatigue affects patient safety, and
- learn about child and adolescent mental illness.

Apply today. The application form is available on our website at www.altapharm.org/news_events/default.aspx?id=5225

Send the completed application to Lynn Otteson at the college by fax: (780) 990-0328 or by mail 1200 – 10303 Jasper Ave., Edmonton, AB T5J 3N6.

Thank you sponsors!



Thank you to the following sponsors who have generously supported the 2005 joint AARN/ACP conference!

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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

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!

Look for the advance program in the mail!

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!

...from the faculty

The faculty and students thank Wyeth Consumer Healthcare for the commemorative coffee mug each first-year student received in conjunction with the Jan. 13, 2005 White Coat Ceremony. Wyeth commissioned Vic Harrison, BSc Pharm '57, to make the mugs in celebration of the inaugural event. When Mr. Harrison waived his fee for the mugs, Wyeth contributed \$1800 to the Vic Harrison Bursary for Pharmacy Students.

The faculty received a **\$150,000 donation from Dr Philip Cash,**

BScPharm '57. Dr Cash spent his research career with many US firms and has directed the donation to support two specific areas, in perpetuity. The two areas are:

- the **Philip Cash Pharmacy Research Excellence**

Endowment, created with \$100,000 (generating \$5,000 annually) to support research endeavors within the faculty, and

- the **Philip Cash Graduate Student Scholarship in Pharmacy** (\$50,000) that will generate a \$2500 award annually to acknowledge excellence among the faculty's graduate students.

The **Pharmacy Alumni Association** (PAA) hosted a social event Jan. 15, 2005 in the Bear's Den at the Claire Drake arena. The evening was an opportunity to invite alumni back to campus to experience UofA hockey and volleyball games, and network in a relaxed atmosphere. Guests included volunteers, reunion class representatives and others involved with the faculty.

PAA has noticed a distinct absence of pharmacy-related information in the alumni magazine *New Trail*. PAA would like to rectify the situation by attracting a few individuals

to collect, coordinate, and forward items that would be submitted to the magazine. There would be **no meetings required**, just the ability to connect with colleagues and classmates and share items of interest to the rest of our profession. Check the back of the next edition of *New Trail* for a sample of the type of information expected.

Please contact Terry Legaarden (tlegaarden@pharmacy.ualberta.ca) if this simple volunteer assignment is attractive to you. Having a volunteer from every graduating class would be ideal. However the PAA is willing to start with a rep from each decade.

The **faculty's newsletter** is now available on its website. Please check the site regularly for information about activities on campus. Go to www.pharmacy.ualberta.ca/newsletter.

Got old pharmacy or medical texts?

If you're updating your pharmacy reference library and want to put your old editions to good use, Brendan Ihejirika, Pharm D, has an idea for you.

He and his colleagues, along with the Avenue of Nations Rotary Club of Edmonton, are organizing a book drive to assist Nigerian universities. Any medical or pharmacy-related books with **publication dates from 1995 and beyond** are welcome additions to the collection.

To donate your books or for more information, please contact Brendan at pokeke@ualberta.ca or emeks@excite.com or call them at (780) 492-9919 during the day or (790) 482-4785 evenings.

In memoriam*

Stewart Douglas

Gordon died on Oct. 5, 2004 at the age of 92 years. He graduated in 1935 with his pharmacy degree from the UofS and soon after opened Gordon Drugs in Rosetown, SK. In 1970 Stewart moved to Alberta and registered with the Alberta Pharmaceutical Association in 1971. He continued to practise as a relief pharmacist throughout southern Alberta until his retirement in 1984. He is survived by his wife Mary and their three children.

William E. Lambert

died on Feb. 6, 2005 at the age of 68 years. William was born in Calgary and he studied pharmacy at the UofA. In 1959 he graduated with his pharmacy degree and registered with the Alberta Pharmaceutical Association. William was a well-loved community pharmacist in Lac La Biche for 38 years and had been working for Crescent Drugs when he died. He is mourned by his wife Leigh and family.